

Book Reviews

Helping and Healing: Religious Commitment in Health Care

Edmund D. Pellegrino and David C. Thomasma

Georgetown University Press, Washington, DC, 1997, 176 pp., \$15.95 (paperback)

WRITTEN FROM A PHILOSOPHICAL PERSPECTIVE, this book seeks to complement the authors' previous efforts to establish a "moral philosophy for medicine" with religious and theological sources that explore the nature of healthcare and the healthcare professional. Although focusing on bioethics, they interweave a pervasive critique of today's healthcare system, which is based on commercialistic, competitive, entrepreneurial medicine. Their intent is ultimately practical: "What influence does . . . religion have on the kind of person the health professional should be, and on what constitutes healing in the fullest sense of the term?"

Transitions from chapter to chapter are not always clear, but two chapters are especially interesting. "The Principle of Vulnerability" explores professionals' obligation to protect and never exploit their patients. The current environment of "social parsimony," where respect and resources for society's most vulnerable persons are restricted, makes fulfilling this obligation increasingly difficult. The conflict between individual rights and the common good is the ethical challenge of our time.

"Medicine as a Calling" presents the differences among an occupation, a profession, and a vocation. An occupation is only a job. A profession entails participating with others dedicated primarily to the service of others. Vocation is God's call to transform one's occupation and profession into serving God by serving others.

The audience is healthcare professionals, although most references are to physi-

cians. Most of my colleagues would find this work overly abstract. The authors presuppose familiarity with various philosophical systems—ancient, medieval and modern. They proceed more from a deductive than an inductive method, whereas healthcare professionals often become engaged and move toward general principles through particular cases.

The authors present a challenging critique of numerous dangers, most notably commodification of healthcare and market-defined healthcare. In an "alienating environment," they see religiously identified organizations tempted to sell out their mission.

The book purports to focus on *religious commitment*, but it seems based more on philosophy than theology. Although the authors refer to Scripture and the Catholic tradition, such themes as the image-of-God theology (Genesis) and Jesus' healing ministry (Gospel stories) receive much less attention than principle-based argument. The authors also presuppose an earlier homogeneity of philosophical and theological values, which I question.

Overall, I am more sanguine about the

future of Catholic healthcare than are the authors. Whether or not my colleagues are explicitly religious, most are committed to our mission, as rooted in God's healing love for all people. They are leaders in making that mission real in concrete, behavioral ways. We do have difficult choices to make today. But, at least to this point, we seem able to make them with moral integrity. My theological vision stems from Karl Rahner's insight that God's grace is indeed present and discovered "in the midst of the mess" of our daily lives. That often sustains my hope.

The sources that the authors use to develop and support their case include few women and even fewer professional philosophers or theologians. Both Lisa Sowle Cahill and Margaret Farley, RSM, have made significant contributions to healthcare ethics. I expect to find them in any serious work addressing healthcare in the Catholic tradition today.

Sr. Patricia Smith, RSM
Assistant to the President for Theology,
Mission and Ethics
Mercy Medical Center
Baltimore

BOOK BRIEFS

Genetic Ethics: Do the Ends Justify the Genes?

John F. Kilner, Rebecca D. Pentz, and Frank E. Young, eds., William B. Eerdmans Publishing Co., Grand Rapids, MI, 1997, 291 pp., \$22 (paperback)

Written by scholars and practitioners at the forefront of genetic research, this timely volume aims to help readers assess from a Christian perspective the challenging ethical questions and difficult personal and social decision-making situations raised by today's genetic advancements. The book examines the life situations in which tough genetic

questions arise and addresses different dimensions of the genetic challenge. Contributors include Francis Collins, Elizabeth Thompson, C. Christopher Hook, Arthur Dyck, Allen Verhey, V. Elving Anderson, Marsha Fowler, and Charles Colson.

Health Care Ethics: A Theological Analysis, 4th Edition

Benedict M. Ashley and Kevin D. O'Rourke, Georgetown University Press, Washington, DC, 1997, 544 pp., \$36 (paperback)

The fourth edition of *Health Care*

The Loyal Physician: Roycean Ethics and the Practice of Medicine

Griffin Trotter

Vanderbilt University Press, Nashville, TN,
1997, 312 pp., \$29.95

THIS HIGHLY INTELLECTUAL AND CHALLENGING book asks this central question: With the healthcare community under siege and critics in ample supply, are physicians and other providers becoming as morally and spiritually bankrupt as these critics charge?

Trotter challenges healthcare providers, especially physicians, to reconnect with a higher calling based on a consistent loyalty to humanitarian ideals, not grounded in the imperatives of a confused moral relativism. As a guide through the moral minefield created by the tensions between this loyalty and a moral relativism brought on by cost-effectiveness and the demand for technical flawlessness, the author explores the philosophy of Josiah Royce and applies

his thought to the practice of medicine.

Trotter intellectually challenges the reader to reflect on such issues as the fractured tradition of medicine, which can lead to ethical incompetency, and a moral idealism based on a renewed sense of loyalty to humanitarian ideals. Quoting liberally from Royce, Trotter defines loyalty as "the willing and practical and thoroughgoing devotion of a person to a cause." Royce connects loyalty to love, specifically to love of the community. The ideals that define the community are the cause to which the loyalist is faithful. A person's true loyalty is characterized and motivated by true choice, not chosen by default or because someone expects something from him or her.

Are physicians today grounded in loyalty and fidelity to the well-being of the communities in which they serve? The author discusses this question in the chapter on the physician-patient relationship, and makes two important points: (1) the community of physician and patient, conceived purely as a dyad and not part of a larger whole, engenders a morally corrupt cause incompatible with true loyalty; and (2) as a dyad, the com-

munity eventually will become unstable. The entrepreneurial practice of medicine in this dyadic relationship must be replaced with a triadic social structure. That is, the physician and patient are members of a "greater medical community" (i.e., a concerned public) and thus have primary loyalty to the larger whole.

Both physician and patient must understand that their clinical relationship is part of the larger community and its continued health. The loyal physician views economic realities, community health, and other issues through the lenses of a triadic social structure.

In the final chapter, Trotter summarizes his thesis: "The physician, by virtue of his esteemed social role, as well as his helpful presence during periods of sickness and vulnerability, has a unique opportunity to inspire loyalty in others. Often he fails. Sometimes it is the patient who must be the moral teacher But part of the task of medicine is to work at lifting the burden of moral or spiritual emptiness, which contributes as much to physical suffering and destitution as any microbe or autoimmune catastrophe" (p. 240).

Medicine, with its traditions and practitioners, must first attend to its own spiritual lethargy. This is the challenge that Trotter leaves with the reader.

Trotter deserves credit for addressing the critical question: What do physicians stand for? Where are their loyalties grounded? What is the future of medicine if nothing changes in the moral climate of medical practice? Any person serious about exploring and rethinking the future of medical practice should read this book. It is not a "how to" text, but a philosophical, ethics-oriented work that contributes immensely to the national dialogue on the future of U.S. healthcare—and where the people want it to go.

William J. Bazan
Vice President, Metro Milwaukee
Wisconsin Hospital Association
Milwaukee

Ethics addresses many of the changes in healthcare medicine and theology since the last edition was published in 1989, including significant documents published by the Church (e.g., *Venitatis Splendor*, *Evangelium Vitae*, and the revised *Ethical and Religious Directives for Catholic Health Care Services*) and the restructuring of the healthcare system. The revision examines the implication of managed care techniques and the quest for more compassionate care of the dying. It also probes changes in the practice of medicine such as the new emphasis on preventive care, the involvement of individuals in their own care, greater use of pharmaceuticals in

psychiatry, and the increased role of genetics in diagnosis and prognosis.

BOOKS RECEIVED

Community Stewardship: Applying the Five Principles of Contemporary Governance, Scott W. Goodspeed, American Hospital Publishing, Inc., Chicago, 1998

Integrating the Practice of Medicine: A Decision Maker's Guide to Organizing and Managing Physician Services, Ronald B. Connors, ed., American Hospital Publishing, Inc., Chicago, 1997