

the dignity of the patient despite his condition, a view which places family and social relations, and the unconditional value of the person, above individual autonomy.

The Rummelink report also found that in an estimated 1,000 cases doctors ended a life without the patient's explicit request. This was one of the dangers cited by the U.S. Supreme Court in its 1997 ruling against a constitutional right to euthanasia. Many of these cases of forced euthanasia were cases where a dose of morphine was given without the patient's request with the *intention* of shortening life (therefore violating the principle of double effect). Doctors report that these actions place an inevitable moral burden on them, from which it can take months to recover (p. 312). They struggle with the fact that although they intended to relieve pain they also intended to kill the patient, thereby illustrating the excellent moral insights of the doctrine of double effect.

The editors recognize that "the Rummelink 1,000" gives substance to the charge that euthanasia cannot be controlled adequately in legislation, despite the presence of clearly stated guidelines, and inevitably leads to the "slippery slope." The slippery slope, let us not forget, means that it leads to an increase in the human misery it was supposed to prevent. John Griffiths's essay on this matter is particularly weak, and continually sidesteps the question of why 1,000 people were euthanized against their will. He also rejects, in a footnote and with no discussion, the principle of double effect. This is indicative of the scant philosophical debate important issues and distinctions receive in this book.

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**Wildes, Kevin Wm., S.J. *Moral Acquaintances: Methodology in Bioethics*. Notre Dame, IN: University of Notre Dame Press, 2000. 214 pp.**

In the Gospel of John, the disciple Thomas asks of the Lord: "... how can we know the way"? Christ replies: "I am the way and the truth and the life."

Biblical scholars such as Raymond Brown have contemplated the interaction of these three nouns, interpreting Christ's response to mean that truth and life are found in "the way" of Christ, since the word "way" is the primary predicate. Later in the Gospel of John, Christ proclaims His way: "this is my commandment: love one another as I have loved you." The power of this divine statement brings an assurance to humanity about what is truth, and it is absolute.

Unlike the Gospel of John, writings in the field of bioethics have no such simplicity nor security as being "the truth." The truth regarding the way of human conduct perceived by one bioethicist may not be the same for another. Who presents the truth when society is confronted with ethical issues that emerge from the latest scientific development? We ask the same question as did Thomas: "how can we know the way"?

Truth resides in the Lord, but the Lord has not provided a *certain* means to know how to act, when we must decide for example about the propriety of contraception, *in vitro* fertilization, or human stem cell research. Our current society has been left to its own deliberations. Frequently, legal rulings have come from the courts, but even the Supreme Court has sought the wisdom of bioethicists trained to guide us along the way. Nevertheless, our pluralistic society has no Christian underpinning; therefore, secular bioethical discourse is understandably devoid of a reference to the way of the Lord.

Kevin Wm. Wildes, S.J., is an eminent bioethicist who underscores the dilemma of secular ethical pluralism in his recent book entitled: *Moral Acquaintances*. Wildes tries to forge a "commonality" despite our

social diversity. He proposes that a way to bioethical truth is in its methodology. The procedures themselves, such as informed consent, advance directives, prior notification, and futility policy can be the bases of bioethical consensus. Wildes contends “that the procedures provide a way to identify common moral ground.” He also notes that “there are standards for moral discourse that ought to be recognized by anyone.” For all those of the secular world who share in a consensus of an ethical methodology despite different reasons as to why they do, Wildes refers to them as “moral acquaintances.” For those who act in concert, Christians, for example, thinking that they are acting perhaps as the Lord intends, Wildes considers them “moral friends.” The problem is that secular society is full of “moral strangers.”

I recently had the privilege to assemble such a group of strangers in conducting an ethical seminar on financial compensation for organ donation. Health care is the arena Wildes would have us find “acquaintances.”

The participants of the seminar were very sincere and thoughtful in their ethical recommendations regarding the topic: “Should we monetarily compensate the organ donor?” But we had to contend with the reality of “enemies” whose views were far too polar to corral into a consensus. There was no bridging the perspectives of the autonomy of sale, with the prohibition of violating human dignity.

Thus, I found the Wildes book helpful in this exercise, attempting to develop ethical methodology that could be applied to compensation approaches such as providing a direct payment, an income tax incentive, a reimbursement for funeral expenses, versus a charitable contribution for the person who consents to organ donation. I received that help by Wildes’s novel thinking given in the last three chapters (Part Two), which extends for approximately sixty pages. The summaries and conclusion are clear and excellent.

However, except for the author’s giving his view of methodology as the common ground of bioethical discourse in the first

chapter, Part One of the book (five chapters, 110 pages) is mainly a review of previously developed ethical formulations and principles. Part One is comprehensive, but this section is not easy reading. I suspect that my difficulty in retaining what I read comes more from the disjointed nature of the field than from its presentation by Wildes.

I think I would have been comfortable sharing the contents of this book with my seminar strangers if the word “ethical” instead of “moral” was placed in the title. The participants of my seminar may not have been receptive to a “moral” prescription for the development of secular ethical policy. Wildes defines bioethics as “a dialectic shaped by ethics and morality.” He gives them equal stature, but morality precedes ethics in this definition. The subtitle of the book is *Methodology in Bioethics*; and after all, the field is not referred to as biomorality. Thus, a practical reason for considering why we need *ethical* acquaintances might be because we need to better influence strangers and enemies about truth.

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