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## [Book Review of] *A Theory of Medical Ethics*, by Robert M. Veatch

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the way the doctor makes the presentation ordinarily tells the tale. Arney also noted, "The NIH 'consensus-developing' Task Force on Predictors of Hereditary Disease or Congenital Defects recommended against requiring prior commitment to abortion, but there is no mechanism for enforcing their recommendation." He also noted, quite accurately, that "the incidence of severe depression following elective abortion for genetic reasons is so great" that "it may be more difficult to deal with than either an abortion of 'convenience' or a stillbirth at term," or perhaps "even more difficult than bearing and rearing a defective child." Arney does an excellent job in summing up the implicit agreement made between modern obstetricians and modern women. He writes, "The rule, simply stated, is that birth should occur within a flexible system of obstetrical alternatives in which a woman's experiences can take prominence against a background of obstetrical expertise and safety. Around this rule modern women and modern obstetricians have begun a univocal discourse over childbirth. They are ostensibly engaged in a dialogue, but in the exchanges only a single voice is heard." Unfortunately, in living out this agreement, the patient and this doctor occasionally end up in an adversary relationship. The author, by way of conclusion, gives a very positive and accurate presentation of the benefit to both mother and baby of a prepared childbirth (psychoprophylaxis) approach to delivery.

The reviewer was, perhaps, prejudiced from the start against the book. It is written in the language of the intellectually elite. Like ecclesiastic language, it can be difficult to read. It is discomfoting to be driven to the dictionary to understand the meaning of a passage, especially when the thought can be simply expressed. Who needs to say "concatenation" when "linking together" says it all. The reviewer would not pay the \$25 price listed for this publication.

— William F. Colliton, Jr., M.D.  
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## *A Theory of Medical Ethics*

Robert M. Veatch

*Basic Books, Inc., New York, 1981, xi + 387 pp., index.*

This is undoubtedly an important book in medical ethics, both for moralists working in bioethics and for those in the health care professions. If only because of the stature of its author, it is bound to be influential, and with good reason. For Veatch is a balanced and thorough writer whose reputation in the field of bioethics is largely deserved. Moreover, the book's topic is important and the project it represents is ambitious; it is nothing less than an attempt to articulate an ethics for the medical professions from the ground up. Veatch seeks to articulate a public ethics which will really provide guidance for the difficult decisions health care professionals and others must make in the modern health care setting. Furthermore, the range of topics discussed and Veatch's device of focusing discussions by way of concrete bioethical dilemmas make the book valuable no matter what one thinks of the success of Veatch's project.

In the first of the four parts of the book, Veatch surveys various traditions of medical and physician ethics. He discusses the Hippocratic and Judeo-Christian

traditions, modern secular medical ethics, and a variety of traditions outside the Anglo-American West. The diversity of moral judgment among these traditions and their inadequacy to provide clear guidance on the test case Veatch uses are intended to show the need for a new medical ethics. The case is one in which a woman, about to die and the sole support of her infant who suffered from a malformed hip, asked for help from her physician in painlessly killing her child — a course of action she regarded as the most loving thing to do in the circumstances. However, as Veatch himself admits, most of the traditions he considers would regard this killing as seriously wrong — for different reasons, perhaps, and not without straining or inconsistency on the part of some. So this example does not serve Veatch's purpose as well as some other example might. Still, he shows clearly enough that there are real differences and disagreements among the various established traditions of medical ethics, and thus a need for work on the foundations of medical ethics.

The second part of the book contains Veatch's attempt to articulate a universal foundation for medical ethics. This part of the book has two sections: a polemical, and a constructive. In the polemical section, he mounts a powerful critique of the idea that medical ethics can be founded on professional ethics of physicians. One reason for the inadequacy of such a foundation is the fact that the questions of medical ethics are not simply questions for physicians but for other health care professionals, patients, and for people in general. There is no reason why the specialized knowledge or moral convictions unique to a profession should have any moral force for these people — much less the mere fact that the profession has reached a consensus on moral matters.

The constructive alternative proposed by Veatch is a complicated version of a social contract approach to ethical theory. The appropriateness of this approach is suggested by the social and contractual nature of medicine itself. Veatch's theory involves a threefold contract. The first is the basic contract which establishes society and its morality. The second is the contract between the medical professions and society. The third is the contract between the health care professional and the patient. What the parties to these three contracts accept will be the set of moral principles for medical ethics.

Veatch notes that for some the contract is an epistemological device for discovering moral truth, but that for others it is a way of inventing a morality. He thinks that this basic disagreement can be set aside, for if those who regard the basic contract as a means for inventing a morality which serves their self-interest are willing to take the moral point of view, the results of this approach will be the same as when it is used by those who regard it as a way of discovering moral truths which are somehow given. I think that Veatch's judgment that this disagreement need not be settled is the basic mistake in his project, for it belies a willingness to sacrifice moral truth to the requirements of reaching a workable agreement. And the two conceptions of the role of the basic contract are not likely to give the same results. For self-interest, conditioned only by the impartiality of the moral point of view, will provide for some limits on the social behavior of individuals and groups but not a limit that will significantly compromise self-interest. It is true that any functioning group needs some morality and this involves some appeal to impartiality, but if self-interest is the basic principle, then the morality developed will limit the range of the application of the principle of impartiality, so as not to overly constrain the basic concern of self-interest. Only if impartiality is taken as basic will the self-interest of the contractors be systematically constrained. But then, it seems to me, self-interest would no longer be basic; we would have, instead, a morality based on at least one moral truth.

This objection is not a merely theoretical quibble, for it goes to the heart of what Veatch is undertaking. He wants a medical ethics which is both rationally

based and practically workable — something on which people can agree. But by setting up the conditions of the contract as he does, Veatch allows the desire for agreement to override the requirement for a sound moral basis. Thus, when in the next part of the book Veatch seeks to articulate principles, the self-interest of some contractors is allowed to override other moral convictions, with the result that the principles agreed to are sometimes so general that they provide no real moral guidance. They are compromises which may satisfy those who want a moral framework within which to pursue their self-interest but hardly those who regard more stringent norms to be a matter of moral truth.

This is not to say that Veatch's attempt to develop principles in the third section of the book is without merit. Much of what he says there is helpful and, it seems to me, correct. He develops principles of contract-keeping, autonomy, honesty, avoiding killing, and justice. He develops these principles after showing that the Hippocratic principle of beneficence and its modern utilitarian replacement cannot serve as principles of medical ethics. These criticisms are powerful and do not depend on what self-interested contractors might or might not accept. Rather, the critique is based on the reasons contractors might have for rejecting these positions — reasons based entirely on philosophical analysis.

The difficulty in this third part of the book comes to the fore in the discussion of the principle of avoiding killing. Veatch favors a very strong prohibition of killing but recognizes that most would not accept it. He also criticizes, unpersuasively in my opinion, the double effect doctrine which provides reasonable limits for the prohibition of killing. Thus, he leaves unsettled the basic moral question of mercy killing which, he says, is as reasonable an exception as there might be to the prohibition against killing. Nevertheless, Veatch holds that medical professionals, because of their particular role, should not engage in it. In discussing the definition of death, he allows that the policy of regarding as dead only those who have suffered complete destruction of brain function is merely pragmatic and that moral standing should rather be determined by the capacity for some sort of mental or social activity. On abortion, he simply declares that the fetus lacks moral standing.

In short, the general pro-life principle Veatch embraces in fact has no cutting edge. Since it seems that there is little prospect in the present situation for reaching any meaningful consensus on the life issues, the very general and tentative things Veatch has to say on this provide no real guidance. It seems to me, therefore, that in this area one should not try to achieve a non-existent neutrality, but rather make one's arguments as best one can, giving the best moral reasons one has for what one thinks is truly right.

In the last part of the book, Veatch deals with the question of how to apply the various principles to actual cases — especially cases in which the principles conflict. The problem he faces is the problem of any ethical system with a plurality of independent principles. This problem, it seems to me, is rationally insoluble. It requires either an overriding principle for ordering the application of the substantive principles, or the use of intuition, decision, or some other non-rational basis to decide which principle takes priority. It is not clear which of these alternatives Veatch accepts, or even that he clearly faces the issue. What he does say is that there is no general ordering principle except the requirement that the principle of beneficence should give way to the other non-consequentialist principles he states, and that more specific moral rules should be taken seriously but not absolutely. However, the rules are derived from the principles and, like the principles, are not tightly hierarchized. If there is an indexical order in the rules — which there must be if they are to solve the problem — then one wonders what its source might be. It cannot be the principles for they are not ordered. So is it intuition, practice, or decision, whether individual or group? If it is, we may ask what is rational about these things.

This line of criticism is not meant to suggest that concrete decisions in medical ethics are easily made. The problem is that we seem to have no articulable process for rationally reaching them within the framework Veatch establishes. And without such a process there is not, in principle, a way of arriving at a reasoned consensus about the specific issues in medical ethics. Without the possibility of such agreement, it is hard to see the value of agreement about general principles. To resolve this difficulty, one must have a single basic principle, like the love command of Christian ethics, or the principle of utility, or the Kantian principle of respect for persons. Veatch correctly rejects the principle of utility, but does not closely consider the other alternatives, perhaps because of the ambiguity of the status of his contractors. Self-interested contractors would not accept either the Christian or the Kantian principle. But this refusal shows only that the demands of an agreeable conventional morality do not necessarily coincide with the logical demands of a moral system which is based on moral truth and seeks to give real guidance for difficult choices.

In short, this is an important and useful book, but it founders on the rocky shoals of ethical theory because the author did not think hard enough about the demands of the difficult task he undertook.

— Joseph M. Boyle, Jr.  
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Houston, Texas

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## TWO VIEWS ON:

# *Moral Responsibility in Prolonging Life Decisions*

Donald G. McCarthy and Albert S. Moraczewski, Editors

*Pope John Center, St. Louis, 1981, xii + 316 pp., \$9.95.*

### I

The genesis of this work arose from papers prepared for three institutes for health care professionals which were co-sponsored by the Catholic Health Association and the Pope John Medical-Moral Research and Education Center of St. Louis. The volume is designed as an intra-Church project, has the *Nihil Obstat* and *Imprimatur*, and carries out the mission of the Center namely, "applying Church teaching to contemporary medical-moral issues." This paradigm, ironically, contributes to both the strength and weaknesses of the work.

The book is divided into three sections. There are four essays on "Life and Death"; eight on "Prolonging Life Decisions"; and the editors are completely responsible for the final eight chapters on "Clinical and Pastoral Applications." The contributors represent the disciplines of theology, biblical studies, philosophy, law, sociology and medicine.

In general, the essays are critical of contemporary ethical trends, for most respondents speak out of a natural law, deontological framework.