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## Book Reviews

### *Truthfulness and Tragedy*

Stanley Hauerwas

*University of Notre Dame Press, Notre Dame, Ind. 46556, 1977. 251 pp., \$12.95.*

To use the author's own phrase, Professor Stanley Hauerwas's new collection of essays, *Truthfulness and Tragedy*, is a "gift." As Hauerwas puts it, a gift is "not a property to possess . . . but a task to live out, a task where freedom follows upon responsibility" (p. 108). "For gifts that are genuine do not supply needs or wants, as then they would be subject to our limitations. Rather genuine gifts create needs, that is, they teach us what wants we should have, as they remind us how limited we are without them" (p. 153). The need that many in medicine take themselves to have, to acquire skills in resolving the "crises" and "dilemmas" thrust upon them, is not really a genuine need, one learns from this remarkable book. Instead, the need we should have, the one Hauerwas has brought unavoidably to our attention, is to understand "what it might mean to practice medicine befitting our convictions as Christians and Jews" (p. 131). This is the task that Hauerwas has set for himself and in which he so effectively engages his reader as an active partner.

The 14 essays in this book are divided into three parts. The first five develop a framework for Hauerwas's distinctive theological ethics. The remaining nine, divided into sections, apply that framework and, at the same time, enrich and complete it. Three of the essays were co-authored with either Richard Bondi or David Burrell. The theoretical account explores the notion of "narrative" or "story" as a means of understanding the moral life. In this effort Hauerwas continues to expand the inquiry undertaken earlier in his *Character and the Christian Life* and also in *Vision and Virtue*. This approach is distinguished from what Hauerwas and his co-author in the seminal lead essay, David Burrell, call the "standard account." This account, dominant in philosophical ethics in the modern era, strives for objectivity in moral judgment: moral decisions are to follow clearly and certainly from universal principles to which all rational men must assent. The focus is on getting an answer to "What should we do?" It is those difficult and engaging quandaries that call for the skills of the ethicist. But this is the ancient call of the siren and Hauerwas would have us beware the allure of ethics become decision theory. Such an ethics, he claims, has lost hold of the central, more basic concern of the moral life: the need to know the answer to "What sort of person should I be?" In its rush to be absorbed in the complexities of moral decision-making, the standard account forsakes the decision-maker. "By concentrating on 'decision' about 'problems,' this kind of ethical analysis gives the impression that judgments can be justified apart from the agent who finds himself or herself in the situation" (p. 18) calling for resolution. To do so is to forget the importance of moral convictions and their role in the formation of character. In a return to the Aristotelian tradition of moral philosophy, Hauerwas therefore calls for an ethics of virtue. This, he says, cannot be accomplished unless we take seriously the notion that our moral notions are part of who we are and that they are given to us by the communities of which we are a part. Hence, convictions, in the narrative stories that shape communities, form us, *tell* us who we ought to be. Thus, the insistence on the word and concept "story." To sustain us in the fullness of our moral lives, stories should display "1) power to release us from destructive alternatives; 2) ways of seeing through current distortions; 3) room to keep us from

having to resort to violence; 4) a sense for the tragic: how meaning transcends power" (p. 35).

Now this is certainly an abstract and difficult business. What, you might be tempted to ask, does it have to do with medicine? In a word, a great deal. In the essays in the second and third sections of this book, Hauerwas shows very effectively the bearing of his views on medicine. Indeed, medicine is the principal concern of these essays. It is in these that Hauerwas delivers his gift, challenging his reader to think seriously about what *medicine's* story should be. This is an unexpected challenge for, after all, to use the language of the AMA *Principles of Medical Ethics*, medicine has its "honored ideals" to guide it. Hauerwas denies that this is any longer so, claiming instead that there is a crisis in medicine, but not of the kind that commands dramatic headlines, for example, the Karen Quinlan case. "In sum, my contention is that medicine is a moral art because it must be guided by convictions that sustain the effort to care in the face of death. Indeed, it is exactly part of the crisis of modern medicine . . . that the convictions necessary for such a task seem absent" (p. 186).

This lack has two origins, according to Hauerwas. The first is the lack of a coherent and authoritative system of values, a single story if you will, in our society to which medicine might confidently appeal. Our pluralism — which, ironically, we cherish — makes such an appeal impossible. The second is that the story that we have told about medicine is a false one; we have told ourselves — it does not matter who is to blame — that our medicine is mighty and without limits. We no longer suffer the limitations of the outmoded past. We have, for example, defeated infectious diseases with the "miracle drugs" and now wage total "war" on cancer until it, too, will lie vanquished in the dust of the forward march of medical science.

Against this view Hauerwas insists (rightly, I think) that we have failed to appreciate the finitude of medicine. This failure has, for example, resulted in the devotion of fantastic efforts to sustain lives when what we are really doing is prolonging dying. But prolonging dying becomes an attempt to reject the limited nature of medicine; we deny that its power cannot hope to encompass all that we do and hope to be. Thus, Hauerwas concludes — principally from a series of brilliant inquiries into the ethics of neonatal medicine in the third group of essays — medicine is best represented as a tragic profession. It is this topic that occupies him in the closing essay, "Medicine as a Tragic Profession," which was written for this volume.

"Medicine necessarily involves a sense of tragedy, since inherent in its practice is the commitment to sustain life under less than happy conditions. Moreover, this very commitment, subject to the boundaries of finitude, results in errors that often increase our difficulties rather than alleviate them" (p. 202). To recognize that this is the case, however, is not enough. One must go on to articulate what such statements mean. The moral community required to sustain medicine as a tragic profession, however, "seems not to exist. In other words, I am suggesting that no moral community exists to provide medicine with a story sufficient to guide and sustain its activities" (p. 202). It is on this somber note that Hauerwas concludes.

As one finished this last essay, the nature of Hauerwas's gift becomes most apparent. It is not enough to dispel false stories about medicine; one must set about displaying the correct one. This is no easy task. As a teacher of medical ethics to medical students, however, I can testify to the need to do so. Surely we want our medical students to understand the profound and awful ethical "dilemmas" facing medicine today. But it will not do if all that we teach them (as some suggested) is how to reason about the conceptual turns and twistings of a moral problem like how we should treat, or even whether we should treat, multiply defective infants. This and other medical ethical problems occur *in medicine*, after

all; they do not arise *ex vacuo*. But how should medicine, as a profession, respond when parents refuse life-saving or life-sustaining measures for their newborn children, even supposing that the parents' decision is morally a reasonable one? Asking questions like this, I have found, brings medical students to think about medicine in the way that Hauerwas recommends so persuasively. Attempting to answer these sorts of questions is a frustrating business to be sure, but doing so will enable physicians to discover what shape and character of their basic convictions, as physicians, ought to take. This is the task that Hauerwas has set for us, one indeed that medicine must—quite literally—“live out.” Though he disclaims having a solution to understanding what medicine's story should be, Hauerwas in these essays advances our inquiry and thus more firmly engages us in it. It is for this reason that his work is worth the task that it demands. This book is a rich gift indeed.

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## *Ethics in Medicine: Historical Perspectives and Contemporary Concerns*

Stanley J. Reiser, Arthur J. Dyck, and William J. Curran, Editors

The MIT Press, 28 Carleton St., Cambridge, Mass. 02142, 1977. xii + 679 pp., \$40.00 cloth, \$19.95 paper.

The editors of this volume have presented an extremely rich and valuable collection of documents and essays on ethical problems in medicine. Topics include: the physician-patient relationship, the moral basis of medical ethics, regulation and consumer protection in public health, truth-telling, human experimentation, procreative decisions which include population policy, genetics, abortion and fetal experimentation, suffering and dying, rights and priorities in medical care which include health care as a right, the allocation of scarce resources, and the economics of resource allocation.

Since detailed commentary on even some of the 103 articles/documents included in this volume is impossible, this review will focus on the quality of the collection and its strengths. First, several elements are included here which are unavailable in other similar anthologies. Primarily, these are the historical documents. A good sample of a variety of codes of medical ethics is provided so that the reader can gain a perspective on continuing elements of concern in such codes. Second, a variety of government documents such as reports, guidelines, and policy statements are included. This policy dimension is valuable because it describes the more active role the government is now playing in the area of health policy. Third, there is an international dimension in that articles and documents from other countries are included. Many will find this material helpful both for giving a different perspective and for broadening the discussion. Fourth, the inclusion of a section of the economics of resource allocation is an excellent step in the correct direction, for this area is most critical and deserves more attention by the people in medical ethics. Finally, with the exception of certain “classic” articles in medical ethics, the reprinted articles were published after 1970, and thus represent the best of contemporary scholarship.