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Book Reviews

The Healing Power of Hope, by Mary Drahos. Servant Publications, P.O. Box 7455, Ann Arbor, MI 48107; \$10.99 + \$2.75 S & H.

Much to the consternation of the Christian pro-life community, polls on the subject constantly show that about 50% of the medical profession and 70% of the general public are in favor of physician assisted suicide. The statistics, among lay people at least, are reflective of some basic fears about end of life care. These are fears of 1) intractable pain 2) isolation 3) financial disaster and 4) loss of autonomy.

As with so many issues, the conventional wisdom on this subject is based on misunderstandings and distortions of the real facts. What emerges as the straw man justification for this very dangerous change in public policy is the terminally ill patient who is the subject of futile, dehumanized, technologically driven care administered against his will and contrary to his best interests.

In the real world, excessively vitalistic physicians are not really inclined to subject hopelessly ill patients to torturous tubes and machines either out of ignorance or avarice.

Belief in such scenarios does not die readily, however, and the only effective rebuttal will require the availability of a well-organized humane system of terminal care based on a regard for the sanctity of human life, however flawed or lacking in long-term prognosis.

This book by Mary Drahos is an attempt by a woman, who has herself experienced life-threatening and disabling illness, to set the record straight and to put a human face on the issues related to death and disability. The tone is highly spiritual and inevitably autobiographical, but it is a practical book, nevertheless.

The chapter titles refer to the timeless questions asked by patients of themselves and those around them: "Why must I suffer?", "Nobody understands", "What good am I to anyone?", "I hate being a burden." These are questions and statements which are born out of despair but they are meant to elicit affirmation and hope.

There is much in this book that will be useful in responding to despair, revoking isolation and enriching situations of handicap and hopelessness. Physicians and next of kin feel inept and platitudinous in these kinds of situations when they are really demonstrating empathy.

This book is for the person actually experiencing the loss of hope, but it is also for relatives and for medical personnel. Sad but true, doctors get tired of treating patients who don't get well, don't respond or who linger longer than expected. It is a time for science to be extended by spirituality.

The last chapter is entitled, "What Do I Need to Do before I Die?" You well know from that title that the book is not about denial or playing Pollyanna or evading realities. It is a welcome addition to the bedside armament accrued in a battle which can only get more divisive with the passage of time.

Health care is more and more a matter of bottom line and the culture of perfection undermines and devalues the handicapped and the dying. Mary Drahos has raised her voice to reverse the trend and to contribute her experience and her wisdom to reviving an old value system. She borrows from Scripture and other religious sources to augment and uplift her message. This is a useful little gem of a book which deserves a wide audience.

– Eugene F. Diamond, M.D.
Chicago, IL

Health Care Ethics: a Theological Analysis (Fourth Edition), by Benedict Ashley, OP and Kevin O'Rourke, OP. Georgetown University Press, Washington, D.C., 1997.

Benedict Ashley and Kevin O'Rourke have put us in their debt by offering a book that is both comprehensive and yet readable and detailed. *Health Care Ethics* provides a reliable and balanced presentation of the Church's teaching on various issues in medical morality while at the same time not shying away from offering prudent judgments on various cases whose resolution at this time is far from clear even to those who share common principles.

This new fourth edition of *Health Care Ethics* is occasioned by developments in both medicine and theology. Certain questions, such as that of cloning, which seemed to arise only in the fiction of Huxley's *Brave New World* now are in fact pressing issues. Changes have come to health care not only as a result of technological advances but also from the economically driven shift to "managed Care." Theology, too, has changed in the crystallization and development of Catholic teaching through various magisterial documents, including *Veritatis Splendor*, *The Catechism of the Catholic Church*, and *Evangelium Vitae*. The authors present this revised

edition in light of these medical and theological developments.

Health Care Ethics begins with a fundamental anthropological and ethical question: What does it mean to be human? Here the stage is set for a sound answer to many of the questions raised later in the book. Dualism is rejected in favor of a vision of the human person as a unity of body and soul, an ensouled body. The human person lives and flourishes in community, both with other persons and with the transcendent. This account of the nature of the human person leads into a consideration of the goods of the person of which health is one. Health, as O'Rourke and Ashley understand it, is not limited to the "physical" but embraces the social and spiritual aspects of the person as well. Thus, although health care professionals as individuals are not responsible for every aspect of health, on the other hand they should not ignore the interaction among various aspects of health.

The primary responsibility for health care lies with the patient whose rights and duties should arise from an informed conscience. The authors discuss various methods of making decisions in medical practice, including Kantian deontology and consequentialism or proportionalism. Rejecting these options as inadequate, the method they find most rationally appealing they call "prudential personalism." Within this "meta-ethical" framework, various specific problems are addressed including artificial reproduction, fetal testing, abortion, contraception, birth control, and natural family planning.

In this section of *Health Care Ethics*, Ashley and O'Rourke address contemporary disputed questions about the beginning of human life and ensoulment as well as critiquing by now traditional arguments in favor of the use of contraception. The case of rape victims who risk pregnancy is treated with sensitivity and common sense. The case might have been made stronger had explicit reference been made to Germain Grisez's treatment of the matter. Grisez suggests that prevention of conception in cases of rape is not properly speaking "contraception" because this prevention simply repels a part of the aggressor's body, his sperm, from a part of the victim's body, her egg. Hence, this interruption of the natural course of affairs is nothing else than preventing the culmination of the rape. Much as one is not participating in "coitus interruptus" if one disrupts the attacker in the very act of rape, so too one is not practicing contraception by preventing conception from taking place in such cases.

The authors' treatment of reconstructing and modifying the function of the human body reaffirms the Church's traditional recognition of the illicit nature of mutilation with nevertheless an allowance for organ donation. With both brevity and clarity, they rely on a distinction drawn from the work of Charles McFadden between anatomical integrity and

functional integrity. Anatomical integrity refers to the physical intactness of the human organism. Functional integrity, on the other hand, refers to the systematic efficiency of the human body. Thus, although the removal of an eye and a kidney both undermine anatomical integrity, only removal of the eye impedes functional integrity, namely, depth perception. A person can maintain functional integrity with but one kidney. One motivated by charity for another may sacrifice anatomical integrity but not functional integrity. The authors thereby present in a more precise way an understanding of that which was traditionally condemned in mutilation. Ashley and O'Rourke also point out that cosmetic surgeries, such as breast enhancement, normally suggest a lack of proper priorities in the patient.

In handling ethical problems among the mentally ill, the authors note a tendency among mental health experts to overstep their proper discipline by becoming religious or ethical gurus. "Thus persons undergoing therapy should not change their system of values, divorce their partners, give up their religious vocation, or change their religion or their professional vocation merely under the influence of psychotherapy. The tendency to erect one of the many forms of therapy (including the various mystical cults now so popular) into a religion is a violation of the lines between the psychological level of personality and the ethical and spiritual levels and is doomed to end in disillusionment" (383). Hence, mental health specialists, such as psychiatrists and psychotherapists should not assume an unearned competency in matters ethical or philosophical. Likewise, physicians should recognize the limits of medical practice and the need for mental health experts in some cases. Health care workers, those seeking the physical, mental, social, and spiritual well-being of the patient, work together as a team toward this goal. However common their goals, their roles should not be confused. The authors' treatment of "sex therapy" is balanced and fair, noting that such treatment is not in itself illicit when conducted within proper ethical guidelines of sexuality and patient/physician relationships.

The penultimate chapter addresses issues in death and dying including physician assisted suicide, truth telling to dying patients, and care for the bodies of deceased persons. The book concludes with a consideration of the role, function, and possible problems of pastoral ministry in health care.

The general orientation and conclusions of *Health Care Ethics* provide a powerful rationale for the Church's teaching, especially as expounded by John Paul II. The emphasis on "prudential personalism" in place a consequentialist proportionalism reflects recent achievements in both theology and philosophy. However, the book could be made more theologically and philosophically sound, in my opinion, had it relied less on

the language of rights that is inherited from the Kantian deontological tradition. Although this emphasis reflects the way in which most contemporary ethicists talk about health care ethics, the centrality of the concept of rights leads almost inevitably to a view of the human person as an autonomous individual with unfettered and unordered liberty. Rather, a moral language needs to be developed that reflects the more Aristotelian/Thomistic view of the person and morality which is rightly placed at the heart of Ashley's and O'Rourke's highly valuable book.

– Christopher Kaczor
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