

Thomistic Principles and Bioethics, by Jason T. Eberl. New York: Routledge, 2006. 155 pp.

Jason Eberl has deftly applied Thomistic ideas to bioethical issues and their metaphysical underpinnings in a number of articles in recent years. To meet the need for a book-length treatment, Eberl has written *Thomistic Principles and Bioethics* for the Routledge Annals of Bioethics Series. His aim is to show the relevance of Aquinas's metaphysical and ethical principles to secular and religious bioethics. Recognizing that some people might object that there is no place for overtly theological principles in the formation of a pluralistic society's public policies, Eberl avoids Aquinas's theistic assumptions and presents purely philosophical arguments that require only a shared capacity for reason. The book is nicely laid out, beginning with a chapter on the Thomistic account of human nature and natural law, followed by a pair on our origins and endings. Then the derived principles are applied to contemporary bioethical issues in the final couple of chapters. Eberl extrapolates Thomistic ideas to guide us in bioethical debates that Aquinas did not encounter in the thirteenth century, like cloning, embryonic stem cell research (ESCR), organ procurement, and the withdrawal of patients from high-tech support. Eberl is especially well prepared for this undertaking, as he is at home in medieval philosophy, contemporary bioethics, and metaphysics. The result is a very timely and useful book that all bioethicists should read.

Especially informative is Eberl's foray into debates about delayed hominization and its importance in ESCR and abortion debates. Delayed hominization is the thesis that human beings do not come into existence at fertilization but later, when sufficient bodily changes have occurred that are hospitable to rational ensoulment. The Thomistic doctrine that there is a succession of souls—vegetative, sensitive and rational, each involving substantial change—was famously revived by Joseph Donceel in 1970. He, like Aquinas, claimed that development of certain brain

structures is required for hominization. If none of us was ever a very young embryo, then ESCR and early abortions would not kill an existing human being but merely prevent one from coming into existence. Eberl argues that if Aquinas were familiar with contemporary biology, he would have placed our origins at fertilization. Eberl draws on two senses each of potential and actuality in Aquinas to make his point that the rational soul could be present in the embryo without manifesting all its capabilities. The book is worth reading just for the job he does disentangling misconceptions about different senses of potentiality and actuality and what kind of supportive external environment is needed for a rationally ensouled embryo to develop by virtue of an active principle internal to it.

Eberl not only responds effectively to claims that a brain is needed for ensoulment but also deals well with concerns that lead Norman Ford to defend a different version of delayed hominization. Ford claims that human beings must have bodies that are incapable of twinning. Prior to that threshold the embryo is considered just a collection of cells that lack the functional unity and interdependence that characterize a living substance. Eberl shows that recent research gives us more reason to believe that early embryonic cells interact in a manner befitting a complex organism. He also shows that too quick an inference is made from the possibility of twinning to the claim that no one comes into existence until such fissioning becomes impossible. He claims that there is no need to deny immediate hominization because one organism can occasionally split into two. Instead of accepting that twinning means the original human being has tragically fissioned out of existence, he suggests a form of staggered ensoulment: one twin is identical to the original ensouled zygote while the other is younger, ensouled after the original embryo's cells have fissioned into two collections. However, a problem for staggered ensoulment is the second ensoulment in the case of conjoined twins, which cannot be delayed until one embryo separates completely into two. Since overlapping souls

configuring a considerable amount of common matter must be tolerated with conjoined twins, it might be better to claim that all twins were once co-located (fully overlapping). An omniscient God creating two souls at fertilization avoids the arbitrariness of the zygote surviving as the older of two equal-sized twins and strengthens the case for immediate hominization, since it does not have to even tolerate the rare exception due to twinning. Worries that co-location violates the (rather problematic) Thomistic principle that matter individuates can be met by the exception Aquinas allows for miraculous co-location of bodies (*Summa theologiae*, suppl., Q. 83, reply 3) since ensoulment is not a natural phenomenon.

While Eberl offers detailed and rather effective arguments against the various accounts of delayed hominization, he has less to say about what one could call “departed hominization.” This is a theory of the alleged dehominization that occurs when brain damage brings about the replacement of the rational soul of the human being with a merely animal (sensitive) or vegetative soul. Aquinas actually held this view, writing that “in the course of corruption, first the use of reason is lost, but living and breathing remain . . . when human being is removed, animal is not removed as a consequence.”¹ (*In librum De causis expositio*, 1.20–21). The doctrine of departed hominization is actually stronger than the delayed hominization thesis, since it is only in opposition to the latter that an appeal can be made to the intrinsic *potential* of a mindless human being to eventually manifest its latent rational powers in its normal environment. Dehominization, if true, would have startling ethical consequences for withdrawing support from the irreversibly noncognitive, procuring their organs, and providing advance directives about their care.

Eberl briefly considers and rejects the dehominization view, appealing to an Ock-

hamist principle of preferring the explanation that posits the fewest entities. He claims the rational soul has not left the body but is partially blocked; only its vegetative functions remain operative. Eberl’s account of dehominization would have benefited from a discussion of the brain transplant thought experiment that fills up so much of the modern literature on personal identity. This involves part of the brain (usually the cerebrum) being transplanted from one skull to another. The recipient of the transplanted cerebrum has all the mental capabilities of the person who had the cerebrum prior to the operation. The response of most people to the thought experiment is that the person possessing the cerebrum prior to the transplant is identical to the recipient of the cerebrum, rather than a postoperative mindless organism. Since the liquefied cerebrum of the patient in a PVS is physically equivalent to the cerebrum-less organism in the thought experiment, they should be treated the same. Thus, the thought experiment makes it more difficult for Eberl to maintain that a patient in a persistent vegetative state is still rationally ensouled, its intellectual capacities just blocked. The evidence in the thought experiment that the rational soul has been moved and is no longer configuring the matter that now belongs to the being in the newly emerged vegetative state suggests that a patient in a PVS with a destroyed cerebrum is also the product of a dehominizing substantial change. Moreover, since the thought experiment involves positing the emergence in a humanoid body of a merely vegetative soul without any rational capacities, blocked or not, Eberl cannot oppose dehominization in the case of a patient in a PVS by an appeal to an Ockhamist principle of minimizing the introduction of an additional *kind* of entity into one’s ontology.

Philosophers who deny that we are transplanted with our cerebrum standardly maintain that we are misled by what matters to us being transplanted while we actually stay behind in a PVS. They claim, following Derek Parfit, that what we care about in survival is that our mental life continues, not that we are the subject of it. However,

¹*In librum De causis expositio*, 1.20–1.21, quoted in Robert Pasnau, *Thomas Aquinas on Human Nature* (Cambridge: Cambridge University Press, 2002), 124.

this option to explain away the transplant thought experiment is not available to Eberl because it will have ethical consequences that Catholic bioethicists cannot accept. The claim that identity does not matter, and only continuation of our psychology is important to us, implies that embryos can be harmed only if they have manifested a mental life.

Eberl follows Aquinas in claiming that life involves the soul configuring an organ that controls the rest of the ensouled body, although he claims that this organ is the brain, not the heart. Eberl defends the whole-brain criterion of death against the criticisms of Alan Shewmon, arguably the most sophisticated defender of the traditional circulatory-respiratory criterion. Shewmon maintains that some brain-dead individuals may still be alive because their bodies possess sufficient physical integration, the brain having served more of a regulative than integrative role constitutive of life. He supports his position with the example of an extreme form of Guillain Barré syndrome that involves no information getting in or out of the brain stem, thus mimicking brain death in that the rest of the body is not under any control of the brain. But since the patient with GBS is still conscious, Shewmon claims that the proponent of the brain-death criterion has the unwelcome dilemma of either accepting that such beings are thinking corpses or that their bodies are not dead—and thus by extension neither are the bodies of the brain dead in intensive care units. Eberl dismisses the worries about GBS because it is reversible, and he makes the intriguing suggestion that in comparable cases of high cervical cord transection, the human being has been reduced in size to the brain while the rest of the body is just a nonintegrated collection of organs—although the person's soul would retain the potential to configure and reanimate if the condition could be reversed in a high-tech future.

Eberl provides alternative accounts of various other cases that Shewmon presents as indicating bodily integration in the absence of whole-brain activity. Eberl's clever interpretations have left me less confident about Shewmon's position than I was before,

but I still harbor doubts about the brain-death criterion. If we were once able to exist as brainless embryos, though dependent on our mother's body, then I do not see why we cannot survive in a brainless condition in the ICU. Since Eberl follows Ashley in suggesting that the nucleus of a zygote is sufficient for rational ensoulment, it might be that he holds that the nucleus can initially be the controlling organ. The problem is that the nucleus of the zygote does not control the organelles outside it during mitotic division, and there is not a single nucleus controlling the two-cell and three-cell embryos, and so on, during early development. I think it would be a rather extenuated use of "organ" if Eberl follows Ashley in claiming that the zygote's daughter nuclei collectively compose the primary organ. It may be best for Thomists to abandon the idea of the controlling organ and, perhaps, the whole-brain criterion of death as well.

Eberl's discussion of the ethics of cloning provides a nice Thomistic-inspired account of how cloning is a corruption of the parent-child relationship and undermines the supportive web of relationships that a child should be born into. Eberl also does a good job extrapolating Thomistic principles that would be relevant to organ transplantation, by drawing on Aquinas's views on charitable duties and bearing bodily injuries for a friend's sake. He relies on the principle of double effect to deal with worries about possible harms from preparing the dying for organ procurement. His discussions of the PDE are always nuanced, whether he is dealing with organ procurement, fatal pain relief, or his more controversial advocacy of emergency contraception in some rape scenarios and the cessation of hydration and nutrition in the Terri Schiavo debacle. On the topic of euthanasia, Eberl effectively deals with an attempt to justify the hastening death by an appeal to Aquinas's principle of totality, in which sacrifices are made for the whole. He shows that death to end suffering is quite unlike the loss of a limb to forestall death. Drawing on Aquinas's account of the goodness of being, Eberl defends the value of the life of even the irreversibly noncognitive.

I wish this book were longer. I would very much like to see how Eberl applies his impressive knowledge of Thomistic and contemporary philosophy to other issues, such as embryo adoption and genetic enhancement. And I wish he had engaged the stronger case that can be made for the possibility of departed hominization. I will not be at all surprised to discover that Eberl can offer a very plausible Thomistic response to these metaphysical concerns.

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***Bioethics and Armed Conflict: Moral Dilemmas of Medicine and War*, by Michael L. Gross. Cambridge, Massachusetts: MIT Press, 2006. 400 pages. Index.**

Since the Abu Ghraib scandal, a growing number of disturbing reports have emerged in mainstream media about the role of medical personnel in ignoring, facilitating, and assisting in the torture of detainees in military prisons. Much of what is known about the role of doctors, nurses, and other medical professionals in these cases was revealed by government documents released through lawsuits filed under the Freedom of Information Act. The actions of the physicians present during these interrogations ranged from signing off on the fitness of prisoners prior to interrogation to issuing misleading (if not outright deceptive) death certificates for those who died of “natural causes” during interrogation. Some doctors withheld pain medication and delayed treatment, while others revived the unconscious in order to resume interrogation. These kinds of actions illustrate what Michael Gross sees as some of the many moral dilemmas physicians face in the context of war, the choice often being between the ordinary obligations of care giving and the function for which that care is given.

Michael L. Gross, a professor and director of the graduate program of applied

and professional ethics at the University of Haifa, in Israel, presents readers with a challenging, provocative, and, for many Catholic ethicists and physicians alike, very disturbing book. Being from the Middle East, Gross is acutely aware of the nature of ongoing conflict and the reality of terrorism. *Bioethics and Armed Conflict* is a text that situates itself within the context of conventional and unconventional wars, and specifically the “war on terror.”

Gross has both a broad and deep historical understanding of his subject, which he brings to bear on the different dilemmas he discusses and the normative claims he makes. In the first two chapters of the book, he lays out the basic principles that guide contemporary bioethics under normal circumstances, principles such as personal autonomy, dignity, informed consent, and beneficence. Alongside these, Gross lays out the duties of the state, including the protection of life and the safeguarding of collective interests (33–36). An important premise is that there is a “rough symmetry between the underlying principles of just war and bioethics” (28). Gross indicates there are overlapping principles within each field that fall into four broad areas: the right to life, respect for autonomy, human dignity, and utility. The remainder of the text is an examination of what happens to the basic principles of bioethics when placed within the context of war and against the ethical realism and utilitarian calculus of the state.

The opening paragraph of the book—the statement by the World Medical Association that “medical ethics in times of armed conflict is identical to medical ethics in times of peace” (1)—establishes the prevailing attitude for medical ethics and physician responsibilities. This basic tenant of bioethics is one that Gross questions and challenges. According to Gross, the context in which the medical professional operates during wartime is sufficiently incongruous with peacetime that different ethical principles must assume greater moral weight and priority. According to Gross, the existential threat that war and terrorism present to nation states necessarily means that “military necessity, reasons of state, and the war effort