

Each topic is discussed in light of the ways that it is partially or more completely understood by individuals at each of the four levels of development. As an example, we might take just one area, the discussion of suffering well in chapter 5. One's view of factors like success, self-worth, and love have an immediate effect on the ability to suffer well, for if one finds no positive meaning in one's suffering, it will inevitably become malaise, and frequently depression or even despair. For the purposes of cultural analysis, becoming alert to the different ways in which people interpret suffering enables us to understand better the vastly different reactions they have to it. For the purpose of learning to suffer well, one needs personally to become aware of the intrinsically valuable goods that might require one to endure certain sufferings and to grow in the freely bestowed love that will paradoxically be part of the joy of a person at the highest level of moral development even in the midst of real suffering.

The final portion of the book applies the insights about personhood and happiness to the project of healing the culture in the areas of abortion and euthanasia. The approach used is to urge that getting people to think rightly about personhood and about genuine happiness, and to begin to embrace clearer thinking about these topics in their general attitudes, will help to resolve the otherwise nearly intractable debates that proceed from fundamentally diverse first principles.

Some books on questions as controversial as those treated here will appeal only to those already convinced of the author's point of view. But *Healing the Culture* is so clearly written and so appealing in its presentation that it is quite likely to be decisive for a person of open mind who wonders where to stand on the cultural clashes of our age. Even for those who will bring to the book a sympathetic viewpoint, the detailed analysis of the stages of moral growth Spitzer presents can inspire and guide a challenging examination of conscience. The clever diagrams used throughout this fine volume make it easy to follow the connections of the argu-

ment as well as to chart one's own progress in the growth of character shown here to be so crucial to the larger project of cultural renewal.

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Wear, Stephen. *Informed Consent: Patient Autonomy and Clinician Beneficence within Health Care*. 2d ed. Washington, D.C.: Georgetown University Press, 1998. 200 pp.

The visibility of informed consent as a public issue has been heightened by the decision of the federal Office of Human Research Protection (OHRP) to suspend all federally supported medical research projects involving human subjects at Johns Hopkins from July 19, 2001 to July 22, 2001. This controversial action resulting from the protocol-related death of Ellen Roche, a previously healthy 24-year-old laboratory technician, was based in part on alleged inadequacies in the informed consent process used for enrollment. Therefore, the second edition of Dr. Wear's book on informed consent is timely.

The book is divided into two main parts. Part 1 is titled "The Sources of a Model of Informed Consent," and contains chapters on legal aspects (chapter 1), patient autonomy (chapter 2), clinical aspects of the interrelationship between patient autonomy and informed consent (chapter 3) and chapter 4, "The Potential Benefits of Informed Consent." Chapter 4 is especially noteworthy in that Dr. Wear's use of informed consent as an important tool in medical management is a more expansive way of envisioning informed consent than the traditional view of the process as an exercise in patients' rights.

Even though it is only 200 pages long, I found it helpful to read the chapters from the front and the back alternately, thereby fin-

ishing the book in the middle. Although the author possessed the natural inclination to develop his central thesis, the reviewer also wanted to know whether the path that we were on was leading to our final destination. With the concluding remarks in tow, I was able to follow the introductory model building arguments somewhat more lucidly.

Part 2, "A Model of Informed Consent," has five chapters – theoretical considerations and the basic structure of the model (chapter 5); disclosure, assessment, clarification, and patient choice (chapter 6); competency issues (chapter 7); the emergency, waiver, and therapeutic privilege exceptions to informed consent (chapter 8); and concluding remarks (chapter 9). Chapter 7 regarding competency issues was particularly strong and applicable, as this issue has ramifications in a number of medico-legal areas including treatment, research, living wills, and financial planning.

This reviewer is immersed daily in the "trees" of research consent forms and has spent less time ruminating on the "forest" of the bigger ethical issues discussed herein. For we busy practitioners of the informed consent process, Dr. Wear's book provides a context of the informed consent issue broader than the mechanical or legal issues involved. Specifically, I found the discussion on the moral complexities of a mentally competent patient refusing the appropriate medical therapy because of false beliefs to be particularly illuminative. (His discussion brought back the memory of my failure at age 27 to talk a Jehovah's Witness outpatient into wearing a Jobst pressure garment to reduce burn scarring. Fortunately, the man healed beautifully without the garment.)

By reading this book one observes that the process of informed consent is another playing field upon which the debate over right-to-life issues is being played. If a mentally competent adult can refuse straightforward lifesaving treatment due to false beliefs, should a similarly competent adult be allowed to commit suicide without interference? In July 2001, US Senator Bill Frist, M.D., Republican from Tennessee, proposed the signing of consent forms by the parents of em-

bryos prior to their use in embryonic stem cell research. This recent proposal implies that the life of the embryo is the parents to sign away, therefore tacitly accepting the utilitarian premise currently dominant in Western culture. In summary, both explicit and implicit assumptions should be considered in the development of policy regarding informed consent.

A minor aspect of the book was somewhat confusing. On the book cover no degrees are listed after the author's name. The author's affiliation is given as "... clinical associate professor in the Departments of Medicine, Obstetrics-Gynecology, and Philosophy, and co-director of the Center for Clinical Ethics and Humanities in Health Care, all at the State University of New York at Buffalo." From the book cover's use of the term "clinical," I had the false impression that Dr. Wear was a physician with additional training in philosophy. Also, Dr. Wear refers to numerous clinical situations in sufficient technical detail that despite his self-referral as a "philosopher" on a few occasions, I still maintained my delusion that he was a practicing physician. I was not dissuaded of this opinion until after I completed the serpentine task of calling the State University of New York at Buffalo. I was informed that Dr. Wear has a Ph.D. in philosophy. I had been impressed that a physician knew a significant amount of philosophy. Now, I suppose that I am impressed that a philosopher knows a significant amount of medicine. In any case, three extra letters on the cover would have clarified the author's identity. Despite minor deficiencies such as this, Dr. Wear's book on informed consent is a timely and important contribution to the literature in this area.

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