ciates the importance of individual acts because human acts make persons and persons manifest themselves through their acts. An authentic personalism has to acknowledge this intrinsic and dynamic relationship. Kelly's approach does not.

Finally, despite his reaction against Church authority, Kelly does not seem to be aware that he has given his allegiance to another authority, the authority of the courts. Throughout the text, he does not hesitate to appeal to judicial cases to support his arguments. (An appendix lists twenty-three legal cases that are cited in the text. In contrast, the references include only seven items from the magisterium.) More tellingly, Kelly does not hesitate to replace the authority of bishops with the authority of judges. With regard to salpingectomy (surgical removal of a fallopian tube) and salpingostomy (surgical incision into a fallopian tube), for instance, he comments that "bishops surely will be slow to reiterate their earlier condemnation of salpingostomies now that physicians doing salpingectomies instead (where the less intrusive salpingostomy is possible) might run the risk of having their licenses taken away" (115). It appears that for Kelly, what is legally permissible is more important than what is morally permissible. Has ecclesiastical positivism now been replaced by judicial positivism?

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***The Lazarus Case: Life-and-Death Issues in Neonatal Intensive Care*, by John D. Lantos. Baltimore, MD: Johns Hopkins University Press, 2001. 194 pp. Index.**

If any unit in the hospital represents both the capacities and limitations of modern medicine, it is the neonatal intensive care unit (NICU). When a woman, twenty-five weeks pregnant, goes into emergency labor, it is the doctors and nurses of the NICU who go to work to save her tiny baby. Many of the premature patients in an NICU weigh just more than a pound at birth. The successes of the NICU are the miracles of modern medicine, and its losses remind us of our human limitations. The drama of the NICU unit is the drama of modern medicine.

John Lantos, M.D., professor and section chief of pediatrics at the University of Chicago, builds *The Lazarus Case: Life-and-Death Issues in Neonatal Intensive Care* around one such case. It begins with "Dr. Miller," a neonatologist, and Baby Boy Jones, who is, according to his medical history, "'… the 680g product of a 25 week gestation to a G1, P1, 25-year-old married woman.' To translate: this extremely premature baby, weighing just over a pound, is this young couple's first baby, resulting from their first pregnancy" (4). After delivery, Dr. Miller aggressively tried to resuscitate the baby, but "after ten minutes, [he] paused. The monitor still showed a heartbeat, but Miller couldn't feel a pulse in the neck, the arms, or the legs" (8). Dr. Miller discontinued resuscitation and brought the baby to his parents, presumably so that they could hold him before he died. A short time later, in his distraught parents' arms, the baby began to gasp and his heart rate rose (9). In short, the baby who was not expected to survive, did survive.

Three years later, the parents sued the doctor and hospital for thirty-five million dollars, claiming that Dr. Miller's decision to discontinue resuscitation constituted medical malpractice (10).

The drama of this fictional but realistic medical malpractice case provides the setting for *The Lazarus Case*. Through the backdrop of his imagined deposition as a medical expert for Dr. Miller, Lantos uses the moral and medical drama of the NICU to highlight issues in contemporary medical ethics, including the role of technology, the issue of informed consent, and the definition of death, among others. Each chapter examines a different ethical dilemma through the lens of the fictional case and Dr. Lantos's actual medical career.

Technology has changed medicine. In chapters entitled "Someone Will Pay" and

"Passing Out in the NICU," Lantos details the development and use of technology in the NICU from the beginnings of neonatology as a field of practice. He provides an accurate history of NICU technology and the effects this technology has had on survival rates of premature newborns. The study clearly establishes the NICU as a technological success story, which Lantos uses to raise important questions about the development of technology and the role of ethics.

The technological advances that make it possible to save and prolong lives, in the NICU and the medical community at large, often leave the rest of society scrambling to catch up. The challenge is to understand and evaluate procedures and instruments that until only recently seemed unimaginable, and to answer legal and ethical questions that have never been posed before. The introductory chapters of *The Lazarus Case* highlight the complexity of the ethical assessment of technology and its uses. While he only briefly examines a few theological, philosophical, and sociological viewpoints, Lantos sketches the framework of bioethics and medical decision making and provokes the reader to ask questions and resist easy answers.

At the heart of ethical decision making in clinical medicine is the question of informed consent. Lantos points out, "through the informed-consent doctrine, we theorize the problem of tragedy as a problem of improperly constituted authority, of disempowerment, of exploitation" (86). In the case of Dr. Miller and Baby Boy Jones, what constitutes informed consent? Lantos argues that "the conflict arises when the parents do not agree or are not emotionally ready and therefore are unwilling to discuss, let alone authorize, the discontinuation of life-sustaining treatment for their baby" (90). Interviews with a number of mothers and fathers of premature infants illustrate the difficulty of providing informed consent in these cases (91–104). What happens if the parents are not emotionally capable of listening to the doctors, never mind capable of giving informed consent for life-sustaining treatment? Given that the law is unclear, is Dr. Miller guilty of malpractice because he did not obtain informed consent before halting resuscitation?

Lantos offers the relevant background and context, posing these questions in such a way as to force us to deliberate and evaluate for ourselves the ethical status of Dr. Miller's actions. What happens when there is no *right* answer? Lantos argues, "The moral drama of medical malpractice imagines an ideal world in which medical care can and should be perfect. This is crucial because the concept of mistake only makes sense against some context of nonmistake" (146). Technology and informed consent are just two aspects of the case, which resists simplification for the sake of a yes or no answer. The book also addresses questions of cost and accountability in medical decision making, how medical students learn about death and dying, and the social nature of clinical practice.

The Lazarus Case exposes the complexities expressed in Lantos's assertion that "medicine as a social enterprise is a set of practices and standards that set criteria for both technical and moral excellence" (149). This book is not an extended philosophical or theological treatise on issues of life and death in the NICU. It is, however, a provocative and detailed examination of the intricacies of decision making in the NICU and its connection to medical ethics as a whole. *The Lazarus Case* is recommended for anyone who is involved in patient care and clinical decision making, and will be an effective resource for teaching bioethics to undergraduate, nursing, and medical students.

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