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Short literature notices

Roberto Andorno

Published online: 6 June 2013
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Rhodes, R., Battin M.P., Silvers A. (eds.): 2012,
Medicine and social justice. Essays on the distribution of health care, 2nd ed.

Oxford University Press, New York, 560 pp, ISBN:
978-0-19-974420-6. Price: \$58.49

The interaction between medicine, health care and social justice is receiving major attention in the academic world, from philosophers to health care providers, including politicians and economists. When searching these subjects in any scientific database, an impressive amount of results are obtained, coming from the most diverse disciplines and putting in evidence the widespread interest in the subject. Therefore, the huge variety of theories and frameworks offered by this work could become overwhelming. The book, which consists of a compilation of papers and essays, can be a cornerstone to those interested in such a challenge. It has two main purposes: first, “to explore a wide range of different approaches to the issues of justice in health care”, and second, “to probe the connections between theoretical accounts of justice and observations of justice (and injustice) in practice”.

The changes in American health care policy, driven by the Obama’s administration, give the context for the 2nd edition of this book. Considering the public debate it generated and the background of most collaborators, the editors and authors undertook an exhaustive revision of the previous material. As a consequence of this process, 21 completely new chapters were completed and 19 out of the 21 remaining ones were extensively revised.

Following the first aim, the editors selected the most diverse viewpoints, including even completely diverging ideas, as in chaps. 7 and 8: whilst the former claims that there is no human right for health care, the latter advocates it! This kind of contrast makes the reading of this book truly delightful.

The structure of this book follows the second objective, and includes four sections: The first part provides the essential theoretical background required to understand the contemporary debate, including utilitarianism, a Rawlsian perspective and the Capabilities Approach. Based on the concepts of the previous section, the second part intends to solve the problems of rationing when designing public policies in scarcity-of-resource conditions. It describes the American and British systems, and then provides some recommendations suitable for different situations, from local and national health care policies to global health issues. In the third part, the situation of particular groups are taken into account, e.g. groups whose health care needs are not met or provided for by the respective institutions, in the sense that they receive less than they require. Examples include chronically ill patients, racial minorities, cognitive disabled people, children, the elderly, soldiers and prisoners. Finally, the fourth part deals with specific areas such as insurance, research, medical malpractice, organ transplantation and pandemics. Instead of the group perspective, common in social justice discussions, this section offers a more relational perspective, which is quite innovative.

This kind of outline, although complex at first sight, makes the numerous practical connections between justice and health care more tangible. Seeking to confirm this relationship, the book is interspersed with multiple examples, ranging from abstract imaginary cases to concrete situations from the American and British health care systems.

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Showcasing a number of concrete cases to illustrate complex concepts, as well as the reiteration of topics from different perspectives, makes this book definitely an invaluable text for those in the early stages of research; the more experienced readers will find a useful compilation of interesting and challenging articles that exemplify and confirm the relevance of these issues.

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Veatch, R.M., 2012: *Hippocratic, religious, and secular medical ethics. The Points of conflict*

Georgetown University Press, Washington, DC, 242 pp, ISBN: 978-1589019461. Price: \$29.95

We all try to find answers to the questions of diversity and contradictions in medical ethics. This is probably one of the weakest spots of this discipline. What should physicians do when professional codes of ethics contradict each other? What if one religious or secular ethical view contradicts professional regulations? Should we rather trust in Hippocratic or religious morality in this field or call on “common morality”? In his new book, Robert M. Veatch tries to find answers, to identify the points of conflict and, finally, to propose a solution called “convergence hypothesis”. This essay developed out of his Gifford Lectures at four Scottish universities.

Veatch begins with harsh criticism of the Hippocratic Oath (Chapt. 1) and Hippocratic tradition (Chap. 2). Despite the well-evidenced fact that this oath represents the worldview of a particular ancient Greek religious group, it has many other limitations. The author argues that this oath is in total disharmony with modern ethical systems and religious traditions both on the moral and metaethics levels: “The Oath is so controversial and so offensive that it can no longer stand alongside religious and secular alternatives” (p. 1). However, by 1993 many North American medical schools still used some version of the Hippocratic Oath (68 of 150 schools). Veatch questions the ritual of any kind of oaths in medical schools as well as all professionally generated codes of ethics (Chap. 3). He does not agree that internal morality of medicine exists. “Professional ethics” in medicine is generated by the group of people who do not share the moral perspective of the laypeople, patients in particular. Another doubt is meta-ethical: what are the sources of ethical authority to create ethical rules, oaths and codes which pretend to change the moral attitude of physicians? After all, most of them have secular or religious ethical beliefs (Chap. 4).

The alternative for ethical professionalism is ethics based on pre-theoretical religious or secular morality.

Chapter 5 describes religious sources of ethics. People who believe in some religion are more likely to trust in religious norms rather than those generated by professional ethics. Veatch argues that many of these religious beliefs incorporate natural means of knowing and in this sense they are also available to people who do not belong to a particular religious tradition. In this sense, religious morality is open to a dialogue with secular ethics. The latter is based on reason, experience or moral sense. However, religious and secular ethics both can meet on the ground of common morality (Chap. 6).

The author claims that this is an appropriate starting point for constructing theories and writing codes. This approach is supported by reflection of the Dartmouth Group (Gert, Cluver, Clouser) and by the Kennedy Institute Group. Veatch also illustrates this thesis by describing a process of creating the Belmont Report: “It had to satisfy physicians, researchers, and other health professionals as well as lay people. It had to satisfy people of the full range of religious denominations as well as secular people” (p. 157).

How to find, however, a golden mean of medical ethics? How to satisfy many pre-theoretical orientations? How to reconcile opposing worldviews and contradicted theories? Veatch’s proposition is called the convergence hypothesis (Chap. 7): “Religious ethics knowable by natural means of reason and experience can produce normative moral theories that converge with secular ethical systems with natural epistemologies knowable by similar means” (p. 160). In many cases when ethical theories seem to have different sources and metaethics they may share similar moral norms. The problem is that we are not sure to whom those norms apply: human embryos, non-human animals, persons in vegetative state and in coma are still under harsh ethical debate. A theory of convergence is illustrated by comparison of utilitarianism, Engelhard’s principles, the Belmont Report’s principles, Beauchamp and Childress’ theory, Brody’s 5 conflicting appeals, Ross’ prima facie duties, Veatch’s principles and the ten rules proposed by Gert, Cluver and Clouser. The author argues convincingly that all of them converge substantially within the limits of human fallibility.

Finally Veatch presents the idea of appropriate way of generating an ethics for professionals: public discussion and selection of set of basic norms and then agreement between professionals and laypeople about the particular norms framing their future relation. The Universal Declaration of Bioethics and Human Rights adopted by UNESCO in 2005 is mentioned as a unique example of appropriate creation of internationally recognized norms.

Hippocratic, Religious, and Secular Medical Ethics is one of those books that provides us with a bigger picture of our everyday narrow topic of interest in the field of medical

ethics. Fundamental questions lead us to the sources of the most important points of conflict in this field. Veatch does not leave us with these questions but suggests interesting solutions. The book is definitely worth reading.

Marcin Waligora
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Dilley, S. and Palpant, N.J. (eds.): 2013, *Human dignity and bioethics: from worldviews to the public square*

Routledge, New York, 381 pp, ISBN: 978-0-415-65931-4. Price: £80.00

Having been taken as a platitude for years, human dignity is subject to renewed attention if judged by the flow of scholarly books and articles published in recent times. Considered as the cornerstone of human rights, the notion of human dignity enjoys a place of honour in international human rights legal instruments and national constitutions. Nevertheless, the meaning and uses of human dignity in moral discussions have been seriously questioned lately, first and foremost in bioethics. Since the end of the 1990s, human dignity plays a major role in the field of bioethics as evidenced by its appearance in the UNESCO Universal Declaration on Bioethics and Human Rights and the UN Declaration on Human Cloning, just to mention two examples. At the same time, as the bioethicist Ruth Macklin famously argued, the notion has been rejected as being just an empty slogan, useless for normative debates, and other critics denounce the use of the notion to advance a religious agenda on highly divisive moral issues.

Hence the opportunity and great interest of this volume edited by Stephen Dilley and Nathan Palpant, *Human Dignity and Bioethics*, which offers an instructive overview of the discussions about the meaning and uses of human dignity in bioethics. It is an ambitious collection of essays covering a broad spectrum of topics and questions, moving from broad philosophical and theological standpoints about the source and purport of human dignity to debates on specific bioethical issues such as new reproductive technologies, abortion, or euthanasia.

The fifteen chapters of the book are distributed into three parts along with the introduction. Besides editors' presentation, the introductory section sets the stage with a chapter about the historical background of human dignity. David Calhoun reviews the intricate tradition of human dignity as a claim to human distinctiveness and how this historical background illuminates current discussions. The first part comprises four chapters on what the editors call 'worldviews' of human dignity. There is a sort of balance between two religious approaches, a Catholic and a Protestant one, and two secular views on the subject, namely

postmodern and naturalistic. Yet it is unclear to me if the label 'worldview' is the most appropriate for the sample of theological and philosophical perspectives as other religious traditions and philosophical conceptions are left out.

The second part represents a sort of transition from metaphysical and theological vantages to the public square as the chapters are focused on international human rights law, the place of dignity in US law, and the prospects for human dignity in evolutionary science after Darwin. Andorno's chapter serves well this halfway role by explaining the place of human dignity in international human rights law, and how the notion acquired the status of "overarching principle" for the normative regulation of the whole biomedical field. But it also deals with the philosophical problem of how to conciliate the universal understanding of human dignity with the claims of cultural diversity.

The last section of the book is devoted to concrete debates on bioethics, ranging over abortion, new reproductive technologies, human embryos, end-of-life issues, animal-human chimeras and psychotropic drugs. It is a disturbing fact about human dignity that the notion can be found on both sides of controversies. Interestingly, these final chapters approach the debates focusing on the rhetorical uses of human dignity, assessing to what extent the notion is helpful or dispensable for framing and advancing the discussions.

In sum, if human dignity has been a reliable normative guide for addressing questions of justice and human rights like slavery or torture, its application to the new issues raised by biomedicine opens new avenues and, being more uncertain, needs to be specifically assessed. This book is a valuable collection of essays, covering a variety of perspectives, issues and debates, and recommendable to any reader interested in contemporary bioethics, as well as in the role that human dignity should play in this field.

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Rudnick, A. (ed.): 2012, *Recovery of people with mental illness. Philosophical and related perspectives*

Oxford University Press, Oxford, 328 pp, ISBN: 978-0-19-969131-9. Price: € 61.10

Since the recovery zeitgeist has found its way to the mental health care system an exponentially increasing number of publications has been released. The majority of papers, books and chapters deal with the conceptual framework of recovery, its implementation into mental health services, and first person accounts of their recovery journey. Only recently, philosophical and ethical aspects of recovery have emerged in psychiatric literature. This volume of the series

“International Perspectives in Philosophy and Psychiatry” systematically launches a diversified philosophical discussion on various issues related to recovery. A timely philosophical framework of recovery by the editor Abraham Rudnick might serve the reader as a point of reference: “recovery can be generally characterized as a process of adaptive or compensatory self-organization of the person as a whole and in relation to the environment” (Rudnick, “Recovery from Schizophrenia: a Philosophical Framework,” 2008).

The book is structured in three parts. The introductory section presents the subjective perspective on recovery by individuals with own lived experience of mental illness and their relatives. These first person accounts illustrate that recovery requires personal adjustment to significantly altered individual capabilities as features or consequences of mental disorder. The chapters shed light on subjective experiences with psychiatric conditions (and with mental health services) that should have equivalent value to the professionals’ biopsychosocial perspective. Readers are encouraged to scrutinize their pre-existing attitudes and opinions on how mental disorders should be handled.

The second part outlines the theoretical background of the recovery concept including historical, cultural, and sociological aspects. It starts with a chapter about its ideal origins that can be traced back to Pinel’s and Tuke’s conceptions of “moral” treatment of the mentally ill. Subsequently, Slade advocates a constructivist epistemological approach to personal recovery integrating nomothetic and idiographic knowledge as a basis for practical and scientific purposes. The following chapters elaborate different research methodologies in relation to various conceptualizations of recovery, its variability within different cultural contexts other than the Euro-American egocentric concept of the person, as well as societal values and related clinical approaches to individuals with mental conditions.

Section three focuses on ethical aspects and relates values, rights and other moral considerations to practical questions relevant to a recovery framework. To this effect the value versus fact antinomy is transferred to the controversy of symptom elimination or enhancement of autonomy as major goals of psychiatric treatment. Several chapters dialectically discuss the relationship of the medical and sociological perspectives on people with mental disorders referring to various subjects such as scientific authority, stigma, social justice, risk taking, and advocacy on behalf of psychiatric patients. Thornton eventually examines the nature of a recovery model and considers it as an evaluative conception of mental health with a rather desirable than true character.

In sum, this volume represents a valuable contribution to the on-going debate on what recovery actually involves and how it can be conceptualized. While the first and second sections provide a comprehensive and well-balanced summary of

varying perspectives on recovery, the third section adds philosophical aspects that significantly enrich the current state of knowledge. The philosophical and ethical background appears to be fundamental to a theoretical consensus on recovery as the paradigm for prospective conceptualization of mental illness. On that basis the mental health care system can be transformed to holistic person-centred services that act within the goals of empowerment, social integration, and symptom reduction.

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Schweidler, W.: 2012, *Über Menschenwürde. Der Ursprung der Person und die Kultur des Lebens*

Verlag für Sozialwissenschaften, Wiesbaden, 180 pp,
ISBN: 978-3-531-18725-9. Price: € 29.95

Among the multiple philosophical books on human dignity currently on the market, many embrace the Kantian legacy in one or the other way. In contrast, other important traditions like natural law ethics are rather underrepresented in the recent debate, despite their influence on the history of this notion, particularly in Germany.

Against this background, the fact that Walter Schweidler, a disciple of Robert Spaemann, roots himself in the natural law tradition when elaborating his views on dignity comes as a welcome enrichment of the discussion. Although sceptical about the teleological metaphysics of Aristotle and Aquinas, he aims to save their ideas, laid down in what he calls the “distinctional concept” of human nature (p. 35). Its content, he maintains, cannot be made fully explicit anymore and is nowadays almost displaced by a scientific “reductionist concept” of nature.

Like any other, this reductionist concept, however, is dependent on a specific worldview that brings in its own limits. In an act of “philosophical distancing” (pp. 30, 144), we can gain the necessary conceptual space to look at previous worldviews and their attached life forms. From this stance, we recognize that what once has been the “nature of human beings” has now become their “dignity”, and is still located in a “blind spot” within our worldview (p. 39). From there, it continuously exerts influence on our thinking, most notably within the philosophical foundation of the modern constitutional state and its “norm culture” (p. 42). Schweidler argues that Hobbes’ theory of social contract has provided its theoretical groundings. His work marks a crucial turn between pre-modern and modern political thinking, although this turn eventually proves to be “a 360° rotation” (p. 100). In the end, the Hobbesian theory reaches more or less the same conclusions as ancient Aristotelian thinking, albeit on a

different route. Among these results is the insight that people still are dependent on fulfilment and meaning in their lives. These are, of course, no longer forced upon them by the state. Instead, they have to discover them for themselves in their quest for the “origin of their personality” (p. 132). The remaining task for the state is to protect them in this search; what Schweidler calls “norm culture” serves as an instrument for doing so. Nevertheless, this culture itself has to be protected from being re-interpreted in terms of a “utility culture” (p. 139). The latter tends to overemphasize autonomy and interprets “human fulfilment” almost exclusively in terms of happiness.

Although this book is about human dignity, it dwells on many other (and rather divergent) “big questions” in philosophy, ranging from the nature of conscience (83 ff.) to the justification of the state (99 ff.) and the mind–body-problem (115 ff.). Of course, in philosophy, everything can be related to everything, but as a result, Schweidler has to adopt and defend many controversial theses, so that his overall project quickly becomes too ambitious. The introduction of all kinds of “paradoxes” (of temporality (p. 24), of man’s nature (p. 41), of our self-conception (p. 58) does not make his mission any easier: in the end, less maybe would have been more. The remarkable absence of contemporary thinkers currently working on dignity is also regrettable: Schweidler almost exclusively deals with philosophy’s “big brains”, such as Descartes, Locke, Hobbes, and Kant. Many recent German or English-speaking authors (e.g. Schaber, Rosen, Waldron) do not appear at all, while others (e.g. Gewirth, Hoerster, Tiedemann) are merely mentioned in the bibliography. In the end, the author’s conclusion that dignity shows itself as “the incomprehensible at the origin of each person” (p. 157) will have a difficult time to convince anyone who is not prepared to buy into the whole system Schweidler unfolds in this book.

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Sicard, D.: 2011, *L'éthique médicale et la bioéthique*

Presses Universitaires de France, Paris, 128 pp, ISBN 978-2-13-061971-0. Price: € 9.00

Didier Sicard is a former President of the French National Advisory Ethics Committee, and a recognized professor of medicine in Paris. In this small but thoughtful volume, he invites readers to explore two fields, reciprocally linked, of the ethics applied to medicine: bioethics and medical ethics. The first one, bioethics, is labelled by the author as an

institutionalized and multidisciplinary research about ethical questions arisen by technological developments applied to human beings; the second field is introduced and described as the need of a certain type of behaviour that medicine should assume with respect to sick patients. Accordingly, the volume is divided into two sections: bioethics and medical ethics. In the former part of the book, Sicard provides some basic notions about the history of bioethics, and its connection with human rights. Significant declarations are cited, such as the Universal Declaration of Human Rights of 1948 and the Declaration of Cairo on Human Rights of 1990. Successively, it follows the exposition of paradigmatic bioethical issues: the ethical implications of living and post mortem organ donation; medically assisted reproduction, including issues relating to gametes donation, in vitro fertilization (IVF), donors’ anonymity, parental status and surrogate motherhood; stem cells and the ethical status of the human embryo, as well as prenatal screening. In this section of the volume, Sicard discusses genetic determinism, explaining the potential danger posed by reductionist theories that attach excessive value to genes, and raise questions about discrimination, the right to be informed, preimplantation genetic diagnosis, predictive medicine, genetic identification, population-based genetic studies, and gene therapy. The author addresses also other topics such as medical research on human subjects, neurosciences, free will and determinism; and the distinction between ethics, with its universalistic feature, and bioethics, as an institutional discipline.

The second part of the book discusses themes more closely linked to the doctor-patient relationship. Several topics are explored, such as the consent of patients to medical research, focusing on patients who are labelled as “vulnerable subjects”. Successively, it is offered an overview of the ethics of physicians regarding their professional duty of confidentiality and the legal limits of this duty. The author provides a remarkable reflection about AIDS, emphasizing the rights of seropositive people to receive appropriate medical care, regardless of their health condition. Another theme explored in this section is the relationship between medicine and economy. According to Sicard, medical research, especially the one conducted by pharmaceutical companies, is jeopardized by the prevalence of economic interests over respect for ethical principles. The volume concludes with the connection between ethics and religion. In summary, this book shows briefly and clearly the main concerns that currently characterize both bioethics and medical ethics.

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