

looking for ethical justification for their positions should look elsewhere. Macklin provides very little.

Catholic readers will quickly grow weary of her continual attacks on the Church's moral teachings. Sadly, these are advanced not by well-reasoned arguments, but usually by placing one or more of a short list of adjectives, such as "authoritarian," "patriarchal," "fundamentalist," "hierarchical," "paternalistic," or "dogmatic" in front of nouns such as "Church," "Vatican," or "Pope."

Macklin's book does raise for consideration some very interesting questions. Is an anti-foundationalist anti-relativism conceptually possible? Is it possible to be a moral absolutist at the level of fundamental moral principles without admitting the possibility of at least some absolute moral rules? Are respect for cultural diversity and anti-relativism compatible? If so, on what conceptual basis? How might one judge what moral rules should be tolerated on the basis of respect for cultural diversity and what rules ought not be tolerated on the basis of antirelativism? Unfortunately, Macklin never provides a solid philosophical foundation for addressing these questions. Finally, her arbitrary assertions of her personal moral intuitions are susceptible to arbitrary denial by cultural relativists throughout the world.

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Smith, Wesley J. *Culture of Death: The Assault on Medical Ethics in America*, San Francisco: Encounter Books, 2000. 285 pp.

"Who are those guys?" Movie fans remember the line well. Butch Cassidy and the Sundance Kid, try as they might, are simply unable to shake their pursuers. In exasperation, the duo keep asking each other, "Who are those guys?"

In *Culture of Death: The Assault on Medical Ethics in America*, attorney Wesley Smith provides us with an answer to the question: how did things get so crazy in American health care? How did medical care become so compromised? How did starving and dehydrating not only the unconscious but the conscious come to be regarded as health care in any way? How did using anencephalic infants as organ farms make it to the pages of *JAMA*? How did a pro-physician-assisted-suicide position come to dominate the editorial pages of *NEJM*? We know something is amiss but have a hard time putting our finger on the exact cause of the malaise. This volume is Smith's answer to those questions. We are where we are because an influential group of thinkers has been working quietly behind the scenes, as it were, to jettison the Hippocratic tradition of Western medicine and to substitute for its own quality-of-life agenda. *Culture of Death* is a warning about this bioethical elite and its inordinate power over the medical culture in America. In his own way, Wesley Smith is answering the question: "Who are those guys?"

Those "guys" are the bioethicists. They are philosophers like Peter Singer, John Hardwig, Judith Jarvis Thomson, Margaret Pabst Battin, and Daniel Callahan. They are joined by theologians like Joseph Fletcher, lawyers like Ronald Dworkin, physicians like Ronald Cranford, activists like Kathy Guillermo, and politicians like Richard Lamm. What unites them—and they do not agree on everything by any means, notes Smith—is an ideological fervor to dismantle traditional Western values, especially the medical ethic embedded in the Hippocratic oath, and to substitute an ethic which stresses the quality of life over the sanctity of life, relative values over absolute. A 1970 editorial in *California Medicine*, "A New Ethic for Medicine and Society," presents the "new ethic" in a lapidary way (p. 10).

The bioethics espoused by this intellectual avant-garde is an ideology, a social movement, and a secular faith. Smith considers this bioethics to be dangerous in the

extreme, especially in the way it lulls an unsuspecting society to sleep by a policy which Smith describes as incrementalism. He likens what is happening to us to a frog being boiled in a pot, unable to jump out as the water gets progressively hotter (p. xv). The analogy is a good one to keep in mind for the rest of the book.

After an introduction that serves as a *mis-en-scène*, Smith argues his case in seven chapters. The first one, "Harsh Medicine," presents the reader with the beginnings of the bioethics movement. Smith is convinced that we must see it first as a social movement. True, bioethics had some religious inspiration at its inception, but as Smith sees it, in the battle between Protestant ethicists such as Paul Ramsey and Joseph Fletcher for the soul of the new discipline, the secularism of the latter won out over the religious faith of the former. What Smith says in this chapter reinforces an argument made by bioethicist Albert Jonsen in *The Birth of Bioethics*: bioethics is what happens when political liberalism goes to medical school and takes over the curriculum. While Jonsen finds the liberal bias of bioethics appealing, Smith finds it appalling.

The bioethics establishment, as Smith sees it, is based on three pillars: utilitarianism, quality-of-life thinking, and what he calls "The Georgetown Mantra," to wit, the principlism expounded in Tom Beauchamp and James Childress's *Principles of Biomedical Ethics*. Chapter one, in short, alerts the reader to the tools being used by the bioethics establishment to dismantle the traditional Western medical ethic.

Smith shows how the actual assault on the Hippocratic oath is taking place in the second chapter, "Life Unworthy of Life." He explains how two German academicians, Karl Binding and Alfred Hoche, did much to weaken physicians' respect for Hippocratic medicine by means of their 1920 volume, *The Permission to Destroy Life Unworthy of Life*. Among the topics Smith takes on in this chapter are human experimentation, 'useless eaters,' infanticide both active and passive, partial birth abortion, and

the dehydrating of the cognitively disabled. Smith ends the chapter with a warning that even the conscious have become targets for the theoreticians of the Culture of Death. Ronald Cranford, a neurologist who often testifies in favor of those who would take away nutrition and hydration from severely disabled but not terminally ill patients, serves Smith as a sort of *bête noire* for the chapter.

The third chapter, "The Price of Autonomy," is an exposition of what Smith has labeled "The Georgetown Mantra," the four principles—autonomy, nonmaleficence, beneficence, and justice—used in various combinations by bioethicists to arrive at whatever conclusion it is they wish to reach. Smith notes that of the four, autonomy is top gun. He analyzes how the concept of autonomy has been utilized by those in the front lines of pro-euthanasia and assisted-suicide movements. While critical of bioethics almost always, Smith here actually says some nice things about the discipline (p. 85). He quickly recovers, and towards the end of the chapter he gives a succinct appraisal of what is happening in American health care when death and money mix: "The drugs for assisted suicide only cost about \$35 to \$40, while it might cost \$35,000 to \$40,000 (or more) to treat the patient properly. The math is compelling, and contains a warning we dare not ignore" (p. 119). Throughout the volume Smith alludes to what he considers the overly cozy relationship between HMOs and bioethicists.

Futile care theory is the subject of chapter 4, "Creating a Duty to Die." We see here an example of the incrementalism of bioethics at work (p. 130). The utilitarians base a large part of their rationale regarding futility on the justice component of the Georgetown Mantra. Smith mentions the case of a Catholic hospital in California with a futility policy, most likely to show how far the rot extends in American health care. The Culture of Death has made inroads even in Catholic health care, Smith seems to be saying. The author is aware that not all bioethicists agree regarding what constitutes futile care. For example, Daniel Callahan is taken

aback by some of what passes for health care ethics in the brave new world of futility medicine, taking issue with John Hardwig's "duty to die" philosophy. Hardwig acknowledges that while Callahan does not exactly *say* what Hardwig says, the logic of Callahan's argument certainly points in this direction (p. 154).

Organ donation is the subject matter of the fifth chapter, "Organ Donors or Organ Farms?" The author touches upon the Pittsburgh Protocol, the dead donor rule, and brain death as well. Smith pulls no punches when he talks about the propensity of some bioethicists to redefine persistently unconscious people as dead: "The point of the contrivance is to exploit the bodies of helpless, living human beings disdained in bioethics ideology as being outside the moral community, for the benefit of others whose lives the philosophers deem more worthy to be lived" (p. 175). Smith broadly hints that respectable physician-bioethicists such as Norman Fost and Stuart Youngner, in their rationales for obtaining organs from the certainly not-dead, are not all that far removed from the macabre musings of Kevorkian's *Prescription Medicide*.

The animal rights movement is on center stage in the sixth chapter, "Protecting Animal Rights at the Expense of People," and so is their chief guru, Princeton Professor Peter Singer. Those interested in the rights of the disabled will want to look at this chapter closely as Smith attempts to explain how things have gotten so out of hand that some bioethicists try to make a case for using the disabled rather than animals in dangerous experiments. The philosophy behind this approach is expressed pithily by Ingrid Newkirk, one of the founders of PETA: "There is no rational basis for saying that a human being has special rights. A rat, is a pig, is a dog, is a boy. They're all mammals" (p. 195).

The final chapter, "Towards a Human Rights Bioethics," presents Smith's case, plea even, for a return to the Hippocratic tradition. If what he has written in the first six chapters is substantially true, then what the bioethics establishment is doing, in large

part, is providing a rationale for what Smith provocatively terms 'medical cleansing' (p. 219). In this chapter he touches upon the genetic revolution, stem cell research, and human cloning. He raises the spectre of eugenics several times. (Indeed, earlier in the volume Smith pointed out the eerie similarities he found between eugenics and bioethics [p. 35]). He ends with a plea for a return to sanity and jumping out of the pot, as it were, as we strive to create an authentic bioethics of human rights where all human beings—the youngest, the oldest, the weakest, and the sickest—have an honored place at humankind's table. He urges those who see the point of his book to imitate the approach to human rights taken by those who toil in the disability rights movement.

"Who *are* those guys?" As an answer to that question, *Culture of Death* is quite successful. Indeed, those interested in learning about or learning more about bioethics should buy this book. In a very real sense, however, no one will be totally satisfied with *Culture of Death*. The bioethicists who are criticized in it will no doubt carp that Smith has misrepresented their positions, and doubtless on occasion he has; those in the pro-life movement will in all likelihood be disappointed with the position Smith takes or does not take on the issue of abortion (p. 224). Physicians in tune with the Hippocratic tradition may find Smith's ruminations on medical futility to be overly simplistic. [That "futility"—properly understood, of course—has a place in sound clinical practice was argued for cogently by Edmund Pellegrino in a 1999 address he delivered to the Pontifical Academy for Life.] Academics will grouse because the notes are sketchy and say the volume lacks philosophical nuance. True, but it is well to remember that Smith is a lawyer, not a philosopher, and he writes well.

While *Culture of Death* may be criticized by some as a popularizing volume, its message is extremely important and timely. The index proves quite good. Even the volume's one appendix, on the benefits of animal research, in addition to dovetailing nicely with

chapter 6, will prove helpful to those who might have to deal with the more rabid of the animal rights activists.

One quirk worth noting: Smith relies quite extensively on interviews conducted with some of the people mentioned in the volume. Employed judiciously, the practice may have its place. It is perhaps overused here.

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Watt, Helen. *Life and Death in Healthcare Ethics: A Short Introduction.* London: Routledge, 2000. 97 pp.

This concise work is a gem. Divided into an introduction, six chapters, notes, a useful bibliography, and an excellent index, it is clearly written and manages to develop in an engaging and philosophically cogent way key truths central to understanding major issues of life and death in health care ethics.

In her introduction Watt articulates the approach she will take (p. 3). That approach, rooted in the natural law thought familiar to readers of Germain Grisez, John Finnis, Joseph Boyle, and their associates links morality to human fulfillment: to the enjoyment of 'basic human goods' such as life, knowledge and friendship. It gives central place to human intentions in evaluating means for promoting human well-being.

It lays stress on the impact of choices on the agent him- or herself, on the kind of people we make ourselves to be by choosing as we do.

Watt develops clearly the central role played by intention in human actions along with key moral and anthropological principles in examining cases taken up in the chapters

that follow. Common to all of them is the centrality of intention, but this theme is front and center in chapter 1 ("Homicide: Moral Approaches"), focusing on a case involving the nonvoluntary euthanasia of a Down syndrome baby, in chapter 3 ("The Competent Patient"), dealing with a case of voluntary euthanasia, and in chapter 6 ("Cooperation").

In chapter 2 ("The Unconscious Patient"), centering on the famous Tony Bland case involving a man alleged to be in the "persistent vegetative state," chapter 4 ("Abortion"), and chapter 5 ("Embryo Destruction"), Watt provides cogent reasons for holding that all biologically alive members of the human species are persons and criticizes various efforts to deny them personhood. The above should serve as a general overview of the book's contents.

To take up specific themes developed in the book, we can consider first the *key role played by intention*. In chapter 1 Watt notes that at times a distinction is made between "killing" and "letting die," and that this distinction is ambiguous, precisely because some people claim to be letting someone die when in fact they are killing him. What determines the matter is the *intention* of the acting person. Watt rightly emphasizes that human actions are not mere physical events that come and go. As she says, "*intentions make the action*" to be the kind that it is. In the described "Arthur" case, the doctor did not simply "let the child die." His aim was to end the child's life, and "if the aim is to bring about death, it is euthanasia whether this is done by omission ... or by a 'positive' act." Thus euthanasia can be defined as "*an act or omission intended to bring about death on the grounds that life is not worth living*" (p. 8).

Watt pursues this theme in chapter 3, where she takes up the principle of double effect and emphasizes the moral difference between *foreseeing* that an evil will occur and *intending* that it occur: "a doctor or nurse who intends either the death of a patient (or some other innocent human being) or a bodily invasion of a kind foreseen to do him or her only serious harm is *always* doing wrong,