One of the most quickly changing areas of moral theology these days has been that of medical ethics. As advances in medical knowledge and technology continue to raise ethical questions, it is not surprising that the one area in which new books have been most in evidence over the past year has been this field. Not only are new books constantly being published, but old favorites continue to re-appear in new form. During the past several months, three such previously published texts on medical ethics have become available in new editions. Each of these books can prove helpful to the pastoral minister, but each for a different reason.

For over ten years, Stephen Lammers and Allen Verhey’s *On Moral Medicine* has been a standard text for viewing a variety of Protestant and Roman Catholic theological viewpoints on most issues encountered in the study of medical ethics. The thousand page, second edition of this work (Grand Rapids: Wm. B. Eerdmans Publishing Co., 1998) may be seen as the “everything-you-wanted-to-know-about-medical-ethics-but-were-afraid-to-ask” volume. It presents 128 previously published essays, classic and contemporary, on more topics than were present in the first edition. As in the first edition, the chapters are arranged around three general categories: the relation between medicine and religion, medical-moral concepts—such as life, death, health, care, and nature—and finally the spectrum of medical ethical issues themselves. Over half of the current entries were not part of the original volume.

The value of the book is the sheer diversity of authors and points of view. The discussion of the concept of “personhood,” for example, ranges from Joseph Fletcher’s 1975 article in which he asserts that “neocortical function is the key to humanness” (378) to critiques of
such a point of view. For example, Gilbert Meilaender maintains personhood entails having a history, and that this history “begins before we are conscious of it, and, for many of us, continues after we have lost consciousness of it” (399). Or again Stanley Hauerwas rejects the language of personhood itself, demanding that “the story that determines how the virtues of medicine are to be displayed for us is quite different from the one claimed by the language of ‘person’” (389). Similarly, in the area of reproductive technology, there is a spectrum of religious responses, ranging from absolute prohibition, represented by the Vatican’s Instruction on Respect for Human Life, to a variety of attempts to draw lines between what is appropriate and inappropriate. For the hospital chaplain, the pastoral minister who may find himself or herself on an ethics committee, or for anyone interested in the variety of theological arguments developed in response to the ever-expanding field of medicine, this book is a treasure.

A useful book for a totally different reason is the fourth edition of Health Care Ethics: A Theological Analysis by Benedict Ashley and Kevin O’Rourke (Washington, D.C.: Georgetown University Press, 1998). This 500+ page text is a compendium of the official Catholic teaching on the vast array of medical ethical issues which might confront a person—or a minister trying to offer guidance to such a person. The first half of the book takes the form of an extended argument against more liberal Catholic interpretations of morality, especially that of proportionalism, citing extensively from the documents of the magisterium. It is the second half of the book, however, that may be particularly helpful to the pastoral minister. This new edition affords the minister the authors’ analysis both of recent developments in the field of medicine and also of recent ecclesial documents such as Pope John Paul’s encyclical Evangelium vitae and the “Charter for Health Care Workers” promulgated by the Pontifical Council for Pastoral Assistance. The result is a work which is very careful in the guidance it offers the pastoral minister but nevertheless one which is pastorally sensitive. The authors thus show the latitude which is available to the minister within current church teaching.

Two examples can be illustrative of the helpfulness of this point of view. In their section on end-of-life decisions, for example, the authors raise the question of the morality of withdrawing medically assisted nutrition and hydration. In doing so, they make a point to distance themselves from proportionalist methodology, going so far as to suggest that the 1980 Vatican document on euthanasia should not have spoken of “disproportionate means.” Yet when the authors speak of what should be done, they concede the complexity of the issue and acknowledge that the tradition recognizes artificial nutrition and hydration as a medical intervention and therefore subject to the benefit-
burden calculus associated with the Catholic Church’s teaching regarding extraordinary means. They further suggest that this calculus is valid even in the case of those patients permanently unconscious: “When those who have responsibility for the care of an irreversibly unconscious person act on the basis of a careful and conservative diagnosis of PVS or some other condition in which present medical science has no ability to enable the person to continue human acts, further life support can only be judged ‘aggressive’ and ‘extraordinary,’ and thus ceases to be obligatory” (427). They commend the motivation of pro-life advocates who might disagree with them but nevertheless conclude that, however laudable their concern is, such advocates inappropriately treat life as an absolute good.

The authors’ treatment of beginning-of-life issues, including sexuality and artificial reproduction, is conservative, as would be expected. But even here they show that a careful reading of the Church’s tradition is more inclusive than many would believe. In their discussion of the prevention of conception in the care of a victim of rape, for example, they acknowledge the tradition that a woman “may do what is possible to render the sperm inoperative, to prevent it from joining the ovum, or to delay the production of ova” (304). Pastoral ministers can thus find in this book careful but compassionate guidance for the issues which many Catholics are facing in trying to deal with health care problems.

A general text which might be helpful for those looking more for an overview of recent developments in medical ethics rather than an in-depth treatment is the third edition of Thomas Shannon’s *An Introduction to Bioethics* (Mahwah, N.J.: Paulist Press, 1997). This text can serve as a quick and easy update regarding what has been happening recently in the field or may be of use in a parish adult education class. As with the other two books, the text first deals with thematic questions and then looks to specific bioethical issues such as reproductive technologies, abortion, end-of-life decision-making, physician assisted suicide, genetic engineering, transplantation, and experimentation of human subjects. Each chapter is relatively short and contains a simple but accurate treatment of the issue, followed by discussion questions and a short bibliography. It is the presence of the discussion questions that makes the book especially adaptable for an adult education program. Unlike the other two books, Shannon’s *Introduction* informs the reader about recent developments in medical ethics while not overwhelming the casual reader in the field. Although it occasionally brings up religious perspectives, the book does not come across primarily as a theological or religious text. For example, as opposed to *Health Care Ethics*, it does not explicitly treat many church documents. This can be seen as either a help or a hindrance, especially for the pastoral minister who uses the book as a text in an adult education class. The basic
strength of the book remains its well-thought-out overview of ethical perspectives of the issues in question without necessarily demanding that a certain religious or ethical position be adopted.

In addition to these more general texts, quite a few other books have been published on a variety of particular issues within health care ethics. For those who would like to understand more completely the ethical nuances of managed care, for example, there is Jack Glaser and Ronald Hamel’s *Three Realms of Managed Care: Societal, Institutional, Individual* (Kansas City, Mo.: Sheed and Ward, 1997), an anthology of seventeen current articles on the ethics of managed care, along with several processes to guide reflection on this phenomenon. Those who would like to read more about issues at the beginning of life, including artificial birth technologies and genetics, may want to read LeRoy Walters and Julie Gage Palmer’s *The Ethics of Human Gene Therapy* (New York: Oxford University Press, 1997) or Martha Nussbaum and Cass Sunstein’s delightful anthology, *Clones and Clones: Facts and Fantasies about Human Cloning* (New York: W.W. Norton and Co., 1998), offering selections from literature as well as from science, ethics and law. There have also been many recently published books that deal with death and end-of-life decisions. Compared with these, however, one of the best books on this subject remains Daniel Callahan’s *The Troubled Dream of Life: In Search of a Peaceful Death* (Washington, D.C.: Georgetown University Press, 1993). This book continues to be a powerful analysis of the meaning of death and living with mortality as well as a counterbalance to that mentality which relies too heavily on what the author calls technological monism—the belief that all meaningful actions are technological—exhibited by proponents of both euthanasia and medical vitalism.

This smorgasbord offers just a few of the texts in medical ethics that have been published within the past several months. But let the buyer beware: In this quickly changing field, the next several months will probably offer just as many if not more important books as ethics continues to respond to even newer developments in medical knowledge and technology.

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