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# *Clinical Ethics*

by Albert R. Jonsen, Ph.D., Mark Seigler, M.D. and  
William J. Winslade, Ph.D., J.D.

*Macmillan and Co., New York xii-v & 202 pp.*

Because this book review is prepared explicitly for publication in *Linacre Quarterly* it is based on the perceived value of the book for Catholic physicians. And as the president of the National Federation of Catholic Physicians' Guilds recently pointed out, part of the vocation of the Catholic physician runs concurrently with the role of the Catholic health facility: "... fidelity to the Church's teachings while ministering to the good of the whole person." (Andrew J. Peters, M.D., "The President's Page", *Linacre Quarterly*, February, 1987).

The "planks" of the authors' ethical platform are mainly four: the principle of beneficence, the principle of autonomy, the principle of utilitarianism, and the principles of justice. It seems that these principles are simply taken as "given" in civilized society (which is understandable, since the emphasis of the book is clinical-ethical, without any searching philosophical background). The suggested schema for collecting relevant information in a clinical case, and assessing the information, is to view (1) indications for medical interventions and expected outcomes; (2) patient preferences; (3) patients' future prospects, and (4) socio-economic considerations (burdens and benefits which will fall on persons other than the patient.) Also, the authors point out that legal aspects and religious elements should be investigated, where applicable, with lawyers and theologians.

While this is the suggested order for gathering and analyzing information, the authors then suggest that the order of ethical importance for decision-making should be in most cases: (1) patient preferences, (2) medical indications, (3) quality of life and (4) socio-economic factors.

Because the concept of "quality of life" is so sensitive (and indeed the authors call it "perilous"), we might note here some significant comments which they make later in the book: "The phrase 'quality of life' is frequently heard in clinical discussions about ethical problems. Frequent use has given the phrase neither any precise meaning nor any definite application. It seems an attempt to put a value upon some feature, or collection of features, of human experience. As such, it is highly subjective, yet the phrase is often used by someone other than the person who is living the life being evaluated. Also, the phrase is used as if there were certain objective criteria, even though, as an evaluation, it rests less on facts than upon preferences about those facts." (p. 102).

There are several remarkable features of this book which set it off from the tide of repetitious and fairly useless writings in medical ethics which presently inundate the field. Moreover, these very features make the book valuable for the Catholic physician.

1. These authors not only pose hard questions arising out of realistic clinical and social settings, but also they suggest sensitive and carefully reasoned answers.
2. Their suggested answers are, by and large, congruent with Catholic doctrine and the best teaching of authentic Catholic theologians. And while in some cases their answers do not go far enough to satisfy the demands of moral theology, at least their answers are uniformly in the right directions and go about as far as human reason can go without the added light of revealed truth. An example of this would be the following excerpts from the authors' treatment of euthanasia: 'Active intervention to cause or hasten death, whether done by a physician or by another, faces very strong moral prohibitions in our culture: (a) Prohibition of the direct taking of human life, except in self-defense or in defense of others, has been a central tenet of the Judeo-Christian tradition. It has been equally strong in the secular ethic.' (p. 117).

And while admitting that not all physicians would recognize an absolute moral protection here (an "intrusive evil" in Catholic moral theology), these authors add: "Should

any physician come to the conclusion that he should accede to the plea of a sufferer who requests death, such a decision, however conscientious entails serious moral and legal perils."

Perhaps this passage, as well as any, illustrates the specific entelechy of the book. Jonsen, Seigler and Winslade have recourse to three basic ideas from which their clinical solutions are derived: beneficence, the autonomy of the individual, and a utilitarian greatest good for the greatest number. But as we have pointed out above, these principles seem to flow only from a sort of materialistic humanitarianism, unsupported by an expressed theological fundament. Beneficence (advancing the well-being of the patient, doing good and avoiding harm) is no more than a nice "custom" (which is one meaning of "ethics", although a very loose and evacuated meaning). But unless it is recognized as an ultimately divine imperative (whether in natural law or revelation), it remains a nice custom, but not a deontological truth or a genuine ethic. Thus the most that these authors can say about killing the innocent in the context of euthanasia is that it "entails serious moral and legal perils," and they do not approve. I would call that an "ethical short fall", but the best that can be hoped for, given their premises.

Nonetheless the book has an abundance of excellent features. The style is clear and precise, the cross-referencing system throughout the text is valuable and easy to use, and when the authors address hard questions, they do so fearlessly and with an eminent reasonableness.

Their treatment of the concept of "quality of life" is both precise and perceptive; their explanation of double effect is clear and correct. The more complicated questions of confidentiality and disclosure are accurately handled. The delicate questions of supplying and/or withdrawing artificially administered nutrition and hydration are thoughtfully analyzed.

Hard questions are presented in the form of brief clinical cases in an orderly arrangement of categories of topics and problems and these are followed by paragraphs headed "comment" and "counsel."

While not necessarily agreeing with every ethical conclusion in this book, the Catholic doctor who reads it against the background of the teaching of the Church will find many congenial paragraphs which are also clinically helpful and ethically acceptable. Principles regarding professional secrecy, confidentiality and disclosure, are handled especially well. The reader will find accurate explanation of the often misunderstood principle of double effect on pp. 120-121. Where references are made to the teachings of the Catholic Church, they are made with accuracy and respect.

Finally, it is interesting to note that in a special chapter on "Pediatric Ethics", the authors state that: "Ethical issues in obstetrics and reproductive medicine are not included in this chapter. Even though many of these issues shade into pediatrics, they require a more extended analysis than can be provided here." (p. 175). Nor do the authors treat of obstetric or reproductive ethical questions anywhere else in the book. In this fact, one might sense a sad commentary on our current culture: that the general abandonment of authentic Christian reproductive morality on the American scene has left the field such a muddled mess that these authors would hesitate to seem to be "fools rushing in ..." We are reminded of those prophetic words of Pope Pius XI, written more than a half-century ago: "... the Catholic Church standing erect in the midst of the moral ruin which surrounds her in order that she may preserve the chastity of the nuptial union from being defiled ... raises her voice in token of Divine ambassadorship and ... proclaims anew: ..." ("Casti Connubii", Rome, Dec. 31, 1930)

The symptoms of that "moral ruin" have increased dramatically over the ensuing half century. One cannot blame these authors for not venturing into the resulting moral morass without the light of revelation to guide their steps.

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