Medical commitments ceremonies

I read Raanan Gillon’s piece on the defence of medical commitments ceremonies with interest. I was, however, disturbed to see that in the declaration of a new doctor considered satisfactory at Imperial College there is no mention of age among the politically correct list of human and social characteristics that should not influence a doctor’s duty of care. The omission is conspicuous in view of the abundant evidence that age discrimination is widely practised in medicine and that it has recently been proscribed in the National Service Framework for Older People.

Does this mean that I must advise all my elderly patients that in any encounters with graduates of Imperial College they must insist on a second opinion?

J Grimley Evans
Nuffield Department of Clinical Medicine, Division of Clinical Gerontology, The Radcliffe Infirmary, Oxford OX2 6HE; john.grimleyevans@geratology.oxford.ac.uk

Reference
1 Gillon R. In defence of medical commitment ceremonies. Journal of Medical Ethics 2002;28:7-9

BOOK REVIEWS

The Ethics of Genetics in Human Procreation

Edited by H Haker, D Beyleveld. Ashgate Publishing Co, 2000, £45.00 (hb), pp 335. ISBN 0 7546 1021 7

This is a challenging book that I recommend for anyone who wishes to engage with contemporary philosophical discussions relating to assisted reproduction, pre-implantation genetic diagnosis (PGD) and embryo research. It consists of six principal papers, each accompanied by responses from two discussants. There is also, in an appendix, a summary of the discussion that followed each of these six sessions in the final symposium of the EU-funded European Network for Biomedical Ethics held in Sheffield in 1999. In addition, there is a seventh paper in which the network, funded from 1996–1999, is evaluated, and there are introductory and closing remarks to the volume by Dietmar Mieth, Professor of Social Ethics at Tübingen.

In his introductory contribution, Professor Mieth asks us to consider the words that are used to describe the practices of IVF and PGD and the problems they generate. He follows illic in problematising the word “life,” tracing its use over the past two centuries in the context of our mechanistic biology and our society’s interest in individualism. He argues that the terms of the “official” moral debates in this area—the terminology of bioethics as well as the terms of reference of the learned bodies and committees—have pre-empted these deliberations so that they can only lead to the fully liberal, permissive position.

In the first major paper, Sheila McLean discusses the “good enough” parent. What does this amount to? When may obligations to a future child restrict or potentially infringe upon parental freedom to make specific decisions? And when can individual wishes be challenged in the interests of society—the wider community?

In the responses to this paper, Anders Norgren sets out a coherent position in which there can be limited, local, contractual rights to fertility treatments and a limited autonomy on the use of prenatal diagnosis and decisions about selective terminations of pregnancy. Onora O’Neill applies the concept of the “good enough” parent to the realm of assisted reproduction, and asks how the new ways of becoming parents may lead to new ways of being parents. She asks us to examine the ethical issues in this area from the perspective of children born as a consequence of the new technologies. She emphasises the differences between that perspective and that of the perspectives of children who have been adopted or fostered. An increase in choice for adults may lead children to feel rejected by their genetic or gestational parents. Chosen relationships are often understood as very different from given relationships, and more easily become conditional. How may this alter parent-child relationships? Notions of autonomy, it is argued, should not be the only or central concern in regulating this area. Finally, Walter Lesch discusses the question of when parents or children can be considered “good enough” in the genetic sense. He maintains that it is legitimate for the standard of “good enough” to vary, depending upon the biological and social origin of the child.

A similar format applies in the five other sections. Derek Beyleveld presents a technical argument about the status of the embryo and the fetus, starting from the ethical system of Alan Gewirth. I found this unconvincing, as did the two discussants for several reasons, but I am happy to concede that this topic is outside my area of expertise.

The third paper is presented by Jean-Pierre Wils. Autonomy, it is argued, only makes sense in the context of a relationship in which the other is recognised as an (other) moral agent. Accordingly, the difficulty in achieving this in relation to an embryo or fetus makes it difficult to treat the embryo with full respect, and technological modes of visualising the embryo or fetus can make this even more difficult. Our habits of perception pre-empt our ability to choose how to understand what we see. Wils argues for a graded recognition of (active) personhood or (passive) moral rights. In the discussions, Engel’s emphasis on the danger of determinism and Dierkx’s discusses the depersonalisation that often accompanies prenatal screening programmes at the population level and the altered notion of responsibility (for the genetic health of one’s children) that now that nature need not simply take its course.

The fourth paper, by Regina Kollek, locates the new reproductive technologies within modernity—and therefore within the paradoxical conjunction of both increased freedom and heightened accountability for one’s “free” choices. The notion of risk management is crucial to this paradox, and Kollek discusses the impact this has on women’s lives. The ways in which the new reproductive technologies can reinforce the emphasis on genetic identity—one’s “true” family consisting of one’s molecular relations—is also discussed. And Kollek echoes Mieth’s criticism of bioethics as a mechanism that controls and silences opposition to the new technologies. The discussants to this paper both challenge Kollek and extend the scope of her argument.

The fifth paper, by Marcus Düwell, is methodological; it considers how to justify an ethical position in this area. He outlines several of the areas of contention already discussed and proposes a framework within which to consider them. He suggests—and I disagree—that bioethical principles can define what is justified, allowed or forbidden while other considerations (of apparently lesser importance, beyond the scope of ethics) can guide other aspects of behaviour. The discussants criticise this view too, objecting to the narrow scope of applicability of this ethics and the framing of ethical responsibility as (merely) the recognition of justified interests.

The final paper, by Beyleveld and Pattinson, examines the legal frameworks within which various European countries tackle IVF, PGD, cloning, and related technologies. The substantial differences are accounted for in several ways, including messy political compromise, and the nation-specific meshwork of legislation and non-legislative regulation, professional codes of practice etc—as discussed further in a commentary. The other discussants examine the specifically medical aspects of fertility treatment.

This is a wide-ranging volume that examines reprotoethics and reprogenetics from several, conflicting perspectives. The resulting compilation is especially valuable for bringing
strands of Continental philosophy, with a heavy representation—especially from Tübingen, into dialogue with a more Anglo-Saxon bioethics. This breadth of perspective is uncommon, impressive, and very helpful. I hope that further contributions of this sort emerge from future collaborative projects in Europe.

A Clarke
ClarkeA@Cardiff.ac.uk

The Concise Encyclopedia of the Ethical Assessment of New Technologies

While offering extensive new opportunities, technological developments also tend to pose serious challenges and difficult ethical questions. Developments in—for example, biotechnology, reproductive technology, transport technology, and nuclear technology have for decades been the subject of intense public debate and a principal object for philosophical reflection and ethical analysis. The Concise Encyclopedia of the Ethical Assessment of New Technologies is a collection of articles, thoughtfully edited by Ruth Chadwick, which address a range of the ethical issues pertaining to contemporary technology.

The editor's objective in this collection appears to be to describe general methodological issues in ethical analysis and to give an account of the practical application of ethical theory to issues surrounding new technologies. Some of the articles provide an outline of conceptual frameworks for ethical analysis and key ethical principles—for example, discussion of consequential and deontological perspectives, the precautionary principle, and slippery slope arguments. Other articles go beyond these methodological issues and apply ethical terminology to specific technologies such as genetics, computers, nuclear technology, and reproductive technology.

The collected articles all have a standardised and easily accessible layout and are arranged in a single alphabetical list by topic. This confirms what is already suggested in the book's title, namely that the encyclopedia is a scholarly reference work. The main body of each article follows a short outline section, including a preview of headings, a glossary of essential concepts, and a brief introductory paragraph defining the debated issues and summarising the content. A short bibliography completes each article.

The encyclopedia provides a detailed first introduction to a number of new technologies and the ethical issues pertaining to them. The very helpful introductory paragraphs make it easy for the reader to focus on essential themes and the glossary makes it possible to keep track of sometimes quite complex conceptual, technical and philosophical issues. Most articles are easy to read and the authors succeed in giving a nuanced account of often quite controversial cases. However, the limited space available makes it difficult for the articles to be more than good and thorough introductions. An extended bibliography, consisting of suggestions for further reading, could make the encyclopedia an even better work of reference.

Naturally a collection of articles on a very broad subject such as new technologies will have to depend on a cautious selection among a large number of relevant and important topics. It seems the articles for this collection have been selected with some preference for biotechnology and medical technology, and although the book to some extent also addresses the impact of other technologies it leaves the impression that ethical questions relating to biomedical ethics are particularly numerous and significant. The diverse focus adopted in the selection of articles suggests that this is a work aimed mainly at an audience specifically interested in biotechnology and medical ethics.

In sum, The Concise Encyclopedia of the Ethical Assessment of New Technologies impresses as a highly applicable reference work, particularly for readers with an interest in biotechnology, medical technology, and biomedical ethics. The book is easy to use for reference but also serves to bring attention to important new issues and emphasises the need to develop the conceptual basis for analysis as new technologies emerge. For that reason it is likely to become essential reading for ethicists, medical students, scientists, and others working with the ethical implications of technology.

Acknowledgement
I thank Donald Bill, John McMillan, and Michael Parker for discussion on the points made in this review.

A Hasman
admin@ethox.ox.ac.uk

Legal and Ethical Aspects of Organ Transplantation

Some lawyers, even some academic lawyers, have developed the happy knack of being in the right place at the right time, without being very good at it. D Price, with not only a timely but a thoughtful and thought provoking examination of organ transplantation and associated questions of commerce and commodity in body parts, seems almost prescient. Did he know, when he set out to compose what has emerged as his elegant and authoritative account and critique, that bodies and body parts were about to become one of the most controversial intellectual properties for years?

Price's corpus is in three parts; predictably cadaveric organ transplantation and living donors comprise the most substantial elements of his exegesis and critique. While his review largely antedates cellular substitution and the potential therapeutic application of stem cell research, he recognises that this is one of a number of “alternatives” to current transplant technologies that will later require more comprehensive consideration and review. In a third, concluding section, he addresses the troubling issue of “commerce” and the troublesome one of “recipients”. Throughout, his analysis and arguments are driven by the need—as he perceives and defends it—to respond to “medical globalisation”. This entails setting in place an integrated, coherent, and global conception of appropriate boundaries for the transplant practice, and a similarly fashioned and dedicated form of regulation.

Price attempts to stake out what for him would be a coherent and defensible position on organ transplantation, while also addressing particular methods of approaching the ethical questions and using them to argue for particular policy proposals. Most of the book's chapters are based on previously published material, and while this results in a certain amount of repetition, the overall result is coherent and highly readable.

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Transplantation Ethics

Transplantation Ethics is a book that will be welcomed by teachers and students of medical ethics as well as health care professionals and policy makers involved in transplantation issues. The book provides a broad overview of recent and contemporary debates relating to organ transplantation, while also defending particular methods of approaching the ethical questions and using them to argue for particular policy proposals. Most of the book's chapters are based on previously published material, and while this results in a certain amount of repetition, the overall result is coherent and highly readable.

The book is divided into three parts. The first addresses the definition of death, a matter which is clearly of great importance for
transplantation ethics given the rule that vital organs may only be removed form a corpse, but on which opinions are highly divergent. Veatch reviews the debates surrounding the shift from cardiorespiratory to brain-oriented definitions of death, but argues that the currently favoured whole-brain approach is an unstable compromise, subject to the same kinds of objection that its advocates level against the traditional cardiorespiratory accounts. The whole-brain definition should therefore be abandoned in favour of a higher-brain oriented concept which acknowledges that a person is dead—and that “death behaviours” such as mourning and other pleasurable activities are inappropriate—if he or she has permanently lost the capacity for consciousness. Recognising, however, that this is not an issue where consensus can be expected, Veatch proposes a “conscience clause”, according to which individuals would have the right to choose, from a range of alternatives including traditional, whole-brain, and higher-brain accounts, which definition fits best in their own case. This is an interesting idea, though one wonders whether it would not better be formulated as a right to select the conditions under which lifesaving treatment would be ceased and organ procurement initiated, independently of the determination of death.

The second part of the book deals with organ procurement. Here Veatch focuses on the particular case of “donor” animals to the study of ethics will be pleasantly springboard for a general discussion of principles as outlined, however, Watt needs to examine one issue of “directed donation” (where an organ is donated with the proviso that it be given to a particular category of recipient—for example, a member of the same racial group as the donor). Much of the discussion in this part of the book will be in vitro fertilisation and conception, with the allocation of health care resources in general, and not just those with a particular interest in transplantation.

Overall, Transplantation Ethics is a valuable contribution to the field. It is accessible to non-specialists while providing a thorough treatment of the issues and a high standard of argument. Although the book has a strong US orientation in its discussion of law and policy issues, this does not detract from its interest or relevance to readers elsewhere.

J Hughes
j.a.hughes@leeds.ac.uk

**Life and Death in Healthcare Ethics: A Short Introduction**


This is a compact, nicely written book that provides a revealing alternative to the utilitarian orthodoxy that dominates contemporary bioethics. There is currently a dearth of bioethic literature presenting what might be called a utilitarian approach to medicine, nursing, and health care. This contribution is a short and useful introduction to such an approach.

The book announces itself as being written with “both the general reader and students and professionals in medicine, nursing, law, philosophy and related areas in mind”. Accordingly, it assumes no prior knowledge of ethics. It gives a neat introductory overview of some ethical concerns raised by reproduction, death, and dying. The issues considered include euthanasia and withdrawal of treatment, the persistent vegetative state, abortion, cloning, and in vitro fertilisation.

By beginning the early chapters with a real-life case, Watt captures the interest of the reader. The case is introduced and discussed dispassionately. It is then employed as a springboard for a general discussion of principles often thought dry and difficult. Newcomers to the study of ethics will be pleasantly surprised.

In the first chapter—for example, the Arthur case is introduced as a context for discussing putative distinctions between killing and letting die, and intending and foreseeing; approaches to homicide suggested by competing ethical theories are also covered. In the second chapter, the Bland case is analysed and philosophical concepts such as that of “personhood” are discussed. Watt considers the notion of life as good in itself and raises questions about the social significance of tube feeding. The case, in chapter 3, elicits a discussion of concepts such as that of a worse-for-the-worseless life, the phenomenon of double effect, and questions of autonomy. In this chapter, Watt introduces a concept she calls “lethal bodily invasion”. Even if a Nazi doctor did not care whether his victims survived his experimentation on them, the doctor’s intention to invade their bodies in a way he knew would do them no good, but only lethal harm, would be enough to justify his course of action. In the eagerness to avoid the immoral. This is plausible enough in the context Watt suggests. In order to test her principle as outlined, however, Watt needs to examine other situations where the principle of double effect is often employed.

The principle of double effect is often raised in the context of self-defence, defence of a third party, and war. Clearly, the book is an essential text for any health care professional involved in decision making in these areas. A further non-consequentialist element in the approach is an unstable compromise, subject to the question of right and wrong still being asked. Watt needs to examine one issue of “directed donation” (where an organ is donated with the proviso that it be given to a particular category of recipient—for example, a member of the same racial group as the donor). Much of the discussion in this part of the book will be in vitro fertilisation and conception, with the allocation of health care resources in general, and not just those with a particular interest in transplantation.

Overall, Transplantation Ethics is a valuable contribution to the field. It is accessible to non-specialists while providing a thorough treatment of the issues and a high standard of argument. Although the book has a strong US orientation in its discussion of law and policy issues, this does not detract from its interest or relevance to readers elsewhere.

J Hughes
j.a.hughes@leeds.ac.uk
 Principles of Biomedical Ethics, 5th edn.


The Principles of Biomedical Ethics by Beauchamp and Childress is a classic in the field of medical ethics. The first edition was published in 1979 and “unleashed” the four principles of respect for autonomy, non-maleficence, beneficence, and justice on the newly emerging field. These principles have remained central to medical ethics, and are further elaborated in this edition. The book is well written and is divided into two main parts: part one “On caring for patients” and part two “On becoming a team player: searching for esprit de corps and conflicts of socialization”. This is a convenient way to think about medical ethics.

Ward ethics. Dilemmas for Medical Students and Doctors in Training


Kushner and Thomasma have assembled a distinguished group of contributors who are almost all practising clinicians with an interest in medical ethics. The book is well written and is divided into two main parts: part one “On caring for patients” and part two “On becoming a team player: searching for esprit de corps and conflicts of socialization”. This is a convenient way to think about medical ethics.

those who want a basic text to introduce them to life and death issues in bioethics, this is a most welcome contribution.

J Loing

The Medical Profession and Human Rights: Handbook for a Changing Agenda


Doctors are to good governance what the miner’s canary is to decent air: their testimony is an early sign that something has gone seriously wrong. For someone like Wendy Orr, who was a South African district surgeon of 24 when she was forced to confront the lax attitude towards abuse of prisoners’ rights in her workplace—the building in which Steve Biko had been tortured—the decision to fight a prevailing medical culture of complacency and passivity was a clear and obvious ethical decision. Through this well-structured, comprehensive, and clearly written handbook begins with Wendy Orr’s story in her own words, its theme is that the air is more polluted, and that human rights abuses are more of a problem for practitioners, than we like to think.

The effect of human rights abuses on doctors has been felt in the thirty years since the BMA first began to monitor such issues. Conversely, and more hopefully, the effect of the medical profession on human rights abuses has also deepened. Doctors and their constituent organisations around the globe are more aware of the myriad ways in which the medical profession may be called on to be complicit in rights abuses, and less likely to want to be.

For example, the Indian Forum for Medical Ethics condemned the supposedly more humane practice of asking a doctor to certify death rather than prolonging hanging, since if the victim was still alive, the death certificate in fact being required to say “Not dead yet, carry on killing”. More generally, the prison physician may feel that his or her participation in capital or corporal punishment will make the punishment more humane; against this argument, the BMA notes dryly that “Medical participation usually brings . . . an air of propriety” (page 168). The handbook testifies to a sophisticated awareness of the ways in which the agenda for medicine and human rights has moved beyond the still important but more obvious areas, such as torture, prison medical governance, and capital punishment, and into increasingly worrisome but more convoluted areas—such as trafficking in women and children; the effect of the new genomics on commodification of organs, and the effect of Third World debt on health as a human rights objective. This breadth of coverage is matched by breadth of participation in preparing the report. The principles and ethics of the Somerville and Lucy Heath, have involved human rights campaigners in such countries as El Salvador, organisations such as the UK’s Medical Foundation for the Victims of Torture, national and international human rights organisations (most notably in Turkey), and a very cosmopolitan human rights steering group including representatives from India, the Philippines, and South Africa. The inclusion of Third World voices puts paid to the oddly patronising notion that human rights are a Western concept (which, it is implied in this common but wrong-headed account, non-Westerners are too backward to have developed for themselves.)

Although I am glad to see women’s rights taken seriously as human rights in this book, I have some doubts about the wisdom of concentrating women’s issues largely in one chapter, comprehensive though it is (with material on violence against women, enforced sterilisation and abortion, ‘honour’ killings, women’s role in famine and war, and female genital mutilation). There are other ways in which women are exploited by or with the complicity of doctors—particularly in commodification of organ donation, which will be especially worrisome in light of the need for enucleated eggs in the stem cell technologies. It was disappointing not to see much mention of the disproportionate rights and structural ad- justment policies and debt payments impose on women’s health in the otherwise excellent chapter on health as a human rights objective. The Medical Profession and Human Rights is nevertheless a very important book, testi- mony to the need for the British Medical Association to continue using its unique position at the hub of Commonwealth and other international medical professional bodies, in order to bring to public and professional attention wider ethical issues than the every- day nitty-gritty of consent and confidentiality. This is a book for dipping, rather than reading at one sitting, not least because few of us can stand the sustained grimness of much of what has to be reported. Busy practitioners might want to begin at the end, with the succinct, clear-headed and hard-hitting summary of all the book’s recommendations, and work back from there to the individual topical chapters in which the recommendations first appear. I hope that teachers of medical ethics—and more broadly, anyone who has a role in training health care professionals at any level—will make time for the chapter on teaching ethics and human rights, which, like the rest of the book, is admirably wide ranging, considered, and comprehensive.

One final note, if I may: the Centre for the Study of Global Ethics is currently presenting a series of six public lectures drawn from some of the topics in this handbook—the death penalty; genomic research and organs development; trafficking in women and children; medicine and debt; global commodification of organs and tissue, and research on Third World populations. We owe a great deal to the inspira- tion of previous editions, well written and for the most part very persuasively argued. In some places the authors’ intention of being comprehensive does, however, create problems. There are, for instance, places where opposing views are mentioned merely in order to be summarily dismissed as “morally perilous” without further argument.

What is new in the 5th edition? The main theoretical novelty is that the authors now clearly state what they mean by “common morality” and that this definition has changed from previous editions when “common morality was viewed as a set of socially sanc- tioned norms. The common morality is now defined as “. . . the set of norms that all mor- ally serious persons share” (page 3) and it is linked explicitly to human rights discourse. This is a major new theoretical commitment on the part of Beauchamp and Childress and saddles them with the problem of showing that there really are any norms that “all morally serious persons share” in terms of holding norms that are to some degree congruent with “common morality”, thereby introducing a problematic circularity in their analysis of common morality.

The structure of the book has also been changed. The chapters on moral theory and moral justification are now the last chapters and have swapped places with the chapters on moral norms and moral character. This is presumably to make the book more accessible to health care professionals.

The whole book has been comprehensively rewritten, but the core arguments in the four chapters explicating the four principles are still the same. This also means that the restrictive limits in the scope of the principles of beneficence and justice are still open to the same criticisms that were levelled against the previous editions of the book.

For the person who already has the 4th edition on the bookshelf, and who is not actively using the book for teaching or study there is thus little reason to buy the 5th edition although it is very modestly priced. The under- lying arguments have changed to some extent, but the conclusions are pretty much the same.

D Dickenson

d.i.dickenson@bham.ac.uk
Part one covers the ethical dilemmas of doctors caring for patients and the many practical problems that arise: this area of medical ethics is what most doctors would consider to be “true” medical ethics. Many doctors would not consider part two to be medical ethics at all, because once a person has fully undergone the process of becoming a medical professional they can lose sight of the ethics involved in professional interactions. This is not to say this area of medical ethics is not important, indeed, it is extremely important but is not often considered by doctors in their everyday practice. The medical student, however, is in an ideal position to evaluate the ethical problems arising in training and staff interaction because they have not yet fully undergone medical socialisation.

Each of the two main parts is further subdivided into sections. The first section of part one is performing procedures. This covers informed consent; the person performing the procedures when inexperienced; blaming the patient for your own shortcomings; doctor-patient confidentiality; the newly dead and their rights, and peer and senior support in crisis. The format within each subsection is identical throughout the book. One to five clinical cases are briefly described that will be instantly identifiable to any medical student or doctor. Two commentaries then follow by different contributors. These commentaries are in general well thought out, logically argued, and pitched so that someone with little or no prior exposure to medical ethics will be able to follow and condense them. They tend to contradict one another in parts, which is one of the books strongest attributes in that it shows medical ethics to be a subject where debate is encouraged rather than a discipline where a prescriptive set of rules holds sway. Concluding each section is a set of thought-provoking discussion questions. The two comments for each section of part one are:

(a) problems in truth-telling, which covers issues such as admitting mistakes to patients and omitting to tell patients salient facts and (b) setting boundaries, which explores doctor-patient professional boundaries, treating patients you don’t like, and the limits of a doctors compassion.

The second section of the book covers all aspects of professional behaviour, including: abuse (psychological, physical, and sexual); professional communication (jargon and humour); questioning authority and the status quo; alcohol and drug abuse; mistreating patients; covering up, and misrepresenting research. These issues are rarely covered in medical education and it is to be hoped that through this book their profile will be raised in mainstream medical education. The second section is as equally well written as the first and the authors communicate their points clearly.

I think this book would make an excellent basis for a course in medical ethics for medical students. The course could be taught as a continuous module or a number of planned sessions throughout an academic year. "Ward Ethics" is also very suitable for trainee doctors, if not all doctors, and I would recommend it to anyone with the slightest interest in medical ethics.

R N J Graham
rngraham@doctors.org.uk

Bioethics in social context


Hoffmaster endeavours to enrich the dominant bioethical paradigm, based on abstract principles, with the lived experience of moral decision making. He proposes that bioethics involves not only the justifications for moral judgments, but also the understanding of the beliefs and values underpinning them. The "old" paradigm, focused on "rationality and generalisability", is to be replaced by a new "reorientated" bioethics, situated in the untidy world of "lived human experience". In other words, context, in its widest sense, is to be integrated into the bioethical framework.

The relevance of social context in moral philosophy is not new, however. As MacIntyre tells us in *After Virtue*... it also follows that we have not yet understood the claims of any moral philosophy until we have spelled out what its social embodiment would be*. He reminds us that Plato and Aristotle, amongst others, undertook this project. MacIntyre, like Hoffmaster, laments the loss of social embodiment in the "narrow conception" of contemporary moral philosophy. I submit that we are now witnessing the rejection of Cartesian duality and the separation, of the moral old paradigm—reintegrating the social milieu, narrative, and the emotions, in our conceptualisation of moral philosophy.

Hoffmaster's second goal is to raise the profile of social context in the field of bioethics. He argues that the distinction between descriptive and normative ethics is artificial, and that the former is unfalsifiable. Too often the "one-to-one" moral accounts, as they usually are in the medical context, are inadequate. Hoffmaster, laments the loss of social embodiment in the "narrow conception" of contemporary moral philosophy.

Hoffmaster's second goal is to raise the profile of social context in the field of bioethics. He argues that the distinction between descriptive and normative ethics is artificial, and that the former is unfalsifiable. Too often the "one-to-one" moral accounts, as they usually are in the medical context, are inadequate. Hoffmaster, laments the loss of social embodiment in the "narrow conception" of contemporary moral philosophy.

Does this book achieve these stated aims? The authors certainly do provide us with a diverse perspectives, showing us how the social environment and dominant moral norms can shape moral attitudes and decisions. The related valuable work of English social scientists is notably absent—for example, Paul Atkinson's work on training doctors, and Priscilla Alderson's ethnographic studies of children and their parents in hospital. Nor does it read as a coherent, integrated account, as the chapters lack a clearly identifiable common thread.

Sharon Kaufman's clinical narratives in the practice of geriatric practice provide us with a rich example of the complexity of "clinico-moral" decision making. She illustrates, with case examples, the power of the "technological imperative" in framing and constraining decisions in the care of frail and sick elderly persons—many of whom may be harmed by medical intervention. She also shows how decision making evolves, and may not even be perceived as a sequence of making choices, but as part of routine practice.

Margaret Lock's ethnographic study in Japan sheds light on attitudes and practices towards the dead—in particular the definition of brain death and the use of recently dead donors. The resistance in Japan to equating brain death with human death is not, she believes, simply due to cultural and religious inhibitions, but is also linked to the dominant communitarian ethic, with the dying person anchored in kinship. The self is relational, and not individuated and atomised as in the West, with death viewed as an evolving process in which the family participates. Despite the lack of a significant cultural divide in attitudes towards death and afterlife, Lock proposes that there are few socially sanctioned channels in the USA—in contrast to Japan—for articulating concerns and disagreement.

Sydney Halpern interprets the changing attitudes and public discourse towards human experimentation as arising from a shift in emphasis from the collective good to the protection of individual rights. Moral judgments, she argues, are contingent upon the social and cultural environment of the time. Peter Conrad's chapter on the media, genetics, and culture demonstrates the potential for oversimplification and distortion and the discoveries in the lay press. He argues that genetic optimism—the naive positivist belief that we will find the basis for human behaviour in our genes, and be able to root out antisocial behaviour by genetic manipulation—can be equated with the fallacy of the "magic bullet" in therapeutics. He concludes that geneticisation reflects the current understanding of the role of genetics, rather than deficiencies and inequities in the social system. I would argue that genetic fatalism can also absolve individuals from moral responsibility, and allow them to blame their inherited genes for wrongdoing. Therefore, they do not because they accept, reform and redeem.

Beeson and Doksum, in contrast, explore how and why individuals reject genetic testing and underwrite the unfolding themes of romantic love and family values. Anspsach and Beeson argue that bioethics has neglected the emotions, and describe in detail their role in shaping values and norms in medical conditions, and the interplay between emotions and power. They describe "moral dissonance" as the conflict between emotions and morals, and how it resolution can lead to revision of moral decisions. Health professionals need to be able to move freely between emotional engagement and detachment, so that they can embody both fairness and imaginative sympathy towards their patients. Interest in the role of the emotions in moral life has developed in many quarters: neuroscience (notably Antonio Damasio); psychology (Daniel Goleman, amongst others); cognitive science (for example, Mark Johnson, and contemporary moral philosophy (Peter Goldie, Alasdair MacIntyre, Martha Nussbaum, Michael Stocker, and Bernard Williams, to name a few). Modern philosophers are building on the earlier work of Aristotle.

Cate McAulney's ethnographic study of clinical ethics committees provides a chastening insight into how they can marginalise front line staff (nurses) and patients themselves. Objectivity, they argue, is too often, for it can indicate impartiality and fairness, but also objectification and indifference. Patricia Marshall's narrative account of working as a clinical ethicist reveals the conflicts and tensions in that role—particularly the compromise of being part of the institution in which the patient is held captive.

Perhaps Charles Bosk's chapter on the role of the medical ethicist provides a chastening insight into how they can marginalise front line staff (nurses) and patients themselves. Objectivity, they argue, is too often, for it can indicate impartiality and fairness, but also objectification and indifference. Patricia Marshall's narrative account of working as a clinical ethicist reveals the conflicts and tensions in that role—particularly the compromise of being part of the institution in which the patient is held captive.
science is a fertile context for clinical trials. In addition, state and university sectors to public-private goods and health care, the opening of the market metaphor is appropriate, “markets” for research ethics are opening all the time. The market metaphor is appropriate, since a good deal of the impetus for research ethics review comes from the development of new pharmaceutical products, the globalisation of pharmaceutical research, development and marketing, and the internationalisation of regulatory standards for pharmaceutical R&D. The need for independent ethical review of research protocols by a committee drawing on a range of professional and lay expertise is established as a moral, a quality-management and a regulatory requirement in many jurisdictions, and internationally in the Declaration of Helsinki, the Council of Europe’s Biomedicine Convention, and the International Committee on Harmonisation’s Tripartite Guideline on Good Clinical Practice.

Central and Eastern Europe have for many years been sites of pharmaceutical R&D, but this has intensified in the aftermath of the revolutions of 1989 and since that time. These revolutions and this intensification have been followed by liberalised markets in health goods and health care, the opening of the state and university sectors to public-private collaborations and private enterprise, creating a fertile context for clinical trials. In addition, the widespread official or unofficial privatisation of health care has created a new set of ethical problems for health care workers, and the beginnings of clinical ethics committees and education programmes. In many cases these beginnings this builds on foundations laid down in the 1960s and later after, but the creation of new nation states (or reinvention of old ones) and the changes in political culture, have made important differences to the scope and significance of ethical reflection on health care and biomedical research.

This useful volume summarises the experience of many states in Central and Eastern Europe, together with comparative material from some Western states, including the UK, the USA, Germany, and the Netherlands. The volume includes helpful material on the role of the Council of Europe and the Biomedicine Convention, the international and national regulations defining research and clinical ethics committees, and the special local issues relevant in each of the countries. It is based on a conference held in Bratislava in late 2000 under the auspices of the Council of Europe’s Demo droit Ethical Review of Biomedical Research Activity (DEBRA) programme, designed to facilitate the development of research ethics committees in Europe.

In addition to the useful comparative material, a few papers describe historical factors relevant to the development of ethical review in particular countries. For example, several papers describe the changing nature of university bioethics under the various changes in government over the past 30 years, and several papers describe the changing involvement of the pharmaceutical industry in their countries—including the role of “honest” companies as well as multinational and local firms. A few papers raise philosophical questions about research, research ethics, and research ethics review—the quality of this is good, and they raise some interesting questions which are not often discussed, for example, should ethics committees pronounce on the substantive ethics of a research programme, or only on the actual work planned? For instance, research into the supposed genetic basis of homosexuality, and what the relationship is between ethical review and political culture (does review depend on some form of “pragmatic tolerance” in society and its institutions)? The strong and longstanding philosophical traditions in Central and Eastern Europe are not widely known in the West, and deserve to be better understood. Too much work in research ethics assumes that the US/UK model is the ideal to be exported. On the evidence of this volume, the potential for a more reflective research ethics lies as much in Eastern Europe as in the USA or the UK, however different the stage of institutional development may be.

This book will be useful to researchers planning projects in the various states in Central and Eastern Europe, to scholars of research ethics and its regulations, and to those working in, or otherwise interested in, the development of health care in the region.