PostScript

BOOK REVIEWS

Gene Technology and Social Acceptance

Over the past 15 years, since the publication of Walter Bodmer's report for the Royal Society, the public understanding of science (PUS) has become a positive industry in the UK. Initially intended by the natural scientists to foster public acceptance of science, it has gradually drawn on a longer and deeper academic tradition in Britain of the social studies of science. Some of that social science research predicted the recent “moral panic” over genetically modified (GM) crops and food, but both natural scientists and governments have held social science in low esteem for many years, so it went unremarked at the time.

The hypothesis of those who launched PUS was that the public was merely deficient in factual knowledge and that public acceptance of science could be improved simply by setting out “the facts”. Social studies of science had drawn attention to the vacuity of this “debunk model”, both theoretically and empirically, long before the GM furore provided an experimental falsification of the hypothesis that was a classic of its field. With the publication of a seminal House of Lords report on science and society in 2000, a more socially informed way of thinking is now entering the British mainstream.

This book offers a view from a rather different perspective: it is neither British nor a work of social scientists, but comes from the head of a Swiss graduate school and from the communications manager of a major German chemical company. As one might expect from a continental European perspective, there is a lively awareness of social factors in the acceptance of new technology, but badly the conceptual framework within which these authors work appears dated and unrealistic.

It is an abuse of language (and of the conceptual clarity that should underlie the use of language) to divide, as these authors do, public reaction to GM technology into “rational” and “emotional” categories. Although the authors try to limit the damage by noting that the emotional factors are not “any less valid, less legitimate, or less important”, it follows immediately that the “emotional” factors are irrational. Nor does it help that their subheadings under “rational factors” include: medical benefits; economic benefits; environmental benefits; and social benefits [my emphasis]; whereas the “emotional factors” include: concern about safety and aversion to risk. This is not classification but rhetoric.

In premodern (peasant) societies, almost all risks are natural disasters, Acts of God, such as crop failure; famine; flooding; pestilence, and devastating weather. In contrast, in such as crop failure; famine; flooding; pestilence; and devastating weather. In contrast, in modern society risks almost all result from social choices of technology—whether: to build a nuclear power plant or to burn coal; to slaughter a nation’s cattle herds or hope that BSE will not transmit to humans, to plant GM crops. Although we accept socially imposed technological risks—indeed it would be impossible to function as a society if we did not—that acceptance is provisional and will turn to rejection if anything goes wrong.

The character of risk changes from premodern to modern society: one does not sue God for a natural disaster, but we believe it justifiable to sue if a train crashes, or an aeroplane falls from the sky.

Socially imposed technological risks are a central, defining element of life in modern society, not a secondary “emotional” factor. Strange, although the fundamental text that sets out this thesis on risk—The Risk Society—was originally published in German by a German sociologist, Ulrich Beck, it appears in English for the first time. It has been elaborated in the UK by Anthony Giddens, now Director of the London School of Economics, but he appears not to be cited either.

Despite its flaws, there is a great deal in this book. It attempts a “big picture” overview, and much of its factual and historical content is interesting and valuable. The authors provide a clear exposition of the technical aspects of biotechnology itself and do appreciate many of the social and ethical issues that it raises. It seems to represent a genuine attempt to reach out from the laager of technological supremaists to the wider community to seek consultation and consensus. As such it is to be welcomed, for no purpose is to be served by repeating, with genetic modification, the mistakes of nuclear power. But for all that, this book also shows just how far there is for the scientific-industrial community still to go before it fully appreciates the rational foundations for the public to assert its voice, its values, and its expertise, as well as, and against, the well-articulated voice, values, and expertise of the biotechnology companies.

Medical Ethics: Sources of Catholic Teaching
T Wilkie

This third edition of O’Rourke and Boyle’s Medical Ethics: Sources of Catholic Teaching is a useful and comprehensive collection of statements published, for the most part, by the central authorities of the Roman Catholic Church, the National Conference of Catholic Bishops in the United States and the bishops’ conferences of individual US states on a wide range of issues in the area of medical ethics. The statements are arranged alphabetically according to subject matter. It is useful to have such a wide range of documents available in one volume, many of which would otherwise be accessible only with difficulty. The documents included range from major encyclical letters issued by more recent popes on matters such as human sexuality (Humanae Vitae by Paul VI) and human life (Evangelium Vitae by John Paul II) to ad hoc responses by individual bishops to very particular questions with which they have been faced, and upon which they have felt the need to offer some guidance.

Unfortunately no guidance is provided as to the weight and authority that is to be given to the various documents. For example, a major philosophical and theological treatise such as the encyclical letter, Evangelium Vitae, by John Paul II is presented alongside an ad hoc response from the bishops’ conference of an individual state to a particular question that has arisen, as though they were of equal significance and importance. This detracts seriously from the usefulness of the collection and gives a misleading weight and authority to a great many of the statements gathered together here.

The impression could also be that documents such as these provide the only, or indeed the major, source for Catholic thinking on the area of medical ethics, whereas of far greater significance and abiding value are the contributions to this field of medical ethics of authors such as the late Richard McCormick, John Paris, and Albert Jonsen, to name but a few of the more prominent.

M O’Dowd

The Ethics of Clinical Research in Developing Countries

The discussion paper produced and published by the Nuffield Council on Bioethics about the ethics of clinical research in developing countries is a timely, useful and (for such a concise publication) comprehensive document. It will prove useful for those planning research in developing countries, as well as for those already working in the developing world and planning research. The sponsors of research should also read the paper, whether they are pharmaceutical companies or a host country’s statutory bodies, reviewing research proposals.

The topic has most recently been discussed in the context of the controversy surrounding trials of zidovudine (AZT), but the authors rightly point to a much wider agenda. They also convincingly highlight the differences and difficulties that are particular to research by developed countries in developing countries (rather than those inherent in all research). They also touch, however, on the issue of self-generated research in the developing world.

Perhaps the general issue can most easily be summarised in terms of the competing arguments for universality in the ethics covering research (which can be seen as condoning paternalism from the developed world), and for acknowledging the need for local self-determination (which can be seen as condoning unethical behaviour). Taken to the extreme the “Universal School” may result in no potentially useful research being done in the developed world because of the fear of any harm. The local self-determination group can, however, fall into the dangers inherent in having varying standards and therefore lead
to the developing world being exploited by the richer and more powerful North.

More broadly, it is possible to see this branch of ethics as a subset of the overall ethics associated with development, under-development and poverty. Many of the special dilemmas of HIV preventive vaccines and the potential appropriate standards of care arise directly from poverty and inequality. For example, those who argue for developed world standards of care for all trial participants, will need to ask if this medical care should continue to be provided, even when the underlying cause of the condition is malnutrition. Should one then provide developed world standards of food, then the infrastructure and on and on.

The paper covers the existing guidance and the dilemmas, contradictions, and problems they pose in their application. It also covers the issues of non-therapeutic research, consent and concern for those who remain after a trial is over.

Not surprisingly in such a paper, there are more questions than answers. The authors do, however, point to one very good example of how the guidance that the guidelines can provide. This is where pro-active guidance (unfortunately provisional and therefore un-referenced) is being provided in the form of a document on ethical considerations in international trials of HIV preventive vaccines by the Joint United Nations Programme on HIV/AIDS (UNAIDS). Perhaps the future lies in the production of appropriate intermediate guidance and training, in a minimum set of ethical issues and practical considerations that should be addressed before research is started. This may enable a compromise to be reached between some of the impracticalities that the structure and organisation of health care cannot be left to chance or interest but must be planned and implemented in ways that make explicit the principle of justice they are seeking to achieve.

Butler then takes the reader through the various processes of health care. Starting with a description of Waele's theory of responsible or responsive government, he presents numerous arguments on examples of, implicit and explicit rationing, public involve-ment in, and political and professional ac-countability for, rationing decisions, pointing out the potential conflicts between different moral concerns at different levels. Clinicians have a primary obligation to treat the individual patients before them, managers to see that public resources are not wasted, and poli-ticians to use the national resources fairly and to balance interests and expectations of different sections of society. Within a given budget constraint, are government and health authority decisions made on the basis of cost effectiveness, or are they made on the basis of what doctors and nurses are unable to do all they would like to do for their patients, are they making choices based on established ethical criteria?

Chapter 6 singles out this book from others and addresses the moral issues of fairness and justice through the structures, processes, and outcomes of health care. Given that health services will always be in short supply in relation to potential demand, he asks whether they are structured and organised in ways that will promote people's fair and equitable access to health care. This question is ad-dressed by taking the reader through three competing theories of justice: those of Rawls (social justice), Daniels (fair equality and opportunity), and Doyal (human need). All three share a common feature in highlighting that the structure of provision of health care cannot be left to chance or interest but must be planned and implemented in ways that make explicit the principle of justice they are seeking to achieve.

Finally, Jones expounds on his particular expertise, the ethics of organ transplantation. The discussion of organ transplantation and the incipient ethical dilemmas of new technologies is generally solid, but occasionally fails to accommodate the full range of opinions. Given the broad remit of the field, Jones does well to cover the many theoretical situations which may be expected.

In discussing brain death, Speaking for the Dead reintroduces the perspective of the cadaver, the person he or she was previously, and other stakeholders. These viewpoints, in defining brain death, frequently become sub-sumed to technical considerations and philosophical argument about personhood, selfhood and consciousness. Jones makes more action guiding points, and thus his discussion is more clinically relevant than most other debates about brain death.

Finally, Jones expounds on his particular expertise, the ethics of organ transplantation, and specifically addresses brain death. His arguments are based upon careful study and are highly pertinent. I hope they will be heeded.

M Longo

Speaking for the Dead: Cadavers in Biology and Medicine


This book is well-timed. Jones has produced a broad-ranging work focused on a novel subject: the cadaver. In this year alone, high-profile media issues have included the non-consensual storage of postmortem examination tissues at Alder Hey; the trial of Dr Heinrich Gross, for killing and storing the brains of children in Austria in the second world war; debate about the medical uses of criticism and experimental techniques. These are all utilitarian issues of justice and contributing moral issues of fairness that professional cadavers are seeking to achieve.

A P Bacon

The Ethics of Health Care Rationing: Principles and Practices


This book is about scarcity and rationing in health care and the ethical questions they raise. It is based on the premise that if the aim of a responsible government is to balance the nation's varied claims upon the collective purse, then no government can be morally blamed for failing to remove the need of rationing from the National Health Service (NHS), and thus rationing as such cannot give rise to legitimate moral concerns. The ques-tion that needs to be addressed therefore is not whether rationing itself is unethical, or even whether any particular distribution mechanisms are unethical, but whether they are structured and work in morally acceptable ways, and lead to morally acceptable results.

In the first chapter Butler describes the gap between needs and resources. He describes what has been done (mainly in the UK) as a way of providing the background to the rationing debate. The second chapter ad-dresses the moral basis of rationing by focusing on which personal qualities we are prepared to accept as a fair basis for discrimini-nating between individual patients. The au-thor could not have chosen a simpler and yet more effective example to drive us through the debate.

Chapters 3 to 5 tackle the debate on rationing from a different point of view. Here Butler explores the moral issues of fairness and jus-tice through the structures, processes, and outcomes of health care. Given that health services will always be in short supply in relation to potential demand, he asks whether they are structured and organised in ways that will promote people's fair and equitable access to health care. This question is ad-dressed by taking the reader through three competing theories of justice: those of Rawls (social justice), Daniels (fair equality and opportunity), and Doyal (human need). All three share a common feature in highlighting that the structure of provision of health care cannot be left to chance or interest but must be planned and implemented in ways that make explicit the principle of justice they are seeking to achieve.
CODING A MORAL MEDICINE

Cødido's moral medicine is an antidote to medical pluralism, a bulwark against wallowing in the morass of moral idolatry, and a rampart that should be strengthened continually, rather than dismantled. The notion of medical professional self-regulation, by means of codification, a hallmark of American medical ethical thought back to its earliest progenitor: the primordial 1847 American Medical Association (AMA) code of ethics. The thoughtful, deftly handled academic sabres vitiates the medical ethical dimension of the practice of medicine in America, and reveals the sharp contentiousness underlying American medical ethics, as well as the acute timelines of the volume.

The rich blend of varied viewpoints culled by the editors was delivered, originally, as papers at a conference in Philadelphia, PA, in March 1997, intended to commemorate the sesquicentennial of the AMA, and to celebrate the founding of the American Medical Association (AMA) code of ethics. The lengthy time continuum of the volume encompasses forward-looking comments on future challenges to American medical ethics, involving, for example, molecular medicine. Given the uncertain role of ethics in the unfolding genetics revolution, it cannot be gainsaid that it is timely and potentially salutary, to ponder, in an informed intellectual sense, whether codified ethics can favourably help guide the future of biomedicine.

The recondite nature of this volume is well tailored to suit the curiosity of academically inclined readers interested in medical ethics in America. Its abstruseness, however, is ill tailored to fit the lay reader, and may even fall outside the ken of comfort of some clinicians. In this respect, the volume is ineffectual as an educational conduit, and it is impossible to judge the path to moral rectitude, and barriers along the way, for academicians.

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Three chapters, for example, proffer a thought-provoking, trichotomy of views concerning the singular question: who should control the scope and nature of medical ethics? Several chapters examine the relevance and adequacy of the traditional paradigm of codified, collaborative medical ethics in the context of particular, contemporary challenges to American medical ethics, relating, for instance, to “alternative medicine”, managed care, and the challenge of providing universal access to health care, given limited resources.

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quality housing, low income, lack of educational/training opportunities, bad health, and family breakdown. Such difficulties are commonly experienced by people with mental health problems who also have to cope in a society which alienates and rejects them, barring them from every aspect of community life. Remarkably, even the SEU’s remit excludes consideration of the obstacles to social inclusion faced by those with a psychiatric diagnosis.

Creating Accepting Communities is the final report of an inquiry commissioned by MIND, which looked at the nature and extent of social exclusion experienced by people who use mental health services in Britain. The inquiry panel received written and oral evidence from a wide range of individuals and organisations, including mental health practitioners, high street retailers, groups working within the voluntary sector, and, importantly, service users.

The book is clearly written and the material well organised into four main chapters, each of which is useful and summarises the key issues raised. Quotations from witnesses are used extensively throughout the narrative, giving real meaning to the findings, and to participants a sense of “ownership” in the report.

The first chapter summarises evidence presented to the inquiry on how a psychiatric diagnosis can exclude people from a range of socially significant areas such as employment, education and training, aspects of daily life (that is, access to goods and services, social networks, etc), and empowerment within mental health services. The panel found widespread evidence of social exclusion and dismissed claims that this was simply the result of poverty. Instead, they argue that while policy initiatives should focus on addressing the material circumstances of service users, they should also work towards creating greater social cohesion or social inclusion.

A range of ethical aspects associated with social inclusion is briefly but coherently discussed in chapter 2. In particular, inquiry evidence is used to evaluate the relationship between individuals and their wider community, and to address the following questions: how do measures that judge the value of a person’s life change society? How does society differentiate individual “badness” from “mental illness”? How should risk be defined? What is meant by the participation and empowerment of service users? Essentially, the findings support the basic need to recognise the absolute value of individuals and to acknowledge that any ethical approach to social inclusion needs to balance this against existing social forces: difficulties can only be resolved through the participation of everyone involved.

Chapter 3 discusses a range of initiatives that have been set up to promote social inclusion in various areas of work, education, the arts and the media, daily living, and the mental health services. The panel highlighted three areas where more work should be done to improve social inclusion: the development of more inter-agency initiatives based on inter-agency cooperation, legal and policy-based reforms at national level and the promotion of more intensive public health programmes on mental health. Based on this inquiry evidence, chapter 4 presents a series of recommendations aimed at directing social progress “from exclusion to cohesion”.

In general, the report raises the profile of a wide range of issues concerning social exclusion and provides an informative overview of current policy and practice initiatives. Unfortunately, because the book’s remit is so wide, its depth of analysis is compromised, leaving unchallenged some very difficult ethical barriers to social inclusion.

For example, little is currently known about the nature of interactions between people who consider they have no need to take medication and those who are destructive in schools; 3) media campaigns provoking street demonstrations against groups the media feels society should no longer tolerate, and 4) employment practices which measure individual value in terms of productivity to the point whereby even mental health services lack confidence in service users’ abilities.

Ultimately, the problem of analytical depth is a methodological one that requires the development and integration of research initiatives at both the micro and macro levels of social inquiry. Moreover, these observations should not detract from what is an excellent report and an important reference point for anyone interested in the social inclusion of people who experience mental ill health.

A Colombo

Priority Setting and the Public


As its title suggests this book’s main area of inquiry is the rationale for, and methodology of, public involvement in priority setting. Mullen and Spurgeon set out to evaluate a number of assumptions and hard issues in priority setting. In doing so they have produced a volume that is both a useful introduction to this area and a worthy piece of research on an important theme.

They begin by contextualising the debate about priority setting within the recent history of health system reform in the UK and other nations. This move enables them to give an analysis of considerable scope. They are not just interested in rationing and public involvement but also in questions about the level to which the UK National Health Service (NHS) ought to be publicly funded. Given the frequently stated assumption that rationing is inevitable it is very refreshing to read a book that grapples with the difficult, more primary question of whether rationing itself is in fact necessary.

They note that reform processes and initiatives in the health system have served to focus attention on the need for priority setting but that there is a need to evaluate carefully the basis of this need. The present level of funding that the NHS receives is a matter of choice and not simply a result of the need for resource. They mention that public involvement in priority setting.

In chapter three they examine the basis for public involvement in priority setting. Given that many would think that public involve-ment in the setting of priorities is a good thing they ask the pertinent question, whether such involvement would result in the optimum set of priorities and consider whether it may risk a “dictatorship of the uninformed” (page 34). Other key difficulties addressed are the problems of finding a group that can be considered representative.

In chapter four they survey the traditional approaches to priority setting. This includes a detailed section on QALYs and the standard objections to them. This chapter contains an interesting section on how the rule of rescue conflict can be maximised against the value of health care that is associated with QALYs (pages 44–45). They cite the Jaymee Bowen case as an example of the depth of feeling that can be evoked when the rules rub up against the maximisation of health care benefit.

Their sixth chapter considers in some depth empirical methods that can be used to elicit the values of the public about priority setting. They present a broad range of possible methods in a way that makes them useful, not only for ascertaining views about prioritisation but also for gaining information about other empirical questions within medical ethics.

Given the amount of literature on this topic it is inevitable that some issues are dealt with in a fairly summary fashion, but when they do this the authors make reference to the wider literature.

All those interested in prioritisation and the NHS ought to read this book. It’s likely to be of special interest to those making prioritisation decisions at all levels.

J McMillon

Catholic Ethicists on HIV/AIDS Prevention


This impressive and informative book serves a wider readership than it is likely to get. Unfortunately there are still too many people who consider they have no need to read anything about the virus as it will, to their way of thinking, never touch them. In addition there will be those who think that a volume by Catholic ethicists will be too narrow in outlook to be worthwhile. Both sets of people are mistaken. HIV/AIDS is a world issue and there is no cure nor is there likely to be one for many years. The whole issue of HIV/AIDS - the maximisation of health care benefit.

The first and longest section is made up of a series of case studies ranging from needle exchange in Puerto Rico, to confronting social stigma in Uganda, and matters relating to confidentiality in Australia. The second consists of seven chapters covering fundamental ethical issues for HIV prevention; the chapter by Lisa Cahill (Boston, USA) on AIDS, justice and the common good and the one by Paulin-nis Odozor (Attakuru, Nigeria) on Casuistry and AIDS, are particularly worthwhile. Kevin Kelly (Liverpool, UK) provides the conclusion.

In chapter six they would work out how to provide treatments that are of undisputed efficacy.

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From Chance to Choice: Genetics and Justice

A Buchanan, D W Brock, N Daniels, et al.


With over 10,000 bases of DNA being sequenced around the world per minute, it is vital that ethical discussion continues to keep pace with genetic research. This contribution by four top theorists in bioethics carefully considers the implications of the many ways genetic information will influence human health and reproduction, by considering “the most basic moral principles that would guide public policy and individual choice concerning the use of genetic tests in a just and humane society” (pages 4–5).

Proceeding with the themes of rights, justice, and harm, problems addressed by the authors include: the significance of the moral difference between treating genetic disease and altering personality characteristics; whether the utilisation of prenatal interventions to avoid disability discriminates against the disabled; and who should have control over the utilisation of this technology.

The main focus of the work is upon the future of genetics, however this is framed within an “ethical armoury” of eugenics, in which the inappropriateness of past practices is considered. It is argued that the wrongs of eugenics (broadly, a denial of freedom) must be recognised when considering what an ethical, practical practice might constitute, but that wanting to provide future generations with genes that could contribute to their lives going better is not necessarily unpalatable. It is vital, however, that any such procedures are pursued justly.

After moving through several topical themes in genetics (which are highlighted in the introduction by the presentation of several futurist genetic scenarios), the final chapter of the book draws out the major principles that should be used in policy-making about genetic technology.

Among the arguments advanced throughout are claims that gene and gene-environment perspective for the distribution of genetic technology is acceptable, and that this may also theoretically be applied to non-therapeutic interventions. Lowy prefers to this for social institutions to be designed which do not exclude people who are worse-off, and for plurality in views of personal assets and the good life to be protected (chapters three and seven). In chapters four and five it is argued that the boundary between treatment and enhancement does not always coincide with what is acceptable and unacceptable, however, it is a good starting point for what obligations of the state should be in delivering health care. The authors found no “reason to object in general to using genetic influences any more than environmental ones” (page 202), however concerns about both fairness in the distribution of this technology and medical risk should still be recognised. Chapter six explores in more detail the idea of reproductive freedom in preventing or allowing harm to children, and discusses ways around the “non-identity” problem to illustrate a basis for obligations to prevent harm. Another effect of this obligation, however, is that parents should strive to benefit their children within the limits of the principles of justice. The requirement for these benefits are addressed in chapter seven, through an analysis of several disability-rights critiques of genetics.

This is an excellent book that immediately engages the reader with its lucid voice, and its arguments are strengthened by the use of real-world examples, a recognition that there may be more than one ethical solution to each problem in genetics, and an articulation of the limits of ethical theory. Although each author has contributed to different chapters, the book does not suffer from an inconsistency of style. It is worthwhile while to read it from beginning to end, as subtle connections between many apparently unrelated issues begin to emerge. It will, however, also be useful as a tool for anyone interested in obtaining clear analysis of topical issues in genetics. An extremely comprehensive table of contents also makes the book easy to navigate.

Overall, this book provides many insights on many important questions in genetics, but it also elegantly illustrates the inherent complexity in issues that have arisen and will continue to arise when genetics, reproductive technology and parenting practices coincide.

D Bell

From Chance to Choice: Genetics and Justice

A Buchanan, D W Brock, N Daniels, et al.


With over 10,000 bases of DNA being sequenced around the world per minute, it is vital that ethical discussion continues to keep pace with genetic research. This contribution
syndrome children, Rapp highlights the disjunction between technological advance in genetics and biotechnology and the human response of families who care for such children. A further chapter deals with “bio-
mental” or “bio-social” conditions, notably MCI (multiple chemical sensitivity) and finds that in the light of conflicting interests and under-funded research any explanation of these sociomedical disorders is likely to be tentative and locally determined. The last two essays deal with organ transplantation and unpack the problem of the dichotomy of the “gift of life” that organ donation from brain dead persons presents, versus any senti-
ment concerned with keeping dying patients intact—a dilemma that is much felt even within the medical profession. Approaches differ between the US and Japan. The ethical dilemma is compatible but at present there are various solutions. Ethics are generally more implicit than overt but it is agreed that they are diffusely socially determined. The final essay, which considers the ethics in-
volved in transplant procuring whether by gift selling or cadaver donation, finds that regulations aimed at safeguarding certain rights may themselves infringe customary perceptions of what is moral. Some of the problems would benefit from an anthropo-
logical sensitivity that takes account of the specificity of small local communities.

There are no final answers in this book, but the at times diverse essays bring together highly topical discussions about the rights and wrongs of a world that is just opening up.

C R Barber

Animals in Research: For and Against


The use of animals for the purpose of scientific research is an emotive subject. The moral arguments often exhibit polarised positions: the scientific demand for absolute freedom of research, and the abolitionist demand for a total ban on all animal experiments. At one extreme are those who argue that research on animals is essential for the conquest of medical problems, and on the other extreme it is argued that the cost in terms of animal suffering is too high and that if experiments were prohib-
ited medical researchers would find some other means of ensuring scientific progress. The rhetoric employed is also suggestive of a polarity: experimenters are accused of cruelty and indifference, whereas campaigners on behalf of animals are accused of irresponsibility and insensitivity towards the wellbeing of humans. Yet to ask which side is right is to betray a misunderstanding of the complex nature of the debate, in which a plethora of interrelated social and scientific issues find expression in a wide spectrum of viewpoints.

One of the strengths of Animals in Research is that Grayson recognises the complexity of this issue, and in the opening chapter, which surveys much of the philosophical and scientific literature on animal research, there is an appeal for constructive listening. Avoiding either ex-
reme, Grayson opens with a comprehensive survey of the many different standpoints that have been put forward in the animal research debate. The second and third chapters focus on public perspectives on animal research and the development of legislation and regu-
lations since the Victorian period. The fourth chapter investigates issues that have drawn the attention of scientists and animal rights and welfare groups since the 1866 act which dealt with research on animals.

As in most ethical debates neither side offers support for needless suffering, and the way forward lies in the consideration of ways in which any necessary suffering both in humans and animals can be minimised and, where possible, avoided. The first five chapters deal with the three Rs (replacement, reduction, and refinement) which have emerged in the last two decades to ensure that otherwise disparate parties can agree. Replacement and reduction seek to minimise the number of animals used in research and refinement is bound up with the minimisation of pain, dis-
tress and suffering upon animals. This discussion is the most significant part of the book, as it indicates the possibility of dialogue and consensus among medical scien-
tists, animal welfare campaigners, govern-
ment bodies, teachers, and regulatory agencies. Grayson recognises that medical sci-
entists are ethical and shows how the research community have demonstrated that scientists are taking legitimate concerns about animal welfare seriously. She refers to the British Association for the Advancement of Science which maintains that continued research involving animals is essential for the conquest of medical problems, but recognises that those involved must respect animal life, using animals only when essential, and should adopt alternative meth-
ods when available. Grayson also refers to a survey of British doctors in 1993, which indi-
cated 94% agreement that animal research was important to medical advance, while 92% favoured more investment in the development of non-animal alternatives.

The final two chapters look to the future. Grayson argues that the debate on animal research is likely to intensify, with concern over transgenic animals and the use of animals as organ transplant sources. For those who are interested in the ongoing debate over animal research the final chapter provides comprehensive details of relevant organisa-
tions and web sites.

This is an excellent introduction to the ani-
mal experiment debate. Each chapter is care-
fully balanced and is free from the emotive rhetoric which so often clouds the arguments. Moreover, there are summaries, lists of publi-
cations, and links to on-line interest groups which are relevant to each standpoint covered in the book.

Animals in Research is an essential source for teachers and researchers in the veterinary sciences, and it will be of considerable value to the ethicist who is con-
cerned with the broader moral issues related to medical research and human wellbeing.

D Lamb

The Foundations of Christian Bioethics


In this book, H Tristham Engelhardt Jr outlines his interpretation of Christian bioethics. His branch of Christianity, termed “traditional Christianity”, is described as “the Christianity of the first millennium”. Authority is derived from the church fathers whose works are con-
tinually cited and from the church commu-


Kierkegaard, as well as an introduction to the ethics of Orthodox Christianity. On balance, however, this book will perhaps seem somewhat irrelevant to contemporary bioethicists, although it may prove of more interest to theologians, especially those of the more conservative persuasion, such as the emerging school of radical orthodoxy. Ultimately, the difficulty with Engelhardt’s position is communication. His rejection of “liberal cosmopolitanism” leads to an unwillingness to compromise, which makes it difficult for those from the “liberal cosmopolitan” world-view to hear his points; this is somewhat problematic given that his intended audience is the academic community.

H Widdows

NOTICE

A Cross-cultural Dialogue on Ethical Challenges in Healthcare

An international conference on health care ethics, A Cross-cultural Dialogue on Ethical Challenges in Healthcare, is to be held in Abu Dhabi, the capital of the United Arab Emirates, from 10–13 March 2002. It is being organised by the UAE Ministry of Health. Co-sponsors of the conference include the World Health Organization (WHO), the Islamic Organization for Medical Sciences (IOMS), the International Association of Bioethics (IAB), the Emirates Medical Association (EMA), and the Gulf Center for Excellence in Ethics (GCCE).

As the first such conference in the Arab and Muslim world, it aims to bring together scholars and experts from around the world to address a wide range of ethical and social considerations in the planning and delivery of health care.

The objectives of the conference are to: promote a cross-cultural dialogue towards agreement on universal standards of health care ethics; highlight the Islamic world’s contribution to this process; enhance awareness and knowledge of contemporary ethical issues in health care, and to build national and regional capacity to address complex bioethics issues against the backdrop of rapid advancements in the health sciences.

The conference will examine a broad range of contemporary health care ethics topics including: current controversies in research involving human subjects in developing countries; ethical decisions and considerations in clinical practice; social issues in genomics; strategies for allocating scarce resources; access issues in health systems, and building a bioethics capacity and infrastructure in the UAE, Gulf region, and Arab world.

For copies of the conference programme and registration forms please contact: Dr Basil A Badir, Conference Coordinator, Ministry of Health, PO Box 26094, Abu Dhabi, United Arab Emirates. Telephone: + 971(2) 6330186 and +971(50) 6325110; fax: +971(2) 6321878 and +971(2) 6349223; email: moh_basilb@hotmail.com and ethics_conf@moh.gov.ae.

Website: http://www.uae.gov.ae/moh/start.htm

CORRECTION

In the December 2001 issue of the journal the Book reviews section was incorrectly headed Letters. We wish to apologise to readers for any inconvenience this error caused.