

Book Reviews

Bioethics in America: Origins and Cultural Politics

M. L. Tina Stevens

Johns Hopkins University Press, Baltimore, 2000, 224 pp., \$39.95

THIS BOOK CONSIDERS FOUR TOPICS, and taking those topics one by one provides a useful way to give some idea of the propositions defended in the book.

In the first section, the author maintains that the origins of the bioethics movement in America are found more precisely in the ambivalence to technology generated by the development of atomic energy, than by an awakening of Americans in reaction to the paternalism present in medicine in the 1950s and '60s. The author maintains that science and technology, especially in regard to nuclear fission, presents its findings and developments as value neutral; it is only after some time that scientists and other concerned people start to ponder the ethical issues that result from their endeavors.

Stevens sees a carryover from the Second World War, especially from the devastation caused by the atomic bombs. A resulting doubtful attitude concerning science, the author maintains, gave rise to a doubtful attitude concerning the technology of medicine—and thus generated the “bioethics movement.”

Stevens' explanation of the birth of bioethics in America is different from the genesis of the movement presented by most other persons who have considered this topic. For the most part, the birth of bioethics is presented as an outgrowth of the radical movements of the 1960s, particularly a desire to counteract the paternalism which had become endemic in the practice of medicine. Authors considering this topic often present as causes for the bioethics movement the violations of human dignity that occurred in various research protocols in the United

States, such as the Tuskegee Syphilis Study (see Peter A. Clark, SJ, PhD, “Prejudice and the Medical Profession,” *Health Progress*, September-October 2003, pp. 12-23).

One schooled in the Catholic tradition of bioethics cannot help but observe that the birth of bioethics in the Catholic tradition started at the University of Salamanca in Spain some 400 years ago, and that the moral commentaries in the Catholic tradition always contained questions that today would be considered questions of bioethics. But if one wished to trace bioethics in modern times (as does Stanley Joel Reiser, an historian of medicine mentioned in this book), one could say that bioethics was born in 1957 when Pope Pius XII was asked by a group of anesthesiologists about the use of artificial devices to prolong life for the dying. As Reiser pointed out at the 1992 Seattle conference celebrating the birth of bioethics, the anesthesiologists' question was the first modern occasion in which physicians went outside their profession for advice on the ethical use of technology.

The second topic treated in the book is the history and influence of the Hastings Center, a pioneer institute in the development of bioethics. Stevens' most interesting assertion in this section is that the center, which has been known by different names during its history, did not develop a confrontational style in its various studies of medical and technological problems. Rather, it was more irenic in its approach, seeking to develop guidelines that could be used to direct the activities of the profession of medicine and its allied disciplines along paths that respected the rights of individuals and societies.

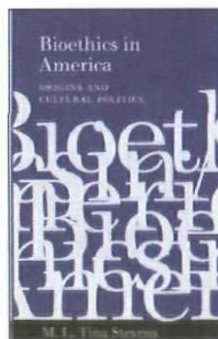
The Hastings Center “was and is an effort to grapple with a disturbing array of ethical dilemmas generated by technologies that seem value neutral in their creation, even while problem causing in their outcomes” (p.47). Daniel Callahan

expressed some misgivings with this approach (pp. 66-71), and seems to sum up the position of medical ethics in the United States by stating that the National Institutes of Health would not have allotted 5 percent of the Human Genome Project to ethical, legal, and social issues “if there had been the slightest likelihood it would turn into a source of trouble and opposition, and it indeed hasn't” (p. 74).

The third topic considered is “Redefining Death in America,” which proposes, persuasively, that the main reason for developing a description of death alternative to that traditionally employed (cessation of pulmonary function) was “the need for viable organs” (p. 87). Thus this section outlines the development of brain-death criteria for death. Although the treatment of this topic is interesting and challenging, more consideration could have been given to the fact that brain-death criteria are often used as the *only* criterion for death, even though an organ transplant is not anticipated. Because this is so, the suffering of moribund patients is often prolonged unnecessarily.

The book's final section is devoted to the “Sleeping Beauty,” Karen Anne Quinlan. After reporting the difficulties that the Quinlan family encountered in having a respirator removed from their daughter, who was in a persistent vegetative state, especially insofar as various court hearings and publicity were concerned, Stevens wisely points out that Karen was not brain dead; and that the ultimate decision of the New Jersey Supreme Court did not give the physician permission to remove the respirator but merely stated that, if life support were removed at the request of the patient or her proxy, the physician would not be liable to “civil or criminal liability” (p.141).

One wonders why the case wound up in court in the first place, since withdrawing life support from people in



Karen's condition was already customary medical practice (p.135), and why, once the decision of the court approving of the family's request was granted, the physicians caring for Karen took more than six weeks to wean her from the respirator (p.148), thereby sentencing her to another 10 years of life in persistent vegetative state.

Fr. Kevin O'Rourke, OP, JCD
Professor of Ethics
Stritch School of Medicine
Loyola University, Chicago

More Humane Medicine: A Liberal Catholic Bioethics

James F. Drane

Edinboro University Press, Edinboro, PA, 2003,
399 pp., \$24.95 (paperback)

IN HIS NEW BOOK, James Drane attempts to provide a bioethics text that satisfies both a common view of ethical ("humane") medicine described in terms of certain needs inherent in the experience of illness, on one hand, and a Catholic moral perspective, on the other. Drane supports his vision of a humane medicine with what he characterizes as a liberal Catholic view of natural law ethics. The volume would be of interest to those working in academic and clinical bioethics and, in particular, those in Catholic bioethics.

The contents of the volume are essentially divided into two parts. The first six chapters are on ethical concepts and principles that serve as a foundation for the remaining nine chapters on specific issues in bioethics, such as abortion, HIV/AIDS, euthanasia, and equity in health care. The foundational portion of the book contains chapters on what Drane understands to be a more humane medicine, liberal Catholicism approvingly described in terms of the life and work of five individuals, and natural law theory.

Drane indicates that the split between liberals and conservatives in the Catholic community may be resolved by insisting upon respect for one another, using historical analysis, and engaging in "tough reasoning" (p. xi). He also looks negatively at factionalism (p. 97). However, Drane's own implementation of these standards is lacking. Throughout the volume Drane affirms a dichotomous view of Catholicism between liberals and conservatives (whom he calls "ultra-conservatives"). He explicitly or implicitly refers to conservative Catholics with pejorative language, for example, as being extremists (p. xi), unintelligent (p. 29), dishonest (p. 32), fixated on being right (p. 27), actively opposed to change (p. 25), and mean-spirited (p. 29). On the basis of their conservatism, Drane also impugns the personal motives of certain bishops, claiming that they have acted opportunistically (p. 29) and dishonestly (p. 352). He also argues that conservatives purposely distort Catholic teaching on certain issues in order to give an appearance of consistency with their extremist views (pp. 25, 351). This approach does little to foster the respect Drane states is needed for healing, nor for this reason does it display the "loving and helping behaviors" to which the liberal is more committed than the conservative, according to Drane (p. 20).

Drane describes "Catholic Natural Law" in completely naturalistic terms as consisting in a human understanding of the "constituents of humanness" from which ethical principles are derived (pp. 74-75). On this basis he argues that ethical principles derived from natural law are changeable because both human understanding and human nature evolve. This view of natural law fails to recognize that the natural law is inextricably bound up with the eternal law of God in the Catholic moral tradition, and it also fails to distinguish the three aspects of natural law: law in the mind, in things, and commanded by divine providence. This

problem causes Drane to equate differences in the application of the natural law with the evolution of the law itself, and allows him to use a consequentialist approach with certain issues such as contraception and physician-assisted suicide.

Drane's treatment of human sexuality and birth control in the Catholic moral tradition and teaching is representative of his *modus operandi* of making strong claims against Catholic teaching or nameless "conservatives" with little or no evidence. He argues that Catholic teaching reduces the ethics of sexual relations to a "narrow physiology": "It is all about eggs and sperm and the system for bringing these two cells to procreativity" (p. 123). Drane cites Pope Paul VI and Pope John Paul II, but gives no specific quotation or reference in evidence of his claim, and also effectively ignores the abundant theological personalism that exists in modern Catholic teaching on human sexuality and marriage.

This volume should be a disappointment to those sympathetic to Drane's views as well as to those who disagree with Drane. Those who agree with his conclusions will find a scarcity of specific evidence for many of his claims, sweeping generalizations, and a derogative edge inconsistent with Drane's stated hopes for healing. Those who disagree will find the book wanting in these ways as well, but can also point to ample instances of error about Catholic teaching and the Catholic natural law tradition, question-begging uses of such concepts as "experience" and "reasonableness," and a consequentialism masked in the language of natural law and fiduciary responsibility. Interestingly, two chapters not burdened by the liberal/conservative antagonism—on aging and palliative care—are quite helpful.

Peter J. Cataldo, PhD
Director of Research
The National Catholic Bioethics Center
Boston

