

of brain death. Unfortunately, consensus is not always based on the best reasoning or advertence to all of the facts. The authors make no note of the many works of scholars such as Alan Shewmon that argue against brain death as a reasonable criterion for complete human death. (See, for example, Shewmon's mini-treatise, "You Die Only Once: Why Brain Death Is Not the Death of a Human Being—A Reply to Nicholas Tonti-Filippini," *Communio* 39.3 [Fall 2012]: 422–494.) Here the authors could show more consistency, for if they are in favor of the brain death criterion, they should also approve of harvesting the organs of children born with anencephaly, but they argue against that practice (see 368–369).

Following a common European model, the authors hold that an "opt out" system of organ donation is reasonable, that is, they are in favor of the government allowing medical practitioners to harvest organs from dead patients unless the patients explicitly "opt out" of this expected course of events beforehand (see 353–356). But such a position is surprising in light of the authors' acknowledgment of the potential and likely abuses of such a system. In addition, this position is problematic in principle, for it implies that the bodily remains of citizens are always at the disposal of and for the use of the government.

Along with a widely accepted social welfare stance, the authors declare that "the authorities" have the duty of "guaranteeing equal access to healthcare" for all citizens (601). This top-down approach to medical care, in contrast to one based more on subsidiarity, is disputable. Practically speaking,

secularized governments in charge of health care end up funding immoral practices with taxes. In principle, it is highly debatable as to whether a national or state government should have such strong and direct control over the economy and the medical decisions of individual citizens. In this light, the discussion of "market mechanisms" and governmental controls in the economy is inadequate.

The strengths of this book are many. It provides a Catholic, comprehensive, and synthetic account of the major issues facing medical practice today. Courageously, the authors adhere to the magisterium on controversial points such as abortion, contraception, and same-sex marriage, taking care to show why the Church's position is reasonable and why contrary views do not do justice to human dignity. Another strength is the broad use of sources they draw from: although emphasizing Dutch and American research and interests, they often compare cultural and legal situations in a spectrum of European countries. However, the authors' various problematic positions make the book recommendable with reservations. A more thorough engagement with relevant literature would make this work even more precise and reliable.

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***Medicine and Religion:  
A Historical Introduction***

**by Gary B. Ferngren**

Johns Hopkins Press, 2014, paperback, \$24.95

253 pages, bibliographic references and index, ISBN 978-1-4214-1216-0

In *Medicine and Religion*, Gary Ferngren aims to provide "a concise but comprehensive survey that traces the history of the intersection of medicine and healing with religious

traditions in the Western world" (x). Ferngren's Western perspective takes readers from the classical foundations—the Mesopotamian, Egyptian, Greek, and early Hebrew—up

to the present day. Without favoring any one period, he rejects both *essentialism* and *presentism*. In other words, he aims to avoid reading current assumptions about disease into the past, and he accepts each historical epoch on its own terms instead of forcing it into a scheme whereby everything evolves toward the present West.

A professor of history at Oregon State University, the author shows the differences and similarities between the Mesopotamian and Egyptian spiritual practices surrounding health and sickness. Both societies defined health and sickness as spiritual issues. Egyptian religion idealized “harmony with the divine order” (15), so illness was understood to result from a disturbance in the transcendent order. Egyptian magic, practiced as part of the everyday world, naturally extended to ill-health.

Mesopotamian society likewise involved the spiritual world in the practice of medicine, assuming sickness was divine punishment for immoral behavior. Medical treatment therefore included confession, prayer, and sacrifice on the part of the sufferer, to put himself right with the gods. In both Mesopotamia and Egypt, the suffering person turned to sorcerers and exorcists as intercessors, as well as to priests and more naturalistic healers.

The chapter on ancient Greece, like the others, turns on how medicine and religion fit into the wider society and its beliefs: *nemesis*, or retribution, could be a cause of disease because the gods “struck down people if they enjoyed too much success” (40). “The gods were jealous of prosperity and good fortune,” Ferngren adds, “which produced *hubris*, or overweening pride, in humankind.”

The book offers much to language lovers: among the Egyptian healers, for example, are the *wabw*, the *sa.u*, and the *swnw*, while the Greeks considered *daimones*, *keres*, and *alastores* as causes of disease, as well as *miasma*, which referred to spiritual pollution causing divine anger and retributive disease. The author defines these foreign words naturally, without interrupting the narrative flow.

Ferngren’s concise summary of the early Hebrews shows his clarity as well: “Endowed with rationality, self-consciousness, and voli-

tion, the human personality was represented in Hebrew thought as mirroring Yahweh’s image. Persons are spiritual beings, created to have communion with God and to be morally responsible for their actions. The concept of the image of Yahweh had implications for the protection of human life, which the Hebrews believed to possess intrinsic value and hence to be sacred” (27). While some readers might not have the patience for such recapping, our increasingly post-Christian world demands that we become talented apologists for Judeo-Christian values.

The entire book, perhaps unintentionally, serves as a profound *apologia*, as the author contrasts Christian compassionate-care medicine with the treatment of the sick in other belief systems. The former model testifies to Christianity’s revolutionary nature as the fruition of Old Testament beliefs.

Although hospitals were initially only for the poor, they expressed eloquently how Christians saw affliction as offering something positive in the sufferer’s life and therefore opening him to spiritual growth. Suffering gave healthy believers the opportunity to care for the sick while prompting the ailing to rely on God and to share in Christ’s Cross: “Christians believed that rather than bringing shame and disapproval, disease and sickness brought the sufferer a favored status that invited sympathy and compassionate care. In the classical world, neither philosophy nor religion encouraged a compassionate response to human suffering” (78–79).

The Constantinian settlement brought masses of people into the faith and relaxed Christian–pagan boundaries. This openness also paved the way for the Greek physician Galen’s “unparalleled influence on the development of medicine” (64), as his writings were used by Christian thinkers for many centuries.

Galen’s beliefs had surprising parallels in Judeo-Christian thought. His writings show that Christians were not the first to treat the sick with some compassion. In his teleological perspective, he believed “that everything had been made by the Creator . . . for a divine purpose and that the entire creation bears witness to his benevolence” (65). “True piety,”

Galen believed, echoing Christians, “lies in recognizing and explaining the wisdom, power, and excellence of the Creator rather than in offering a multitude of sacrifices” (64). It is possible that Jews and Christians influenced Galen, as Ferngren notes the ancient physician refers to both groups several times in his writings.

Does Ferngren’s success in showing the revolutionary nature of Christian care indicate his failure as a value-free historian, or does it reflect the Gospel’s transformational nature? The author connects the Gospel to the history of Christian medical compassion, noting how early Christian health care found inspiration from Jesus’s parables and healing miracles.

From the desert Fathers, who as ascetics often assumed a role as healers, the author takes us to the early Middle Ages and the introduction of the cult of relics, by which many medieval Christians sought healing. More generally, since medical care was frequently received alongside religious beliefs and rituals, Christians, like the inter-testament Hebrews before them, continued to see God as the real healer even when they turned to herbal or other naturalistic forms of treatment. Ferngren reports very little medical-religious conflict, though many religions proscribed dissection as disrespectful to the body.

In his chapter on Muslim ideas of health and healing, the author limits his sketch to the Middle Ages. Islamic and Christian medical efforts frequently overlapped, and Muslims commonly held that “illness is a gift of grace and an opportunity to become purified and have one’s sins forgiven by God” (121). In parallel with Christians, Muslims viewed illness from a spiritual perspective.

As he does throughout, the author highlights how the cultures borrowed from each other, pointing out that the Muslim emphasis on balance and harmony corresponded with the Greek perspective (126) and noting that Sufi saints played the same healing role as Christian ascetics.

If there is a break in all of this, it comes with the advance of science during the Reformation. Just as Protestants distrusted ecclesiastical authority, so they questioned

medical and educational officialdom, which led to many health care reforms. The author describes the Lutheran eccentric Paracelsus, “iconoclastic, quarrelsome, and egotistical, with an insatiable curiosity and wanderlust” (141), who argued for hands-on medical training and favored a trial-and-error approach over appeals to past masters.

Fergren’s discussion of Protestantism and medicine once again points to just how greatly religion has affected medical practice. Yet the author does not regard medicine as in any way under the control of dogmatic theologians. Each age sees much diversity in the kinds of treatment and the beliefs that inform the experiences of sickness and healing. And although one religious perspective may dominate at a particular time, a whole host of magic and superstitious practices, ancient and new treatments, and simple belief in God work together to create better health.

Perhaps one weak point in the book concerns the relationship between science and medicine. A brief history of the transformation of science from the time of Francis Bacon to now would give a more complete idea of the interplay among religion, science, and medical practice over time—but perhaps this is asking for too much from one book.

The author consistently places the practice of healing in a larger cultural perspective. In his discussion of Enlightenment medicine, with its emphasis on reason and optimism about progress, for example, he notes a social issue related to medical training, pointing out that “Enlightenment medicine was learned medicine for university-trained elites, who had studied theoretical medicine, while a broad spectrum of non-elite forms of healing existed for the poor” (162).

Lastly, the author shows how religion’s influence on nineteenth- and twentieth-century Western medicine, practiced in increasingly secular and scientifically sophisticated societies, reflected a growing concern with ethics, even as the magical and miraculous aspects of religious healing decreased, aside from the Methodist and then Pentecostal healing ministries. If Catholic and, to a lesser extent, Protestant missionary hospitals existed primarily for the purpose of

winning souls, they failed, as “the conversion rates among patients in mission hospitals was extremely low,” perhaps because “the missionaries did not integrate their religious teachings into medical healing” (170).

The author sees diversity and constant change as the most consistent factors in the interplay between medicine and religion.

Medicine and religion have always interacted, and continue to do so, but always in a state of flux and under a wide variety of contending influences.

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***Living the Good Life:  
A Beginner's Thomistic Ethics***

by Steven J. Jensen

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215 pages, bibliography and index, ISBN978-0-8132-2145-8

The interplay among reason, the will, and the emotions, including the emotions of desire and pleasure, forms the crux of Steven Jensen's *Living the Good Life*, as the author considers right conscience and happiness; deterministic behaviorism; the virtues; utilitarianism, justice, and the common good; and wisdom and knowledge. Jensen, an associate professor of philosophy at the University of St. Thomas in Houston, Texas, addresses current issues, such as the focus on values, and why values-talk falls so short of Thomistic ethics. By avoiding anecdotes and current political or social issues, the author ensures that the book will not date quickly. Nor does he fall into abstraction, as he illustrates his points with everyday examples such as the temptation not to return an extra twenty dollars that a bank clerk accidentally gives us.

Jensen dismisses any notions of ethics as a series of dos and don'ts, and develops the positive side that pushes us to be *for* something. This makes the author's application of ethics to psychology much more forceful and even inspirational, exemplified in the need to set the right targets in life: “Yet haven't we all experienced disappointment when we have achieved our dearest goals? Haven't we pursued some object as if it would make us happy, worked hard to achieve it, and yet when finally we attained it we were disillusioned?” (187). Trying to satisfy our appetite

leads to aiming for the wrong objectives: “Our desires are not magical; they do not confer upon the thing desired the ability to make us happy. Our desires are as fallible as anything else about us” (187). We must look for fulfillment in something higher than the gratification of pleasure.

Despite this positive, even inspirational side, Jensen never shies away from confronting contemporary society's major battles over good and evil, thereby showing the relevance and timeliness of St. Thomas Aquinas. The saint's reason-based ethics provide a genuine voice for liberty. Instead of contradicting or competing with our freedom, Thomistic ethics supports it, the author argues, as he contrasts liberty to libertinage. The absolute truth can set us free from enslavement to our passions and other emotions.

Jensen treads profitably into psychology, showing how contemporary talk of values amounts to the attempt to rationalize choices that fall short of the truly reasonable and virtuous moral life. Even when sinning, we need to convince ourselves we are acting well, because ultimately we know that good and bad are not relative or based on mere opinion. Thomistic ethics disregards that rationalization and hinges on the practice of right reason. Here again, though, the author must consider the contemporary understanding of reason, which greatly differs from the Thomistic one.