
Annotated Bibliography



Becoming a Good Doctor: The Place of Virtue and Character in Medical Ethics

James F. Drane

Sheed & Ward, Kansas City, MO, 1988.

Medical ethics literature in North America has been principally concerned with theory and has focused primarily on solutions to dilemmas. It reflects a preoccupation with finding defensible ways of resolving conflicts or conundrums. As important as such concrete objectives are, there is a significant dimension of medical care that is usually overshadowed when the difficult case holds center stage. Ordinary cases and day-to-day contacts between doctors and patients also have ethical implications. Medical ethics is more than the resolution of unusual problems, and over the years leading figures have called attention to the need for a more balanced view. These calls are linked to reminders that in the classical tradition ethics was focused on the character/virtue of persons and not just on an objective analysis of actions, and that this tradition deserves a place in medical ethics.

Drane's book is an answer to these calls. He develops the outline of a medical ethics that gives priority to virtues or character traits that define the good physician. These attributes are grounded in the structure of the doctor-patient relationship and in the needs of the person who seeks help from the physician.

Drane's analysis of the doctor-patient relationship shows the influence of Pedro Laín, with whom he studied at the University of Madrid. The conceptual sections of the book, in which he explains and defends the virtue approach, reflect the thought of José Luis L. Aranguren, another of his mentors.

Becoming a Good Doctor represents a bridge between the classical humanistic tradition prevalent in Latin America and the more analytic and pragmatic North American tradition of ethics. The book is written in a clear style, and its emphasis on medical ethics as an ethics of the practicing physician makes it a valuable introduction to the subject for health care professionals.

Information: Sheed & Ward, P.O. Box 419492, Kansas City, MO 64141, U.S.A.



Bibliography of Bioethics

LeRoy Walters and Tamar Joy Kahn, eds.

15 volumes, 1975-1989.

This annotated bibliography, issued annually since 1975, is the most exhaustive compendium available of books and articles on bioethics published in English throughout the world. The Kennedy Institute of Ethics at Georgetown University is a major resource center on the sub-

ject of bioethics. More than 200 journals are reviewed for inclusion in the *Bibliography*, which is also computerized (BIOETHICSLINE) and available through the National Library of Medicine's MEDLARS (it can be obtained in CD-ROM format through PAHO).

Volume 15 (1989) consists of 537 pages. The table of contents illustrates the full range of bioethical issues and includes entries on the following subjects: abortion, AIDS, allowing a patient to die, animal experimentation, artificial insemination, behavior control, behavioral research, biomedical research, biomedical technologies, blood donation, capital punishment, cloning, confidentiality, contraception, determination of death, disclosure, electroconvulsive therapy, ethics committees, eugenics, euthanasia, force feeding, fraud and misconduct, gene therapy, genetic counseling, genetic intervention, genetic screening, genome mapping, human experimentation, immunization, *in vitro* fertilization, infanticide, informed consent, involuntary commitment, life extension, mass screening, mental health, nursing ethics, occupational medicine, organ donation, organ transplantation, patenting forms of life, patient access to medical records, patients' rights, personhood, population control, prenatal diagnosis, prenatal injuries, professional ethics, public health, recombinant DNA research, reproductive technologies, resource allocation, resuscitation, selection for treatment, sex determination, sterilization, suicide, surrogate motherhood, terminal care, torture, treatment refusal, war, and wrongful life.

Volumes 1-6 were published by the Gale Research Company, Detroit, Michigan; volumes 7-9 by the Free Press, Macmillan Publishing Company, New York; and volumes 10-15 by the Kennedy Institute of Ethics, Georgetown University,

Washington, D.C. 20057, through which orders may be placed.



Bibliography of Society, Ethics and the Life Sciences

Institute of Society, Ethics and the Life Sciences, The Hastings Center, Hastings-on-Hudson, NY, 1979-1980.

This bibliography covers the same range of topics as the 1984 bibliography from the Hastings Center (see *The Hastings Center's Bibliography*, p. 593). It contains many of the same entries, but also includes some (particularly from the 1970s) that are not in the newer edition. The format is the same, as are the annotations. This bibliography is valuable for its historical completeness.

Information: The Hastings Center, Publications Department, 255 Elm Road, Briarcliff Manor, New York, NY 10510, U.S.A.



Case Studies in Medical Ethics

Robert M. Veatch

Harvard University Press, Cambridge, MA, 1977.

This case book, written more than 10 years ago, has become a classic in the field. In its approximately 400 pages, it deals with five questions in ethics: What makes right acts right? Who ought to decide? What kind of acts are right? How do rules apply to specific situations? and What ought to be done in specific cases?

The cases are real and range from the "mundane" ("The Case of the Broken Leg," "Mastectomy: Radical or Simple") to the more exotic ("Brain Death: Welcome Definition or Dangerous Judgment?").

The cases are analyzed in accordance with general principles and various approaches to treatment. In "The Case of the Broken Leg," for instance, the medical resident prescribed methadone, based, Veatch says, on a value judgment that man shall have dominion over nature, while the treating physician disagreed and was furious at the notion of turning the patient into an addict, since he held the more traditional concept of homeostasis.

A bibliography completes this fascinating and useful work. Theoretical concerns, conflicting principles, and basic assumptions are all examined and analyzed through the paradigm of specific ethical dilemmas. The author's preference for a contract/covenant theory does not color the analyses, which are sound and complete. This work continues to be one of the most popular teaching texts in the field.

Information: Harvard University Press, 79 Garden Street, Cambridge, MA 02138, U.S.A.



Cases in Bioethics: Selections from the Hastings Center Report

Carol Levine and Robert M. Veatch, eds.

St. Martin's Press, Inc., New York, 1989.

the *Hastings Center Report* from 1975 to 1988 (some of which also appeared in the 1982 and 1984 editions). This edition focuses on "more difficult cases, where there appears to be room for reasonable people to disagree." The 60 cases presented, divided into six chapters, are based on actual experiences in clinical settings and include commentaries by two experts, usually representing differing viewpoints. A selected bibliography and a glossary are contained in the nearly 300-page volume.

An example is "My Husband Won't Tell the Children," about a man who refuses to discuss his cancer (for which he is receiving palliative treatment) with his teenage children. The wife desperately pleads for the doctor to intervene in convincing the father to divulge the illness for the sake of his emotionally unstable, potentially suicidal daughter. One commentator believes that the doctor's greater duty is to preserve confidentiality, and that the mother must be supported to make her own ethical choice; the other commentator believes that the physician's duty is to protect all his/her patients, including the children.

The cases presented are designed to pose ethical dilemmas. Some are drawn from the public record, although identities have been disguised. This prestigious collection gives a good picture of the ethical problems encountered in modern medicine.

Information: St. Martin's Press, Inc., 175 Fifth Avenue, New York, NY 10010, U.S.A.



The latest edition of this book contains a selection of case studies published in

Clinical Ethics, 2d ed.

Albert R. Jonsen, Mark Siegler, and
William J. Winslade

Macmillan Publishing Company, New
York, 1986.

The second edition of this popular and highly practical guide to clinical ethics is designed to be used by physicians, nurses, and medical students in an actual clinical setting. For that reason, it is sized to slip into a jacket pocket. Unlike many other texts on ethics, this work not only analyzes ethical problems, but "offers counsel about decisions," which, nevertheless, the preface cautions are not to be considered "the single and final answer."

Clinical ethics is defined in the Introduction as the

identification, analysis and resolution of moral problems that arise in the care of a particular patient. . . . These moral problems are inseparable from the medical concerns about the correct diagnosis and treatment of the patient (Chapter 1, Indications for Medical Intervention). They will appear in light of the preferences patients express or do not express about their care and their future (Chapter 2, Patient Preferences). They will appear when certain sorts of futures are envisioned for that patient by others, such as physician and family (Chapter 3, Quality of Life). They will be suggested by such matters as the cost of the patient's care and the availability of resources for proper care (Chapter 4, Socio-economic Factors).

Theoretical discussion is limited, and legal matters are discussed briefly in concept where relevant. On occasion, the "more prominent positions of one or another religious tradition" are referenced. The major moral principles and values highlighted are beneficence, autonomy,

utilitarianism, and justice. The authors point out that all four considerations should be reviewed in a comprehensive and orderly way. Other values are clearly identified as well.

A short example on "Confidentiality" illustrates how useful (and reassuring) this guidebook can be. The authors state that there is a duty incumbent on the physician to maintain in confidence all information learned from or about the patient. This obligation is justified by the right to privacy, by the expectation of the patient, and by the social advantages of the practice of confidentiality. Questions about confidentiality arise when maintaining it might have a harmful effect on another or breaching it might benefit others. In some situations protection of the public is the central issue. In many cases, however, the person who will benefit or be protected by having the information will be a family member. Confidentiality in the family situation is represented by the following cases:

Case I. A 46-year-old man is diagnosed as being in imminent danger of a myocardial infarction. He commands the physician not to inform his wife.

Case II. A 32-year-old man is diagnosed as suffering from Huntington's chorea. He commands the physician not to inform his wife, whom the physician knows is eager to have children.

Case III. A 43-year-old man is treated for gonorrhea 10 days after returning from a business trip. He insists that his wife not be informed.

The commentary notes that "In principle, the *well-founded expectation of serious harm to another specific party* (not others in general) is the most justifiable ethical reason to break confidentiality." Case I "does not exemplify a strong justification" (except in unusual circumstances).

Case II presents "stronger justification," case III the strongest justification. Moreover, any efforts to reach the same effect without breaching confidentiality "should themselves be ethically proper, avoiding deception and coercion . . . which in the long run may cause more harm than it avoids."

Information: Macmillan Publishing Co., Frost & Brown Streets, Riverside, NJ 08370, U.S.A.



Contemporary Issues in Bioethics, 3d ed.

*Tom L. Beauchamp and LeRoy
Walters, eds.*

*Wadsworth Publishing Company,
Belmont, CA, 1989.*

The first edition of this book, which appeared in 1978 and became a basic text in the field, has now been updated; more than 50% of the material is new. This 650-page anthology contains contributions from nearly 70 scholars in law, medicine, and bioethics, including virtually all the leaders in the field of bioethics in the United States.

Part I presents an introduction to ethics and bioethics as a field within ethics. Part II gives conceptual foundations (concepts of health and disease, life, death, and personhood). Part III deals with issues of life and death (abortion, euthanasia, and the prolongation of life), while part IV discusses the patient-professional relationship (patient rights and professional responsibilities and the management of medical information). Part V treats biomedical research and technology (research with human and animal subjects, frontiers in biology and medicine), and part VI discusses medical resource alloca-

tion and health policy. Specific entries range from Dan Callahan's now-classic "Musing on the WHO Definition of Health," to an analysis by Ronald Bayer, Carol Levine, and Susan B. Wolf of an "Ethical Framework for Evaluating Proposed Programs for HIV Antibody Screening."

Entries are generally succinct (under five pages). Original background materials, such as codes and excerpts from court decisions, supplement the analysis. The essays are arranged in debate format, so that the reader can explore the strengths and weaknesses of alternative positions. This work offers a clear picture of the various viewpoints found in the United States today on the most important issues of bioethics in that country and the rest of the industrialized world.

Information: Wadsworth Publishing Co., 10 Davis St., Belmont, CA 94002, U.S.A.



The Critical Calling: Reflections on Moral Dilemmas since Vatican II

Richard A. McCormick

*Georgetown University Press,
Washington, D.C., 1989.*

Father McCormick, a Jesuit scholar and moral theologian long interested in the implications of theology for bioethics, has sought in his latest compilation of essays to present theological explorations of bioethical questions and "to identify the substance of Catholic concerns as we face new technology." He identifies the qualities of the Catholic moral theology of the future as "open, ecumenical, insight-oriented, collegial, honest, centered on Christ, scientifically informed, adult, realistic, Catholic, and catholic."

The 400-page work comprises two parts: "Fundamental Moral Theology" and "Practical and Pastoral Questions." While both sections will be of interest to both the Catholic and the non-Catholic reader, part II may be of special value to the Catholic physician in dealing with such controversial issues as sterilization, homosexuality, and AIDS. The advice given in chapter 20, "If I Had Ten Things to Share With Physicians," gives a sense of the author's orientation and highly readable style:

1. Don't ignore the threat of depersonalization in modern medicine.
2. Don't think of ethics as a threat.
3. Don't look to ethics primarily for answers.
4. Don't identify ethics with dilemma solving.
5. Don't confuse the good of the patient with good medical practice.
6. Don't be socioeconomic referees.
7. Don't regard nurses as subordinate or pastoral care as peripheral.
8. Don't follow rules or regimens in pain management; follow the patient.
9. Don't say: "I will not impose my values on patients."
10. Don't see death as the ultimate enemy.

Information: Georgetown University Press, Georgetown University, Washington, D.C. 20057, U.S.A.



Cross Cultural Perspectives in Medical Ethics: Readings

Robert M. Veatch, ed.

Jones and Bartlett Publications, Boston, 1989.

This recently published collection of essays continues and expands upon

Veatch's quest into comparative medical ethics, so admirably commenced in *A Theory of Medical Ethics* and briefly summarized in the anthology *Medical Ethics* (Jones and Bartlett, Boston, MA, 1989). The book, which can be used as a companion to *Medical Ethics*, was designed as teaching material for undergraduate, graduate, and professional school courses in medical ethics and bioethics, where the objective is to provide an understanding of alternative systems of medical ethics and to introduce systematically the basic principles of normative ethics. The essays range from a summary of Ludwig Edelstein's 1943 discussion of the Hippocratic Oath—regarded as the major work in the modern understanding of this ancient oath—to a representative view of the Islamic Code of Medical Professional Ethics, wherein the editor notes "how different the moral reasoning is of one in the Muslim tradition from secular and Judeo-Christian medical ethical discussions."

The essays were selected to elucidate various philosophical and religious traditions and their implications for medical ethics. The selections are excellent and comprehensive: The 340 pages encompass chapters on the hippocratic tradition, including the dominant Western philosophies (Judaic, Catholic, Paul Ramsey, liberalism, patients' bill of rights) and medical ethical theories outside the Anglo-American West (Eastern Europe, Soviet Union, China, Islamic countries, Ancient India, Ancient China); the source and justification of medical ethics; and the principles of medical ethics (beneficence, promise-keeping, veracity, and autonomy; killing and prolonging life; the principle of justice; relating cases and principles). This varied overview is a welcome change from the generalized Western religious or secular discussions that are usually the only perspectives found in works on bioethics.

Information: Jones and Bartlett Publishers, Inc., 30 Granada St., Portola Valley, CA 94025, U.S.A.



Doctor and Patient

Pedro Laín Entralgo

McGraw-Hill Book Co., New York, 1969.

This book was the first on the subject of the doctor-patient relationship published in Spain. Its author has published extensively on humanistic and historical aspects of medicine and was president of the Spanish Royal Academy. Other works by the same author include *La relación médico-enfermo* and *Teoría y realidad del otro*.

The first part of the book examines the doctor-patient relationship in history (classical Greece, the Middle Ages, the nineteenth century), while part two looks at the doctor-patient relationship today, including the basis of the relationship and its structure. In his introduction, Dr. Laín notes that some degree of conflict now seems to be present even in normal relationships between the patient and doctor. He attributes this, in part, to the great technical advances that may hinder a "human contact"; the phenomenon of transference (in the psychoanalytic sense); the increasing socialization of medical care; and, finally, the "mass culture" that may lead a patient to determine the course of treatment. The author contends that good treatment requires both the correct choice of therapeutic measures *and* a satisfactory doctor-patient relationship. He characterizes each technical contact between patient and doctor as involving the following elements: 1) A *meeting* takes place between

two people, usually (but not always) motivated towards achievement of health. 2) The *basis* of the meeting is a mutual link encompassing cognitive (diagnosis), operative (treatment), affective (friendship/transference), and ethico-religious (customs and beliefs) aspects. 3) The meeting has *personal* and *social* connotations.

The book is not overly long (225 pages), and historical drawings, prints, and photographs are included throughout the text. Presented as a popular work for physicians (and patients), the scholarship is thorough and insightful. For instance, the author analyzes the personal and social motives relating to the patient-doctor relationship. He suggests that this relationship within "socialized" medicine (provided free or under insurance) may present problems of three sorts: affective, technico-economic, and moral. He believes that free choice of a doctor is advantageous, but not necessary for a good relationship to develop. Several practical problems are highlighted: 1) short time for each patient; 2) lack of incentives (economic and other); 3) restricted range of diagnostic and therapeutic expedients; 4) inadequate social education of the doctor; and 5) equally inadequate education of the patient. The work raises thought-provoking and real problems that affect every health system in the modern world and brings to light major changes wrought by modern medical practice.

Information: McGraw-Hill Book Co., 8171 Redwood Highway, Novato, CA 94947, U.S.A.



Encyclopedia of Bioethics

Warren T. Reich, *Editor-in-Chief*

The Free Press, Macmillan Publishing Co., New York, 1982.

This encyclopedia was originally issued in 1978 in four volumes and was reprinted in 1982 in two. It is the classic reference for the modern study of bioethics; no other such encyclopedia exists on the subject. The original edition consists of nearly 2,000 pages and includes articles by 300 scholars from the industrialized world. Each article was reviewed by an editorial advisory board consisting of the most eminent intellectual leaders in the field, and 330 specialized reviewers also participated. The introduction to the encyclopedia sets forth the daunting scope of the work:

The *Encyclopedia of Bioethics* is the first encyclopedia in its field. Its purpose is to synthesize, analyze and compare the positions taken on the problems of bioethics, in the past as well as in the present, to indicate which issues require further examination, and to point to anticipated developments in the ethics of the life sciences and health care. . . .

The scope of topics . . . can be viewed at several levels: (I) the range of *concrete ethical and legal problems* included within bioethics; (II) the basic *concepts* that clarify bioethical issues and the *principles* appealed to as guides for human behavior in this area; (III) the various *ethical theories* that account for how one knows human values and justifies the norms that should guide human conduct; (IV) the *religious tradition*, which also accounts for what is good and bad, right and wrong in bioethical matters; (V) *historical perspectives*, particularly in the traditional area of medical ethics which deals specifically with the physician-patient relationship; and (VI) information about *disciplines bearing on bioethics*.

A sense of the thoroughness and thoughtfulness with which a typical subject is treated can be seen in the entry on "Death" (which is distinct from the entries on "Death and Dying" or "Death, Definition and Determination of"). The section on death encompasses 40 pages and includes separate articles on the anthropological perspective; Eastern thought; Western philosophical thought; Western religious thought (death in biblical thought, the post-biblical Jewish tradition, post-biblical Christian thought, *Ars Moriendi*); and death in the Western world. Each article is succinct, completely referenced, and provocative. For instance, David Landy concludes his entry on the "Anthropological Perspective" by emphasizing the

need to consider the bioethics of death in a cross-cultural perspective. Not only are there often striking differences in the ethics of the termination of life, voluntary or involuntary, among the cultures of the world, but anthropology makes it obvious that these differences in values and practices surrounding death in any society can be understood only within the context of that society's ecological and demographic situation, social system, and cultural beliefs. Killing the sick, the infirm, and the aged may be not only an act of mercy but an economic necessity if the group is to survive, although, as I have suggested, a consistent food supply makes this form of euthanasia less probable.

Each article in this irreplaceable work treats sensitive topics with the same degree of scholarship. This is an indispensable work for even the smallest library on bioethics.

Information: The Free Press, Macmillan Publishing Co., Front and Brown Streets, Riverside, NJ 08370, U.S.A.



Ethics and Regulation of Clinical Research

Robert J. Levine

Urban and Schwarzenberg, Baltimore, 1981.

This work remains one of the more complete treatments of the subject of ethics and regulation of clinical research. The author, a practicing physician originally involved in animal research and a well-known writer/editor, traces the history of this issue in the United States through a review of early instances of abuse, as well as a discussion of the major studies performed by the U.S. President's Commission for the study of ethical problems in medicine and biomedical and behavioral research. The rules and regulations in the United States on research involving human subjects are elucidated, and the various terms are discussed and, at times, criticized. Although slightly out of date on U.S. requirements (for instance, this book was written before the appearance of AIDS), the work remains a model of sensible consideration of the detailed aspects of performing research on human subjects. It is designed as "a survey of the ethical and legal duties of clinical researchers . . . in those sciences that are traditionally considered basic in the medical school setting, e.g., biochemistry, physiology, pathology, pharmacology, epidemiology and cognate behavioral sciences." In 13 chapters and 300 pages the following topics are covered: basic concepts and definitions; ethical norms and procedures; balance of harms and benefits; selection of subjects; informed consent; compensation for research-induced injury; randomized clinical trials; deception; research involving children, institutionalized mental patients, prisoners, or

the fetus; and the Institutional Review Board.

Information: Urban and Schwarzenberg, 7 E. Redwood Street, Baltimore, MD 21202, U.S.A.



Ethics in Nursing, 2d ed.

Martin Benjamin and Joy Curtis

Oxford University Press, New York, 1986.

This well-organized book is aimed "to provide practicing and student nurses with an introduction to the identification and analysis of ethical issues that reflects both the special perspective of nursing and the value of systematic philosophical inquiry." Almost 30 actual cases are included in the 200-page review. The discussion includes general theory, but is designed primarily to illustrate the application of ethical analysis and reinforce the importance of independent thinking.

The cases demonstrate the close daily contact nurses have with patients and include a thoughtful treatment of conflicts between nurse and physician. Although set in the legal, technological, and cultural context of the United States, the studies should also be very useful in other societies. The discussion of parentalism of nurses towards patients, for instance, includes a case of a permanently brain-damaged man who continued to smoke; the nurses took measures to limit his smoking "for his own good." Another case involves a nurse who had to determine whether to assist in the resuscitation of a neonate or allow a less experienced nurse to do so, so that she could help the parents—with whom only she

had worked closely—in their emotional distress.

The work includes chapters on moral dilemmas and ethical inquiry; unavoidable topics in ethical theory; nurses' relationship to clients; recurring issues in nurse-physician relationships; ethical dilemmas among nurses; and personal responsibility for institutional and public policy. As many clinical ethical conflicts involve nurses' dilemmas, and since nurses are often the ones most intimately involved in carrying out decisions, a perspective such as the one offered in this book is indispensable.

Information: Oxford University Press, 16-00 Pollitt Drive, Fair Lawn, NJ 07410, U.S.A.



For the Patient's Good: The Restoration of Beneficence in Health Care

Edmund D. Pellegrino and David C. Thomasma

Oxford University Press, New York, 1988.

Any work by these authors is of major importance in the field of bioethics. Their first collaboration produced *A Philosophical Basis of Medical Practice* (Oxford University Press, New York, 1981), which sought to unify the discipline of medicine and suggested, *inter alia*, that "three axioms are developed from an ontology of a living body in need of help: do no harm; respect vulnerability of patients; treat all patients as equal members of the human race." In that book they examined the special nature and implications of the physician-patient relationship.

This work is the latest in Drs. Pellegrino's and Thomasma's efforts to emphasize the need for virtue and beneficence and to explore "its actual and supposed conflict with the principles of autonomy and justice" (in the United States, the principle of autonomy has become, as a practical matter, of more central importance). In the preface, the authors clearly express their viewpoint:

We will contend that beneficence remains the central moral principle in the ethics of medicine, that it entails more than the negative principle *primum non nocere*, and that it entails positive enhancement of all the components packed into the complex notion of the patient's good.

We argue that the patient seeks not only to be protected from harm, but also to be healed and to have health restored or improved, pain and anxiety relieved and disability lessened. The patient desires these good ends within some definition of the good life that is uniquely and personally his or her own. In this view medical or technical good is assuredly one indispensable component. But true healing goes beyond strictly medical values to embrace the moral and other values of the patient. . . .

In the present work we develop that notion further (that health is a good and an end in medicine), showing how it undergirds an ethic of loyalty to the patient, social obligations, compassion, and the characteristics or virtues that should govern the healing relationship. A rights ethic, to our thinking, is a minimalist ethic. An ethic based on beneficence embraces more fully the nuances of the patient's best interest.

In slightly over 200 pages, the book deals with the delineation of beneficence, the implications of beneficence for the doctor and patient, and the consequences of beneficence. It concludes with the authors' proposal for "A Medical Oath for the Post-Hippocratic Era."

Information: Oxford University Press,

16-00 Pollitt Drive, Fair Lawn, NJ 07410,
U.S.A.



The Foundations of Bioethics

H. Tristram Engelhardt, Jr.

*Oxford University Press, New York,
1986.*

The author is a physician and philosopher who is the editor of the *Journal of Medicine and Philosophy*. His work is a major effort to synthesize the philosophical foundations of a modern bioethics. It examines the emergence of a secular bioethics, the intellectual bases of bioethics, the principles of bioethics, the context of health care (persons, possessions, and the State), the language of medicalization, the endings and beginnings of persons (death, abortion, and infanticide), free and informed consent, refusal of treatment, rights to health care, and reshaping human nature and the pursuit of virtue. Central to his viewpoint is the concept of "person," which to some extent relies on the Kantian notion of an intelligent being, with emphasis on persons as the constituents of the moral community. He notes forthrightly that "not all humans are persons," meaning that to be a person requires self-consciousness, rationality, and a minimal moral sense. Engelhardt views secular pluralistic ethics as inevitable:

Insofar as people live together without the benefit of a common grace of belief and a concrete understanding of the good life and of proper health care, there will be a tension between what they know through special grace and intuition and what they can prove and enforce with rational authority . . . we will need to learn to deliver

health care in a context of a plurality of moral viewpoints, where there is limited moral authority to impose one understanding on all without their consent. In understanding the limits of reason and the moral authority to use force, we will come to learn much about the human condition.

Information: Oxford University Press,
16-00 Pollitt Drive, Fair Lawn, NJ 07410,
U.S.A.



Fundamentos de bioética

Diego Gracia

*Ediciones de la Universidad de Madrid
(EUEDEMA), Madrid, 1989.*

This is the first and foremost comprehensive treatise on bioethics written originally in Spanish. The distinguished author is a pupil of Dr. Laín Entralgo, who anticipated and shaped the field of bioethics in Spain and whose writings have been extremely influential outside the Spanish-speaking world. Gracia is a philosopher, physician, and professor, and professionals in all three of these categories in Spain and Latin America will find this major work to be a definitive and primary source. Moreover, since its perspective is universal, its cogent analysis and straightforward presentation should make it valuable throughout the world.

The introduction to the work offers such a complete panorama that the editors of this special issue of the *Bulletin of PAHO* requested permission to reprint it as the first article in the issue (see p. 355). As stated therein, *Fundamentos de bioética* is devoted to addressing, historically and analytically, the question of what moral attributes should be possessed by the

“perfect doctor.” This is a tall order, aptly filled by the author in 615 pages.

The book is divided into two approximately equal parts. Part I, a history of bioethics, includes chapters on the medical, legal, and political traditions related to beneficence, autonomy, and justice, respectively. The treatment of these three elements of modern medical ethics is one of the most clear and complete in any language. Part II deals with fundamentals of bioethics, including bioethical methods and the idea of the perfect doctor.

The examples given are drawn from now-classic works and perspectives in the field and include views and cases from the culture of Spain; owing to that country’s basis in Catholicism, together with expanding pluralism and democracy, many are pertinent for Latin America. This work is a welcome addition to the literature. It should rapidly become a standard reference for the Spanish-speaking world, and its humanistic perspective will be of value for the rest of the globe.

Information: Distributed by Grupo Editorial, c/Don Ramón de la Cruz 65, Madrid, Spain.



The Hastings Center’s Bibliography of Ethics, Biomedicine, and Professional Responsibility

Compiled by the staff of the Hastings Center

University Publications of America, Bethesda, MD, 1984.

This bibliography encompasses and supersedes the previous bibliographies prepared by the Hastings Center, which were issued generally on a biennial basis.

It includes references to books and articles, both modern and classic, and draws heavily from the *Hastings Center Report* as well as *Institutional Review Board: A Review of Human Subjects Research*. The 1984 edition includes a 12-page index and 96 pages of references, nearly one-half of which are briefly annotated; for example:

Sontag, Susan, *Illness as Metaphor*, New York: Farrar, Straus & Giroux (1978). Sontag describes the use of illness as metaphor, comparing attitudes toward tuberculosis in the nineteenth century with our present fascination with cancer. She contrasts perceptions of these two diseases by exploring their semantic history in literature and political thought.

Contents cover the following areas: introduction to ethics and the life sciences; ethical theory; history of medical ethics; codes of professional ethics; medical ethics education; values, ethics, and technology; behavior control; death and dying; experimentation and consent; genetics, fertilization, and birth; health care delivery; population and birth control; scarce medical resources; truth-selling in medicine; and confidentiality.

Information: The Hastings Center, Publications Department, 255 Elm Road, Briarcliff Manor, NY 10510, U.S.A.



Judging Medicine

George J. Annas

Humana Press, Clifton, NJ, 1988.

The author was trained as a lawyer and has taught in both law and medical schools for nearly 20 years. His philosophy clearly favors patients’ rights—the

autonomy element of the trilogy of beneficence, autonomy, and justice. This work draws on Annas' extensive experience as a lecturer as well as his regular contributions on law and ethics to the *Hastings Center Report*. No better introduction to this work could be given than that written by Daniel Callahan in the foreword:

Annas notes the pervasiveness of the view that "conflicts in medicine are too difficult to be resolved in a pluralistic society," a view he sharply challenges. He fully understands that law and morality are not identical, however much they may overlap. . . . He shows the law in all of its frailty and his frequent assault on the reasoning of judges is sufficient in itself to show his sensitivity to the limits of the law as a guide to moral conduct. At the same time, he allows his own strong moral convictions to come through. . . . The result, time and again, is a telling commentary on difficult moral and legal problems of contemporary biomedicine, one illuminated by telling legal insight and moral vigor.

Annas' own preface begins with this bold statement: "Judging medicine requires criteria. The criteria used in these pages is that of law, with a special emphasis on liberty and social justice."

The author's style is provocative and lively; for instance, in the chapter entitled "Patients' Rights," the first subtopic is "The Hospital: A Human Rights Wasteland." Other chapters deal with conception; pregnancy and birth; reproductive liberty; medical practice; the mentally retarded and mentally ill patient; death, dying, and refusing medical treatment; government regulation; and transplants and implants. Quoting firm judicial, literary, and philosophical sources in each chapter, Annas discusses the pertinent laws, regulations, and court decisions in plain language and clearly sets out his recommendations. The result

is a *tour de force* of U.S. health law: bioethics from the perspective of a committed civil libertarian. This work should have an impact on the course of public policy in the United States.

Information: The Humana Press, Crescent Manor, P.O. Box 2148, Clifton, NJ 07015, U.S.A.



Medical Ethics: The Moral Responsibilities of Physicians

Tom L. Beauchamp and Laurence B. McCullough

Prentice-Hall, Englewood Cliffs, NJ, 1984.

This 160-page work is part of a series on occupational ethics. As such, it is directed to the clinical physician and focuses on the standards of moral responsibility to be used to resolve conflicts between moral principles that arise in clinical medicine. Clinical cases are drawn from primary and tertiary care settings. Purposely absent are discussions of other areas of bioethics, such as nursing ethics, research ethics, and health policy. The information is presented in clear summaries; for example, the fundamentals of medical ethics and philosophical ethics, as well as principles, duties, and virtues, are distilled into 12 pages. The authors start with a case study of a notencephalic (iniencephalic) infant born in Boston in 1834 and point out that the moral dilemma then (whether to cut the membranes circumscribing the airways) was little different than it is now (when respirators exist, but the condition is still untreatable).

An entire chapter is devoted to medical

paternalism and points out the need to balance the principle of autonomy against the principle of beneficence. In a case study of a request to discontinue treatment the authors conclude that paternalistic concepts of responsibility based on beneficence may be justifiable in some situations in which persons need help and care, but caution that "the further we stray from contexts where people willingly seek and desperately need the help of others, the more implausible and dangerous such uses of authority become" (p. 103). Other chapters cover moral reasoning in medicine, two models of moral responsibility in medicine, the management of medical information, reduced autonomy and diminished competence, and third-party interests.

Information: Prentice-Hall, Inc., Englewood Cliffs, NJ 07632, U.S.A. A Spanish translation of this work, *Ética médica, Las responsabilidades morales de los médicos*, published by Editorial Labor, S.A., Barcelona (1987), is available through Alianza Editorial, Distribuciones, Milán 38, 28043 Madrid, Spain.



Principles of Biomedical Ethics, 2d ed.

Tom L. Beauchamp and James I. Childress

Oxford University Press, New York, 1983.

The second edition of this classic work treats the principles of biomedical ethics "as one type of *applied ethics*—the application of general ethical theories, principles, and rules to problems of therapeutic practice, health care delivery, and medi-

cal and biological research." The authors state that "only by examining moral principles and determining how they apply to cases and how they conflict can we bring some order and coherence to the discussion of these problems. Only then can we see that there are procedures and standards for deliberating and justifying in biomedical ethics that parallel those in other areas of human activity."

The analyses by these eminent scholars cover the following areas: morality and ethical theory; utilitarian and deontological theories; the principles of autonomy, nonmaleficence, beneficence, and justice; professional/patient relationships, and ideals, virtues, and conscientious actions. Thirty-five cases are included as an appendix and are used as illustrations throughout the book.

This clear and concise work has been highly influential and has become a basic text. It gives a thorough and accurate overview of the theories and applications found in bioethics today.

Information: Oxford University Press, 16-00 Pollitt Drive, Fair Lawn, NJ 07410, U.S.A.



The Right to Health in the Americas: A Comparative Constitutional Study

Hernán L. Fuenzalida-Puelma and Susan Scholle Connor, eds.

Pan American Health Organization, Washington, D.C., 1989. Scientific Publication No. 509. 716 pp. US\$30.00. ISBN 92 75 11509 5.

Although not specifically directed towards bioethics or medical ethics, this set of studies should provide a useful frame-

work for a review of such issues in the health care and legal contexts of the countries of the Americas. This reference work is divided into three large chapters. The first explains basic concepts pertaining to international human rights law and institutions and the right to health care. The second part, making up two-thirds of the book, contains studies of national constitutions' treatment of the right to health in 35 countries of the Americas. The third part is a summary and analysis of the Region's constitutional history and evolution, principal characteristics of the constitutions, efficacy of constitutional norms, and other human rights related to health. A number of tables and an executive summary are also included.

The book was designed to summarize the various legal and health traditions found in the Hemisphere, as well as to review the meaning and extent of the right to health proclaimed in the constitution of the World Health Organization and other international texts. Each of the national analyses was written by a respected and objective expert. The book gives a compact overview of the legal and institutional framework in which the issue of health is addressed in each country. The question of allocation of resources, so intrinsic to bioethics today, is directly related to this framework and, thus, this volume deserves a place in a list of relevant texts.

Information: In the United States—PAHO/WHO Publications Center, 49 Sheridan Avenue, Albany, NY 12210; in other countries—Pan American Health Organization, Distribution and Sales (HBI/PD), 525 Twenty-third Street, N.W., Washington, D.C. 20037, U.S.A.



Setting Limits: Medical Goals in an Aging Society

Daniel Callahan

Simon & Schuster, New York, 1987.

This provocative book deals with one of the most urgent issues of our time: the allocation of finite health resources. The author, a cofounder and director of the prestigious Hastings Center, has written a most readable book that includes thoughtful discussions of health care for the elderly, medicine's conquest of aging, what the young owe the old, and care of the dying elderly, among other topics.

The discussion reviews ethical, sociological, economic, and demographic arguments about setting limits. Health care costs in the United States have escalated seemingly out of control, reaching more than US\$2,000 per person in 1987, or over \$600 billion, which is 11.2% of the U.S. gross domestic product. A disproportionate amount is spent on either terminal or very elderly patients: 13% of patients account for 50% of hospital costs, and 60% of Medicare's payments for the elderly/disabled are spent on 12% of the recipients. The public debate on controlling these costs increased in the 1980s, and will become a major issue in the 1990s. Callahan, with his customary boldness and insight, frankly declares that persons who have lived a natural life span should not be subjected to costly invasive procedures, but given palliative care only. In essence, his thesis is the following:

The future goal of medicine in the care of the aged should be that of improving the quality of their life, not in intrusive ways to extend their life. As it confronts aging, medicine should have as its specific goal that of averting premature death, understood as death prior to a natural life span, and the relief of suffering thereafter. It

should pursue these goals in order that the elderly can finish out their years with as little needless pain as possible, and with as much vigor as can be generated in contributing to the welfare of younger age groups and to the society of which they are a part.

Information: Simon & Schuster, Inc., 1230 Avenue of the Americas, New York, NY 10020, U.S.A.



A Theory of Medical Ethics

Robert M. Veatch

Basic Books, Inc., New York, 1981.

This eminent bioethicist, now director of the prestigious Kennedy Institute of Ethics at Georgetown University, drew on his previous works (*Case Studies in Medical Ethics*, *Hastings Center Report*, and others) in answering the question "What is the foundation and the normative content of a medical ethic?"

According to the introduction of this nearly 400-page work, the first goal of the book "is to state explicitly what the issues of a medical ethical theory are and what the classical answers to them have been, whether given by physicians, philosophers, political leaders, or lay people (who are the most pervasive and critical medical ethical decision makers)." Using cases as introductions to each chapter, Part I reviews the hippocratic tradition, the dominant Western competitors, and medical ethical theories outside the Anglo-American West. Part II contains the following chapters: "The Basis of Medical Ethics: The Problems with Professional Physician Ethics" and "The Triple Contract: A New Foundation for Medical Ethics." Part III further elaborates on

fundamentals: "Principles of Medical Ethics," "Why Not Always Benefit the Patient?: Personal and Social Consequences," "The Principle of Contract Keeping," "The Principle of Autonomy," "The Principle of Avoiding Killing," and "The Principle of Justice." In the final part, the author relates cases to principles in the chapters "When Medical Ethical Principles Conflict" and "Is Every Case in Medical Ethics Unique?: The Use of Moral Rules." He finds recourse to codes of professional ethics to be less than fulfilling, and states the belief that "An ethic for a profession in its relationship to lay people and society in general must be the result of a process far more fundamental." He forges his theory into a Draft Medical Ethical Covenant, which is different in "content, spirit and especially in procedure from the traditional codes of professional physician ethics."

Information: Basic Books, Inc., 10 E. Fifty-third Street, New York, NY 10022, U.S.A.



President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research: Reports and Appendices

*U. S. Government Printing Office,
Washington, D.C.*

The work of this Presidential Commission, in existence from July 1979 to March 1983, was monumental. Its reports continue to be the source of recommendations and still comprise the most in-depth review of issues that include virtually the entire field of bioethics. Various studies were commissioned, including large em-

pirical studies, small pilot projects, and analytical research papers. More than 300 witnesses testified at Commission hearings, advisory panels were formed on specific areas, and 28 two-day meetings were held throughout the United States. The reports, each of which averages 200 pages, attest to the visionary work of the Commission and remain among the best scholarly, critical, and practical guides available anywhere. Recommendations have slowly been adopted, and the influence of this work is still strong. The following reports are available:

1. *Compensation for Research Injuries*. 2 vols. 1982.
2. *Deciding to Forego Life-Sustaining Treatment*. 1983. (s/n 040-000-00470-0, US\$8.00)
3. *Defining Death*. 1981. (s/n 040-000-00451-3, US\$6.50)
4. *Implementing Human Research Regulations*. 1983. (s/n 040-000-00471-8, US\$5.50)
5. *Making Health Care Decisions*. 1982-83,

- 3 vols. (vol. 1: Report, s/n 040-000-00459-9, US\$6.00); (vol. 2: Appendices, s/n 040-000-00468-8, US\$8.00); (vol. 3: Appendices, s/n 040-000-00469-6, US\$6.50)
6. *Protecting Human Subjects*. 1982.
7. *Screening and Counseling for Genetic Conditions*. 1983. (s/n 040-000-00461-1, US\$5.00)
8. *Securing Access to Health Care*. 1983, 3 vols. (vol. 1: Report, s/n 040-000-00472-6, US\$6.00); (vol. 2: Appendices, s/n 040-000-00473-4, US\$7.00); (vol. 3: Appendices, s/n 040-000-00474-2, US\$7.50)
9. *Splicing Life*. 1982. (s/n 040-000-00464-5, US\$5.00)
10. *Summing Up*. 1983. (s/n 040-000-00475-1, US\$5.50)
11. *Whistleblowing in Biomedical Research*. 1981.

Information: U.S. Government Printing Office, Publications, 941 North Capitol Street, N.E., Washington, D.C. 20402, U.S.A.