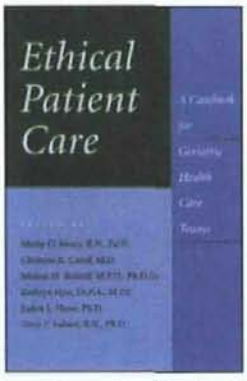
Book Reviews

Ethical Patient Care: A Casebook for Geriatric Health Care Teams

Mathy D. Mezey, Christine K. Cassel, Melissa M. Bottrell, Kathryn Hyer, Judith L. Howe, and Terry T. Fulmer, eds.

Johns Hopkins University Press, Baltimore, 2002, 354 pp., $24.95 (paperback)

THIS IS A VERY READABLE BOOK ON WAYS in which interdisciplinary teams can interact efficiently. The authors offer excellent comments on how to resolve conflicts between team members. Case studies give wonderful examples of how team members can resolve difficult problems faced by older persons.



My problems with the book have to do with its claim that it will provide a greater understanding of ethical principles involved in the health care of older persons. It sometimes appears that our world is becoming filled with self-proclaimed health care ethicists. Unfortunately, many of these people lack appropriate training in the rigors of ethical practice and logic. Their ethical advice is based on their opinions rather than on a carefully considered ethical argument and an examination of the history of ethical and judicial opinions in the area under consideration.

Another area in which ethicists fail to make clear statements is that in which ethical judgments are overlapped by spiritual or religious beliefs. In many areas of health care, ethical issues are grounded in religious belief. This is clearly appropriate, but it is important that the ethicist makes his or her rationale for ethical belief clear.

The ethical decisions offered in this book, although they often appear to be appropriate, come unaccompanied by a rigorous ethical understanding of *why* they are appropriate. In some cases, a different religious belief could clearly have resulted in a different ethically appropriate outcome.

I strongly recommend this book to those who wish to learn more about how to create highly functional interdisciplinary teams. On the other hand, those who wish to learn from it more about ethical approaches to the care of older persons will most probably be disappointed.

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Cutting-Edge Bioethics: A Christian Exploration of Technologies and Trends

John F. Kilner, C. Christopher Hook, and Diann B. Uustal, eds.

William B. Eerdmans Publishing, Grand Rapids, MI, 2002, 201 pp., $22 (paperback)

"Cutting-edge" reflection on the Human Genome Project (HGP) has come to mean one of two things. On the one hand, there are *clinical* implications to the knowledge gained from the mapping of the human genome. Genetic advances will provide medicine powerfully new diagnostic tools, preventive interventions, and new therapies for disease. On the other hand, there are the *social* implications of new genetic medicine. Genetic knowledge and medicine challenges theologians and philosophers to go beyond traditional concerns such as privacy, informed consent, and confidentiality to include justice as an explicitly moral concern.

The various articles in this collection treat both aspects of the new genetic medicine. As for the emerging clinical implications, Cardinal Francis George offers an appropriate apologia for a Catholic stance on the dignity of each human person at every stage and condition. This is the cornerstone of his bioethical vision rooted in a Christian anthropology. It guides the use of technology towards therapeutic interventions that have the potential to enhance life. Against a bioethical vision based on the dignity of the person, Cardinal George sees a hostile cultural environment favoring the elimination of the "genetically challenged" through abortion and euthanasia. Though there is no need to doubt the core of his vision, it does not solve all of the dilemmas that will emerge from the practice of genetic medicine.

The most dramatic challenge that genetic medicine will pose to a Catholic moral thought is in the area of reproductive technologies. If and when, for example, biomedical technology becomes capable of producing embryos free of such life debilitating genetic defects as Tay-Sachs, will that good be urgent enough to force us to rethink the traditional relationship of the goods of marriage?

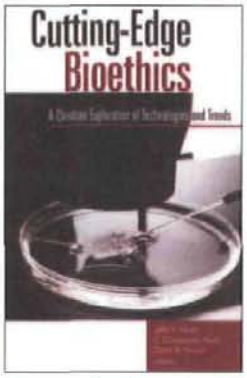
Another clinical issue emerges in light of Daryl Sas's "Reliance on Technology: Stem Cell Research and Beyond." What is the proper response to a couple who, having undergone reproductive technologies, are faced with embryos that are incompatible with human life? Some authors see the use of embryonic stem cells in this case analogous to organ donation after a tragic accident later in life. Sas, however, finds the use of embryonic stem cell contrary to biblical law, making the destruction of the embryo equivalent to murder. This view, of course, entails a debated normative assumption concerning the status of the embryo in its earliest stages. Because, moreover, the use of embryonic stem cells would be for selfish gain, Sas writes, it is also against biblical love, which requires selfless care for the afflicted. Finally, the use of embryonic stem cells is unjust because biblical justice demands that the embryo's need for life outweighs the patient's need for comfort or freedom from disease.

Nevertheess, Sas's critique of technology provides an important insight that

needs further development. In one way, the HGP's accomplishments have set the stage for a revolutionary approach in our understanding of disease. We rightly marvel at the possibility of detecting and correcting genetically linked diseases before their effects are manifested in our bodies. Yet, since we all carry genetic errors, we will have to reexamine how we define disease or a defect that is in need of genetic intervention.

In another way, however, the HGP is no revolution at all. It reflects our continued commitment to the belief that technology is the answer to social and personal problems. We lose sight of a more holistic and realistic response to sickness, suffering, and disease. In the era of genomic possibilities, we channel our financial and intellectual resources into high-tech medical interventions—and we lose the link between disease and social conditions; we forget that our most effective intervention can often be a change in lifestyle.

The issue of justice is treated most explicitly by Francis Collins in "Human Genetics" and Scott Rae in "Money Matters in Health Care." Both authors emphasize how the prospects of genetic medicine are complicated by the fact that access to health care is not universal. Who will benefit from the new research in genetics? The short answer is—those who can afford to pay for it or those who have insurance coverage for it. Further, in our present economic system, future research will be carried out in a way that enables the biotechnology industry to make a profit. Not only does the logic of the market insure that future genetic interventions will be costly and limited to the few, but it also guarantees that available resources will be channeled only to the most profitable research.



Is it just, though, for the high-tech benefits of genetics to be limited to the few when so many in the world suffer and die from easily preventable causes like malaria, anemia, and tuberculosis? Should sophisticated technology be used for the service of the few when the many suffer from lack of basic health care services? In an age in which issues of justice have taken global significance, the need to be fair in the research, distribution, and application of genetic technologies is urgent.

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Bioethics from a Faith Perspective: Ethics in Health Care for the Twenty-First Century

Jack Hanford

Haworth Pastoral Press, Binghamton, NY, 2002, 150 pp., $49.95

Some of today's most controversial topics—topics deeply affecting people's lives—are found in the field of bioethics. People constantly deal with life issues relating to the medical field and to very personal decisions they must make. This personal dimension guarantees that those involved will bring important faith perspectives to bioethical decision making. Jack Hanford's *Bioethics from a Faith Perspective* highlights the importance of this faith dimension vis-à-vis the consideration of crucial questions about bioethics and important human needs related to the medical field.

His book is organized into 12 chapters and a conclusion. Some chapters have conclusions of their own, whereas others address certain issues by raising questions and providing some of the answers. The whole first part of the book (the initial five chapters) is mainly a discussion of moral reasoning and how it is accomplished. Hanford discusses the different stages of moral development as outlined by such writers as Jean Piaget, Lawrence Kohlberg, and, mainly, James Fowler, with whom the author seems to agree the most. The thrust of Hanford's argument has to do with showing how faith, and specifically Christian faith, can have an impact on people's bioethical questions. The author believes that public religion should not just have a voice in bioethical issues; because public religion is well-equipped to offer solutions, it should, Hanford writes, have an expanded role in some of the medical problems facing humanity today. One such problem, highlighted in this book, is organ transplantation.

Chapters six through 10 offer some faith perspectives related to specific topics in bioethics, including transplants, mental health, managed care and justice issues, medical technology, and elderly care. The book's final two chapters offer a faith perspective for the work and ministry of pastors and nurses and how it contributes to effective practices in the medical field.

Hanford's book is intended mainly for people who are familiar with bioethical topics, especially people in the medical, educational, and pastoral fields. There is much to commend here. Hanford makes a very nice transition from his explanations related to faith development to the way that faith can influence bioethical decision making. He also makes a strong case for bringing religion and faith elements back into the "public square." Doing so, he writes, would be to the benefit of society in general and the medical field in particular.

Hanford does a good job in tapping into the most difficult subjects in today's bioethical landscape—for example, the Human Genome Project, genetics, health care reform, mental health issues, and end-of-life issues. He also includes a very interesting section on the elderly and aging, a subject not usually found in bioethical literature. In addressing these issues, Hanford writes in a way that constantly emphasizes the importance of the faith-filled perspective and how the influence of faith plays a role in the decisions we make.

One of the book's weaknesses is that its chapters tend to have different formats, which makes for labored reading. For instance, some chapters include a conclusion at the end, while others do not. The author also claims (on p. 119)

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that some chapters should be considered both summaries of the book and introductions to new material (p. 119), a sometimes confusing procedure.

There are also weaknesses related to Hanford's point-of-view. The whole first part of the book has to do with developing an argument concerning the importance of the faith perspective in bioethics. However, many of the chapters that follow say little about this faith perspective; at times it is touched on only in very brief questions. This tendency can be seen in chapter nine's conclusion, about technology (p. 83).

Sometimes Hanford addresses the issues from a perspective that seems more in tune with today's popular culture than with more developed and nuanced ethical thinking. An example of this is found in chapter four (p. 42), where he discusses an elderly man afflicted with Lou Gehrig's disease who, having decided to forgo technological means of dealing with his illness, is then injured in a car accident. Physicians diligently restore this person to health, employing aggressive medical means to do so. Hanford seems to say that, given the underlying disease, these means should not have been used. However, the accident changed the situation. The physicians addressed not the Lou Gehrig's disease but the consequences of the accident. Also confusing is Hanford's description (on p. 43) of medical ethics as "therapeutic" when, in fact, it is medical *means* that are therapeutic. The role of medical ethics is to discern which means are therapeutic and proportionate and which are not.

At other times, Hanford tends to take a rather minimalist approach to principles by highlighting just a few basic ones. This prevents him from acknowledging that certain issues he raises are principles themselves. For example, he describes "informed consent" as justified by the principle of "respect for persons," failing to see informed consent as a bioethical principle in and of itself.

The author's conclusion as to how faith contributes to effective practice in medical care (p. 125) is short and could have been more emphatic. His general conclusion is more of a summary of the book than a summary of why a faith perspective can add to bioethical decision making.

Overall, Hanford's work is very helpful in raising the important questions related to faith perspective decision making in regard to medical issues. The book also helps stimulate the reader's curiosity concerning this topic. It calls for a continued exploration of ways the faith perspective might be brought back into society's consciousness, not just for better decision making but in the interest of achieving a better society.

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