

removal from executed prisoners—presumably only somebody else’s government can abuse power!

In chapter three, *Removing Transplantable Organs of Capital Felons*, Palmer argues, in the light of the previous two chapters, for the moral appropriateness of capital punishment and of required organ donation.

The problem with this kind of argument of course is that, even if one accepts capital punishment, it is only appropriate if used in a perfectly fair and accurate fashion. But no system can guarantee this. The present American system certainly cannot and is “fraught with error” as documented by the exonerated of thirteen (!) prisoners scheduled for execution in the State of Illinois and the recent suspension of executions in that state.²

In the fourth chapter Palmer develops a quasi-scholarly constitutional justification for his organ procurement scheme. And in *The Need for a New Method of Execution* he argues self-referentially that: “Execution ‘by anaesthesia-induced brain-death would prevent destruction of transplantable organs’” (page 71), and that this method of execution should therefore be adopted. This too is highly controversial. For whilst it is well known that deep anaesthesia can reversibly mimic brain death it is not the same state. Physicians are always careful to determine brain death in the absence of anaesthetic influence. Thus, while physicians can painlessly remove the heart and other internal organs from an anaesthetised person, that would be unacceptable: an execution performed by physicians. It would have nothing to do with brain death.

In the final chapter Palmer returns to the theme of chapter three and attacks the unfairness of capital punishment—in my view, he should have started and stopped here. Americans have had enough difficulty trying to get capital punishment “right” without introducing issues of secondary gain into the execution process.

Let me present my biases. Major organ transplantation effectively prevents premature death, albeit imperfectly with an expensive technology still under development. Increasing the organ supply is not as important as improving the technology and decreasing the costs of transplantation. But in the pursuit of this important goal we must not trample on other strong moral or medical considerations. Palmer’s arguments for the required use of organ transplants from executed prisoners must be rejected.

They wish away centuries of governmental abuse of power. They assume that we can achieve perfect justice in capital punishment—an assumption all experience belies. They treat prisoners differently from others and make prisoners more exposed in their vulnerability, not protected. Finally, they require intimate physician participation in the act of execution.

References

- 1 MacDonald AC. *Standard Law & Policy Review*;8:177.
- 2 *Time* 2000 Feb 21.

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Le Mythe Bioéthique

Edited by Gérard Mémeteau and Lucien Israël, Paris, Bassano, 1999, 192 pages, 132 FF.

What is bioethics? For those involved in the study or the teaching of bioethics this question is a fundamental one. This book proposes a series of possible answers to this question, converging on the idea that bioethics is a myth.

As a whole, the book is a response to the so-called French “bioethical” laws (1994) and to the “bioethics” they propagate. It is therefore, for the French-reading English-speaker, a good introduction to these and to the debates around them.

Gérard Mémeteau, professor of law and director of the newly established *Centre de Droit Médical* at the University of Poitiers, documents in his article on the one hand the inconsistencies of the French legal approach, and on the other his own regret at being forced to admit these inconsistencies. Reluctantly, he concludes that the traditional concept of the human being, subject of positive law, is, despite the affirmation of “respect for the human being from the beginning of its life”, betrayed in the concrete norms glossing over the existence of human embryos. In so far as this is precisely what the laws propagate as “bioethics”, he calls it an *imposture*.

But is bioethics an imposture? This is strong language for naming what is commonly taken to be a discipline. The book in fact introduces itself as being *against bioethics*. Is it really? Mémeteau’s point of view is nuanced, by being seconded on the one hand by Christian Byk, judge and vice president of the Council for the International Organisation of Medical Sciences (CIOMS), and on the other by

Dominique Folsheid, professor of philosophy at the University of Marne-la-Vallée. Whereas Byk is more positive in his approach towards bioethics, Folsheid regards it not simply as “une imposture”, but—yes—as a “monster”.

Byk writes: “Bioethics does not explain and does not categorize the phenomena. It analyses and discusses them, it confronts them with our knowledge as well as with our faith. It trains us to exercise freedom and responsibility, we who are ethically incomplete precisely because ethics is part of our history and our perspectives. Then, stripped of misunderstandings and beyond fashion, bioethics can, like secularity, be a place of dynamic confrontation of points of view. Not so that one triumphs over another, but so that we gain a clear view of the order of things which we initiate by our doing and which in turn will mould our actions.” (My translation.)

To Byk, bioethics—a field in which he has been a professional expert—is not a branch of study in any traditional way, like biology, sociology or philosophy. His experience underwrites his ability to analyse the nature of the expertise required, an expertise which he keeps at an ironic distance. He sees the ethics committee, so frequently appealed to as the last resort, as the melting pot of several existing orders: deontology, law, and social practice, or simply as the pot where all kinds of existing order melt, and whose standardised product is consensus. The expert is the one who knows how to produce the product sought. And, after all, is the product so very bad? Byk ends on a more positive note than Mémeteau.

Dominique Folsheid, on the other hand, is positively horrified. Folsheid saluted bioethics in its coming from across the Atlantic, as though it was the salvation of academic philosophy, and in particular of ethics. Welcoming what he thought to be a carrier pigeon, he woke up to having opened his arms to a bat—a chimera with wings like a dove and fur like a rat. Aye, the creature would flap its wings in proof of spirituality—it was after all “ethics”—and display its fur too, to convince “the inhabitants of the american caves” that it was, like them, delightfully beastly—it was “bio-” as well. It would refuse to determine itself as either an ethics of biology or a biology of ethics and remain unclassifiable as anything else but a living claim to be what it in fact comes to devour.

The dramatic language of Folsheid produces a brilliant piece of sarcasm, weird enough to become a classic in—oh well!—bioethics.

The politicians Bernard Sellier and Christine Boutin both contribute their perspective on “bioethics”. Actors in the process which, against their will, has made “bioethics” a part of the *Code Civile*, their keen retrospective criticism also allows us to look forward. The frustration which comes across as a violent appeal must point in the direction opposite to the controlled pluralistic ideology of “*la pensée unique*”, which makes of bioethics the new framework of a totalitarian populism. The contributions of Jean-Francois Poisson, Michel Schooyans and Lucien Israël reinforce the impression of a book against “bioethics”. But what alternative is offered? Beyond polemic, it is both simpler and more complex than bioethics: it is ethics.

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The Nazi War on Cancer

Robert N Proctor, Princeton, NJ,
Princeton University Press, 1999,
x+380 pages, \$29.95 (hb), £17.95
(hb).

It is interesting, that with the notable exception of the Cologne-based geneticist Benno Müller-Hill, German historians of medicine have not bothered a great deal with looking into German medical history during the Third Reich. We owe Pennsylvania State University’s Robert N Proctor a great deal of gratitude for uncovering more and more of this history, and for making it accessible in a highly readable format. Proctor has established himself rapidly as *the* pre-eminent US American historian of science on all aspects of Nazi medical research and health policy. In this most recent book Proctor looks at Nazism’s pioneering contributions in public health research and policy, as well as in environmental health, occupational health, and preventive medicine. This book holds some disturbing lessons for those who hold the view that basically good people will undertake ethical research, and support good health policies, while bad people will conduct medical research in an

unethical manner, and will work against good health policies. We will all probably be able to agree that Nazis basically were bad people. Racists, mass murderers and ideologues propagating the superiority of the German “race” are not likely to find many friends amongst biomedical ethicists or the wider community. Yet, as Proctor shows, Nazi scientists were the first to establish conclusively links between smoking and lung cancer. The Nazi regime’s leading figures ran bitter campaigns against smoking. The regime also established progressive occupational health policies designed to reduce the number of cancers caused by occupational exposure to asbestos, radium and uranium and other carcinogens. Unsurprisingly, perhaps, these policies did not apply to prisoners of war, who were often forced to undertake the most hazardous work without adequate protective clothing. Reich Health Führer Leonardo Conti, the leading anti-tobacco campaigner of the Third Reich, committed suicide after the war, while awaiting his execution for another leadership role he took up during the Third Reich, the murder of intellectually and otherwise disabled people—euphemistically described as the “euthanasia campaign”.

Much of this book recounts battles between Nazi quacks and Nazi scientists, wrangling for the political elite’s favours and support, medical researchers creating ideologically suitable rhetorical frameworks to assure that their work finds continuous financial support. The reader also learns how progressive policies (for example the anti-smoking campaigns) were undertaken out of less than savoury motives (ie to prevent the “Aryan” genetic material from deteriorating, or in order to keep soldiers fit for combat). Hundreds of Germany’s leading cancer researchers lost their university positions, and often their lives, because they were Jewish.

Proctor’s book serves as a timely reminder that the Nazi regime wasn’t a monolithic evil empire. He forces us to recognise that different interest groups fought each other both with regard to the direction of cancer research, and with regard to the “right” direction of public and occupational health policies.

It is widely accepted today that ideology inevitably corrupts scientific inquiry in some fundamental sense. However, it is also important to

recognise that ideologically corrupted inquiries can still yield scientifically sound research and research results. As Proctor says: “Nazi inspired research was often idiotic, but not always” (page 257).

One last point Proctor makes is addressed toward pro-life Christian bioethicists. He warns them not to compare Nazi “euthanasia” with “current efforts to allow people to choose the manner and timing of their death”. “Bioethical discussions”, he writes, “are full of facile identifications of Nazism with everything from abortion and rationalised medicine to doctor-assisted suicide”. This reviewer at least couldn’t agree more.

This book is a rich source of historical information. Analytical ethicists in particular, would be well advised to have a closer look at the information provided in this book. Flippant remarks such as roads are roads are roads, no matter whether a Nazi or someone else built them, turn shallow when one looks at the broader historical and social context in which roads were built by the Nazi regime, progressive cancer research took place in the Third Reich, and progressive occupational health policies were introduced to protect the health of the German people. So, even though this is not explicitly a “bioethics” book, it undoubtedly holds many valuable lessons for anyone with an interest in bioethics and/or the history of medicine.

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