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[Book Review of] *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*, by Albert R. Johnsen, Ph.D. ; Mark Siegler, M.D.; and William J. Winslade, Ph.D., J.D.

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would lead to a worsening of the situation in medical practice today, if for no other reason than what we have seen — he rationalizes abortion on demand. Therefore, I do not recommend the book. But if you are not familiar with the contemporary liberal mind, Ackerman's book will abundantly satisfy your curiosity.

— Richard R. Roach, S.J., Ph.D.  
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## ***Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine***

Albert R. Johnsen, Ph.D.; Mark Siegler, M.D.;  
and William J. Winslade, Ph.D., J.D.

*Macmillan, New York, 1982, xvii + 187 pp.*

This book is designed to be a desk reference in medical ethics for practicing physicians. It is ordered to the practical resolution of concrete cases that clinicians frequently face, and it explicitly avoids becoming involved in abstruse theoretical arguments, ethical theories and speculation. A very well organized book, it enables physicians to come to ethical judgments in the same manner that they formulate clinical judgments, for the text employs the contemporary medical clinical diagnostic model used in medical practice.

There are many serious problems with this book, the least of which is the belief that one can adequately analyze ethical situations in a manner analogous to the way in which clinical problems are analyzed. The practical ethical judgments and suggestions made in this work are based on a subjective, intuitive, utilitarian and quality-of-life theory of ethics, and little mention is made of the weaknesses of a theory such as this. No justification is given for the adoption of this theory of ethics, and this could easily lead unsuspecting clinical practitioners to believe that there is general agreement about the validity of this theory and the suggestions derived from it. While this book gives very detailed accounts of specific medical cases, the moral principles invoked to resolve these cases are often ambiguous and confused. For example, it is suggested that practitioners ought to respect the desire of some patients to die with dignity and have active euthanasia imposed on them. But elsewhere, readers are warned of the legal dangers of becoming involved in assisting in the death of patients. As a result, the reader is left in a state of doubt as to whether cooperation in this practice should be offered.

The utilitarian and anti-speculative approach of this work creates serious difficulties for the clinical practitioner. This is because the work assumes that sound ethical judgments can be reached by a "rough" weighing of the values involved in specific cases. The problem with this approach is that more than a "rough" weighing of values is required for sound resolution of the truly difficult ethical cases. The difficult moral cases, those which seriously challenge the capabilities of an ethical theory, are those in which the values in conflict are very similar in nature. It is easy to decide what is to be done when one is deciding between silk purses and sows' ears. But when one must compare the equally incomparable

values of two human lives, for instance, a "rough" comparison of values will not indicate that any one course of action should be clearly followed. The result of this is that the ethical theory presented in this book is useless where it is needed most, in cases where apparently conflictive ethical values are incomparable. The utilitarian and quality-of-life ethic presented here is incapable of giving any direction and guidance where guidance and direction are needed most. The usual result of this is that most will follow their own preferences, prejudices and biases in situations of critical ethical conflict because no clear reason for choosing any one course of action will be offered by the principles.

This work attempts to transform medical-ethical judgments into clinical techniques that are applied to concrete cases in the way that therapeutic techniques are applied. In so doing, much of the dignity of clinical practice is demeaned because it reduces the clinician's commitment to the well-being of the patient to an applied technique that is to be mechanically applied to the various situations that are presented. This work should be read with caution, as its inadequate theoretical framework compromises the suggestions made.

— Robert L. Barry, O.P.  
Pope John XXIII Medical-Moral Research Center

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## *What Is Marriage? Marriage in the Catholic Church*

Theodore Mackin, S.J.

*New York/Ramsey: Paulist Press, 1982, vii + 366 pp., \$11.95.*

Mackin has written a very interesting and challenging work. The problem with it, as I hope to show, is that it is predicated upon a misreading both of the Roman Catholic theological tradition and on the teaching set forth at Vatican Council II.

Mackin's principal claim is that a radically new understanding or definition of marriage emerged during the second Vatican Council in the pastoral constitution, *Gaudium et Spes*. This new understanding, which was accepted by Pope Paul VI in *Humanae Vitae*, differs profoundly from the understanding of marriage in the Church from the time of St. Augustine through the great medieval theologians and regnant during the first part of this century, when it was incorporated into the 1917 Code of Canon Law. The older understanding was challenged during the 1930s by writers like Heribert Doms and Dietrick von Hildebrand, and although their challenge was rejected by Pope Pius XII, it was precisely their view of marriage that is central to the teaching of *Gaudium et Spes* (p. 235). This, I believe, is an accurate way to summarize the principal claim of the work.

But what, according to Mackin, is the older understanding or definition of marriage — the one regnant from Augustine until Vatican Council II — and what is the radically new understanding of marriage set forth in *Gaudium et Spes*?

According to Mackin, the older view regarded marriage primarily as a contract between a male and female, obligating them to the pursuit of specific ends. Of these, the primary end was procreating and educating children, while the second