BOOK REVIEW

Underpinnings of Medical Ethics. BY EDMUND A. MURPHY, JAMES J. BUTZOW, AND EDWARD L. SUAREZ-MURIAS. Baltimore, Md: Johns Hopkins University Press; 1997. 480 pages. \$49.95.

Medical ethics is no longer in its infancy. Although it is still a relatively young discipline, many lessons have been learned and significant progress has been made. One lesson actively shaping the field and its future is that good medical-ethical inquiry requires the observations and perspectives of professionals from other disciplines. From the outset, medical ethics was interdisciplinary in that persons from different disciplines were interested in contributing. More than ever, it is becoming interdisciplinary in the sense that these individuals are reaching beyond the borders of their own disciplines to understand and incorporate a broader range of relevant concerns.

Unfortunately, despite this progress many medical practitioners still justifiably fault medical ethicists for failing to reduce the abstractness of their observations into a form relevant to the realities of clinical medicine and the concerns of the practitioner. Useful communication, however, is a two-way street. What is often overlooked by clinicians who criticize the usefulness of "expert advice" from nonmedical participants is that the multidisciplinary nature of medical ethics imposes a responsibility for medicine to clean up its own house. If medicine expects external disciplines to engage in discourse that is appropriately grounded in the realities of clinical practice, then medicine must examine its own assumptions and language so that those looking in are presented with a clearer picture of those realities.

It is here that the authors find their task. As they point out early in the preface and frequently throughout the rest of the work, their goal is "to explore some of the major areas of confusion that exist in the no man's land between scholarly clinical Medicine . . . and the professional ethicist, typically nurtured in Philosophy". Given their medical training and knowledge, the authors further explain that "The argument is that if an ethicist is to explore Medical Ethics, it is vital that the Medical setting necessary to support it be safeguarded against misrepresentation and omission of essential details" (p. 389). In brief, the driving idea is that medical ethics requires the contribution of an authentic medical knowledge, which is grounded in critical self-analysis of the language, methods, and experiences of medical science, and should serve as the basis for any meaningful contact between medicine and ethics. Ultimately, the goal of this book is to begin this project of clarifying what can be said to be authentic medical knowledge. The goal is not to create an ethical method or theory, but to provide the medical information necessary to do so.

The authors' intentions are ambitious and seemingly well chosen. If medicine is to act as a responsible partner in developing an appropriate medical ethics, certainly it must engage in the sort of self-analysis that motivates the authors of this book. Unfortunately, the final work succeeds more in targeting an area of inquiry than in usefully exploring it. Despite a number of interesting insights for the careful reader, I have a hard time envisioning either the clinician or the ethicist feeling as though this book was ultimately worth the effort.

The book is structured in three relatively equal parts, followed by three very brief appendices. Part I addresses some fundamental structural ideas in ethics and medicine with an eye toward identifying appropriate points of contact between them. Although the idea that bridging this gap requires looking at fundamental issues in each seems quite appropriate, the reader is likely to be left feeling that the analysis has confused more than it has clarified. In fairness, the subject matter is foundational, and the authors suggest one might skip most of this section if one were anxious to get to "the meat of the book." I can imagine many clinicians thinking this a wise course of action. As a nonclinician, I admit it is possible that the medically trained would find the analysis more illuminating. However, given its philosophical nature I find this unlikely. For myself, Part I seemed disjointed, flickering back and forth between ethics and medicine in an opaque manner, often unclear as to why the frameworks being explored were useful for understanding the larger picture.

Part II aims to "examine in some detail the nature of the terms met in the usual discourse of Medical Ethics" (p. 109). It focuses on the need for medicine to address the meanings of the terms that it uses—thing and act; fact, goal, and strategy; probability and certainty—and that serve as contact points with ethics. The authors address the fact that terms such as these often hold meanings that are vague or that differ both within a single discipline and between disciplines. My main reservation about this section is that although the authors' primary concern is "with communication between the ethicist and the clinician, rather than with either specialty in its own right" (p. 109), much of the analysis explores complex philosophical issues and so is at risk of being criticized as overly abstract by clinicians and insufficiently analyzed by philosophers. Ultimately, the analyses that make up Part II present little that is not already accessible to those interested in medical ethics, and create the feeling that the relevant points could be stated much more clearly and succinctly. Of particular appeal to clinicians is a useful, if limited, discussion of the problems associated with the concepts of normality and disease, and some interesting observations about the components and nature of decision making.

Finally, Part III attempts to broaden the analysis to include concerns that arise out of the human element of medicine. These include the necessarily abstract concepts of life, respect, integrity, pain, suffering, and intention. The overriding message, and a quite useful one, is the need to question the assumptions made about these familiar concepts in our ethical investigation. As before, these authors intend this last section to provide an analysis of the medical aspects of these concepts, not to propose a value structure. The problem is that not only are these concepts necessarily abstract, they are essentially ethical in nature. Although

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Part III provides a series of interesting philosophical analyses that explore these concepts in some detail, the cumulative effect is the feeling that a lot has been said without getting to the heart of the discussion.

After reading *Underpinnings of Medical Ethics*, I am more convinced than ever that the gap between medical practice and ethical inquiry needs to be creatively explored and usefully bridged. Unfortunately, I am uncertain this book will improve the understanding and communication that must serve as the foundation

for such bridge building. In its defense, the book makes a number of interesting observations and establishes some useful points of contact between medicine and ethical inquiry. However, as a sympathetic reader versed in philosophy and medical ethics and concerned with the need for medicine to define its unique contribution to this area of inquiry, I nonetheless felt that a coherent vision of the contributions of medicine was ultimately lost in the philosophical analyses.—**GREG S. LOEBEN, PhD**, *Center for Bioethics, University of Pennsylvania Health System, Philadelphia.*

REFLECTIONS

Lesson 2   The Heart

The tables are quiet,
The white coats are gone
from the stacks, and
the shelves are askew.

Moments before
actually hours
the rustle of
backpacks and
beepers and
science filled
the meadow of carrels.

I am learning
about the sternum
about the heart,
and I cannot go home
until I am done;

My cardiac notch
is the hook
by which
my heart is vulnerable
to needles.

A man who gets not enough
air to his chamber
will burst his ventricle
from the pressure
and die.

A child who murmurs
in the wrong way
will be pecked and prodded
with wires to know why.

Today I watched a doctor,
my friend, shut down her heart
because there is too much work
to feel life. Too little time to do both.

How do I resuscitate her heart?

It will be a lonely journey,
he says, and guides us to learn
on our own.

No one can
learn your lessons for you.

You must face
the questions of life
on your own.

You must practice
medicine
amongst others
by yourself.

No one can do
your heart exam for you.
He is our teacher.

I do not
want my heart
to be quiet.
I want to understand the
diseased
heart
of medicine,
that teaches isolation.
I need to study
more connections
to the heart.

There is no one left here.
They have all gone
home to study their hearts.
I am here, beating.

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