Book Review

A Critical Examination of Ethics in Health Care and Biomedical Research: Voices and Visions. By Richard M. Zaner. Cham, Switzerland: Springer, 2015. 195 pp.

Richard Zaner's latest book in a prolific career is one likely to be simultaneously interesting to, and frustrating for, many of those engaged in the project of "Catholic bioethics." Zaner has a longstanding interest in the nature of the clinical encounter, encompassing not just doctor and patient, but the variety of healthcare workers, family members, and others who are implicated socially in the treatment and care of a sick patient. What role, if any, in this welter of relationships, should the clinical ethicist play? The answer emerges, for Zaner, from immersion in medical practice, attention to the phenomenology of that practice, and critical reflection on it.

Only by paying the clinical encounter this kind of attention can the philosopher come to understand the appropriate role for the clinical ethicist, which Zaner sees as distinctly different from that put forth on a standard understanding of bioethics. On this standard model, philosophers bring to practice a set of theories that they then apply to problems at hand. By contrast, Zaner indicates early on that his methodological allegiance is to Alasdair MacIntyre's stress on the priority of practice. As Zaner summarizes,

In MacIntyre's terms, attention to the 'goods internal' to every practice not only serves to delineate and at least partially specify what is essential to that practice, but such goods can be

understood and given faithful expression only by experiencing, actively participating in, the practice in question. (6)

Zaner's attention to the phenomenology of medical practice is a strength of the book. His discussions, in particular, of patient vulnerability, the need for trust and physician trustworthiness, and the importance of listening, are rich with insight. His reflections on these themes are aided by a question asked early in the book: why, given a clear power imbalance between patient and physician, do physicians not act like Gyges in Plato's story in the Republic, taking advantage of vulnerable patients?

For Zaner, this "very asymmetry imposes quite special obligations on the professional" (77). He writes that

herein lies, I believe, one of the central sources of what Gabriel Marcel analyzed as a core moral phenomenon: a *disponibilité*: being at the disposal of those whose conditions place them asymmetrically at a disadvantage. These special responsibilities arise to a significant extent from the existential situation, the vulnerability, of the patient and family generated by both illness and the asymmetry. (77)

Some of what Zaner says here could helpfully be read in light of Pope Francis's emphasis on "accompaniment."

Yet, I have some reservations regarding Zaner's ultimate conclusion as regards clinical ethics, especially considered from the

standpoint of Catholic bioethics. At the end of the day, the clinical ethics consultant is a listener to all those involved in a medical case; an interpreter, of the stories, concerns, and needs of those involved; and a facilitator of health care decisions to the extent possible. Attention to the “existential situation” is clearly essential in these tasks.

But Zaner seemingly rejects the need also to bring principles to the ethical assessment of the situation:

The clinical ethics task, in a word, is *not* to bring some presupposed set of ‘ethical principles’ to clinical situations – there, somehow to be ‘applied’ – but rather to be capable of *discovering* and then giving voice to what already morally textures every clinical event. Every situation presents participants’ own moral views and it is these that must be uncovered, articulated, and understood in the prevailing clinical circumstances. (113)

This is true, but surely only to a point: the “ethical principle” that one should never intend the death of an innocent human

being, for example, must be brought to *every* clinical encounter. Moreover, the neglect or abandonment of that principle is likely to shape the participants’ understanding and experience of the situation adversely. Trust, a key Zanerian value, will be eroded if there is no sure confidence among the vulnerable that the powerful have put all temptation to deliberately kill aside; and the need for creative and sympathetic responses to suffering can be overlooked when killing is an available option.

Accordingly, I think Zaner’s emphasis on the situation needs to be tempered with attention to the role of general, typically negative, moral principles (the same could be said of some interpretations of the notion of “accompaniment”). That aside, those interested in clinical ethics will find much to admire in Zaner’s fine book.

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