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Exploring Medical Ethics (Book Review)

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be characterized as confidence in the authority of the teacher and text, an education induced confidence. (39)

Michael Polanyi is not so much concerned with explaining the historical process of scientific knowledge as with the character of that knowledge itself. He "maintains that scientific investigation and knowledge are based on a framework of unproven, inarticulate beliefs or premises, confidently held by the researcher." (54) Joldersma finds support for his own thesis in Polanyi's view of facts, data and beliefs.

Apart from meaningless sense impressions there is no experience that abides as a 'fact' without an element of valid interpretation having been imparted to it. . . [T]here are no mere facts in science. A scientific fact is one that has been accepted as such by scientific opinion, both on the grounds of the evidence in favor of it and because it appears sufficiently plausible in view of the current scientific conception of the nature of things. Besides, science is not a mere collection of facts, but a system of facts based on their scientific interpretation. (77)

Here Polanyi proposes a different view of facts and data. Belief about the nature of things filter and group incoming sense impressions into meaningful facts and observations. (77)

Gerard Radnitzky is less well known than either Kuhn or Polanyi, and Joldersma provides us with a good introduction to his thought. Like Kuhn and Polanyi, he rejects the positivist notion that the only valuable knowledge is knowledge of *the facts*. He believes that the activities of science are shaped by a framework of unarticulated presuppositions which he refers to as *internal steering fields*. Unlike Kuhn and Polanyi, Radnitzky is "not primarily interested in either the history of science or the personal aspect of epistemology" (139); rather he wants "to develop a normative theory of research to avoid the false image of science maintained by the logical empiricists, and to liberate the researcher from blind adherence to tradition." (99) Radnitzky's emphasis on a theory of research and his concern for identifying norms for scien-

tific research make him unique among philosophers of science; his latter concern makes him especially interesting to anyone seeking to work out a biblical perspective on science.

Overall, Joldersma's book is a good introduction to the thought of these three thinkers. His references and bibliography indicate that there is careful research behind what he has written. There is at least one considerable flaw, however. Joldersma never really identifies where *he* is coming from and where he is going. We know his thinking is in opposition to the positivist notion that beliefs have nothing to do with science; and in his final chapter he attempts to develop a model of the scientific enterprise using beliefs as a framework for investigation. But true to the title of that final chapter, his model is a *composite* model, combining the thought of Kuhn, Polanyi, and Radnitzky, but appearing to leave Joldersma out of the picture. One can't help ask the question, *why?* Why is this *composite* model any better than the positivistic model? Each of the chapters on the three thinkers ends with a section entitled "A Brief Assessment of . . ."; but one is forced to ask, On what basis is the assessment made? What is Joldersma's "belief framework" which directs him to evaluate philosophy of science the way he does? Since the book is the result of a Master's thesis at the Institute of Christian Studies, we can assume that his framework is one of biblical philosophy, very likely that of the Philosophy of the Law Idea. But we ought to know that by reading the book. The ideas that are developed by analyzing the thinking of Kuhn, Polanyi, and Radnitzky can be quite valuable in furthering our understanding of how we are to understand and do science obediently, before the face of the Lord. But Joldersma is silent on this point. One cannot resist the ironic conclusion that while carefully developing a case for the importance of a belief framework for scientific work, Joldersma has been just as careful to avoid articulating the presuppositions and conclusions which characterize his own belief framework.

Despite the flaws, I would recommend *Beliefs and the Scientific Enterprise* to anyone seeking a broader perspective on the philosophy of science in general, and as an introduction to the thinking of Kuhn, Polanyi, and Radnitzky in particular. We hope to hear more from Joldersma in the future.

Exploring Medical Ethics, by Henlee H. Barnette, Mercer University Press, 1982. 171 pp., hardcover. \$12.95. Reviewed by Aaldert Mennega, Professor of Biology and Director of the Pre-Nursing Program at Dordt College.

The author has been Professor of Christian Ethics at Southern Seminary for 26 years, and now is Clinical Professor in the department of Psychiatry and Behavioral Sciences at the University of Louisville

School of Medicine. This, his eleventh book, deals with theological ethics in medicine, and was written for physicians, medical students, nurses, counselors and clergymen. It seeks to give practical guidance in caring

for the sick.

Although many books have been written on medical ethics, this one is different in that it is written from a theological perspective, with the aim to come to a more holistic view of the patients' problems and needs. Many new questions must be answered because of the modern advances made in medicine and technology.

Using the case method, Barnette aims to "present an approach to some of the ethical issues in medicine from the point of view of theological ethics," as well as give some "insight in dealing with issues often neglected in medical texts such as guilt, loneliness, elective death, and humor as a therapeutic tool" (p. 3).

In the first three chapters the author gives the ethics background for subsequent chapters that deal with specific foci of interest.

In the first chapter Barnette gives an overview of medical ethics, dealing with basic terminology, medical codes from Hippocrates to the 1980's, medical morality, medical ethics in America, and religion and medical ethics.

The title of the second chapter is "Toward a Model for Moral Decision-making." He indicates that because technology has advanced faster than our ethics, we are now "saddled with ethical ambiguity and uncertainty" (p. 19). The chapter therefore deals with some current ethical approaches, a model for moral decision-making, and a suggested ethical guideline in making moral decisions. After a cursory overview of alternate ethical systems he poses his choice for principlism, i.e., acting according to principles, which serve as guidelines for conduct and action. This he calls *contextual principlism-agapism*. One of the more outstanding principles which he poses is that we have to love our fellow man—to will their well-being, because love is essential for well-being and longevity.

Regarding his methodology he says, "This method looks to the sciences for facts, that is, for *what is*, and to the norms of the Scriptures for *what ought to be*" (p. 25). About the "golden rule" of "Do unto others as you would have them do unto you," he says that it is a "universal ethical guideline" (p. 26), but qualifies it by saying that "the Rule must be correlated with and seen in the context of the other ethical teachings such as honesty and justice. . ." (p. 30).

In his summary of this chapter he states that in this approach "justice, fair play, reciprocity, mutual trust, and so forth become instruments of love. Both religious and non-religious physicians will find love in this sense to be a valid ethical guideline in the practice of medicine" (p. 30).

The third chapter deals with ethics in physician-patient relations. Here he stresses that "both physician and patient are persons; their interpersonal relations should be consonant with the concept of personhood" (p. 31), and therefore "a person must be seen as a whole individual made in the *imago Dei* with inherent worth, moral responsibility, and the right to self-fulfillment"

(p. 32). He indicates the need for love, honesty, responsibility for one's health, touching, caring and treating the patient as a person, as most important in the healing process.

Starting with chapter four, Barnette deals with specific topics where ethics must be applied. He first deals with loneliness, which he sees as one of the most common afflictions in American life, but one with which we do not deal adequately. It occurs more in women, unmarried people, the bereaved, the poor, soldiers, shut-ins, prisoners and foreigners. He characterizes loneliness as "the anguish of being deprived of those relationships which provide meaning to human existence" (p. 43).

He then deals in a practical way with the sources of loneliness, its medical consequences, and how to manage loneliness.

The fifth chapter deals with guilt, in which he clarifies some terminology, outlines five types of guilt, lists some theories about guilt, and finally speaks of therapies for guilt. The therapy section is the more interesting part of this chapter, where he indicates that we can deal with guilt by desensitizing of judgmental attitudes towards one's behavior, or preferably, by dissolution of guilt through acknowledgement of sin, confession, repentance and reconciliation.

The chapter on The Homosexual is neither very clear nor helpful. He does indicate that "the fact remains that there is a general condemnation of homosexuality (overt act) in both the Old and New Testaments" (p. 76). He also indicates that there is therapy available for the homosexual, and that he can be cured if he wishes to be.

Chapter seven deals with the current questions of human in vitro fertilization and surrogate motherhood. In his discussion of the development of a human individual he unfortunately fails to recognize the unity of body and soul, and confuses the issue by asking the wrong question of when a developing baby becomes a human being or person: "How can all spontaneously aborted and in vitro embryos be human beings with souls? No one has yet been able to pinpoint with adequate data the stage of ensoulment and personhood of the embryo. Yet the embryo is clearly a potential human being. Does it have the same rights at conception as does the mother? I think not. But it begins to accumulate rights as it develops toward becoming a human being" (p. 84).

Barnette thinks that implanting a father's sperm into a surrogate mother's uterus "is a viable option for couples with a fertility difficulty" (p. 87). His reason: "I conclude that in vitro fertilization and surrogate parenting places man in co-creativity with God and that this is ethically acceptable, providing this procedure is used for the good of those involved" (p. 87).

Dealing with the attitude of the churches he says "Scientific research will continue at an accelerated rate. A major task of the churches must be to encourage the establishment of moral guidelines for research and to

continue in dialogue with the individuals and institutions concerned" (p. 90).

The chapter on Genetic Engineering is rather weak, partly because he does not understand the biology of DNA and chromosomes. The discussion of eugenics is rather limited in scope and lacks clear perspective. Although he does not speak to the issue of abortion in a separate chapter, he indicates in this chapter that when a mother has had a Downs Syndrome child, in subsequent pregnancies he would advocate abortion! He feels that this would be the most "loving" thing to do because it would save the family from stress and the taxpayer another financial burden. This seems to be in direct conflict with the concept that each person is made in the image of God, a concept the author is well acquainted with.

He approves genetic engineering because "it is in keeping with God's will of love" (p. 98). I think he is misguided in his opinion that "Each one of us can be responsible for our own genes which infect or endow our offspring. . . . It is our duty to pass on to our children healthy genes" (*idem*). Biological scientists are well aware of the fact that we do not hold our genetic fate in our own hands. One could wish that the author were better informed about the biological aspect of these questions. Within this context it is also questionable whether it is right to place his concept of love (the willing of the well-being of oneself and others) above the principle of the sanctity of life.

Chapter nine deals with communicating with patients *in extremis*. Should a patient be told the truth about his condition when he is seriously ill? He indicates that all communication should be sensitively done, must be meaningful, and should aim to maintain hope.

The title of chapter ten is "The Ethics of Suicide." He deals first with some statistics and types. He then indicates the causes for suicide to include first of all depression but also "loneliness, isolation, inability to give or receive love, desire to avoid disgrace, desire for revenge, pressure and competition, and a sense of total failure" (p. 115). Although the church generally is opposed to suicide, he feels that there is no adequate theology of this subject. I am uncomfortable with his position that "When a person become incurably ill, unproductive, and a victim of an intolerable quality of life, and death is the one means of relief, the individual may be morally justified to choose to self-destruct" (p. 122).

Cathedral by Raymond Carver; Knopf; 228 pages; \$13.95. Reviewed by Prof. James C. Schaap, Department of English.

Raymond Carver's characters live in a world where there is no community—no church, no family, no ethnicity. As a result they suffer a terrifying loneliness felt intensely by the reader but rarely understood or experienced by the characters. It is a loneliness that shows

Who is to say when a life is unproductive? And is death ever the only means of relief? And who decides that the quality of life is intolerable? The principle of the sanctity of life should play a greater part in this discussion than the author allows.

In the chapter on death the author's emphasis is on the patient's right to die with dignity, which he identifies with the term "euthanasia." While the concept is appropriate, this use of the term seems somewhat confusing since it makes many people think of mercy killing. His position is somewhat ambivalent, leaning toward indirect euthanasia. He states: "My own position on terminally ill dying is identified with 'kalosthanasia.' . . . The term thus identifies a death that is morally right, dignified, and does not shock one's esthetic sense" (p. 130). He further states: "The issue of passive euthanasia is becoming more acceptable to the general public in this country. But this is not the only issue involved in prolonging life. Rather, along with ethical issues are socioeconomic ones. Costs of research, technological equipment, and health care costs continue to burgeon. Who is going to pick up the tab?" (p. 132). While his concern is legitimate, we should be careful not to let the cost determine whether a person should live.

The twelfth chapter is somewhat different, dealing with "Humor as a Therapeutic Tool in the Healing Process." The author sees it as being useful in history taking, indicating therapy needs, inducing better sleeping, giving clearer perspective, coping with loss of autonomy and self-esteem, and relieving stress and strain. He warns, however, that it can also be damaging. "To be ethical in therapist-patient relationships, humor must be spontaneous, sincere, and never at the expense of the patient, his relatives, friends, or other patients. . . . [It] should be that which will edify both therapist and client" (p. 145).

In the Epilogue the author lists ten pages of bibliography of related readings. In the three appendices we find the Oath of Hippocrates, the Prayer of Moses Maimonides, Ethical and Religious Directives for Catholic Health Facilities, a Patient's Bill of Rights, an Ad Hoc Committee Definition of Brain Death, and A Living Will. These are followed by a three-page index.

I recommend this book for those interested in theorizing about medical ethics. Those looking for firm, biblical answers and practical applications may be disappointed.

up in the isolation of their own moral vision, the inability to distinguish between or, more importantly, even care about right and wrong.

A character named Lloyd in "Careful," for instance, by mutual consent leaves his wife and takes an apart-