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Reconceiving Medical Ethics (New York: Continuum, 2012), 262 pp. ISBN 978141123381 (hbk). Hardback/ebook: £58.50/£19.99.

“Reconceiving” medical ethics, like reconceiving any academic field of study, is an ambitious project. Yet in a young and interdisciplinary field like medical ethics that has been dominated heavily by analytic philosophers, it is a project that is both possible and important. As outlined in the introduction to the book, this volume contains a series of essays aimed at addressing questions that are fundamental to the relationship between doctor and patient (and so, according to the introduction of the book, the volume does not focus on rare or exotic bioethics topics). It addresses them from a different perspective than usual, however, largely by utilizing European or Continental philosophers. Although the essays in this volume vary widely, both in their methods and their overall commitment to these aims, the book successfully suggests a variety of ways in which medical ethics could, and must, be reconceived.

In an essay that presents perhaps the most successful embodiment of the aims of the volume, Kristen Zeiler argues that virtue ethics and phenomenology can be combined and advantageously applied to ethics training for physicians. Taking her cue from MacIntyre’s account of virtue ethics, Zeiler argues that physicians’ virtues are those characteristics that produce goods internal to practices (such as medicine). The telos of medicine, i.e. the primary good internal to medical practice, is “good health for the patient as a unique person.” If we understand “attendance to suffering others” as a practice that is conducive towards achieving that telos, then such attendance is necessarily a virtue for practitioners.

Such attendance, furthermore, has a “bodily” aspect to it. Zeiler references Merleau-Ponty’s account of “incorporation” to explain how it is that a medical practitioner can learn through physical practice to engage with a patient’s suffering, and so become more virtuous in MacIntyre’s sense. Consequently, medical ethics education should not focus merely on analyzing ethical concepts or theories, but should also have a practical component that develops the virtue of attending to the patient’s suffering by requiring practitioners to pay bodily attention to that suffering. Zeiler suggests Boal’s “Moral Agency Theater”— a method of teaching medical students by requiring them to engage in role-playing— as a method of instruction in medical ethics courses that could potentially contribute to the training of virtuous physicians.

The practical implications for medical education that Zeiler draws from her account are tantalizing but brief. The value of the essay lies not so much in these as in the way that Zeiler reaches them. Teaching medical ethics through

a virtue ethics perspective is not in itself novel, but it is also a far cry from mainstream approaches, and Zeiler easily shows why such an approach is attractive. In another era physicians completed their training as skilled apprentices, an approach that no doubt made it possible for physicians in training to benefit from exemplary teachers. But medical education increasingly occurs in a huge variety of contexts, in the presence of multiple influences and, sadly, sometimes a corrupt corporate ethos. Physicians in training need more than theories to help them through this atmosphere; even if theories can help us critique corrupt institutional practices, they can also appear the product of ethical idealization, unacquainted with institutional realities. Physicians need to learn ethics, like every other part of medicine, in part by practice. Zeiler demonstrates both how this can occur, why it must involve our bodies, and why it should be considered an integral part of medical ethics education and not just part of regular clinical education.

That this approach to medical ethics education is sorely needed is amply indicated later in the book. McGovern discusses how it has been common practice in English medical schools to routinely violate patient consent under certain conditions. According to McGovern, medical schools in England frequently conduct rectal examinations on anesthetized patients without consent. It is thought that if consent is required, fewer patients would be available for rectal examinations, and that this would detract from "students' opportunities to learn." McGovern ultimately suggests that there is no legal way around such breaches of ethics: students apparently thought that because such practices were not against the law (although, as McGovern explains, they probably were), that they were "no big deal," and so permissible. The problem becomes evident: the more activities that are targeted for legal enforcement, the more students and others take away the message that all seriously wrong activities are illegal. Consequently, ethics is deflated to law, and medical practitioners are encouraged to think that what is ethical is whatever they can get away with. But perhaps, as Zeiler argues, at least some of the problems with the medical moral climate can be remedied by reexamining the methods of medical ethics education.

Like Zeiler's essay, a number of other contributions also usefully explore the contributions of Continental philosophy to medical ethics in a way that many readers will find novel and also enlightening. Stirton, for example, argues persuasively that genetic ethics has been dominated by questions of "rights" and "duties" in such a way that it minimizes the importance of the lived experience of patients. She explains that the vast majority of patients do not find such questions relevant, and that Husserl's phenomenology is a much more promising avenue for exploring this topic. Ramplin and Hughes, similarly,

explore insights from Heidegger and “values-based medicine” that illuminate the perplexities of psychiatric medicine.

Not all of the essays incorporating continental philosophy hit this high mark, however. For example, Fiasse explores the implications of Ricouer’s ethics for medicine. The author explains that Ricouer’s hermeneutics has been widely explored, while his ethical theory has been somewhat neglected. Be this as it may, the essay spends very little time explaining why it is that Ricouer’s philosophy poses a better alternative to existing strains of thought. The essay will be primarily of interest to those already interested in Ricouer or his ethical theory, but not necessarily to a wider audience.

In another essay, the author uses distinctively Continental approaches to medical ethics, but only in such a way that it essentially repeats what has now become arguably the mainstream position. Alastair Campbell urges the view that a trade in human body parts or organs is unethical, attempting to show that our bodies cannot be wholly reduced to metaphors found in property, machines, or other enlightenment concepts. While this may be true, this is now a tired argument. If other literature on the topic is any indication, a great many people have intuitions similar to Campbell’s (for a very similar argument, see D. Leder, “Whose body? What body? The metaphysics of organ transplantation,” in *Persons and their bodies: Rights, responsibilities, relationships*, ed. M. J. Cherry, (Boston: Kluwer Academic, 1999), pp. 233–264)). Although this essay is well-written, it does not meaningfully “reconceive” anything.

A few of the essays in the book do not seem, either in subject matter or execution, to contribute to the major aims of the book. D.K. Levy argues, in a well-written but conceptually problematic piece, that consequentialism cannot adequately account for the high regard that autonomy holds in medical ethics literature. Levy seems to think that this spells trouble for consequentialist accounts of medical ethics. The argument runs something like this: Because consequentialism generally does not treat autonomy as an inherently good thing (usually referring rather to some non-moral state of affairs, like happiness or preference satisfaction), it always makes concerns about autonomy instrumental to that other (non-moral) state of affairs; consequently, it cannot treat autonomy as a thing of virtually unqualified importance, as it is often treated by those writing on medical ethics.

Be this as it may, it seems clear enough that some strains of utilitarianism can promote autonomy to some extent: rule utilitarians can, for example, minimize interference with the actions of other persons because minimizing such interference, as a rule, results in the greatest happiness. Mill, the proto-rule utilitarian did precisely this in his famous principle of liberty (and to be fair, Levy does mention that a strain of consequentialism could be designed

explicitly so as to give weight to autonomous preferences). While rule utilitarian approaches such as Mill's do not promote autonomy as a non-instrumental value, preferring instead to create the conditions necessary for autonomy only to the extent that they promote the greatest happiness, to assume that this is a problem for utilitarians is to beg the entire question. Perhaps more importantly, however, it is unclear how it is that this essay contributes to reconceiving medical ethics, since probably the minority of those writing in the field consider themselves consequentialists, and it seems doubtful that those who do will be entirely unaware that autonomy cannot acquire a completely unconditional value in such a framework.

Readers expecting every single essay to fit the theme and aims of the book, then, may be somewhat disappointed. The fact that the editor was able to find so many different authors who do find mainstream methods of ethical analysis unsatisfying, however, is telling. Medical ethics needs to be reconceived, and this book constitutes an important contribution towards that end.

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