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## [Book Review of] *Genetic Counseling: Facts, Values, and Norms*, edited by Alexander M. Capron et al.

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opinion gives the feeling for the period and of earlier and subsequent periods, and which I would recommend that interested persons should read, possibly skipping some of the other parts. Page 330 has the following summation: "By 1585, then, the works of Paracelsus and his followers were widely disseminated and actively studied by both laymen and medical practitioners. Practical chemistry was a popular pursuit. In this context it is not surprising that Paracelsianism made a major impact on the vernacular medical literature produced in the last quarter of the 16th century.

Chapter 10 by Jerome J. Bylebyl is entitled "The School of Padua: Humanistic Medicine in the 16th Century." This chapter discusses primarily Italian medical education and points out that the strength of Italian medical education was not in the lectures but in the system of practical instruction in the hospitals, which apparently only the Italian schools had during that period. The emphasis is on Padua (near Venice) and on Bologna. Many foreign students came to the Italian schools not for the lectures but for the practical demonstrations which frequently were given by very astute clinicians.

It is really on this note of a background to modern medical education that the major part of the volume ends. This chapter 10 would be the third I would recommend that one read, along with chapters 5 and 9. I think these would very well, in a shorter length, give the flavor of the whole book.

The last chapter is a short biography and discussion of the contributions of Sanford Vincent Larkey (1898-1969) to whom the volume is dedicated. A major figure in medical history, he stimulated continuing work on the history of medicine and its major effects on and in our time.

All in all, the book is interesting. While parts of it are somewhat weighted down with statistics, it has much relevant comment on life in the 16th century. Perhaps it is well to close a review of a work on the history of medicine with the paraphrased thought that one real reason for paying attention to history is that "those who do not know history are condemned to repeat it." I find this chronicle of a period of medical history humanly interesting and worthwhile on its own grounds, and recommend it to the medical bibliophile.

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## ***Genetic Counseling: Facts, Values, and Norms***

Alexander M. Capron et al., Editors

*Alan R. Liss, Publisher, 150-5th Ave., New York, N.Y. 10011, 1979, xii + 344 pp.*

Capron et al. have assembled a series of articles exploring the historical roots, the theoretical underpinnings, the practical organization, and the moral, social and legal implications of genetic counseling. Their aim is to present an interdisciplinary analysis of an example of applied science. Such an enterprise, they claim, requires 1) "accurate data upon which to reflect" (p. 1); 2) "tested and well wrought techniques of argument" from normative disciplines (p. 1); and 3) "shared and counterpoised reasonings of scientists and humanists" (p. 1).

Such an enterprise is to be encouraged as a remedy for the single-sightedness that specialization often engenders. This book is, indeed, very valuable for the problems it raises. However, evaluating the editors' endeavor in terms of their stated aims, they have not quite succeeded. The diversity of views needed for such "counterpoised reasoning" is lacking on many substantive issues of primary importance and their argument techniques are often lacking. In fairness to the authors, though, it must be said that some of the requisite analyses may be uncommon in the literature because of the relative infancy of theoretical reflection on some of these issues.

The uncovering of the historical roots of genetic counseling is done by Caplan (p. 21) in a succinct summary that details the conceptual confusions that had to be clarified before a science of human genetics could exist. Similar problems, he thinks, may be hindering the integration of general population genetics into the science of human genetics. However, it is not clear that it will be theoretically possible or morally desirable to take this point of view. As Caplan himself notes, population biology is in a paradoxical predicament — theories that would be manageable are manifestly inapplicable to actual populations, and theories that would be applicable are too complex to be manageable. Caplan might be a bit too optimistic over the fruitfulness of these abstract mathematical models in biology as well as over the possibility of this complexity problem being solved. Furthermore, it is not clear that it would be morally desirable to view human genetics in this way. Might it not tend to submerge the individual — whether normal or handicapped — to the betterment of the species? Indeed, Twiss argues that from a historical perspective, a counselor seems "duty bound to point out the sociomoral and eugenic significance of the genetic problems" (p. 204). The legitimacy of the eugenic aim seems to represent an underlying consensus among most of the authors. I will return to this shortly in my discussion of the valuative implications of genetic counseling.

Other articles deal with the scientific, metaphysical, and epistemological underpinnings of the concept of genetic disease. On these topics, the requisite diversity of opinion seems to be lacking. They correctly emphasize that nongenetic diseases have genetic components and that genetic diseases usually have environmental components from the genetic, somatic, phenotypic, social, and ecological environment. The conclusion most often drawn is that the distinction between genetic and nongenetic disease is untenable. Scientifically, no mention is made of the current lack of understanding of the regulation of gene action as helping to maintain a separation of environmental and genetic factors. Metaphysically, what seems to be underlying these views is a mechanistic view of the organism that fails to appreciate 1) the irreducible functional nature of biological systems and 2) the multilevel interactions such systems require. Many of the causal ambiguities they discuss could be removed once one realizes that in biological systems, alternative means can be taken to realize a given function. Epistemologically, the assumption seems to be made, especially by Hull (p. 57), that either one must identify the total cause of a disease or arbitrarily isolate one factor as *the* cause. But, where would one stop in identifying the total cause? Is this even a legitimate concept? In biological systems, the cause is identified more by its role within the context of the functioning whole. This consideration is masked by talking solely about necessary and sufficient conditions. These considerations predispose one to take a mechanistic view rather than a more functional one.

The practical organization of genetic counseling is considered in both a descriptive and a functional sense. One of two orientations is taken by a practicing counselor. Predominantly, these counselors take their aim to be disease prevention. The other less common orientation takes the values of the counselee as the basic parameters for a decision. It is unfortunate, as Sorenson and Culbert note (p. 85), that very little work has been done on the effect of these two different modes of

counseling on the counselee. Genetic counseling takes place within the context of a host of cognitive, affective, deliberative, conative, and moral factors. The problem is to decide which of these is the special province of the counselor. Ought one person address himself to all these, or to only some?

When the moral, social, and legal implications of genetic counseling are considered, there is again less diversity than one might wish. The general consensus is that prevention, defined in terms of abortion, is morally permissible. Sidney Callahan argues for the point despite the fact that she emphasizes the intrinsic value of the child (p. 217). Viability is emphasized as the basis for granting rights to the fetus despite its totally arbitrary nature. Nowhere is the intrinsic value of life nor the deep experience of love that can develop between a disabled individual and his parents or guardians given much serious consideration. Even though some authors point out the real possibility of misdiagnosis, the most they argue for is a need to inform the counselee of this possibility. What is lacking is a type of counseling context that does not recognize the legitimacy of preventive abortions and that emphasizes the use of diagnosis for alerting parents and either preparing them for their special responsibilities or helping them to make arrangements for others to assume these responsibilities. The day in which we will be able to remedy such defects is still down the road. The underlying eugenic aims of genetic counseling are most evident here. To count a person whose instruments of agency have been impaired by misfortune as of no value is the height of injustice.

In examining the moral, legal, and social implications of genetic counseling, too much space is devoted to summary and exposition and not enough to solid argument. There seems to be an underlying skepticism concerning the objectivity of philosophical knowledge. How can these writers be so certain of this skepticism since skepticism in this regard is itself a philosophical position? Related to this is a recurrent pattern of argument. Too often, two extreme views are formulated, a middle view is developed, and it is assumed that the middle view is more reasonable. There is no reason to believe this. It could just as well be — and most often in the case of abortion is — that this middle position is a combination of inconsistent principles.

Lastly, I would suggest that the experienced reader ask himself whether too much emphasis was placed on the most extreme genetic diseases in the cases presented for consideration.

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