

Suffering and Bioethics

edited by Ronald M. Green and Nathan J. Palpant

Oxford University Press, 2014, hardcover, \$13

504 pages, index, ISBN 978-0-19-992617-6

Despite the ubiquity of suffering in the context of medicine, bioethicists did not discuss suffering directly for much of the twentieth century—that is, until Eric Cassell began to publish on the nature of suffering in the 1980s. According to Cassell, pain ought to be distinguished from suffering. Pain is a result of physical trauma and thus has a physical cure. Suffering, on the other hand, is often associated with pain but is not always concurrent with it. Rather than having purely physical origins, suffering is an emotional state of distress that accompanies or comes after an injury. To cause suffering, an injury must threaten the intactness of a person as a psychological and social being (15). Suffering, therefore, is far more complex than pain. Its nature is difficult to understand, as are its ethical implications.

In the face of these difficulties, Ronald Green and Nathan Palpant have brought together a group of impressive scholars, drawing on their various resources to tackle the questions, what is suffering and what ought to be done about it?

The book is organized into five sections, which are divided roughly by profession. In the first section, philosophers take up the question, what is suffering? In the first essay, Cassell himself explains his understanding of suffering, which he develops by reflecting on a few case studies. Suffering, argues Cassell, lies not just in an external source of pain, but in the meaning that a person ascribes to that source. A person suffers when she perceives the source of her suffering as a threat to her intactness. Finally, since suffering involves individual persons and their unique understandings of the suffering, it is always lonely.

For the most part, the rest of the contributors in this section complement Cassell. The only exception is that of Barry Hoffmaster, who takes issue with Cassell's comprehensive definition of suffering. Rather than trying to define suffering, Hoffmaster prefers to

reflect on how it is experienced. He thinks this approach is better because it respects the complicated nature of suffering, reminds us of the uniqueness of each person's suffering, and is more conducive to arousing empathy. Unfortunately, these critiques, though perhaps valid, are made of Cassell's book, *The Nature of Suffering and the Goals of Medicine*, not Cassell's contribution to this volume, and they seem irrelevant here.

The second section comprises the contributions of biologists. Rather than building on the first, this one works from the ground up and focuses again on what suffering is. The answer given in the first essay, on the biological mechanisms that underlie pain and suffering, is somewhat difficult to parse. The four coauthors acknowledge that there is a legitimate distinction between pain and suffering but nevertheless use the terms interchangeably. Later, they do introduce a distinction between emotional and physical pain, which seems to correspond roughly to the distinction between pain and suffering used by most of the other contributors. The confusion seems to arise from a lack of communication among the coauthors. Each section of the chapter reads differently from the others. Some parts are full of jargon that only a biologist would understand, and others are written in the plain language that is appropriate for an interdisciplinary volume like this.

Nevertheless, the findings of these authors about the underlying mechanisms of emotional and physical pain are quite telling: these mechanisms are largely the same. People who suffer from social exclusion, for example, experience activation in the same parts of the brain as people who suffer from physical pain. This is an interesting discovery, but the authors draw from it a jarring conclusion: perhaps emotional pain can be treated with the same medical interventions that are commonly used to treat physical pain.

This would seem to run against the grain of the rest of this volume, which largely emphasizes the psychological and spiritual aspects of suffering and argues that doctors often fail to treat suffering properly because they focus exclusively on its physical causes.

Next the book investigates the relationship between suffering and law. The authors of this section move away from questions about the nature of suffering and focus on what can be done about it, what has been done about it, and most interestingly, why more has not been done about it. This last question is the topic of a three-author essay that investigates how people throughout history have allowed suffering to go on under their noses. It shows, for example, that many of the researchers involved in the Tuskegee syphilis experiment justified their actions by appealing to the value of the medical knowledge they hoped to discover. Chillingly, the authors point out that such justifications cannot possibly stand on their own and must be undergirded by deep prejudice. The authors move on to discuss the Belmont Report, which they see as a necessary step toward overcoming the prejudicial attitudes that have blinded many in the West to the suffering of others. They rightly point out that work in this area is incomplete; major cultural shifts are needed to overcome the underlying attitudes that cause people to remain apathetic to the suffering of others.

The section on religious perspectives is by far the longest. As some authors in the other sections remark, the world's major religious traditions have contemplated the meaning of suffering for generations; it only seems fitting to draw from them. The contributions from the Protestant and Jewish perspectives are particularly effective. Both start with the foundational texts of their traditions and narrate the development of their interpretations over time. The result is a collection of thoughtful reflections on the meaning of suffering and its implications for bioethics.

Contemplating the Jewish tradition, Laurie Zoloth argues that suffering is simply evil. One ought not try to understand it, nor ought one try to justify its existence in the creation of an omnibenevolent creator. It simply exists and needs to be opposed. Suffering should be

used as an opportunity to detach oneself from earthly things. For those who see others suffering, this means eliminating that suffering, even if this means removing end-of-life care from terminally ill patients.

Following a similar methodology, the Protestant author Karen Lebacqz concludes that suffering is only redemptive inasmuch as a person suffers on behalf of someone else. Jesus stood up against oppression for others and suffered as a result. Christians are to do likewise. Suffering itself, however, is without value. Therefore, it is the task of Christians to eliminate suffering when possible and to suffer alongside others when it is not. Lebacqz acknowledges that these duties have limits, but does not go into detail about what they are.

The Orthodox author Tristram Engelhardt Jr. also emphatically rejects the idea that suffering could have any redemptive value. Interestingly, all three of these authors contrast their views with what they refer to as the Catholic perspective. However, the Catholic contributor Lisa Cahill also rejects the notion that suffering is redemptive. She argues that this understanding of suffering among Catholics comes from the penal substitution theory of atonement, which she claims modern theology has largely rejected. Cahill prefers an interpretation that largely resembles the one offered by Lebacqz, in which suffering is meaningful as a sign of what one has undergone in an effort to help others.

It is clear that these four authors did not coordinate their contributions. Nor, it seems, did they receive instructions from the editors that would have helped unify them. This is unfortunate, for as it stands, anyone who is unfamiliar with the idea of redemptive suffering will not learn much about it from this volume and therefore will not know what these authors mean when they say they reject the view that suffering is redemptive.

Finally, the fifth part of the book, "Suffering in the Ethics of Contemporary Medicine and Biotechnology," focuses on the limits that ought to be placed on the alleviation of suffering. On the most permissive end, Mary Majumder argues that the legal limitations placed on preimplantation genetic diagnosis

ought to be “broad enough to accommodate the range of reasonable viewpoints” (419). Unfortunately, instead of explaining what she means by reasonable, Majumder rejects a number of viewpoints that she finds unreasonable, claiming simply that they are inadequately justified (420). Paul Lauritzen, however, is more restrictive. He sees medicine as a profession with a specific goal: the treatment of disease. When doctors deviate from this goal in order to fulfill their patients’ desires in exchange for a fee, they commercialize suffering and turn its alleviation into a commodity. The most immediate problem with this deviation is that it trivializes suffering. More importantly, however, doctors who treat suffering itself and not the diseases that cause it end up begetting more suffering. For example, by seeking to alleviate the suffering of infertile spouses, many doctors have induced multiple-gestation pregnancies, which have a host of negative consequences for mothers and children alike.

Suffering and Bioethics is a helpful collection for anyone looking for a broad overview of the various positions that have been taken on the nature of suffering and its bioethical implications. This book also offers its readers a chance to investigate how suffering and its related problems are approached by thinkers from different backgrounds. As an interdisciplinary work, *Suffering and Bioethics* serves as a good starting point for further scholarship. The variety of perspectives shows that thinkers from different disciplines are far from united in their understanding of what suffering is and what ought to be done about it. This discord need not be discouraging, but rather should be seen as an indication of what work still needs to be done to achieve a unified understanding of suffering.

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***The Gospel of Happiness:
Rediscover Your Faith through
Spiritual Practices and Positive Psychology***

by Christopher Kaczor

Image, 2015, hardcover, \$18

205 pages, bibliography and index, ISBN 978-0-8041-4100-0

Although intellectuals have spurned religious faith for centuries, the common flight from confessional religion is fairly recent, corresponding roughly to the onset of the digital and information revolutions after World War II. This is also the period of the ideological secularization of higher education, including, sadly, much of Catholic education. Had Catholic universities not chosen to metamorphose into clones of their secular counterparts, a genuine dialogue between Christian faith and philosophy and the modern social sciences might be a lot further along than it is. Maintaining the principles proper to each discipline, Catholic scholars on both sides could have asked what anthropological and ethical truths can assist in the proper

articulation and application of the respective bodies of knowledge.

The Need for an Integrated Psychology

I am convinced that if Catholic universities had maintained intellectual cultures consistent with the faith they profess, the psychological sciences in particular would have translated many of the true and waxing insights of the modern discipline, especially as generated by the cognitivist-empirical turn of the late twentieth century, into theoretical paradigms and clinical modalities more consistent with Christian truth. This did not happen. So here we are in the second decade of the twenty-first century still struggling to understand what an integrated psychology looks like.