MEDICINE, SOCIETY, AND FAITH IN THE ANCIENT AND MEDIEVAL WORLDS

By Darrel W. Amundsen. 391 pp. Baltimore, Johns Hopkins University Press, 1996. $39.95. ISBN 0-8018-5109-2.

THE debate about assisted suicide arouses such passion on both sides that it is difficult to know what the argument is really about. Some believe that it is wrong for physicians to participate actively in the deaths of their patients, no matter what the degree of the patient's suffering or whether the patient requests assistance. In this view, the classic duty of physicians is to prolong life, so that assisting in the death of a patient contravenes the traditions of the profession. On the other side, it is argued that the physician's duty to relieve suffering reaches back to antiquity and overrides other considerations and that in the modern world, the suffering of some patients has reached degrees not previously known. In addition, some say, assisted suicide has been a fact of physicians' lives from the beginning. How are such arguments to be resolved? We often have disagreements about the care of patients, but good clinicians look to the literature to resolve their differences. And in one of the most important medical advances of our time, the quality of the evidence that can be brought to bear on clinical disputes has become, for the most part, excellent. What evidence will convince the disputants here? Perhaps there is nothing that can resolve deep moral differences.

Many of us know, however, that the continued success of our pluralist society rests on understanding conflicting beliefs and finding a way for them to coexist. Where do we, the majority, go to find the evidence that will help us through a dispute? History. Darrel Amundsen's wonderful book is an example of the kind of historical resource that can be used to understand how certain ideas that today are extremely influential got their start. Let me make it clear that just as good science rests on painstaking investigation, Amundsen's historical evidence comes from meticulous scholarship that is often a joy to read. His interpretations of the original medieval and ancient documents are convincing precisely because he is so obviously careful, even picky at times. Even those of us who are not historians know the danger of choosing only the historical evidence that will support the author's presuppositions. R.G. Collingwood, a British philosopher of this century and a historian of antiquity, wrote that one could not really make sense of historical writings unless one knew both the intended audience and what questions the author was trying to answer. Amundsen is extremely helpful in telling us not only, for example, what Augustine had to say about suicide but also whom he was addressing and why. This is extremely important when it becomes clear that in their current form, Catholic prohibitions against suicide, and assisting the suicide of others, go back to the writings of Augustine in the fourth and fifth centuries and even some of the earliest patristic authors.

Amundsen's discussion of the origins of the belief in the physician's obligation to prolong life is also interesting, because he attempts to situate his reader in the era under discussion as an antidote to the tendency to idealize the past — particularly the time of the Hippocratic writings — in the service of the present. For example, he points out that the oft-quoted (by me, among many others), lofty statement from the Hippocratic Corpus, "Where there is love of man, there is also love of the art," appears in the context of a discussion about fees. If historical evidence is to be useful in the resolution of modern dilemmas, then the issues have to be carefully spelled out. Amundsen is helpful here also, because he is a clear thinker. He opens his chapter on the duty to prolong life by asking what we mean by that phrase. He speculates that

> a physician in classical antiquity . . . might reasonably ask whether, by prolonging life, we mean increasing longevity generally; preserving health by prophylaxis; combating curable diseases and injuries; temporarily prolonging the unhealthy life of a terminally ill patient; or refusing to assist in terminating the life of any man with or without his consent, whether healthy or ill, and if ill, whether with a painful but curable or an incurable ailment.

And what do we mean by life? And by duty: "Duty to whom: to the patient, even against the patient's wishes? to the medical art or profession? to public opinion, to the state, to religion? to his own conscience, simply as a man, or as a physician?" In the same chapter, Amundsen casts doubt on the origins of the Hippocratic Oath, saying, "Few (if any) scholars today hold that the Oath that bears his name was written by the historically elusive 'father of medicine.'"

Interesting chapters deal with issues ranging from the attitudes of the early church toward medical practice (which were generally but not universally favorable) to canon law and medical practice by the clergy, with absorbing discussions that make it clear that some ethical problems in medicine have remained virtually unchanged over the millennia. Amundsen's final chapter, "The Moral Stance of the Earliest Syphilographers," has obvious application to AIDS. He quotes Thomas Sydenham's reply, in 1673, to those who believed that syphilis should not be treated, in order to frighten the unchaste or punish the afflicted:

> If we reject all cases of affliction which the improvidence of human beings has brought upon themselves, there will be but little room left for the exercise of mutual love and charity. God alone punishes. We, as we best can, must relieve. Neither must we be too curious in respect to causes and motives, nor too vexatious in our censorship. Hence I will state what I have observed and tried in the disease in question; and that not with the view of making men's minds more immoral, but for the sake of making their bodies sounder. This is the business of the physician.

Henri Bergson said, "The present contains nothing more than the past, and what is found in the effect, is already in the cause." Perhaps nothing demonstrates Bergson's insight more than medical science, in which every advance is dependent on previous research. Yet this scientific era of medicine has been curiously ahistorical, as though the past began a decade or so ago. To what is that past a prologue? A medicine that has only faint memories of its great physicians and their achievements and shallow roots in its long traditions. No surprise, then, that it is also a medicine in which physicians' acts and physicians themselves, divorced from their traditions, have come to be viewed as inter-

changeable commodities in the marketplace — each the same as all the others, with experience disvalued. It would be simplistic to say that books like this one provide a solution to our difficulties, but medicine's history is a vital part of its present that should remain in front of our eyes. Darrel Amundsen's book is a valuable witness to that fact.

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NEW WAYS OF MAKING BABIES: THE CASE OF EGG DONATION

(Medical Ethics Series.) Edited by Cynthia B. Cohen. 332 pp. Bloomington, Indiana University Press, 1996. $39.95. ISBN 0-253-33058-0.

THIS book explores the ethical issues that modern reproductive technologies have made real. Many of the principles guiding the treatment of medical problems come from traditional medicine; only later are philosophical and moral questions examined, and they may or may not influence the development of new treatments. Reproductive medicine has had to contend not only with technical advances but also with popular opinion. Laws relating to what makes a family and how property rights are handled between people have a rich and scholarly tradition. Many issues surrounding who had parental responsibility and who had a say in the rearing and nurturing of children were handled within the law and between family members. Artificial insemination changed the definition of who was potentially a legal family member. Ethical and legal dilemmas were avoided by secrecy and the observance of patient–physician confidentiality.

When it was clear that "test-tube babies" could be made, the medical, legal, and philosophical interplay became real. Of the many issues to discuss, one was the use of the ovum. This topic is the core of *New Ways of Making Babies.* Egg donation has several important aspects. A woman can have an egg from one of her own cycles fertilized outside her body and implanted into her own uterus during the same cycle or later, during another cycle. In brief, the woman is donating eggs to herself. A woman can also allow another woman to receive the ovum before or after fertilization, in which case she is donating an egg to someone else. The woman who gestates the other woman's egg may plan to raise the child herself, or she may be acting as a surrogate and give the child to the woman who gave her the fertilized egg. In this way, many people may contribute to the birth and raising of a child. At the same time that this technology has been developing, progress in the genetic identification of traits and tracing of genes has exploded.

In this book the authors use ethics, moral beliefs, and medical advances to examine the many questions raised by egg donation. Old discussions are brought into high relief. The secrecy that surrounded adoption and sperm donation always raised questions for the child when inherited traits were hidden because of ignorance. But ignorance is not an easy excuse, and withholding such medical information may no longer be acceptable. Pressures for disclosure of personal information may yield to the march of science and the enactment of protective laws. We have probably reached the point at which anyone can determine who his or her genetic parents are. This technical ability may not have value once inheritable diseases can be identified by DNA testing. Contributors to this book acknowledge that the heritability of traits is a disturbing side effect of anonymous egg donation. This focus on the oocyte has also prompted a reexamination of sperm donation.

These issues and many more are discussed in the book. The chapters are somewhat out of order because many of those in the beginning of the book refer to chapter 12, "Legal Uncertainties in Human Egg Donation," by John Robertson. This chapter should have been first, because Robertson's work is a standard that lays out the ideas we need to consider when examining how a procedure will affect a family.

To me the possibility of egg donation has opened up exciting medical challenges and opportunities to help my patients. To others it has expanded the range of thinking about what a family means and how families are defined.

I enjoyed reading this book because of its focus on a single aspect of artificial reproductive technology. Medical advances give people hope, and they challenge our ideas about life and responsibility. In this way, they enrich our lives. Egg donation is a major technological advance, and learning how it contributes to social and legal changes helps to integrate the medical profession into our daily lives.

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THE CAMBRIDGE ILLUSTRATED HISTORY OF MEDICINE

Edited by Roy Porter. 400 pp., illustrated. New York, Cambridge University Press, 1996. $39.95. ISBN 0-521-44211-7.

THE title page of this book includes a magnificent painting of a hospital sick ward in Bruges done in 1778 by Johannes Beerblock. Entering the book through this picture is symbolic of the experience of reading it and browsing through its illustrations, almost experiencing whiffs of the heavy smells of infection. The book immerses the reader in the history of one of the noblest and earliest professions. It will be valuable for those in need of references or photographs for lectures or as a gift for a physician when a grand gesture is wanted.

One of the book's great strengths is in showing us how things we now take for granted have developed. Our familiarity with EM photographs, CAT scans, PET scans, and MRIs has become so great that we scarcely recognize the words from which the acronyms are derived — electron microscopy, computed axial tomography, positron-emission tomography, and magnetic resonance imaging. The growth of our knowledge of these systems and devices has been so rapid that it is difficult to remember their evo-