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[Book Review of] *Contemporary Medical Ethics*, by John F. Dedek

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ports that researchers stress scientific ability, hard work, and personality as positive traits in a good researcher far more than they stress "ethical concern for research subjects." To the researcher, he says, "individual patients are only a means to a much more ambitious end: the attainment of that academic recognition which is the reward of the successful researcher."

The book has some errors, however: (1) "Animal studies over the last twenty years have resulted in the discovery that 'aggression' or 'violence' can be understood only in reference to the experimental situation in which it is displayed." (p. 10) Indeed, various organic anomalies have been detected which cause pathologic violence to erupt. (2) On p. 22, in citing the role of an advisory committee on psychosurgery (at Boston City Hospital), he states that the committee has veto power over psychosurgical procedures performed by Dr. Vernon Mark. It is my understanding that Dr. Mark has the final word. (3) On p. 76, he refers to the time necessary for tissue culture after amniocentesis as 7 to 12 weeks. In fact, it is closer to 2 to 4 weeks.

Barring these minor errors, the book is a worthy contribution to the list of introductory works on biomedical ethics. There is little armchair philosophy, not much emphasis on futuristics. It is well documented, realistic, and provides for interesting reading.

As the reader would expect, Restak ends with: "The only real solution . . . the only meaningful bioethic . . . must start by emphasizing the basically social nature of biomedical technology. In a sense it is a social science."

Reviewed by:
Paul R. Gastonguay

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Contemporary Medical Ethics

By John F. Dedek

(Sheed and Ward, New York, 1975)

This book illustrates the unfortunate effects of a lack of dialogue between theologians and the Catholic medical community. Father Dedek has written a book of a very uneven quality because of his isolation from a first-hand knowledge of the practical real-world application of the principles of medical ethics he espouses. As a seasoned teacher of moral theology at Mundelein Major Seminary in Chicago, he gives lucid descriptions of the operation of the Principle of Tota lity in surgical decision-making and of the development of theological distinctions between ordinary and extraordinary means of preserving life. The clarity of these discussions, however, is sadly lacking when he attempts to provide practical exam-
amples of bedside decision-making.

It is interesting to note that the concept of "therapeutic abortion," long ago abandoned by the pro-abortion sector of the medical community, survives as a viable concept mainly in the writings of certain Catholic theologians. In an age when even Planned Parenthood effectively concedes that abortion does not save anyone's life, Catholic theologians continue to tilt with "therapeutic" windmills. Consider, for example, this illustration of so-called therapeutic abortion which Dedek quotes from Haring—a gynecologist is operating on a pregnant woman who has a malignant uterine tumor. In order to control bleeding uterine varices, he opens the womb to remove the fetus which results in uterine contraction and control of hemorrhage. The uterus, in this "childless" woman, is thus preserved "undamaged" for future pregnancies. We are not told what happened to the tumor or how a malignancy would have been benefited by this bizarre "therapeutic" procedure. Attorneys would be interested in this case study as an illustration of classical incompetence or malpractice but I doubt that anyone would accept it as an example of "therapeutic" abortion.

Such examples abound in this book. In the chapter on Homosexuality, Dedek condones "physical intimacies with the opposite sex" as a therapy for the homosexual. He thus seems to be saying that the end justifies the means even if the means is a thoroughly discredited form of psychotherapy. The discussion of an "active response to dying" in the chapter on Euthanasia shows a concern for the societal consequences of allowing the patient to commit suicide or the physician to perform direct euthanasia, but there is an unwillingness to foreclose the eventual acceptance of such killing acts. The exposition on formal and material cooperation is excellent but the author is excessively sanguine about the possibility of punitive consequences to a hospital employee following an assertion of conscientious objection. A careful development of the Church's historical position on abortion is followed by an assertion that "contemporary theologians" have now "returned" to a position where the purposeful destruction of a fetus is allowable when a "proportionate value" (the life or the physical or mental health of the mother) is at stake. The sources used to support this position demonstrate a rationale strikingly similar to that of Justice Blackmun. The chapter on Contraception and Sterilization is noteworthy only for its failure to subscribe to the teachings of Humanae Vitae on these two issues.

Minor inaccuracies indicate that the manuscript was apparently not adequately proofread by medical experts. The experiments of Nobel laureates Watson and Crick are incorrectly identified and the application of the Primum Non Nocere principle in
medical practice is incompletely understood.

The blurb on the jacket addresses the book to “doctors and nurses in training” and “hospital and medical school libraries.” The $7.95 cost of the hardcover volume could be much better spent on a more authoritative work on medical ethics.

Reviewed by:
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The Courage To Fail: A Social View of Organ Transplants and Dialysis

By Renee C. Fox and Judith P. Swazey

(Chicago: University of Chicago Press, 1974)

In this engrossing, informative, and richly documented work a sociologist (Fox) and an historian of science (Swazey) have teamed to give readers an exceptionally thoughtful and intelligent account of the social, ethical, and existential questions that are posed by recent developments in medical science.

They focus attention on two specific types of medical procedures: the transplantation of hearts and kidneys and the use of hemodialysis for the treatment of patients suffering from irreversible kidney failure. Following a case history approach, they examine in great detail such problems as the “gift-exchange” dimensions in both transplantation and organ donation, the “gatekeeping” role of the physician in determining who is to give and who is to receive, the ethics of experimentation on human subjects, and the criteria for the allocation of sparse medical resources. Throughout, their concern is to highlight the broader social, cultural, and ethical dimensions of medical research involving human subjects.

The chapter dealing with gift exchange and the gatekeeping function of the physician is particularly illuminating for showing how organ transplantation and hemodialysis place the donor (or administrator of hemodialysis) and donee in a human situation in which they can become related to one another either in a wonderfully transcendental way or in tyrannical bondage. Here the physician’s key role is to screen potential donors and recipients not only biologically but psychologically and sociologically as well so as to minimize the possibility of placing human beings into intolerable and dehumanizing bondage to one another.

In many of the chapters, and particularly in those concerned with the development of heart transplants and with the famous “case of the totally artificial heart” involving the noted heart surgeon, Denton Cooley, the prin-