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human life. The same article argues for a legal position where it is recognized that such a supreme good as life can neither be exclusively protected by sanctity commands nor be given over to quality of life aspects. The warnings, sharpened by the experience of Nazism, might well be noted by some of the earlier authors.

The articles on the social, medical and legal aspects of the question are valuable contributions to the discussion. The more specifically ethical articles are marred by the ambiguous notion of personhood which veers between the social self and an individualistic, isolated self. But at least this points to where the real issue lies: an adequate understanding of the human person.

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## Health/Medicine and the Faith Traditions: An Inquiry into Religion and Medicine

Martin E. Marty and Kenneth L. Vaux, Editors

Fortress Press, Philadelphia, 1982, xii + 350 pp., paper, \$6.95.

This volume is an invitation to an inquiry involving both medicine and theology. It is a timely project. As the eminent philosopher, Alasdair MacIntyre, has argued, there is a need for a more explicit theological witness in contemporary biomedical ethics. What is needed is a clear statement of the difference it makes to be a Jew or a Christian or a Moslem rather than a secular thinker, a theological critique of secular morality, and indications of how a theologically-based ethics relates to specific questions (p. 216). Prof. James M. Gustafson has criticized the abandonment of theological perspectives by many theologically trained writers. The studies contained in this book are the beginning of a concerted endeavor to supply for these deficiencies.

In the current literature there is an abundance of articles on particular ethical questions, but a scarcity of systematic study of different fundamental value systems and their implications. The work reviewed here is an introduction to such a study. The volume introduces what is called "Project Ten" or "Health/Medicine and the Faith Traditions" which aims to investigate 10 "life themes" common to both medicine and religion and to explore them in the light of 10 world faith traditions. The project is based at Lutheran General Hospital, Park Ridge, Ill. The themes will be well-being, sexuality, passages, morality, dignity, madness, healing, caring, suffering, and dying. These will be confronted with the world religious traditions: Judaism, Eastern religions, Roman Catholicism, Eastern Christianity, Islam, Lutheran Christianity, the mainline Reformation traditions, the Evangelical communions, 19th century religions, and native traditions.

This volume introduces the project and, while it can stand on its own merits, is expected to serve as an introduction to future volumes where the topics will be dealt with in greater depth.

Those engaged in medicine at the practical level may encounter the intertwining of religion and medicine in responding to the particular beliefs of sick human beings and their relations. This delicate and often difficult question is dealt with in valuable articles in the section on medical perspectives. The socio-cultural and historical studies of the relationship between religion and medicine provide a

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scholarly introduction to a hitherto neglected area. However, neither the project itself nor this particular volume is intended to be merely an exercise in historical scholarship. Rather, the hope is to reinforce a prophetic role and to help people struggle with the newly emerging medical moral issues. Thus, there are articles on the interface of medicine and theology and the theological foundation of medical ethics. The practical issues are addressed in sections on preventive medicine and pastoral perspectives. There is an extensive bibliography, some 30 pages in length.

A basic problem in such a project is methodology. Some basis of communication must be established between the different faith traditions and between the particular traditions and medicine. It is proposed that philosophy can function as such a vehicle of communication, helping to solve the conceptual problems that particular traditions engender for themselves and for those outside the traditions. Philosophy, it is suggested, may establish the formal structures of reasonableness, while the traditions may provide the content. This proposal is not without its problems. Philosophy has its own cultural background and value presuppositions. It is not merely a neutral instrument. There is a tension here which may be a source of difficulty in the more detailed studies which are to follow.

The project is concerned with providing normative guidance, Clarity in case law, public policy and decision-making require substantive moral insight. For those who seek to provide such insight, the faith traditions offer a treasury of directives of which much is to be appropriated and much discarded (p. 220), But what are to be the criteria of selection? This volume leaves that question unanswered. What is the role of religious authority in the particular traditions and how does this bear on normative guidance? The volume is a valuable introduction and it will be interesting to see how these questions are answered.

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## Medical Ethics

Peter Doherty, M.D.

White Lodge, Bristol, England, 82 pp.

This short text is described by its author, a general practitioner from London as a "contribution to medical ethics," Readers should not expect a comprehensive treatment of medical ethics or even a handbook of medical ethics. Dr. Doherty's topics are self-selected, but include most of the major issues of bioethical controversy. The author touches on points of issue with brevity, but with a gift for defining and synthesizing the opposite sides of a debate. The perspective is always that of a Roman Catholic, loyal to the expressed teachings of the Magisterium. The essays on conscience, manipulation of life and euthanasia are particularly cogent and well reasoned. The discussion of trans-sexual surgery was less impressive, considering that this form of surgery is now almost totally discredited even at the Johns Hopkins gender clinic where John Money was its most active promoter. The section on abortion was less than effective in its treatment of individuation, The discussion of cost-benefit equations is from the standpoint of the British National Health Service.

The style is lucid and never ponderous. The tone is reverent and aimed primarily at believing Christians. It is a worthwhile contribution to the subject of medical ethics which can be digested at a single sitting.

- E. F. Diamond, M.D.