BOOK REVIEW

The Perfect Baby: A Pragmatic Approach to Genetics. BY GLEN MCGEE. Lanham, Md: Rowman & Littlefield, 1997. 166 pages. \$14.95.

Glenn McGee's *The Perfect Baby* arrived for review the same week that Sony Picture's full-page advertisement for *Gattaca* appeared in national newspapers. If proof of the timeliness of the topic were needed, that clinched it. Both the advertisement and McGee's book cover feature a smiling infant; both consider the intersection of genetic technology and parental hopes and (social) expectations. There, however, the similarity ends.

While biotechnology companies are afraid that *Gattaca* will arouse the public's fears of genetic technology, McGee's short volume attempts to provide a balanced response to the possibility of exerting greater control over our own and, especially, our children's genetic material. McGee is concerned to separate the myths—both alarmist and utopian—from the reality in contemporary genetics. (He makes the rare, but accurate observation that "most genetic tests are not very useful, and in many cases we know much less than the test results suggest" [p.88].) In what he describes as "a scholarly project for a general audience" (p. vii), McGee makes ethical recommendations and provides what might be termed a cultural critique of genetics from the viewpoint of the little guy, the perspective of couples facing the opportunities and burdens presented by genetic testing and, eventually, gene therapy technologies.

McGee defines culture as "not just what we see at the art museum," but as that which shapes the whole of life (p.88). Unlike some cultural criticism, his account of the interaction of science, politics, the press, and other social institutions does not dazzle and confound with a language unto itself or with insights available only from a postmodernist perspective; however, I admit to being occasionally perplexed by a turn of phrase or colorful image after having been lulled by McGee's usual plain talking.

Taking a "pragmatic turn," McGee employs the approach and philosophical commitments of American pragmatism to the decisional opportunities presented by genetics. To take the pragmatic turn in this context is to integrate "biology and culture, common sense, and the feelings we associate with being sick" (p. 87). With this common sense approach and attention to cultural context, McGee sees his project as providing not only a necessary antidote to the rhetoric surrounding genetics, but also a useful corrective to bioethics' treatment of genetic-related questions. McGee urges bioethicists to engage real-world concerns, to address them outside professional journals to a general audience, and to take as their goal finding solutions that "work." Thus, he calls for bioethicists to eschew the professional turn that much of their work has taken, and to provide guidance about the appropriate content of individual life decisions, rather than remain pre-

occupied with articulating the decisional division of labor between health care professional and recipient and the content of professional obligations.

Therefore, bioethicists and general readers alike may be frustrated by the absence of criteria for determining that a solution "works." Within a pluralistic society, in ethics or in politics, one person's "Voilà, it works!" is another's moral or political disaster. McGee suggests that when new genetic interventions are developed, "the correct question is not 'Is this medicine or enhancement?' but rather 'Will this approach to this issue work better than others?'" (p. 121). Whether something "works" may indeed be an excellent test of its acceptability when there is substantial agreement on the goal. If a terminally ill patient wants her irreducible suffering to end, we tend to agree that what matters is a treatment plan that will address her desires, not an empty distinction between withholding or withdrawing a machine. Here, however, we can decide whether a plan "works" because we agree about the goal, having decided that the patient herself is to have decisional authority; similarly, we may agree to benefit an infant whether by genetic or other means. About many questions, however, as in much of life, we have far less clear consensus.

McGee's prescriptive conclusions emerge from interesting discussions of relevant moral and cultural considerations, but some of the steps and facts that would be necessary to make persuasive arguments supporting these conclusions seem to be missing. The paragraphs concluding that genetic testing will sometimes suggest a duty to abort (e.g., in the case of conditions that entail horrible suffering not balanced by pleasures of life) do not consider the many considerations philosophers have raised in discussing wrongful life cases. Perhaps McGee finds these considerations mere abstract musings; however, they also reflect deep cultural feelings about the paradox of benefiting offspring by eliminating them. Also without clear argument, McGee concludes that some actions should be illegal (e.g., genetic testing without counseling and consent), while others should be discouraged. "[G]enetic tests such as the BRCA1 test for breast cancer should not be made available to expectant parents . . . without carefully controlled conversation about the meaning of the tests and their relative inaccuracy" (p.91). Readers may rightfully wonder what it is about such tests that singles them out (e.g., is it the adult onset of the condition, the test result's irreducibly statistical relation to disease manifestation, or worries about test inaccuracy?).

Readers may also be puzzled that McGee, who often uses language with such care and partially builds his project around recognition of language's cultural and ethical significance, may sometimes express points less than carefully. In his discussion of risks to insurability, he carefully points out that a fetus "does not have a preexisting condition. It has nothing except the gene" (p. 96), yet earlier he asked, "what will we do if we find out that the fetus has Down's syndrome? What if it might get breast cancer?" (p. 81). Fetuses do not get breast cancer. Perhaps the problem is one of voice; maybe I failed to distinguish between the way our popular culture poses its concerns and McGee's analysis. Nevertheless, when speaking in his own voice, McGee must take care; as he surely knows, the BRCA1 test is *not* a test for breast cancer. Moreover, to describe the prospect of circulating fetal cell analysis as "risk-free genetic testing" (p. 82) privileges health risks and ignores risks of psychosocial and economic sequelae.

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Finally, despite McGee's recognition that not all pregnancies are wanted and not all prospective parents are in an economic position to avail themselves of the benefits genetics may afford, McGee conceptualizes pregnancy as a journey of hope (p. 76), "a chosen journey toward parenthood" (p. 80). His own hopefulness may lead him to fail to consider some of the realities, especially some of the justice-oriented implications and social effects, of genetic interventions. Like other commentators, McGee attributes to the general injustice of our health care system, the possible exacerbation of social inequities that may arise by use of genetic technology. Genetics does not present a unique ethical and political threat. Yet it seems just as naive to say that "the parent who wants a beautiful ballerina will want one whether or not genetic technologies are in the picture" as to suggest genetic technologies are the source of, or the only means to impose, overbearing parental expectations. There is something special about genetics, if only because our culture deems it so. It is probably naive to suggest that the social pressures exerted on parents who must make a decision concerning the therapeutic termination of a pregnancy are "the same sort of influence it [society] exerts on those who are

deciding with whom to mate, whom to marry, and when to have children" (p. 11). Whether the pressures are different in degree or in kind, they are different in their effect on individuals and culture.

Among the clear strengths of McGee's book is the chapter on genetic enhancement that locates the true problems, not in technology, but in parents' tendencies to be overly calculating, hasty, shortsighted, or overbearing. He also deftly highlights problems of not only understanding probability, but also interpreting what are really epidemiologic data. Moreover, he undertakes what too few bioethics volumes do: the integration of philosophy of medicine and bioethical analysis. Especially valuable are his critique of the agenda of the Human Genome Project (pp. 71, 100–102) and his discussions of the effects of environment on both phenotype and DNA (p. 70), and of biology or culture as emphases, not "separate metaphysical realms of fact and value" (p. 74).

Through these integrations of biology and culture, of philosophy of medicine and bioethics, McGee may excite readers to think about the content of decisions in genetics, and inspire bioethicists to consider the content of their field.—**LISA S. PARKER, PhD**, *Center for Medical Ethics, University of Pittsburgh, Pa.*