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[Book Review of] *Premeditated Man: Bioethics and the Control of Future Human Life*, by Richard M. Restak

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ference. When the arguments are laid out, it seems best to opt for maximum freedom of choice in the patient. Among other things, this depends on communicating all the pertinent information and encouraging participation in decision-making. This of course departs from the time-honored tradition of the physician (expert) making the decisions for the patient (client). Here we find a changing theory of duty: our contemporary frame of mind gives high priority to the rights to know and to choose. (Perhaps the paradigmatic area in which this has become evident is genetic counseling.)

John S. Wellington, M.D., provided an acute analysis of the changing values and methods of selection for medical school applicants. He concluded that methods have changed more than values; medical schools still tend to admit those who will maintain the professional *status quo*. There are no revolutions in sight.

Several authors addressed the matter of fee-for-service vs. the health maintenance organizations

(HMO's). They opted almost always for plurality, for keeping both systems operative. Whether this would foster consumer freedom of choice or perpetuate confusion remains to be seen; the question continues to elicit considerable polarization. Senator Edward M. Kennedy has been a vocal critic of the situation in American health care, pressing for congressional involvement in a complete revamping of the system under federal auspices.

For the most part, the essays are well written. A notable exception is that dealing with the chronically ill and aged. Jerome Kaplan's prose is so difficult that his ideas get lost in the reader's frustration.

Ethics of Health Care is a valuable book for its exposition of, and creative thinking about, the important questions it addresses.

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Premeditated Man: Bioethics and the Control of Future Human Life

Richard M. Restak

The Viking Press, New York, 1975, XVIII + 202 p., \$8.95

Is there a common ethical framework that encompasses cloning, psychosurgery, and sperm banking — indeed, that encompasses all areas of biomedical eth-

ics? Restak believes that such a framework consists of the scientist's enormous power to alter the course of social evolution. He believes that the bioethicist

should concentrate on means to achieve a wider distribution of such power. "... in many ways medicine is too important to be left to the doctors; science ... to be left to the scientists; and biomedical research ... to the biomedical researchers."

The book surveys three areas in generally exacting detail: psychosurgery, genetic engineering, and human experimentation.

Referring to the "government's interest in the control of 'motive,'" he says that "It is not coincidental that behavior-control technology received its greatest support from the same government administration that provided us with Watergate." In accordance with his major thesis (the common framework to which I refer above), he believes that medical innovations are in fact "social" innovations, and that it is perilous to believe that "biotechnologists can provide us with the solutions to social problems." Restak presents a well-documented overview of the history, technology, and legal status of psychosurgery, stressing several times the questionable "collaboration between government and behavior technologists," involving the Justice Department and the Bureau of Prisons.

In the section on Genetic Engineering, he describes the state-of-the-art of embryo transfer (but misleadingly implying a success not yet attained), genetic screening, sperm banking, and gene therapy. It becomes obvious that we will soon need to redefine

"mother," to differentiate between the woman who provides an ovum, the woman in whom gestation occurs, and the postnatal mother. Restak derides the genetic counselor severely: "In my visits to genetic clinics across the country, I've been impressed with the pomposity and self-righteousness of many genetic counselors." "Since the typical counselor is a member of the middle class, his clients end up with a suburban-trimmed-lawn-private-school notion of what sort of children they should have ... Using presently developed technology (screening, amniocentesis, selective abortion), they are well on the way toward convincing us that we have an absolute right to *perfectly* healthy children."

There again, he says "To select and reject human beings by the consumer criteria of the marketplace lessens the humanity of us all." Yet he previously had said "... population studies cast serious doubts on the wisdom of funding any technology that results in an increase in the birth-rate." One wonders if he would agree that fetal medicine is an asset to mankind, as the first statement presumes, or a liability, as per the second statement.

In Part III, on human experimentation, the author offers a very thorough analysis of the traditional "Piltowns" of human research — Tuskegee and Willowbrook — and describes the basic elements of informed consent, congressional deliberations, fetal research guidelines, etc. He re-

ports that researchers stress scientific ability, hard work, and personality as positive traits in a good researcher far more than they stress "ethical concern for research subjects." To the researcher, he says, "individual patients are only a means to a much more ambitious end: the attainment of that academic recognition which is the reward of the successful researcher."

The book has some errors, however: (1) "Animal studies over the last twenty years have resulted in the discovery that 'aggression' or 'violence' can be understood only in reference to the experimental situation in which it is displayed." (p. 10) Indeed, various organic anomalies have been detected which cause pathologic violence to erupt, (2) On p. 22, in citing the role of an advisory committee on psychosurgery (at Boston City Hospital), he states that the

committee has veto power over psychosurgical procedures performed by Dr. Vernon Mark. It is my understanding that Dr. Mark has the final word. (3) On p. 76, he refers to the time necessary for tissue culture after amniocentesis as 7 to 12 weeks. In fact, it is closer to 2 to 4 weeks.

Barring these minor errors, the book is a worthy contribution to the list of introductory works on biomedical ethics. There is little armchair philosophy, not much emphasis on futuristics. It is well documented, realistic, and provides for interesting reading.

As the reader would expect, Restak ends with: "The only real solution . . . the only meaningful bioethic . . . must start by emphasizing the basically *social* nature of biomedical technology. In a sense it is a social science."

Reviewed by:
Paul R. Gastonguay

Contemporary Medical Ethics

By John F. Dedek

(*Sheed and Ward, New York, 1975*)

This book illustrates the unfortunate effects of a lack of dialogue between theologians and the Catholic medical community. Father Dedek has written a book of a very uneven quality because of his isolation from a first-hand knowledge of the practical real-world application of the principles of medical ethics he espouses. As a seasoned teacher of moral theolo-

gy at Mundelein Major Seminary in Chicago, he gives lucid descriptions of the operation of the Principle of Totality in surgical decision-making and of the development of theological distinctions between ordinary and extraordinary means of preserving life. The clarity of these discussions, however, is sadly lacking when he attempts to provide practical exam-