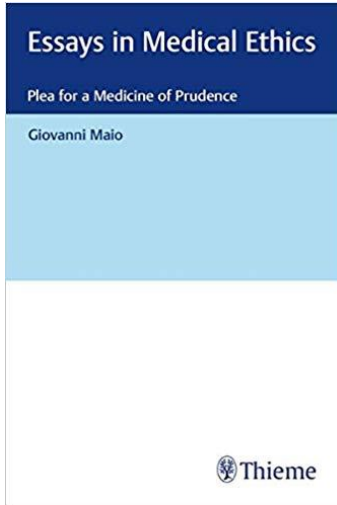


Giovanni Maio



Review:

Essays in Medical Ethics: Plea for a Medicine of Prudence

Stuttgart: Georg Thieme Verlag,
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Reviewed by
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In this book, Giovanni Maio, who is the professor and director of the Institute of Medical Ethics and History of Medicine of University of Freiburg, Germany, advocates ethics of prudence despite many advances in medicine. It is the major reason why many of us are alive after all and we have not to



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die of disease or in an accident (viii).

The volume has eight chapters preceded by an introduction: 1. *Meeting in the Petri Dish?*; 2. *Screen, Test, Weed Out?*; 3. *Prettier, Better, Stronger?*; 4. *Is Health a Duty?*; 5. *The Crisis of Confidence in Organ Donation*; 6. *On the Value of Age, Beyond the Fitness Imperative*; 7. *Living Wills - Are Forms Replacing Dialogue?*; 8. *Being Able to Let Go. For a New Culture of Dying*; and an Epilogue called: *Happiness Lies in Our Attitude Toward the World*.

This volume aims to draw our attention that people are not able to determine everything (viii), even if modern medicine is in a permanent change and it is capable of manipulating and transforming external parameters. The *ethics* presented here is not dealing with prohibition or restriction but with the question „*How can we lead a fulfilled life?*”(x) in very paradigmatic freedom of „*limits*”, which is in the author’s understanding: „*our salvation*” (xiii).

In chapter one, Professor Maio gives a detailed and also a historical account of IVF (in vitro fertilization) scientific progress, and presents the recent frameworks, with some reflecting social questions. For example: *What does it mean for mothers, fathers, and children; indeed for all of us as a society; to view the state of being a mother, a father, and a child purely from the perspective of technological feasibility?* (5) or: *Is the child made for order, it is a product or not?* At the end of the chapter, he claims that: technology (...) caused the person to come into existence (7) and being able to control life (8), to order a new life (11). The child would only have value as it fulfills a specific function: it would be existence for us (10), so there is a conditional existence; in other words, there is an arrangement between parents and a fertility clinic. Even if the child is not a conceived one, but an engineered one, his life is a gift, and he should not ignore the relational nature of reproduction which leads to damages of relationship structures (15). In this way, the reproductive act is fragmented in scientific levels, in components of modules that are recombined, assuming the

logic of depersonalization, establishing an unknown familial relationship (17).

The IVF techniques are also involving the question of origin and identity, the family planning on ice – freezing method of IVF, and what that means to live in a multiple option mode. Should it be a form of freedom or not (23)?

Chapter 2 is focused on prenatal diagnosis which represents either a blessing or an unbearable ethical conflict of continuing the pregnancy or terminating it (32) - a double-edged nature of prenatal diagnostics - as the professor Maio said. Another aspect is the beginning of classification for pregnancy and the use of expressions as *low-risk pregnancy*, *conditional pregnancy*, *acceptable pregnancy* or *high-risk pregnancy*. In a modern conception, an unborn child is not seen as a symbol of hope but is blocked in today's world of prenatal monitoring (36). Moreover, he continues to argue: when abnormal findings occur, then saying yes to life essentially requires justification. That is what this "*anyway*" means (39). Trisomy 21 and other modification of genetic code are leading today of self guarding against the children with this disability, but is that good or right? Is this a social expectation of today's world? The last part of this chapter is related to Preimplantation Genetic Diagnostics, and it is trying to demonstrate if the child is a product under warranty. Apart of taking a closer look at *abortion*, the second problem of PGD is that an embryo is conceived (IVF) but is only kept alive under certain conditions (47) after a genetic quality test. Briefly, human life is controlled by human decisions. Children are increasingly understood as products that we order and evaluate according to quality criteria, and we can send them back if we do not like them (48). The author's main conclusion is that we do not accept life unconditionally but only that life which fulfills specific criteria. The next chapter is focused on being able to deal with a new concept in the ethical debate: *human enhancement*, or in other words: the improvement of a human being. However, why do we want to optimize everything? The term of freedom has been

changed, and there is a current tendency toward perfection in modern society and we are trying to place ourselves under intense pressure in order to be able to present our life as a successful one (64). This leads to capitalist thinking: the salvation exists only if one wins the competition. The term "*nature of demand*" and "*perpetual perplexity*" has been brought in light and means to take advantage of the impression that this will lead to a fulfilled life (66). To become a perfect person involves many risks, and such a striving has become a modern obsession, and along the way, we lose sight of what is really important. This is happening, according to professor Maio, because of the lack of transcendence in a market society geared exclusively to efficiency (84).

Chapter 4 called "*Is health a duty?*" raises an objection to the insidious notion of sickness as "*guilt*" and shows that personal responsibility only functions when it is anchored in social responsibility.

Health literacy is thus a concept that explicitly rejects a patronizing health education. It replaces the previous health education, which was primarily geared to avoiding risks, with the emphasis on the competence of each. The aim is not primarily to ingrain specific changes in behavior in order to avoid disease but to mobilize one's strengths. Thus, this conception relies on motivating a person to control his own behavior (87).

Chapter 5 provides a social understanding and the need for confidence in organ donation, particularly for Germany, proposing some conditions for confidence as eliminate false incentives – and Professor Mayo said that there is no need to offer more money for more operations in employment contracts, ultimately means anything else than that the employer assumes the physician is fundamentally corruptible (106).

The second aspect is the requirement of clarification and transparency, and there is a general attitude of hesitation, doubt, uncertainty, and this can be solved by launching moral

appeals (107). The third aspect is that the organ donation must not become a civic duty; *donation* is a gift, a unique event, an exception, at least something special. (109). The medical profession must reconsider the status of a brain dead person, because in real life it represents more than the law explains, it becomes a challenge for those involved (111), because the family members have to take a decision for a person who looks alive and has “*only*” been defined as dead (116), and it should be devastating for them. Nevertheless, the organ donation must be treated with absolute respect, both for donor and his family and also offering moral support (118). In the end, it is essential for everyone to get the feeling that transplantation medicine is about helping people to decide vital importance.

In chapter 6 a paradox of today’s world is presented: that we live longer, but nobody wants to be old. Professor Maio presents a very challenging anti-aging medicine. If that medicine regards age as an enemy it must fight, then the “*arc of life*” is not to be complete, and ultimately it becomes a matter of non-acceptance of one’s self (125). A person’s becoming human, his maturing and his fulfillment ultimately include recognizing that all of life is part of this process of aging (126). Anti-aging reduces a person to his need to perform, but age is being seen as a clear view of reality and is a learning model for society: old age could be a continuous “*patient history*” for society, helping it to remain aware of the alternating dependence relationship (131). This dependence relationship is seen as autonomy’s destruction for the modern people. But on the other side old age teaches us that we can master life not only by being active (134).

Chapter 7 is focused on living will and a situation of radical dependence on others. Is the subject of “*dying*” a public discussion? Why? For Germany, a living will is a written statement expressing a person’s desires in the event he or she is no longer able to express informed consent. Moreover, for that reason, it has been an instrument for safeguarding the patient’s autonomy (142). The question for independence from

others came into question: is life only valued as long as the individual can subsist without dependence on the help of others? Is that a meaningful life? A life in infirmity can or cannot be in that way? (149). It is a matter of difference between autonomy and independence. The care and dependence of the others is an integral part of a human health care system (149), and it is imperative to note that the modern medicine has to be a medicine that involves relationships and that sees the living will as part of a relationship (150).

In the last chapter a new culture of dying is developed, new anthropology in which we can plan even death. Once again the author related the autonomous principle or self-determination to life's end. When that principle is no longer possible, and life becomes "*deficient*" or even "*inhumane*" dignity in death can only be preserved when control over the event is maintained - euthanasia (152). However, it is hazardous when society finds it reasonable when one takes another one's life in the face of a disease. Another argument for euthanasia is: preventing unnecessary suffering; and if we see suffering defined by the human experience of loss, an experience that conflicts with the view of a good life (156). In any case, a modern person cannot just let death approach him; he wants to take control of it (159). Having to die is not a question of death crisis, but one of life's crisis because even in the face of having to die, there is still a chance, and here professor Maio sees spirituality as a crucial aspect of the dying person, as an orientation toward the question of meaning and transcending (160).

In the epilogue, the author proposes the medicine of prudence as an ethical solution to the dictate of social expectation, because prudence requires intelligence and realism, an inner calm is another essential condition for prudence, and what is so essential prudence requires a desire to act, so is not something passive (175). We can ultimately say that a person can only become happy if he succeeds in developing an inner superiority concerning all the options of modern medicine that prevents him from being drawn into the feasibility quagmire (176).

Moreover, man's greatest freedom consists in the choice of his inner attitude toward the given external circumstances. Nevertheless, we must not overlook the fact that even in the setting of incurable disease a person is capable of finding something like meaning in the awareness of a greater context (183).

The present volume provides a fresh perspective towards bioethical questions, and also brought concerns. However, what is so challenging are the three points that make the author bring them together in an original way: the principle of autonomy, the medicine of prudence and social expectation. Therefore, I would recommend this book for academic research, and it is also a good way to understand modern bioethics and nowadays' expectations even in theology.