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Medicine and Religion: Strategies of Care

Donald W. Shriver, Jr., Editor

University of Pittsburgh Press, 1980, xxii + 173 pp.

This volume is Report No. 13 of the Institute on Human Values in Medicine, funded by a grant from the National Endowment for the Humanities. The book reports on the dialogue of a group of scholars from medicine and religion, covering a two-year period of five meetings. Six of the ten participants are active in the medical field, the other four being active in the teaching of religious values in medicine. An appendix gives personal data on all.

The group tried to clarify the means of cooperation between religion and medicine in the treatment of the sick. Admittedly it follows that the attitudes of the practitioners in both fields changed, because of the spirit of scientific openness which prevailed in the discussions. This change occurred by testing concepts and procedures in actual patient care — the clinical test. In such a test, each group had something to tell the other.

Section I, by the editor, tries to define the areas of religion and medicine, and poses this question: if religion promises to contribute to the practice of medicine, what might be the contributions of medicine to the practice of religion? Ideally, there should be an appreciation of this tension both in the classroom and in the clinical setting. Such questions as the meaning of suffering and death, the value of life, and finally, the professional decisions that come in, are all discussed.

The second section considers how educators in the health professions might implement programs of religious studies in their institutions. The authors of this section have worked for years in this kind of curriculum planning. Sister Alice O'Shaughnessy, C.S.J., M.D. observes that the health professional typically has the religious knowledge of a 14-year-old. We might add that the same can be said of many religious people in regard to medicine and its practice. But in this part of the book, the authors have the medical profession in mind, and give great detail on how religious studies can contribute to the care of the patients.

The third part of the book is a series of essays by other members of the group, ranging from conversations with medical students to the impact of religion on social medicine. Here again, many practical questions are raised and examined.

While this book is not a discussion of the usual medico-moral problems, nor a text to be used, there is great need for this kind of dialogue. Without doubt, the professional character of the student is formed by the atmosphere, teaching and practice in the professional school, and frequently his attitude toward religion is shaped thereby. In the face of this, we find in the *Hastings Report* that only 6 of 107 medical schools require any kind of course in bioethics and related topics; 97 schools offer courses, but most are electives. It is not hard to see, given the schedule of medical students, that not many would opt for such courses. Such procedure overlooks the basic right of the patient to choose to worship God in sickness and in health, and this right, given by God, is not open to any interference by anyone. If this means personal involvement on the part of the medical personnel, then we might admit that the involvement follows from the choice of

the profession. With the sick person as the major concern, no professional has the option of avoiding the religious dimension of that person.

One other point can be made about the kind of religion or ethics to be taught. If the ethics treated is strictly philosophical, it is not sufficient for religious believers. For them, the theology of suffering is a means of grace, of reconciliation. A naturalistic ethics falls far short of this meaning and scarcely touches on the fact of suffering. We might conclude with a quote of Dr. Edmund Pellegrino, former president of the Catholic University of America:

What are the duties imposed on us by virtue of the volunteer act we take as professional healers? It's high time we disclose to the public what we stand for (*Denver Catholic Register*, Sept. 9, 1981, p. 3).

— F. J. Malecek, S.J.

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Ethics and Regulation of Clinical Research

Robert J. Levine

Urban & Schwarzenberg, Baltimore, 1981, xvii + 299 pp.

This book is filled with minor mistakes and glaring deficiencies. The title of the work seems to need a definite article somewhere. The book begins with a misspelled nominalist quote: "*Entia non sunt multiplicanda prater* [sic] *necessitatem*." The most quoted source in the work is the author himself.

The work appears to be a summary and critique of the DHEW and DHHS regulations of clinical research on human subjects. As a summary it is helpful, but as a critique, it is quite weak. The weakness stems from the author's superficial grasp of the ethical principles which ground the federal regulations. The brief discussions of the principles of justice, beneficence and respect of persons indicates that the author does not understand a great deal of moral philosophy, and this is borne out in the criticisms the author makes. Not only is Levine's understanding of these principles inadequate, but his understanding of consent, human acts, conscience and human goods is also faulty. He argues that informed consent is gained through a process of negotiation between the researcher and the client. This view implies an adversary relationship, rather than one in which cooperation is the keynote. In the researcher-client relationship, the client offers consent in order to promote goods and values for the community without violating values of his own health and well-being. The researcher promotes these values through his work, while also acting to limit any harm to the client, and compensating the client for any harm that comes about through the experiment. Informed consent is not "negotiated" into being, as much as it is brought about by the client understanding the facts of the situation and intuiting or apprehending the values involved in it.

Levine approves of non-therapeutic experimentation on children, the mentally infirm and fetuses within certain limits, on account of his inadequate understanding of the relationship of acts of conscience to acts promoting one's health and well-being. Decisions concerning one's health are moral decisions in that one is determining how to promote the moral value of one's physical health and well-