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Ward Ethics: Dilemmas for Medical Students and Doctors in Training (review)

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On Being a Bioethicist: A Review of John H. Evans *Playing God?: Human Genetic Engineering and the Rationalization of Public Bioethical Debate*. University of Chicago Press, 320 pp., \$54.00 cloth; \$20.00 paper.

Robert Baker, Union College

John Evans's ironically entitled *Playing God?* deserves a place on the bookshelf of every bioethicist, alongside Albert Jonsen's *The Birth of Bioethics* (Oxford University Press 1998) and David Rothman's *Strangers at the Bedside* (Basic Books 1991). All three volumes focus on the birth, rapid growth, and extraordinary success of American bioethics. Although their accounts differ significantly, the three authors underline several phenomena as pivotal to the development of bioethics: the research scandals of the 1970s, the congressional investigations and government commissions that responded to them, the placement of philosophers on these commissions, the subsequent displacement of the discourses of medicine and theology by a new "bioethical" discourse that draws heavily on argument forms and discourse styles derived from analytic philosophy, and the dissemination of this discourse through *The Belmont Report* and Tom Beauchamp and James Childress's *Principles of Biomedical Ethics*. Rothman's tale is perhaps the best told, although as a first effort it still leaves a great deal to be said. His title is a double entendre encapsulating his core contention that, as physicians and medical researchers grew more powerful and more fixated on technology, they became alienated from their patients and thus "strangers at the bedside." The resulting social vacuum was filled by an amalgam of lawyers, philosophers, and theologians—formerly strangers to the bedside—who occupied the social space vacated by physicians and researchers. Rothman concludes that the arrival of bioethicists at the bedside and in policy-making committees reflected a fundamental shift in biomedical decision making, from the private domain of medical and scientific elites to publicly accountable fora such as law courts, presidential commissions, and ethics committees.

Jonsen, the first person ever to be denominated a "Professor of Bioethics," opens *The Birth of Bioethics* with an account of his own transformation from Jesuit priest to bioethicist. The genesis of his book was a conference to which Jonsen invited "many of the pioneers of bioethics." "Their stories about the origins of the field" served "as the building blocks of [his] book," which often reads like a collective autobiography, with Jonsen acting as amanuensis. Yet, despite its distinctly personal flavor, Jonsen's impressively comprehensive chronicle of the rise of bioethics, from its tentative beginnings in a few casual conversations to its formal institutionalization in centers and institutes, is remarkably authoritative. Like Rothman, Jonsen traces

the origins of bioethics to the excesses of an exponentially expanded, publicly funded, technologically driven biomedicine running amuck in self-importance even as it was increasingly run as a private fiefdom by unelected, unaccountable, and unresponsive elites. Since the new scientific-medical elite resisted calls for accountability by public-funding sources, these public-funding bodies reciprocated by funding a new field, bioethics, whose mission was essentially democratic: holding the biomedical elite accountable to the values and interests of patients and the public.

Jonsen presses his account beyond Rothman's by raising a pivotal question: Why did patients and the public attempt to control the medical-scientific elite by turning to *ethics*, that is to philosophers and theologians—generally dismissed by Americans as arcane, overly abstruse, socially and political irrelevant, feckless intelligentsia—rather than to lawyers and to the law? Jonsen theorizes that the recruits for the new discipline of bioethics were drawn from elements of the liberal intelligentsia empowered and energized by the civil rights and antiwar movements. As they gravitated toward medicine, these intellectuals naturally transported the moralizing language of these movements into the clinic and onto government commissions, moving, as it were, from civil rights to patients' rights. The American public and public agencies, in turn, were responsive to this discourse of ethical critique because of an entrenched moralizing tradition inherited from America's Puritan past, because American liberalism is melioristic and reformist, and because the critique evoked such precepts as "autonomy," which appeal to the spirit of individualism that lies at the core of the American moral tradition.

Although he does not mention either Jonsen or Rothman by name, Evans expressly dismisses "expanding democracy" accounts of the birth of bioethics—the received accounts of the origins of the field—as genesis myths proffered and accepted to further legitimize the bioethics profession. In fact, Evans argues, bioethics prospered not because it democratized biomedical-moral debate but because it bottled up debate in government commissions and in federal agencies, thereby preventing democratic discussion of the morality of biomedicine and biomedical research in truly democratic bodies, such as legislatures. Now a professor of sociology at the University of California, San Diego, Evans started to think about these issues

while writing his undergraduate thesis at Macalester College. His reflections later became the basis of a graduate thesis at Princeton University, which he sharpened during a postdoctoral stint at Yale. The persuasiveness of Evans's account rests on the impressive depth of sociological analysis reflected on almost every page; yet, ironically, his analysis is also blinkered by its sociological origins and hobbled by the very methodology that lends it legitimacy.

There is both a conceptual and an empirical core to Evans's analysis. The conceptual core derives from Max Weber and Jürgen Habermas's distinction between formal and substantive rationality. An action, analysis, or argument is held to be formally rational if it deals with assessing the best means to some generally accepted and often unstated end or limited set of ends. Formal rationality is the "thin" form of rationality manifest in cost/benefit calculations and risk/benefit analyses. Substantive rationality, in contrast, is "thick": it deals with multiple ends, values, lifestyles, or forms of life (e.g., a Buddhist, Christian, Jewish, or Muslim form of life). Substantive debates thus center on the worthiness of ends and the compatibility of various means with these ends. Moreover, means found incompatible with substantive ends tend to be rejected summarily, irrespective of the consequences. For example, the claim that some assisted reproductive technologies, such as cloning, affront human dignity by transforming human nature into an artifact will be seen as justifying a ban on the technology, irrespective of the consequences. For Weber, and later for Habermas, the development of the bureaucracies essential to the creation and functioning of modern capitalist states and their economies depends upon the triumph of formal over substantive rationality. Thus, as market mechanisms and state organizations colonize increasingly large swaths of contemporary life, formal rationality displaces substantive rationality, leaving individuals and the public virtually no space to contemplate the validity of ends—or so Habermas fears.

In *Playing God?* Evans applies the Habermas-Weber analysis to bioethics. A scholar trained in the humanities—say, a philosopher—might attempt to establish this thesis a priori, citing a few specimen quotations here and there to substantiate it. Evans's sociological training leads him to offer a more empirical and ultimately a more authoritative approach. As the subtitle of his book indicates, he analyzed the public bioethical debate between 1959 and 1995, downloading almost 52,000 items from the National Library of Medicine's Bioethicsline and ultimately analyzing the 989 items that had as their primary topic "genetic intervention, gene pool, gene therapy, or germ cells." Supplementing these materials with those indicated in bibliographical resources from the Hastings Center and Library of Congress, Evans ultimately analyzed a "universe of 1,465 items published between 1959 and

1995" on human genetic engineering. He then divided the articles by five time periods, identifying debating communities (communities of authors debating a given subject) and tracking citations to identify influential texts. Using cluster analysis and similar techniques, Evans arrives at a conclusion that anyone in the field will immediately accept and then turns in a direction that many will find unacceptable.

The acceptable conclusion is that bioethical and philosophical discourse has displaced the discourse of theologians—and, to a lesser extent, that of scientists—in the human genetic-engineering debate. After demonstrating that theological discourse throughout the debate remained substantively "thick" while bioethical discourse quickly became formally rational and "thin," Evans then argues that the thin formal rationality of bioethics is precisely the reason why bioethical discourse displaced theological discourse. Bioethics succeeded because, in substituting thin, formal rationality for thick substantive debates over ends, it made itself amenable to the bureaucracies that control purse strings and make public policy.

The government agencies that commissioned the debates over human genetic agencies require formally rational argumentation in order to function. Substantively rich theological discourse was useless to them unless it was translated into formally rational discourse. So commissions and agencies turned to bioethicists to translate the thick substantive reasoning of the theologians into the thin, formally rational discourse of bioethicists—thereby reinforcing the predominance of bioethics. The ironic title of Evans's book refers to this "translation" project, specifically to one section of the 1983 President's Commission report *Splicing Life* that unpacks, defuses, and ultimately dismisses objections to human genetic engineering implicit in the metaphor "playing God."

The "Playing God incident" illustrates yet another reason why, according to Evans, bioethicists dominated the human genetic-engineering debate. Although envisioning themselves as watchdogs protecting the public against the scientific elite, bioethicists' predilection for thin formal reasoning transformed them into the unwitting lapdogs of the research establishment.

Looking back over the first thirty years of the [human genetic-engineering] debate, we see that the alliance with the profession of bioethics has also forwarded scientists' interests quite well. In the area of [human genetic engineering], there seems not to have been a single moment when a mainstream scientist wanted to conduct an experiment and bioethicists said no. Individual scientists have been slowed, but only out of concern for safety (nonmaleficence) which is consistent with the interests and beliefs of the scientific community. This is due not to some moral failure on the part of individual bioethicists, but rather to the form of argumentation

that has been encouraged by the environment of government advisory commissions. There is almost no way within their form of argumentation to challenge the use of any means if it can be shown to forward beneficence and nonmaleficence. There is also no way to set alternative ends that could be used to challenge the desires of scientists. (195)

Evans believes that the triumph of formal rationality is regrettable because “substantively rational debate about what a country should do is critical for any democratic country.” For, “if we cannot have substantive debate, we become slaves to the means that we ourselves have produced.” “We need thick public debates about ends,” Evans argues, “as well as thin debates about how to advance these ends, once they have been agreed upon by the public” (197). Of course, Evans admits ruefully, in a sense we already have such debates; they are held in bodies called “legislatures.”

I was taught philosophy by logical positivists (although the movement had mellowed into “logical empiricism” by the time I arrived on the scene). My teachers were advocates for the thin formal rationality deplored by Evans. Fugitives from fascism and from the thick substantive rationality promulgated by Martin Heidegger and other pro-Nazi academics, my teachers dismissed Heideggerian musings on the ends of technology as antidemocratic humbug. Yet they were also well aware of the limits of formal rationality. Herbert Feigl liked to tell his students the tale of the drunk and the lamppost. A good Samaritan seeks to assist a drunk searching for something under the lamplight. “What are you looking for and where did you lose it?” asks the Samaritan. “I lost my keys over there,” responds the drunk, pointing away from the lamppost into the darkness. “Why are you searching under the lamppost?” queries the perplexed Samaritan. “Because the light is better here,” replies the drunk. Feigl’s point was that, like the drunk, scientists tend to seek answers in the areas best illuminated by their methodology, even if they suspect the answers that they seek lie elsewhere.

Evans’s methodology sheds light so brilliantly that he refuses to consider the world of bioethics beyond the “universe of 1,465 items published between 1959 and 1995” and the realm of government commissions. He excludes from consideration, by methodological fiat, foundational bioethics (thereby excluding the substantive concerns of someone like Englehardt in the two editions of *Foundations of Bioethics* [Oxford University Press 1986, 1996]) and clinical ethics, preferring to deal only with “public bioethical debate where social elites . . . debate over what society should do” about such issues as human genetic engineering (34). Bioethics is thus portrayed as a profession whose “work” is the production of arguments about what society ought to do; and he considers it successful just insofar as society’s representatives—that is, government

commissions—accept its arguments and its way of framing arguments. Bioethicists, moreover, are limited to those professionals “who use the profession’s form of argumentation.” For those who, like me, are surprised to learn that there is an official form of professional bioethical argumentation, it turns out to be principlism: either Beauchamp and Childress’s quartet of principles, or the *Belmont* trio. Furthermore, Evans construes principlism (unfairly, in my view) as a thin formalist rationality. It follows from his definitional framework that public bioethics excludes consideration about ends. Evans’s analysis thus predicts—and his survey of 1,465 published pieces is said to confirm—that bioethicists’ prefer to deal with questions about means rather than with questions about ends; that is, they prefer questions about whether we have sufficient evidence that human genetic engineering is safe, to such questions as whether we should engage in human genetic engineering.

Can it really be the case that bioethics—or, at least, public bioethics—never considered the question of whether human genetic engineering is morally permissible? Were not these questions addressed by the President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research in its 1983 report, *Splicing Life: A Report on the Social and Ethical Issues of Genetic Engineering with Human Beings*? Evans argues that they were not addressed. Yet Al Jonsen, who was one of the Commissioners, believes that they were addressed. The issue is framed in terms of a discussion of a letter to President Jimmy Carter from the General Secretaries of the National Council of Churches, the Synagogue Council of America, and the United States Catholic Conference, which Carter forwarded to the Commission. Jonsen quotes this letter at length.

We are rapidly moving into a new era of fundamental danger, triggered by the rapid growth of genetic engineering. Albeit there may be opportunity for doing good; the very term suggests danger. Who shall determine how human good is best served when new life forms are being engineered? Who shall control genetic experimentation and its results which could have untold implications for human survival? Who will benefit and who will bear any adverse consequences, directly or indirectly? These are not ordinary questions. These are moral, ethical and religious questions. They deal with the fundamental nature of human life and the dignity and worth of the individual human being (Jonsen, 185).

The letter also included the line “Those who would play God would be tempted as never before,” which, Jonsen reports, sounded like a “clarion for another crusade like that [conducted by creationists] against the evolutionists.” (In fact, Jonsen’s observation was astute: “playing God” has been the rhetorical tag of choice in the religious

right's condemnation of various forms of assisted reproductive technologies and genetic interventions.)

Despite apprehensions about the religious community's motives, the Commission met with theological representatives of the groups who wrote the letter. The upshot was not confrontational for the following reason:

Biblical religions teach that humans are, in some sense, co-creators with the Supreme Creator . . . [and thus] respect and encourage knowledge about nature, as well as responsible use of that knowledge. Endorsement of genetic engineering, which is praised for its potential to improve the human estate, is linked with the recognition that the misuse of human freedom creates evil and that human knowledge and power can result in harm. (quoted at Jonsen, 186)

The Commission also noted that Pope John Paul II in addressing genetic scientists *approved* genetic science

when its aim is to ameliorate the condition of those who are afflicted with chromosomal disease. . . . I have no reason to be apprehensive for those experiments in biology that are performed by scientist who . . . have a profound respect for the human person, since I am sure that they will contribute to the integral well-being of man. (quoted at Jonsen, 187)

Jonsen portrays the *Splicing Life* report as a reasonable effort to understand and to address the concerns raised by the theologians. He remarks with pride that "the final report contained lucid discussions of obscure concepts such as "interference with nature," "creating new life forms," "the malleability of human nature," and "the sense of personal identity." In his view the Commission considered and addressed the issues raised by the religious leaders, concurring, in effect, with Pope John Paul II that experiments designed to create the capacity to prevent and cure genetic disease were permissible, provided that they were conducted under the careful oversight of the National Institutes of Health's Recombinant DNA Advisory Committee. Thus, as Jonsen relates the story, the Commission carefully considered questions of the permissibility of human genetic engineering, weighed the fears of religious leaders, and yet still found that experiments aimed at creating a capacity to prevent and cure genetic disease could continue under close supervision.

Evans would have us believe that both Jonsen, an erudite scholar stepped in the moral theology and a former Jesuit, and Pope John Paul II were so thoroughly seduced by thin, formal rationality that they could not consider such a basic issue as whether or not human genetic engineering was an end worth pursuing. Evans here succumbs to what I call "debater's fallacy." In a debate one can, and often should, challenge anything and everything. Normally, however, moral deliberation, like normal science, proceeds incrementally. Core beliefs and previously accepted positions are seldom challenged without some compelling rea-

son. Discussion thus occurs at the edges. The major Western religions have long since reconciled themselves to the idea that medicine serves a human good. It was thus religious leaders like Cotton and Increase Mather who led the proinoculation side of the Colonial debate over small-pox inoculation. Since that time the value of the therapeutic ends of medicine has not been questioned by mainstream Western religions. Consequently, as Pope John Paul II quite properly observed, insofar as molecular biological interventions at the genetic level are indistinguishable from other biochemical medical interventions (drugs, hormones, and so forth), they should be considered no more morally problematic than other interventions.

It was not the Commission's task, therefore, to reconsider whether medical therapies constitute a human good. There was no need to question the idea of gene therapy—unless opponents of human genetic engineering could demonstrate that gene therapies would potentiate some danger, harm, or evil that would outweigh the potential good that they could do. The opposition failed, not because Jonsen or Pope John Paul II were somehow disinclined to employ substantively thick reasoning about ends, but because there was already a consensus about ends and because vague metaphorical language is insufficient to outweigh research that could offer significant opportunities to ameliorate human suffering.

Evans's deepest concern is that insofar as bioethics serves as the handmaiden of government agencies, it preempts democratic debate about ends. Yet American political philosophers, from John Rawls to Robert Nozick, have argued that unlike totalitarian and theocratic regimes it is *not* the business of liberal democratic governments to determine the appropriate ends of life. In separating church from state, in creating zones of personal liberty, privacy, and social freedom, our form of government leaves such decisions to individuals and to the communities they create and inhabit. It is thus not the role of government to determine whether people accept the good of medical treatment. In fact, in *Cruzan* the Supreme Court upheld the right of individuals to refuse life-sustaining treatments (including even nutrition and hydration). Similarly, insofar as public bioethics addresses democratic governmental bodies, it is not bioethicists' function to discuss ends per se.

Bioethics, however, is more robust than the thin field that Evans refers to as "public bioethics." In the spirit of Socrates, bioethicists wander outside of academia. They are found in hospital corridors, in laboratories, and in corporate boardrooms; they discuss, opine, and lecture in churches; they serve as talking heads on television; and they write newspaper columns. They even organize to facilitate healthcare reform (for example, Oregon Health Decisions, which helped create Oregon Medicaid Reform)

and to challenge laws promulgated by bioethics commissions (as I once did; see, Robert Baker and Martin Strosberg, *Legislating Medical Ethics*, Kluwer 1995). Bioethicists continually foster public debate over bioethical issues, and in so doing most bioethicists consider precisely the questions about ends that Evans claims we eschew.

I will cite but one example. I have on my desk a splendid volume on human genetic engineering written by four bioethicists who served on government advisory commissions (one even served as advisor to the President's Commission during the period that it wrote *Splicing Life*). Evans's model predicts that they would approach the subject in terms of thin rationality—discussing only questions of helping, not harming, safety, and so forth. In fact they open the volume with a discussion of “Genetic Communitarianism,” “The Quest for the Perfect Baby,” and “Genetic Enhancement Certificates”; then, after discussing the history of eugenics, they raise questions about genetic justice, treatment versus enhancement, and genetic perfectionism, among other things. In short, they discuss ends—

vigorously questioning potential forms of life—straightforwardly, without using obscure or vague metaphors. The book, *From Chance to Choice: Genetics and Justice* (Cambridge University Press, 2000) by Allen Buchanan, Dan Brock, Norman Daniels, and Daniel Wikler, demonstrates that bioethics is properly concerned with ends—we just attempt to say what we have to say clearly, which is a prerequisite for informed democratic debate.

It is one thing to dispute Evans's insightful analysis of public bioethics after reading his critique and yet another to imbibe his work secondhand from reviews such as this. Evans's critique of the role of public bioethics is insightful and worth pondering directly. If he misses the mark, he nonetheless comes close enough to the heart of the subject to deserve a careful reading by everyone in the field. *Playing God?* as I said earlier, merits a place in the library of everyone interested in the past and future of bioethics, alongside one's copies of Jonsen, Rothman (and, I might add, Buchanan, Brock, Daniels, and Wikler). ■

Thomasine Kushner and David Thomasma, Editors. 2001. *Ward Ethics: Dilemmas for Medical Students and Doctors in Training*. Cambridge, U.K.: Cambridge University Press. 284 pp. Paperback \$30. Hardcover \$85.

Reviewed by Armand H. Matheny Antommara, University of Utah

Thomasine Kushner and David Thomasma's *Ward Ethics: Dilemmas for Medical Students and Doctors in Training* is a valuable collection of cases and commentaries. The editors contend that the everyday ethical issues facing physicians in training have been insufficiently examined; the bioethics literature tends to focus on ethical theory or issues beyond the scope of trainees' decision making. Rather than present a systematic analysis of these issues, the editors have compiled a collection of cases and analyses. The cases are actual ones solicited from physicians in training and presented in their own words. Generally, several commentaries discuss a group of related cases. The cases are divided into two main parts: activities that appear to conflict with the students' role and commitment to patients; and conflicts between expectations of the trainees as individuals and as members of a team. Each part is then divided into a number of sections and subsections. For example, Part I, "On caring for patients," is divided into three sections: "Performing procedures," "Problems in truth-telling," and "Setting boundaries." The editors have contributed introductory remarks for each part, general discussion questions for each section, and an epilogue to the book.

While the cases are varied and realistic, issues that do not involve possible adverse effects on patients tend to be neglected. Different medical specialties and levels of training are presented. For example, there are cases relevant to anesthesiology and the role of fellows. The editors have also included cases from a number of different countries, including France, the Netherlands, and Italy. They, however, identify caring for patients and working on the wards as central to the development of physicians and tend to neglect other issues. Important issues unrelated to patient care include participation in dog lab (a pharmacology demonstration in which the canine subjects are killed), dating other physicians or nurses, and scuttling medical students (assigning them tasks with little or no educational value).

The collection contains essays by a variety of contributors, some of which are particularly outstanding. The authors are relatively evenly divided among M.D.'s and Ph.D.'s or J.D.'s, with a significant number possessing both types of credentials. The physicians represent a variety of specialties, including anesthesiology, emergency medicine, and psychiatry. Less diversity is evident among the Ph.D.'s; there is limited representation from literature,

anthropology, and sociology. Commentators also represent a number of different countries. Several of the commentaries are particularly notable. For example, Jeffrey Burock analyzes cases of observing colleagues lying in terms of whistle-blowing. After surveying the reasons for and against whistle-blowing, including the legitimate role of self-concern, he suggests different pragmatic strategies for speaking up. Attention is paid to the details of the cases, and possible reactions are narratively displayed. He also addresses institutional conditions that permit and conceal dishonesty, such as attending physicians' inadequate contact with students and residents (90–94). Other particularly noteworthy commentaries include the following: Jacquelyn Slomka's discussion of the moral limits of medical slang (164–67), Bethany Spielman's analysis of medical students' responsibility to question perceived unethical or incompetent conduct in terms of the literature on bystander intervention (241–44), and Alan Steinbach's examples of basic dialogue pathways for verbal intervention in the misuse of authority (201).

The text does, however, have a major methodological shortcoming—insufficient attention is paid to the way the cases themselves are constructed. Bioethics cases have been contrasted with philosophy cases in terms of being real versus hypothetical, and the latter have been criticized as theory driven. Tod Chambers (1999) calls into question the assumption that real cases are not constructed to provide a particular moral viewpoint and, therefore, can be used to test ethical theories. He uses the tools of literary theory to demonstrate that cases incorporate conventions of representation that bias their interpretation.

One of the attributes of bioethics cases that Chambers examines is closure: the genre requires the reader to bring closure—coherence, completeness, or stability—to the plot. This is achieved by either providing an ending to or rewriting the ending of the case. Authors may present a case without closure and then utilize a philosophical position to show how closure can be achieved: Should individuals who present to emergency departments after suicide attempts be treated? Yes, because care and respect demand it. Alternatively, a narrative may have an ending that does not provide closure and the reader or author must rewrite it. Chad Green's parents should have been prevented from fleeing to Mexico to pursue unproven treatment for his leukemia.

Chambers acknowledges the possibility of re-storying

the case but does not identify its potential normative implication. In Chambers' terminology, instead of providing a resolution or different resolution to a conflict, it may be possible to provide a different exposition, one that obviates the complication and reversal. He cites John Kilner's re-storying of a case of limited resources that poses the question whether a child with a fatal prognosis should be taken off a respirator against his/her parents' wishes so that an infant with a good prognosis can receive care. Kilner writes a new narrative in which sound medical-benefit criteria for discontinuing treatment prevent the complication. While Chambers emphasizes the extraordinary degree of writerliness bioethics cases permit the reader, I would contend that the latter interpretative strategy is much more difficult. Closure is more easily defined in terms of the actions of the characters in the narrative. The type of closure required by ethics cases may therefore mitigate against attention to the systemic issues that either create conflicts or constrain their resolution.

This problem can be seen in the commentaries in *Ward Ethics*. Soren Holm begins his commentary on seven cases of "Questioning authority" with the claim that there are two easy solutions for all of these cases: the unethical superior should act ethically, and the subordinate should courageously do what is right (186). William Nelson and Paul Hagmann, for example, emphasize a fellow's responsibility to correct an attending's failure to disclose the fellow's inexperience when obtaining consent for a procedure (18–21). Holm, however, realizes such obvious answers may not "tell the whole story." Drawing on a basic theory of organizations, he examines whether the power relationships in each case were legitimate and re-stories the cases, suggesting organizational changes to prevent such situations (186–90). Holm's knowledge of organizational theory contributes to his analysis, but inclusion of greater detail—making the structures, processes, and cultures of the institutions apparent—might assist others to identify alternative expositions. The editors should have considered including other styles of narratives or asking the writers of

the cases to expand their narratives, especially considering the international differences in healthcare delivery.

Ward Ethics, nonetheless, deserves a wide audience. The authors identify their primary readership as doctors in training. They intend the doctors to apprentice with the bioethicists and develop skills such as sensitization to issues. As an aside, the authors state, "The book can also function as the basis for informative group discussions" (4). In my experience as a medical student and resident, few physicians in training have or will make the time to read this book. I believe that the primary audience will be individuals who teach medical students—either clinicians seeking theoretical resources or theoreticians concerned with clinical relevance. Given this potential readership, all of the commentaries should have included citations or suggested readings and the epilogue's discussion of the use of the book in education should have been greatly expanded. (For resources in this area, see Chambers 1995; Kuczewski, Wicclair, Arnold et al. 1994.)

Ward Ethics can also be profitably read by bioethicists who are not involved in such teaching. The discussion of informed consent raises interesting issues about patients' knowledge that are amenable to empirical investigation. The trainees' descriptions of discomfort raise intriguing questions about the role of emotions in ethical deliberation. The structural issues regarding disclosure and reprisal should be examined by those working in organizational ethics. These cases will also be of interest to bioethicists with more theoretical concerns. ■

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