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[Book Review of] *Ideal, Fact, and Medicine*, by Charles J. Dougherty

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a patient to accept the reality of a condition, a competent judgment may be difficult. Beauchamp and McCullough recognize that rationality or ability to understand a situation does not mean that a patient can make a competent decision.

The authors challenge the notion that the physician must always act in the best interests of the patient and they hold that third party interests may be promoted at the expense of the patient in some cases. They would allow psychological and emotional consequences of treatment to justify withholding beneficial treatments from infants, for instance. But the reasons they give for upholding third-party interests are quite vague, abstract, formal and difficult to apply in concrete circumstances. They hold that the patient's interests only impose a *prima facie* duty that can be overridden when so doing brings about a greater good.

Determining when one can promote third party interests is done by weighing various harms and benefits, which is essentially a consequentialist analysis. The fundamental problem with this methodology is that one never knows what harms and benefits are to be included and one never knows when to stop searching for values to be weighed. When they urge that patient interests either be upheld or overridden, the authors invoke beneficence, but they never show why there is a clear duty to act beneficently as beneficence could plausibly compel action in another direction. They invoke the "best interests" standard either to warrant or prohibit paternalistic action, but they never give persuasive reasons why this purely formal standard requires their recommended action.

This book was quite dissatisfying because it relies solely on abstract and formal principles. The authors almost seem fearful of establishing concrete, binding moral norms for medical practice, and one suspects that they want medical-ethical norms to be purely formal so that these norms can be used to permit or prohibit whatever they desire. There is no discussion of basic human goods or the virtues, which is very peculiar for a work in medical ethics. They seem to assume that justice will be achieved by merely acting beneficently or by protecting autonomy, however they are defined.

The formality and abstractness of contemporary ethics should be a matter of concern, as we now see a campaign to legalize euthanasia breaking upon our country. There is virtually no mention of the duty to treat patients, and only occasionally is there any mention made of a "therapeutic privilege". They fail to consider the nature of medical treatments and the conditions of patients to show how those impinge upon the moral character of judgments. This book seems to be an endorsement of the pure and contentless patient autonomy model which all but obliterates ethical duties and obligations of health care providers. If it is true that this model is gaining dominance in our country, then it might be necessary to take measures to protect the duties and obligations of physicians to provide care and treatment for medically vulnerable persons.

—Rev. Robert Barry, O.P., Ph.D.
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Ideal, Fact, and Medicine

by Charles J. Dougherty

New York: University of America Press, 1985, 202 pp.

"It might be said by some that this whole work is far too relativistic, that it accepts too easily the claim that there are other significant moral alternatives, and that it therefore provides no absolute foundation for the choice of these ideals and the associated ethical

theory. In response, I admit to a good degree of relativism" (p. 172). With these words, the author, a professor of ethics at Creighton University in Omaha, Nebraska, presents us with a succinct review of his analysis of ethical theory as applied to problem areas of medical ethics, basing his ethical analysis upon a synthesis of the thought of the English emotivists and the largely subjective Kantian ideal of personal autonomy. Dougherty stresses instruction of values as the basis of morality and states that ethics should refine and clarify moral instructions.

When discussing medical research, Dougherty expresses shock and horror at the human research protocols carried out by the Nazi medical experimenters (p. 143). After describing some of the horrors perpetrated during the second World War, Dougherty rightly points out that the ideology which allowed such experiments developed well before the second World War. But, ironically, when assigning causes for the Nazis' abuse of human rights, Dougherty fails to list the type of relativistic ethical theory which he espouses.

The best part of the book is a study of the ethical and legal responsibilities of hospitals. Most of the significant legal decisions in regard to hospital care are presented and a very clear list of patient rights and hospital duties is afforded. In this section especially, Dougherty displays a comprehensive view of the values and actions which would improve institutional health care.

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Ethics from a Theocentric Perspective, Vol. 1 ***Theology and Ethics***

by James M. Gustafson

Chicago: University of Chicago Press, 1983, 345 pp. \$10.95.

Ethics from a Theocentric Perspective, Vol. 2 ***Ethics and Theology***

by James M. Gustafson

Chicago: University of Chicago Press, 1984, 326 pp. \$25.

These two works complement each other. The first develops a theocentric perspective; the second sets out to explore the question, What difference does a theocentric perspective make to the interpretation of morality? Together they constitute an intriguing and thought-provoking study. While the work of any Christian ethicist or moral theologian presupposes certain theological positions, it is rare to find these elaborated systematically and at length. A serious reader is compelled to grapple with many of the most basic religious issues and