BOOK REVIEW

IS THERE AN ETHICIST IN THE HOUSE?
ON THE CUTTING EDGE OF BIOETHICS
Amin Kashmeery

When I was approached to review Professor Jonathan Moreno’s new book, I must admit, I was hesitant for two reasons:

Knowing Jonathan's phenomenal, rarely matched ability to subdue syntax and philology to create work of masterpiece standards, I was risking unavoidable bias in my review. With such a preset fear of bias, a reviewer can easily drift to the other extreme and become a biased, meticulous scrutinizer.

Western culture has long opted for the adversarial system in many aspects of life to settle debatable issues. In the judicial system, we have the prosecution vs. defence; in the political system, ruling party vs. opposition; even in some ecclesiastical rank nomination and canonization there is the devil’s advocate vs. those otherwise.

When we follow the development of Ethics as an applied science, we find that this is no exception. In particular, Biomedical Ethics stands out. The rapid development of technology created highly controversial issues in healthcare and biological research again, with advocates on either side of every issue debated - leading to the materialization of adversaries. The seriousness of the issues in healthcare and biological research does not allow for prolonged lingering in settling these debates, otherwise we would soon be having human clones, reared and maintained to become army cadets; clinics for designer babies, reared and maintained to form a whole generation of genius scientists etc.

Thus, the big question when it comes to healthcare and medical practice in an adversarial system would be: Who should play the role of the devil's advocate, and against whom? The negative notion of the term could be drawn against healthcare providers, if the ethicist opts for advocating users’ rights. By the same token, the opposite is obviously true. Can a physician play this role? Of course not. Can a patient do it, then? Of course not. Why? Because in either case he/she would not be impartial - there would be a sharp conflict of interests, and the system would not work. Then only a neutral party could assume this role – a conclusion that would contradict the basic definition of the adversarial system. This means that Biomedical Ethics would not be workable if it were applied according to the western approach. With such a dramatic contrast between the philosophy just described and that to which my culture belongs, it
would be unfair to review great works, when the review is presented to the "wrong" audience.

I felt this preamble was necessary prior to setting out my opinion on this new book on Biomedical Ethics in the following review.

In his book “Is There an Ethicist in the House? On the Cutting Edge of Bioethics”, Professor Jonathan Moreno investigates aspects of Biomedical Ethics starting with these questions, without getting entangled in the paradox of definitions. From personal experience, he analyzes the role of a philosopher as ethicist in a medical setting. Right from the onset, the author states that bioethics is a personal subject, through the early years of college and the concomitant demand for a philosophically oriented moral justification of events such as the Vietnam war, exposure to "ethical contextualism", until he finally landed in the perfect setting of George Washington University's philosophy department. Equipped with John Dewey and William James' intellectual framework a few years later, he established himself as a bioethicist advocating naturalism. Not giving reviewers a chance to testify that his writings represent an original contribution to the field, the author concludes his introduction with a pun that non-English native speakers would find intimidating on the acute/obtuse angle, through which his work re-visions bioethics.

Reading through the first chapter, one cannot help but recall Bernard Shaw's Man & Superman maxims on titles and what they inflict on the mediocre, the superior and the inferior. Nevertheless, the attempt to elucidate the delicate issue of non-clinicians in clinical settings has been successful.

Following analysis of the admittedly non-bioethics subject of dominance and power games amongst members of the medical team, the "Alienated Aliens" section reveals -in a clever way- the dilemma of cross-cultural ethical considerations in medical practice. The borders and framework that define a culture, however, have not been given their full tone. Attributes, such as "Jewish" and "Pakistani", fall short of depicting a culture. A Yemeni Jew and a Jew from Brooklyn cannot have the same culture. A Pakistani shares pretty much the same culture with other inhabitants of the Indian subcontinent when it comes to social habits, but can sharply contrast those trends that are tenet-based.

In a moving episode from his own experience, the author examines the argument for euthanasia. Going through two decades of events (Karen Quinlan, Nancy Cruzan, The JAMA article "It's Over, Debbie", Quill's story about Diane, etc.) that laid the foundation for serious debates on end-of-life issues for the terminally ill patient, the text neatly reaches the academic classification of euthanasia. It is here that the author draws on Nietzsche's "free death" reference and poses the question as to whether there
could be circumstances under which assisted suicide or euthanasia would leave unharmed, if not promote, life-oriented values. The question is a simplified form of another, brain-teasing version. It is perhaps here that the aforementioned "Devil's Advocate" might have a more straightforward version of the same question that could read as follows: Can the medical establishment create a situation whereby people could be put to death, using ethicists to justify the act and preserve values?

In Part Two, the book enters a philosophical debate comparing American philosophical tradition and Continental philosophy, leading to discussion on naturalism and pragmatism. Associating the social character of bioethics and institutional functions, the Deweyan touches have been noticeable on the platform (America) that provided a fertile ground for bioethics growth. The notion of "ethical engineering", attributed to Arthur Caplan, is of particular interest, as Caplan used it to warn against anticipating magic solutions by moral principles to ethical issues in clinical settings. The example presented by the author is typical in exhibiting discernment as an important characteristic of ethics. Prior to moving to a common form of ethical practice in institutions that have ethics at the heart of their undertakings (Ethics by Committee), important training elements have been outlined for non-physician ethicists to go through in order for their role to be effective. These could be summarized to form an essential syllabus component of ethical academic programmes.

The "Ethics by Committee" chapter is by far the most practical part of the book in the applied sense. It features insightful analyses of the nature of such committees, their role, their shortcomings and remedies to overcome these shortcomings. Consensus, being the most widely used mechanism of ethics committees' decision-making, has transformed, or rather reduced, their role to a political one. It is perhaps interesting to try to relate the ethics committees and consensus aspects presented in this chapter to the brief preamble on the adversarial system, with which I have started this review.

Part Three addresses the important question, as to how to protect human subjects in clinical research, and thus ends up in Part Four with the Nuremberg Code, its meaning, influence on American medical ethics and the reassessment thereof. In many ways, both parts seem to have some subjective dimension embodied in them; ranging from objection to politicization of advisory committees and reasons underlying the "I quit" attitude to the Nazi atrocities and the impact of the Nuremberg Code (or the lack of it) on American medicine and experimental practices. But taken as accumulated experience of personal involvement, this proved positive in terms of enriching the analyses and bringing about deeper insight. Of course, that includes the Tuskegee study and Human Radiation Experiments.

As fourteen chapters of the book have appeared in previous publications over a period extending from 1988 up to 2004, the author is to be applauded for the
tremendous effort he must have put into giving them a rebirth in a coherent sequence in this new format. This is particularly obvious in the annexation of Part Five entitled "New Directions", part of which (Bioethics after the Terror) has been written in the aftermath of the 9/11 events, where the author maintains that: "It is still too early to tell if the tragic events presage a significant or enduring cultural shift in American attitudes towards the way personal self-determination is factored into our civic lives".

The call to Western scholars for greater understanding of other cultures, particularly Islamic law, is a very sensible step towards a long overdue practical class on: "How to Tell the Difference between Politics and Politicization."

Amin Kashmeery

Thursday, November 17th, 2005

Whetstone,

England, UK.

Response from Jonathan Moreno

"Dear Amin,

Thank you for honouring me twice: reading my book and then using it to frame some very rich ideas of your own. I'm glad you framed the review in terms of the adversarial system for your readers who may not have been familiar with Western juridical process or with how deeply adversarialism is embedded in that tradition. I haven’t reflected enough on how my approach is a product of the tradition…

It’s a real pleasure to read a review that gives me more food for thought. Thank you again."

Jonathan D. Moreno, Ph.D.

Emily Davie and Joseph S. Kornfeld Professor and Director

Center for Biomedical Ethics

University of Virginia Health System

Box 800758

Charlottesville, VA 2290