

with certainty' (a certainty only looked for in a very crude epistemology).

The question of animal rights is an important and difficult one. The tendency is for moral philosophers and others who argue on morals seriously only to engage with this question if they are committed on the 'animals' side'. It is important that the case on the other side should be worked out cogently and receive what defence it can. In attempting to do this, Frey sets out to do a needed job. He would have done this with some modest success if a dogmatic acceptance of the principles of 'criteriological' (Wittgensteinian) philosophy and the ability to deduce consequences therefrom in a manner usually formally valid, together with an extensive acquaintance with recent literature on ecological ethics, and animal rights were enough. If, however, some depth of acquaintance with philosophical theories of consciousness not derived from, or interpreted closely in accord with, Wittgenstein, and some engagement with the real issues the pondering of which can divide decent men, (concern for the amelioration of the human lot combined with a recognition that there is something relevantly the same in the physical pain suffered by a dog or rabbit and that suffered by a human) is needed for a serious contribution to the subject, this work can hardly count as one.

T L S SPRIGGE

### **Children's rights and the mental health professions**

Edited by Gerald P Koocher John Wiley & Sons 1976, 246 pp. £15.25

'The Individual Professional must be recognised as the key to the assertion and maintenance of children's rights in the mental health field'; so states the editor of this thought provoking book, which contains 20 papers by psychologists, psychiatrists, educators and attorneys, all concerned about children's rights in the mental health field. The contributors' viewpoints and emphases vary but a recurring theme is that children are different from adults in ways that demand special respect for children's rights. The book asks 'To what extent should professional status be immunized

from the responsibility to advocate on behalf of children?'

The book is divided into four parts; in the first, 'Professional responsibility in service delivery to children', Alice LoCicero discusses the child's right to be informed about clinical evaluations. Gerald Koocher then looks at the rights of children in psychotherapy. David W Simmonds examines identified patient 'status' some children have as a result of family dysfunction. Marilee U Fredericks follows with a look at custody battles and the needs of children caught in legal tangles and Patricia Keith-Spiegel examines children's rights as participants in research.

The second section is called 'Institutional responsibilities and children's rights'. Armin P Thies looks at the rights of children in institutions and the dilemmas faced by therapists as professionals and institutional employees. Steven J Apter follows with a paper on the rights of children in teaching institutions in which he looks at the issue of training versus service. Bruce Cusha outlines the need for changes in the direction of moving children out of institutions. This section ends with a paper by Jonathan Brant on records, confidentiality and clients' rights to access to records on their treatment.

In the third part, 'The question of due process in mental health services to children and their families', Henry A Beyer and John P Wilson examine a child's right to resist commitment. They look at how parents may 'voluntarily' commit a child to a mental institution. This is followed by Norma Deitch Feshbach and Seymour Feshbach looking at punishment within the family and the rights of children in child abuse situations; Gail Garinger, Rene Tankenoff Brant and Jonathan Brant on protecting children and families from abuse; and finally Stephen R Bing and J L Brown discussing the difficulties of attempting to deliver mental health services under legal sentence.

The final section is entitled 'Professional responsibility in public-policy problem areas'. In it Donald P Bartlett and Stephen E Schlesinger look at the long term effects of labelling children and have some alternatives to offer. Robert L Williams and L Wendell Rivers examine the effects of language differences between black and white

children in the design of standardised intelligence tests. The last three papers deal with the use of psychotropic drugs. The first of these by J Larry Brown and Stephen R Bing notes the potential for misuse. Mark A Stewart feels that inappropriate applications have developed. The final paper by Rodman McCoy and Gerald P Koocher is a plea for a public policy for psychotropic drug use with children.

The chapters each have a bibliography and the book has both a name and subject index. It is entirely American in its orientation and many of the points made relate to the law of that country. Nevertheless, I felt that there was value in increasing the reader's awareness of basic problems in the area of children's rights.

JANETTE CHISHOLM

### **Prolongation of Life**

London, Linacre Centre, 1976, each 30p.

**Paper 1 The principle of respect for human life.**

**Paper 2 Is there a morally significant difference between killing and letting die?**

**Paper 3 Ordinary and extraordinary means of prolonging life.**

The Linacre Centre for the Study of the Ethics of Health Care was set up under a charitable trust established by the Catholic Archbishops of England and Wales in 1977. The purpose of the Centre is 'to provide a research and information service in order to help Catholics working in the health care professions as doctors, nurses, social workers, or in other capacities, to deal with the moral problems that arise in their work and to present their views to non-Catholic colleagues'. The papers we are considering are intended to examine and restate those 'Catholic moral principles which are relevant to health care and are in fact reflected in professional ethical codes', and in so doing 'to facilitate reflection and discussion among practitioners'.

The first paper begins at a general level and provides an account of what moral reasoning is about and of the nature of intentional action. These general ideas are applied to the central topic of 'respect for life' and are then placed in the context

J Med Ethics 1981, June 1981. Downloaded from <http://jme.sagepub.com> at 19:00 on 19 June 2015. Protected by copyright.

Catholic theology. The great enemy in all this is recognised to be utilitarianism. The second paper is concerned in general terms with the distinction, crucial to Catholic theology on these matters, between acts and omissions, and with examples of the importance of the distinction for medicine (where it is more familiar as that between killing and letting die). The third paper deals with the distinction between 'ordinary' and 'extraordinary' means of prolonging life, and is again well illustrated with medical examples. The three papers are intelligible each on its own, but they form a unity with 'respect for life' as the unifying theme.

The pamphlets illustrate the reappearance of a phenomenon which was discredited in the 18th century in non-Catholic circles but has turned up once more in the field of medical ethics – casuistry. Casuistry is the attempt to apply general philosophical considerations to the solution of specific moral problems. It was discredited because the reasoning involved was predominantly special pleading for dogmatically held conclusions. Until recently casuistry was confined to the decent privacy of seminaries or the like, but it has reappeared in the medical context because doctors have been confronted with new situations, created not just by improved medical techniques but also by changing moral attitudes in the general public and by better informed patients and relatives who are more aware of their rights than formerly. As a consequence doctors have turned to listen to those who are still confident enough in their general principles to undertake to show how these principles can be applied to the specific problems which have arisen in the context of present-day medicine.

The three papers bring out the merits and demerits of casuistry in a medical context. On the one hand, the papers make a genuine effort to show the relevance of general principles and philosophical positions to concrete situations by discussion of numerous medical cases. On the other hand, the arguments which attempt to make the link between the general principles and the actual cases are frequently not clear and indeed the general principles themselves are ambiguous. For example, a basic moral principle is said to be 'respect for human life' and this is analysed

to mean not just the vegetative life of the human body but a life with 'the capacity for human flourishing' (Paper 1 pp. 14–17). Yet this principle seems to recede in Paper 3 pp. 14–17 when there is a discussion of the obligation of the doctor to treat defective newborn babies. This discussion is critical of the views of Professor John Lorber, who holds that the relevant consideration in deciding whether or not to treat defective babies who would otherwise have died is the possibility of their having any hope of ever having an independent existence compatible with human dignity. Now this consideration seems to be much like the one suggested in Paper 1. But in Paper 3 the relevant bit of the Catholic tradition seems to be that 'every human being is of equal value and as such has a claim to care and protection'. Well, no doubt, moral reasoning could proceed from *that* premise, and if so the relevant considerations would become, as Paper 3 suggests, whether treatment is likely to be cost-effective, burdensome to the baby, the relatives etc. The point however is that we are now operating on a different line of argument, and one which does not fit easily with the first, since the first is a version of the familiar 'respect for persons' of the Kantian tradition (despite the attempt to hook it on to Aristotle) whereas the second is utilitarian (although the papers are avowedly anti-utilitarian). This is only one example of ambiguity in the fundamental position.

The moral conclusions drawn from these principles do not always seem to follow either. For example, in Paper 3 (p 24) we are told that 'according to the view taken in these papers of respect for life, it is not open to anyone to choose death because it now seems preferable to life and to adopt a course of action (or inaction) with a view to hastening death'. But if what we are respecting in human life is 'a capacity for flourishing' it is quite unclear why it is not open to someone to choose death if he knows that this capacity is irreversibly impaired. It is not even clear why someone might not choose death for a baby which was radically defective. The answers would be that in the first case suicide is always or absolutely wrong and in the second case killing is always or absolutely wrong. And this brings me to what is always and absolutely wrong about casuistry – the casuist knows the

answer to his question before he starts the process of reasoning and the reasoning becomes tendentious rhetoric disguised as philosophical argument. The authors stress the moral importance of 'openness to all human goods' (Paper 1, p 7). Yes, and intellectual honesty is a 'human good'.

R S DOWNIE

### Editor's note

Readers' attention is drawn also to the debate between Ms Kuhse and Father Hughes, beginning on page 74, which concerns the same theme.

### Matters of Life and Death

Edited by John Thomas, Published by Samuel Stevens, 1978, 378 pp., \$8.95.

Fortunately for students and teachers of medical ethics, the last decade has witnessed the publication of a number of anthologies in bio-medical ethics thus reducing the burden of collecting disparate articles from a variety of inter-disciplinary and specialised journals. The editor is a former minister and Professor of Philosophy at McMaster University. Given his background and training, he nevertheless successfully avoids the pitfalls of either presupposing a religious framework for ethical issues or theorising on principles at the expense of the realism of clinical decisions of life and death. Thomas' objectives were to choose articles for their readability and relevance and to avoid 'unduly technical treatment' of the topics. But the articles are treated with technical competence and Thomas' care in selecting his authors according to specialisations pays off in providing an inter-disciplinary treatment of the issues without compromising on analysis.

The volume has a predominantly topical organisation including issues on: abortion and fetal research, death, dying and euthanasia, eugenics and genetics, human experimentation, behaviour control through drugs and psychosurgery, and finally, heart and renal transplantation. However, there is considerable room for manoeuvre in adapting the volume to a thematic approach with sections available on