

Book Review

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THE ELIMINATION OF MORALITY: REFLECTIONS ON UTILITARIANISM AND BIOETHICS: Maclean, Anne. Routledge, London, 1993, pp 219.

Reviewed by Christopher Newell

Anne Maclean's ambitious book provides a substantial critique of utilitarian thinking and dominant conceptions of bioethics. Her central task is to examine the kind of contribution made by philosophers to the bioethical endeavour and the work of health care professionals in general, although she does tend to focus on the medical profession. In doing this she has two main aims. First, to establish "the futility of bioethics", and secondly to expose the limitations and flaws within a utilitarian approach. Whilst Maclean provides some important food for thought, some of the premises for her argument are simplistic and erroneous.

Maclean commences her critique with the problematic definition of bioethics as involving "medical ethics as conceived and practised by philosophers working in the utilitarian tradition" (p.1). She then proceeds to demonstrate how particular utilitarian thinking suggests that medical ethics must produce answers to questions raised during the course of practising medicine and that these must be rational. She also highlights how so-called medical ethicists are for the most part professional philosophers who directly or indirectly claim a special competence or expertise in moral matters.

Maclean also rightly points out that philosophy delivers no verdict upon moral issues and that anything a bioethicist delivers as a verdict is that person's own verdict, and not the verdict of philosophy. While she does not deny that there can be rational answers to moral questions, she observes that there cannot be any uniquely rational answer to it arising from philosophical inquiry.

In specifically criticising utilitarianism, Maclean offers some useful insights. First, she points out how utilitarians are selective, in taking the form of moral thinking of which they approve, thus labelling it as the only rational form. Rather, this is only how some moral thinking proceeds and identifies only some of the considerations which could be seen to be important. It certainly does not tell us how all moral analysis should occur, or identify the only factors and considerations which are, or should be, of moral import.

Rather than dividing utilitarian thinking into act and rule types, Maclean distinguishes between "pure utilitarianism" and "impure utilitarianism". The former holds only utility to be the measure of conduct, defining this in terms of the satisfaction of desire; whereas impure utilitarianism admits values and ideals which are independent of utility. Bioethics, she contends, is a form of impure utilitarianism.

At this point it must be objected that many ethicists or bioethicists do not come from the utilitarian tradition, and would be deeply mortified to be identified in that way. Some are highly deontological and are foremost critics of the utilitarian endeavour. Further, Maclean seems to take no account of consultant ethicists who do not use philosophy as a form of credentialism, or indeed seek to provide the "right answer".

For example, my own experience as a consultant in the area, is that one is best starting with the stories that different players bring to bear in a situation, realising that these come from different life experiences and emotional engagements. Facilitating good communication and reasoning which acknowledges and affirms the humanness of us all, and the emotions we inevitably bring to such situations, is important in helping people to decide on a course of action. Further, at least in Australia, many who engage in the area of bioethics now bring an interdisciplinary, and indeed trans-disciplinary, background and engagement.

Certainly, however, Maclean's criticism of philosophers who claim a particular expertise in the bioethical arena may well be seen to apply to many of the older style and more established bioethical thinkers. Predominantly, such people were primarily philosophers, who brought their tools to bear on the broad health care arena, especially in the world of medicine. They were trained in terms of systems of thought and a theorising of the world. In accordance with this, bioethical issues were defined and placed within such theoretical systems.

Yet, newer styles of engaging in the trans-disciplinary world of bioethics are now emerging, which are not taken account of by Maclean. For example, consultants in the area who either seek to assist by broad staff development or more specifically are asked to assist with a "clinical consult", to use the jargon. In my experience, it is unwise to approach such endeavours with the view that one is going to solve the problems with the "right" answer. Of course, I also know only too well the pressure to be found in such encounters from people to state what is "right". Yet, surely the most an ethicist can do is to ensure that people (especially practitioners) have the opportunity to communicate, think through matters from an adequate and critical knowledge base, and define issues from different perspectives, towards arriving at their own decisions.

It also seems strange that Maclean (a practising philosopher) has only addressed philosophers as professionals in the area of bioethics, despite the emergence of a new and arguably more pervasive form of professionalism found in the claims to expertise by legal practitioners. Some similar criticisms to those applied by Maclean to philosophers may also be applied to lawyers as a group, although this does not do adequate justice to individuals who may not fit such broad stereotypes.

Maclean could more constructively have identified the broader issues to do with the claims to professionalism of the bioethical endeavour, and indeed to its professionalisation. This is to be found in the tacit and explicit debates to do with essential knowledge, approaches and the appropriate training and background. Like all other arenas, the professionalisation of bioethics also lends prestige, status and

recognition to those who seek control via professional discourse and exclusion, which situation occurs with all professions. Such a stance is inherently in accordance with Maclean's argument that all of us should reclaim control over our own lives in medical decision making. She rightly points out that medicine is hardly apolitical and value free, with the vast majority of the judgments and decisions occurring in such contexts being moral.

In these respects, Maclean draws upon Ian Kennedy's influential *The Unmasking of Medicine*. Such a critique of the medical model of illness and health, which identifies power and control in the hands of the medical profession, can also be seen to apply to the professional control of what is ethical or unethical. Yet Maclean proposes that moral judgments do not require special expertise as we all make moral decisions every day, without special expertise.

These days, of course, medical courses offer some training in medical ethics. Maclean however argues that involving moral philosophers, as moral experts, in medical education "will serve to consolidate the power of the medical profession" (p.195). Certainly, she is correct in that there is a danger of this occurring. The socialisation which can occur during a medical course, and indeed as part of the inculcation of a professional ethic, can suggest that expertise in all things is conveyed. Yet, it strikes me that philosophers, or indeed any of us who are teaching in bioethics/medical ethics within undergraduate courses, also have an enormous opportunity to teach the limits of medicine and the important dynamics of medical decision making. To teach that there are no easy answers, but important ways of thinking which acknowledge just not the rational but the emotional, is an exciting opportunity for all educators, not just in the education of medical students, but also of other health care practitioners.

Further, in drawing attention to the ethical principles promoted by Kennedy, which are in accordance with the Hippocratic tradition, Maclean argues that "they are not principles of which one could be ignorant unless one was ignorant of moral considerations as such" (p.200). Yet, my experience in teaching medical and nursing students is to the contrary. Rather than starting with systems or philosophical beliefs I seek to show that ethics is an everyday endeavour for us all and that these principles are important yet often tacit. Students and practitioners do not necessarily know them as principles or have been given an adequate opportunity to explore these principles in everyday life. Maclean is certainly right to question a professional mystique associated with teaching ethics, but fails adequately to recognise the value of giving critical tools to people with which to define and resolve ethical issues.

Despite the marked criticisms of Maclean's book, there is no doubt that her criticism of utilitarian thinking as it applies to the bioethical endeavour, has much merit. Indeed, the book is worth reading provided one can mentally substitute the term "utilitarian bioethicists" for her erroneous and limited conception of "bioethics" and "bioethicists". It is also important for all who engage in the areas of bioethics with regard to the value of philosophical training, the role of professionalism and credentialism, and concerning the relationship between bioethicists and health care generally. There is no doubt that

Maclean's critique of utilitarianism as eliminating the essential ingredients of moral thinking also has merit. Her critique of so-called impure utilitarianism, which one can take to be all of the utilitarian reasoning which occurs in bioethics, also has merit. I will certainly be recommending it to my graduate students as they seek to struggle with utilitarian theory and its problems.

This is a book which shows much promise and could have been improved immeasurably with an acknowledgment of the wider scope of the bioethical endeavour. An interesting read for the advanced reader with critical skills, but not recommended for the beginner in health care, philosophy or bioethics.