
Book reviews

Darwinian Dominion: Animal Welfare and Human Interests

Lewis Petrinovich, Cambridge, Mass, London, England, MIT Press, 1999, ix + 431 pages, £31.50 (hc).

This book by a distinguished American psychologist is the “third in a trilogy that applies evolutionary principles to understand the nature of human morality” (page vii). This reviewer has not read the previous two volumes, and his grasp of the content of this one may suffer as a result.

The present volume contains two parts. Part One provides a background to the main discussion, with chapters on human evolution, the affinities and contrasts between human and non-human primate societies, human and non-human cognition etc. Part two discusses the moral status of animals on this basis, with special reference to the morality of animal experimentation, though agriculture, zoos etc are also discussed. The general conclusion is that, while we certainly have duties to animals we rightly privilege human interests in ways which animal rights and liberationists say that we should not, chief examples being Peter Singer and Tom Regan. These and kindred thinkers are criticised for their attempt to provide a rational case for ethical positions which in fact rest on their own minority emotional responses respectively to humans and animals.

Petrinovich's own view is that what is criticised as speciesism is eminently defensible. “It is the special relationships among members of a given species, such as within kinship lines and community circles, that form and regulate what I refer to as the biologically supported social contract that grounds morality” (page 220). Thus morality rests upon, or at least is supported by, our feelings towards fellow human beings, as opposed to animals, which

are explicable by the processes of natural selection which have made the human species what it is. Consequently the attempt to bring animals into the same moral circle is simply untrue to the basis of morality. This biological approach to ethics is modified, however, by a strong element of preference utilitarianism in Petrinovich's outlook.

The author makes some good points against the moral assimilation of “speciesism” and racism. In particular, he points out that its species determines an individual's most basic needs as race, among humans, does not (page 225). He suggests also that on a strict definition of slavery, as denoting the possession of one individual by another as his or her property, pets and guide dogs are as much slaves as are farm or laboratory animals, yet few condemn the keeping of the former (page 228). (However, slavery standardly involves compulsory unpaid work—a condition certainly unknown to my cats!)

Petrinovich uses his ethical theory to argue in favour of much of what anti-vivisectionists condemn while endorsing the principle of the three Rs. (Incidentally, it is misleading to regard killing animals as vivisection—the proper expansion of the word's literal meaning is scientific work causing pain to animals, and it is primarily this which the anti-vivisectionist opposes. See page 294.) In claiming that the most painful procedures on animals belong to the past, he fails to note that this is the result partly of the campaigns by anti-vivisectionists who are the target of his criticism (page 322). Interestingly, he is quite sympathetic to the case for vegetarianism.

The attempt to derive ethics from evolutionary theory figures largely in the first analysis of the “naturalistic fallacy” by G E Moore (1903). The author occasionally insists that this fallacy (of deducing moral judgments from merely factual statements) is not being committed in some particular argument, but surely often commits it,

not only by appeals to facts of evolution, but also in supporting his ethical outlook by appeals to actual majority human emotions and opinions (pages 196, 256). (Of course, not every thinker accepts that there is such a fallacy.)

Petrinovich is not insensitive to the concerns of moderate animal advocates; however, he is concerned to defend much by way of animal research which this anti-vivisectionist reviewer condemns. This is mainly because, whatever the faults in the notion of speciesism, there is one crucial similarity between humans and at least “higher” animals (for example mammals and birds) and that is their shared capacity for pain and pleasure. This is more fundamental, I suggest, even for intra-human ethics, than “the evolutionarily mandated social contract” (page 56) on which Petrinovich would base it.

The book is thorough in its discussion of a wide range of views. A few rather odd statements are presumably slips on the keyboard (page 177). That it is a serious and well-intentioned discussion of the issues must be admitted even by those who reject much of its argument and conclusions.

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Mental Disorders and Genetics: the Ethical Context

Nuffield Council on Bioethics, London, Nuffield Council on Bioethics, 1998, 116 pages, £20.

The moral climate of our society has changed. Management has replaced consensus. Acquisition of riches has replaced personal achievement. Orders have replaced encouragement. Blame has replaced empathy. The effect of this on psychiatrists is that,

through the requirements of the Mental Health Commission and the sanctions of inquiries at all levels, what they do and how they do it is prescribed and monitored and threats of sanction in event of failure are no longer remote instruments of last resort. The creation of such a climate requires individuals and bodies who are prepared to adopt and promote these values and lay down the rules. Individuals and bodies who predated the changes are adept at modifying their values and approaches for large numbers of reasons, some no doubt good but others probably bad. It is hard not to find these changes reflected in this book.

The Nuffield Council on Bioethics is a worthy organisation, funded jointly by the Medical Research Council, the Nuffield Foundation and the Wellcome Trust. Its self-proclaimed purpose is to make moral pronouncements, fulfilling some of the role occupied in another age by prophets. The membership of the council itself is impeccable as is the membership of the committee which produced this particular report. Despite this pedigree I found this report disappointing—too politically correct, too full of clichés and lacking philosophical analysis.

In the introduction, for example, we are told: “Mental disorders place a heavy burden on individual sufferers, on those who care for them and on society at large”. Two basic ethical requirements are identified for the evaluation of genetic research: “the limitation of harm and suffering to humans (even to all sentient animals) and the maintenance of respect for human beings and human dignity”. Anyone who might find the last of these criteria a little philosophically opaque can read on and learn that: “Respect for persons is shown by treating others as persons who can make their own decisions and lead their own lives; it is expressed in action and procedures that give weight to personal autonomy and integrity, to human (including patients’) rights, and to the obligation of doctors and researchers to seek informed consent, to preserve confidentiality, to respect privacy and to communicate effectively with patients”.

One is left wondering if anyone on the committee has ever seen a nurse trying to stop a patient throw hot tea over staff.

We move to the more technical parts of the book and are reminded that mental disorder “is not an exact term”. We are then given some exam-

ples of accumulating genetic knowledge of varying degrees of specificity, in terms of phenylketonurea, Huntington’s disease, Alzheimer’s disease and attention deficit-hyperactivity disorder and are reminded of the importance of environmental factors.

There follows a section on clinical applications which on my reading appears to contain an undiscussed assumption of the feasibility of finding physical markers for altered states of mind. There are empirical and logical sides to this issue. The latter goes undiscussed. In what possible sense could it be said of someone that he or she had schizophrenia if his or her state of mind were unaltered when some putative future genetic test was positive? Whenever this book gets close to an interesting question it ignores it. There is much discussion of genetic counselling and a presumed requirement that this can only be done by super-experts, a further example of a lack of contact with clinical reality. Quite why a practising clinician cannot discuss these matters with patients under his care is not discussed. I have little doubt that most genetic counselling for common psychiatric disorders is done in this way with good effect.

The discussion of consent to genetic testing and impaired capacity is again somewhat clichéd. In the course of this discussion a point is made which seems to me absurd. It is stated with regard to withdrawal from a research programme that the participant “should also understand the implications of his or her withdrawal including a possible contribution to misleading research findings. Although this may risk the appearance of coercion, withdrawal is a serious problem and a competent participant is unlikely to be harmed or unduly pressurised by a properly given explanation of the situation.” Rain is a problem if you play cricket but scarcely an ethical issue.

This book intends to summarise issues, set out in comprehensible form the factual background and make recommendations. While it is possible to extract from the verbiage what is of importance in these areas and while the recommendations, by and large, are unexceptional (perhaps because of their vagueness and generality), its goal could have been achieved with half the wording. This would have left space to examine those concepts which sound good but are, on close inspection, elusive and difficult to penetrate with philosophical light.

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Enhancing Human Traits: Ethical and Social Implications

Edited by Erik Parens, Washington DC, Georgetown University Press, 1998, 268 pages, £38.95 (hb), US\$49.95.

This book on technologies aimed at enhancing human traits was written by people working in philosophy, ethics, theology, women’s studies, literary analysis, medicine, law and public policy; the contributors had several meetings to discuss the book. The authors aim “to enable readers to begin to grapple with related conceptual and ethical issues”. The verb “enhance” begs the question that the activities concerned are desirable and beneficial, as the authors admit when they question which traits might be altered and how, and what benefits or disadvantages might follow. They conclude that the value of traits partly depends on their context. Some people like to be tall and others do not, some societies reward tall people, and medical growth treatments can reflect and reinforce these public values. The authors debate whether one future effect of “enhancements” through surgery, psychopharmacology and genetic modifications will be to increase differences between the rich elite, who engage in ultimately futile competitions to be, for example, ever taller, and everyone else.

The authors distinguish between enhancements and necessary medical treatment. One difference is that medicine tries to restore people or bring them up to a level of “normal” health, appearance or function, whereas enhancement tries to raise people to a higher “super” level. Yet the authors warn against over-sharp distinctions between treatment and enhancement, which insurance companies could use to refuse cover for much needed treatments by defining them as mere enhancements. While criticising dangerous or demeaning interventions, the authors are wary of denigrating people who are convinced that they need these treatments. There are useful discussions about combining respect for each individual and case, with working towards more just and equal access to treatment, partly

through involving a wider range of concerned people in policy-making.

The book is academic North American in its views about insurance and favoured traits, such as high intelligence, though there is no evidence that very clever people live better or happier lives. Yet the book gains from being written in a society where science-fiction-style enhancements are becoming obvious and everyday realities. Each year, about two million people have cosmetic surgery in the US. Differences are drawn between adults who fairly willingly choose (subject to fashion and other pressures) to risk enhancement procedures, and parents who wish to enhance their children or future children. The adverse effects of involuntary enhancement for individuals and societies are well discussed, although the discussions would have benefited from involving more disabled speakers.

The book is packed with interesting discussions, including the following four examples.

1. Psychopharmacology can encourage attitudes which reduce all human feeling simply to pleasure or pain. These mechanistic approaches jeopardise our dignity as responsible people, who learn through our emotions (such as pity or fear), and struggle towards insights when we interpret and respond to our feelings. Medical enhancements are so popular partly because they fit neatly with ancient Western traditions of self improvement. Yet it is questionable whether the new scientific and passively acquired means, Prozac for instance, simply continue the older, harder and more active means, such as prayer. Any changes will be different in their nature and effects as well as in the ways they are gained.
2. We need to clarify what it means to be human, to separate being equal from being identical, and difference from disadvantage, and to be more respectful of differences. This involves being cautious about genetics, the study of difference, and its aims either to reduce differences, or to amplify those between a privileged few and the rest. Science can support unjust elitism because, when people have the opportunity to enhance themselves, this can turn into an oppressive duty to do so. John Rawls is quoted (page 100) as saying that people with permanent physical disabilities are not citizens or per-

sons. So thinking about "being human" also involves thinking what is a good, or failed, or normal, or worthwhile life, before deciding how or whether to enhance a life. A sense of spiritual inner emptiness and pointlessness may be exacerbated by attempts to assuage it with happiness pills, which mistake complex spiritual and social problems for simpler medical ones.

3. Subliminal advertising messages express and also shape the desires of our own hearts, so that we create devices to achieve these desires—for freedom from fear and uncertainty, and for autonomy, comfort, control and conquest. Medical enhancements, like cars, cosmetics and pensions, appeal to these deep desires and are rationalised by them.
4. The magnifying lens gradually led on to the telescope and the microscope, through which Galileo, Darwin and others transformed our understanding of religion and society. Similarly, genetics is likely to have enormous unanticipated effects on future societies.

Mary Winkler ends this thought-provoking book with questions to ponder about each technology. Does it "enhance the whole person or offer only a palliative substitute for wholeness? Does it serve our desires for completeness and connection, or pandering to our anxieties and our short-sighted demands for control? Finally, does the technology and its application help us to love and honour the body in all its fragility, imperfection and finitude" (page 249)?

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Advance Directives and Surrogate Decision Making in Health Care. United States, Germany and Japan

Edited by H-M Sass, R M Veatch and R Kimura, Baltimore, Johns Hopkins University Press, 1998, 311 pages, US\$48.

End-of-life decision making for mentally incompetent adults is the subject of this scholarly but eminently accessi-

ble book. It questions the extent to which attitudes to death and incompetence are determined, on the one hand, by common human factors and the nature of dying or, on the other hand, by cultural and legal influences. The book examines how three countries, America, Germany and Japan, approach the same dilemmas. National law, literature, traditions and general societal attitudes are analysed by authors from those countries. The United States is held up as the epitome of individual choice and self determination, far outstripping the rest of the world in debate and litigation on consent issues. But it is made clear that a six-fold increase in documentation about advance directives only achieved a minimal increase in American usage of them. Japan, at the other end of the spectrum, appears to value family loyalty and group solidarity over self determination. Very different attitudes prevail there towards suffering, death, truth-telling, fate and personal choice. Far from exerting their autonomy, Japanese patients appear to be excluded from decisions.

Germany is portrayed as occupying an intermediate position, more reliant on private discussion than law. German advance directives are rare and family views tend to overrule individual choice, at least in rural areas. Memories of Nazi euthanasia programmes still colour discussion about treatment of incompetent adults. While less reluctant than the Japanese to engage in public debate and litigation around end-of-life issues, Germans trail well behind America in this respect. By chance or design, the book neatly reflects the differing degrees of obsession with personal autonomy: America occupies 90 pages, exactly twice the number devoted to the more private and traditional Japanese approach. Germany comes midway.

Even within America, however, it is clear that some advocates of advance directives are not focusing on personal autonomy. A range of standard model directives, including some drawn up by religious groups, are appended to the book. *Instructions for the Valley of the Shadow* is the poetic title of the living will recommended by the American Rabbinical Assembly of Conservative Judaism. It goes out of its way to emphasise that "nothing in this directive should be construed, God forbid, as a wish to die; only as a wish to live in accordance with God's desires".

Much attention is given to the benefits, drawbacks and complexities of

trying to plan ahead for one's own incompetence and death. General cultural differences are teased out. People most fixated on personal control are portrayed as least likely to acknowledge their mortality. In America where the issue is much discussed in the media, and where the Patient Self-Determination Act ensures the compulsory offer of advance directives to hospital and home care patients, uptake remains low. Most delegate decisions to relatives. Advance directives are judged to have no discernible effect on treatment but asking the relatives is shown to be no more reliable than a random guess. The Japanese cultural approach emphasises mutuality and avoidance of confrontation. The notion of privacy is lacking and there is, apparently, no indigenous word to describe it. Authority rests with the family rather than the individual and religious beliefs contribute to the notion that a hastened death might disturb the harmony of the universe.

Interesting questions are raised throughout the book about the moral authority of the family's views and how much it matters that these might not be the same as the patient's own wishes. In all three countries, it seems many patients prefer their relatives to be given the leeway to decide contemporaneously rather than be tied by other considerations, including the

patient's past views. Although advance directives are developing in Germany, for example, patients fear under-treatment almost as much as over-treatment and worry that resource allocation will intrude into the debate.

The book contains some surprises. The hymnbook of the Bavarian Lutheran church is surely not the first place one would look for a standard model advance directive. Inevitably, however, America is the main focus. Meisel sees the development of advance directives as part of a particularly American search for a magic bullet to resolve situations of moral complexity. He emphasises the limitations of law and warns against equating legislation with progress. The Patient Self-Determination Act, for example, is categorised as "a monumental effort that has borne meager fruit". Veach sees living wills as typical of the "technical fix" which intrigues Americans: the American psyche seems susceptible to the attraction of a piece of paper which solves profound moral and existential problems. Veatch and Hass both see advance directives as challenging the Hippocratic ethic.

The book introduces many new angles as well as providing a rich resumé of existing literature. As a reference source, it is indispensable for anyone wishing to know more about end-of-life decisions in these three

jurisdictions. The prodigious bibliography is well organised by various categories. It includes separate sections on legal precedents, government publications, living wills, books and articles. The collection of living wills is particularly useful. Case vignettes are included in all chapters and some of these are both moving and thought-provoking.

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