

killed. It seems to me doctors should not involve themselves in this type of process.

Parsons and Lock's paper confirms with factual data what, in retrospect the profession thinks about such matters. It is not appropriate for them to draw up criteria for treatment or rejection of patients who may benefit from dialysis. The line of action seems to be clear. A lottery system offers equal chance to those we have to care for. The responsibility however to make society aware of this is grave. We must let the pressure groups, politicians and administrators know what we are doing and why. It is up to them to provide resources for our patients. It is for them to distinguish between the value of building a new road and the value of saving lives. The doctor should have nothing to do with it. The sooner we act in this way the closer we will approach the end of the revolution that is taking place. The longer the conspiracy of patching up and covering the cracks goes on the longer serious decisions about our society and the way it is run will be put off. This will generate serious problems and solutions which are not ideal will be forced upon us. The disquiet expressed by Parsons and Lock is real. The more doctors that express it and the sooner they do so in their individual fields the sooner we may reach a consensus.

References

- (1) Parsons V, Lock P. Focus: Triage and the patient with renal failure. *Journal of medical ethics* 1980; 6: 173-176.
- (2) Kaye M. Correspondence. *Journal of medical ethics* 1981; 7: 111

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Dr C J Brackenridge

SIR

We have received today (11 May 1981)* copies of Volume 7 Number 1 of your journal. It is with regret that we write to let you know that Dr Brackenridge died in November last year. As I am sure you would agree his death is a loss to the academic world and also the scientific one. It is just a pity he will not be able to comment on some of your readers' responses to his article (1).

Reference

- (1) Brackenridge C J. Ethical aspects of plans to combat Huntington's chorea. *Journal of medical ethics* 1981; 7: 24-27.

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*Editor's parenthesis. We regret that we received this letter too late for our June issue, but appreciate being able to publish this tribute even though it is somewhat belated.

Ill-disguised animus— a dispiriting review

SIR

Professor Downie's review (in your June 1981 issue) of the three papers on 'Prolongation of Life' published by The Linacre Centre is dispiriting. It is difficult to know whether it is worth responding to a writer from whom one had reason to expect philosophical criticism but who in the event indulges in an ill-disguised exhibition of animus. However, in the interests of proper standards in public debate and out of respect for the pretensions of your journal, if not the performance of your editorial colleague, I should like to make the following observations.

Downie claims to find two major pieces of inconsistency within the arguments of the three papers. The first is an inconsistency alleged to hold between, on the one hand, characterising the human life which commands our respect in terms of 'a capacity for human flourishing' and, on the other hand, adversely criticising those (like Lorber) who believe it possible to distinguish between lives which are and lives which are not worth living. In order to see that there is no inconsistency here it is important to bear in mind the distinction between a capacity and the exercise of that capacity. There is no obvious inconsistency in holding that someone gravely impaired in the exercise of a capacity is just as worthy of respect as someone who enjoys a richly developed exercise of that capacity - if what commands one's respect is precisely possession of the capacity. Since the radical capacity referred to in Paper 1 was 'mind' (a 'second-order' capacity in Kenny's useful terminology) and since there must be a presumption that any member of the human (biological) species possesses this

capacity, then reference to this capacity is in no clear way inconsistent with holding that every human being is of equal value.

The second inconsistency alleged is between the anti-consequentialism of the papers (especially Paper 1) and Paper 3's lapse into 'utilitarianism' in the discussion of clinical cases. In particular, decisions to withhold or withdraw treatment on the grounds that the treatment would be burdensome are said to be utilitarian in character.

Now 'utilitarian' is a protean term so that Downie needs to attend to the way the papers characterise the utilitarianism to which they take exception. Paper 1 (p 6) argued against any form of consequentialism which must assume the commensurability of basic goods, claiming that this was an assumption which could not be soundly made. Is one involved in making this kind of assumption in raising and answering the questions which Paper 3 takes to be relevant to decisions to withdraw or withhold treatment? Those questions are: is treatment futile? is the risk/benefit ratio of treatment unacceptable? does the benefit to be expected from treatment justify the burdens - physical, psychological or financial - which treatment will involve? It is not necessary in answering these questions to make covert assumptions about the commensurability of basic goods or, in particular, about the possibility of measuring the value of a human life. These questions are discussed in the Roman Catholic moral tradition within the controlling assumptions that there are limits to duty in respect of care for one's own life and health; that some activities are supererogatory; and that the so-called doctrine of the sanctity of life is primarily negative in its import (absolutely forbidding the intentional killing of the innocent).

One would not guess from Downie's final paragraph that Paper 1 presents a rationale for the existence of certain absolute prohibitions by reference to the idea of openness to the basic goods which are constitutive of human flourishing: anything which amounts to treating any of these goods as instrumental is a failure in openness. A critique of this line of thought might have been instructive. But Downie writes as if the papers gratuitously invoke absolute prohibitions on killing (in fact, the relevant prohibition is on

murder) and suicide to supply for the failure of argument to deliver desired conclusions. It would be difficult to dismiss this criticism as evidence of a minor lapse of critical attention rather than of wilful misreading. But whatever the explanation, the consequence is that there is nothing to be learned from Downie's remarks.

The present writer had hoped that he might learn from your reviewer. Some philosophical critics have helped me to see that I can no longer write about some of the questions the papers address in quite the way I did three years ago (for those papers had a single author – they were not the product of a committee!). It is possible that the conciseness of the papers in certain of their parts is calculated to thwart critical engagement with their argument. If this is frustrating to a reviewer he needs to recognise that they profess to be no more than discussion documents and refer to sources in which arguments are developed at greater length. Discussion and counter-argument are expected. But it is neither a counter-argument nor honourable practice to impute dishonesty to those for whom one lacks sympathy. It is clear that Downie is quite out of sympathy with the papers he is reviewing. But he conspicuously fails to make out the criticisms he levels against them, and in particular the grave one with which he ends.

In the absence of evidence, Professor Downie's allegation that the papers are guilty of special pleading is gratuitous. But even if the burden of his complaint against the papers was just, that in itself would hardly serve to make a general case against casuistry. The casuist is in the business of exploring the implications of general principles for particular cases. As such he may take principles for granted. (The papers do not and so engage in more than casuistry.) If the limitations of this exercise are acknowledged it can be both honest and valuable. Downie's criticism of the genre reduces to stipulative definition and prejudice.

The *Journal of medical ethics* aspires, I take it, to be a forum for the critical and disciplined development in the United Kingdom of that congeries of inquiries that is known as 'bioethics' in North America. I am told that in a number of the more reputable university departments of philosophy in the USA and Canada bioethics has acquired the reputation

of being a 'soft option': slipshod thinking and ideological prejudice are felt to be masquerading as philosophical criticism. I hope Professor Downie's response to *The Linacre Centre Papers* is no more than an unfortunate lapse from the standards you wish to uphold rather than being symptomatic of your succumbing to the malaise some think endemic to bioethics.

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Professor Downie replies

SIR

Luke Gormally, whose authorship of the anonymously published *Linacre Centre Papers* emerges somewhat coyly in a parenthesis in his letter, imputes to my review prejudice and animus as well as invalid criticisms. In reply to the charge of prejudice and animus I must remind him that a substantial part of my review was simply a description of the *Linacre Centre* and its aims as identified on the covers of the pamphlets, and that I praised the pamphlets for making a genuine effort to show the relevance of philosophical positions to concrete medical cases.

My first critical comment – concerning a possible inconsistency in Gormally's interpretation of the 'respect for human life' principle – is rejected by him on the grounds that I failed to distinguish between a capacity and its exercise. The relevant point here, however, is that someone with severe brain damage (say) not only cannot exercise his capacity for mental activity; he no longer *has* that capacity. It follows *a fortiori* that he would lack a 'capacity for flourishing,' and would in fact exist only as a human vegetable. Lorber seems to me to be plausible on this, and Gormally inconsistent.

The second inconsistency I noted was between the anti-utilitarian arguments of Paper 1, and the apparent use of utilitarian considerations in Paper 3. Gormally thinks (his para 4 *supra*) that it is possible to weigh up factors such as the 'risk/benefit ratio of treatment' without 'covert assumptions about the commensurability of basic goods or, in particular, about the possibility of measuring the value of a human life'. I do not think that a doctor needs to be committed to

'measuring the value of a human life' in any absolute sense, but I do not see how he can value one life *against another*, or consider the risk/benefit ratio of treatment, without making assumptions about the commensurability of basic goods, or, for such purposes at least, accepting some sort of utilitarian calculus.

My third critical comment was the whole enterprise of casuistry. Gormally is correct here; the case for and against casuistry needs much more discussion than I could give in a review. In my brief discussion of casuistry however I did commend the virtue of intellectual honesty which I think casuistry tends to undermine. Gormally took me to be imputing dishonesty to him personally. I am sorry his mistaken interpretation has resulted in such an intemperate reply. Perhaps I could put my point in words which must be more acceptable to him since I cull them from his own last paragraph. What I objected to in his *Papers* was 'slipshod thinking and ideological prejudice . . . masquerading as philosophical' thinking.

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Editor's note

Readers must decide for themselves the relative merits of the case presented by Luke Gormally and Robin Downie. The *Journal's* function is to publish reasoned discussion concerning medical ethics and our reviews of books and pamphlets in the field are part of such discussion. Personal attacks are almost never appropriate to philosophical discussion and Professor Downie has made it clear that none was intended. On the other hand he makes no bones about attacking what he regards as philosophically poor argument. Gormally responds in kind and Downie replies. Criticisms and counter-criticisms are part of the lifeblood of philosophical discussion and we welcome both. Arguments, good and bad, must be tested against counter-arguments. Eventually the bad arguments are rejected, the good survive. One of the fruitful aspects of an interdisciplinary journal is that the same issues are approached from very different bases. Even when the resulting clashes illuminate primarily by reason sometimes other sparks fly up as well. Out of all may truth well tempered truth! – emerge.