

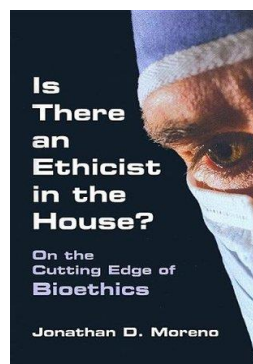
Book Review

Jonathan D. Moreno. *Is There an Ethicist in the House? On the Cutting Edge of Bioethics*. Bloomington, IN: Indiana University Press, 2005. Pp. 296. Hardbound. ISBN: 9780253346353.

The tone in the book is partially autobiographical because it includes the author's reflections on his personal life experiences amidst the ethical dilemmas he faced and provides an insider analysis of some of the contemporary issues in the field of bioethics. It consists of five parts, and each part contains separate chapters, totalling 15. These chapters are articles published by Moreno between 1988 and 2003 on clinical ethics and his role as a hospital philosopher. In addition to that, the author has also added a small introductory chapter before each part, highlighting the key points addressed. The book starts with the main introduction, containing the background concept behind the choice of the topic "Is there an ethicist in the house" followed by a brief mention of the circumstances and motivations behind the writing of this book.

In the first part, "A Hospital Philosopher," Moreno tries to explain the topic of his book "Is there an ethicist in the house?" versus "Is there a doctor in the house?" the differences and similarities between the two professions, and the resulting implications due to the infringement of one role over the other. This part is primarily autobiographical, where he describes his life journey from being a philosophy professor to a "hospital philosopher," which is why he feels that "bioethics is a personal subject in a way that other professional ethics fields are not" (p. 3).

Moreno argues that despite this dichotomy between a bioethicist philosopher doctor and an actual physician with a doctor title, he was usually addressed as Dr Moreno rather than Professor Moreno, which according to him, seems too out of place and redundant because he was



mostly surrounded by a group of physicians during routine rounds with the patients. He also shares some of his interesting encounters with both nurses and young resident doctors, where many a time, the ethical sessions turned into a sociology class! In this regard, he especially highlights the social issues that the nurses raised with him that they had with those young resident physicians. This was understandable, as rightly explained by Moreno, “They were in a position of power by knowing more about how the institution worked than the newer residents . . . and perceived themselves as often undervalued by the institution to exercise a little dominance over some of the supposedly best and the brightest” (p. 10).

He also shares some interesting anecdotes during his interactions with these young physicians, who mainly belonged to other countries and thus were unfamiliar with the US legal system and concepts like patient autonomy, informed consent etc. However, he felt a sense of pride in going beyond the teaching of mere “medical ethics” towards an open discussion with healthcare workers or the resident physicians, especially on topics mentioned above, which were not usually discussed in formal settings.

He candidly confesses his limitations and the challenges he has to face regularly being a clinical ethicist keeping in mind his limited knowledge of medicine and wonders what value philosopher ethicists like him can add to the hospital bedside. While physician ethicists are often seen by their colleagues as being disconnected from their actual business, and lawyer ethicists, on the other hand, have this general impression of being the traditional hospital attorney, Moreno believes that philosopher ethicists best fit the role. His personal life experiences also helped him to do a critical analysis on euthanasia (physician-assisted suicide). Although he agrees that voluntary passive euthanasia is the only form on which the medical community has implicit consensus, other forms of euthanasia are controversial and need to be analysed in terms of the benefit/harm perspective. He concludes this discussion by realizing the added value provided by the clinical bioethicist for morally guiding the young physicians and the various privileges he enjoys in the form of asking some basic questions on the table, which a younger physician would not dare to ask.

In the second part, “Naturalising Bioethics in Theory and Practice,” he ventures into profound philosophical arguments, calling bioethics a naturalistic philosophy with a predominant American flavour (p. 51) that is often reflected in its style. He also argues that American naturalists reject traditional moral philosophy and focus more on inquiry than on asking the basic ontological question of the nature of the good (p. 57). He

views pragmatism as a type of philosophical naturalist, i.e., knowledge based on our experience. Ethical naturalists, according to Moreno, “when faced with a concrete dilemma, moral or otherwise, do not consult theory, but they apply themselves to the problem” (p. 59). According to him, bioethics has a social character embedded in it; thus, the bioethicist has the role of a policy scientist, which distinguishes this field from humanistic disciplines (p. 62). Moreno argues that a bioethicist cannot simply claim to have “the right answers,” instead, his job is that of an ethical counsellor, so he should facilitate the entire process of moral investigation (p. 68). Furthermore, he should acquire specific skills that help build up a consensus, like being a participant-observer and an effective mediator (p. 80). Moreno also suggests ways to improve the working of the ethical committees by trying to identify their subtleties and unique nature, which differentiates them from any other bureaucratic entity (p. 83). In this regard, he cites two successful models of deliberations for the effective working of these committees, horizontal and vertical, which can add value to their working and solve issues related to different levels of consensus (p. 92). He describes consensus by dismissing this notion that it is a goal to be reached rather than an end that settles controversy without further disagreement.

In the third and fourth parts, Moreno dedicates five chapters to the ethics of research involving human subjects in the United States and the implementation of the Nuremberg Code, focusing on the contemporary debates surrounding this sensitive topic concerning vulnerable focus groups like the decisionally impaired and convenient and captive segments of society with regards to the levels of protectionism applicable to each of these groups. In this regard, he highlights that most of the time, members of these vulnerable groups belong to some institution, thus lacking the power of self-determination. Moreno has also exposed the existing vulnerabilities in the federal regulations when it comes to providing protection, as, according to him, it lacks historical justification. He cites this as one of the reasons behind his resignation from the Bush administration’s advisory committee on human research protection in 2003 when they re-wrote the committee charter to add embryos as one of the vulnerable groups (p. 106). He divides this history of regulation regarding human subject research in the United States into three periods: weak protectionism, moderate protectionism, and strong protectionism, with the weak model prevalent during the period of 1940s to 1960s, a period in which the onus was on the individual researcher and written informed consent was not a common practice in clinical research (p. 113). An era of moderate protectionism followed this in the form of a compromise between the researcher and the human subjects.

However, he argues that this era could not last long with the rising trend in more complex research and studies. With its decline, we have entered into an era of strong protectionism, which has greatly minimized the researcher's discretion in governing their conduct towards human subjects due to the strong influence of third-party monitoring of study procedures. This he calls a "moral hazard" because it aims to supplant the scientist's virtue (p. 127).

However, he asserts that with the exceptions of some, most of the time, these studies are undertaken to provide some benefit to these vulnerable populations. Therefore, generalizing a public policy for all these groups is not the right way forward, as the "respective situations of prisoners, institutionalised persons, military personnel, and students are quite different and require analysis tailored to each of them." He further argues that the present concept of justice is based on utilitarian attitudes towards the human subjects (p. 191). This modern definition of justice absolves the military personnel or the student of his responsibility to participate in an experiment for his benefit or the benefit of society (p. 198). This, he argues, is essential to formulate a just policy for these concerned, human subjects.

In the fourth part, Moreno assesses the influence of the Nuremberg code on US medical ethics with regards to the ambivalent relationship of the Pentagon with the code. Being a member of the President's advisory committee on Human Radiation experiments in 1994–1995, Moreno got access to some of the secret Government documents that justified some of these human experiments on the toxic effects of radiation amidst fears of World War III and a nuclear war, which prompted them to water down the code as per their needs. However, regarding its influence on American Medical Ethics, the prevailing view was that it was an aftermath of the Nazi doctors' atrocities and had no relevance in the American culture (p. 198). Thus it failed to establish a firm ground in the US state regulations, mainly because it was unable to address research-related issues that involved children, i.e., those who were unable to give voluntary consent. Thus, they adopted a more flexible code of ethics in the form of the Helsinki declaration (pp. 204–05).

The final part gives a new insight into the field of bioethics, where the author reflects upon some of the challenges faced by bioethicists in the light of ever-emerging ethical issues and sciences, like neuroethics. What is noteworthy in this regard is the way he explained the ethical implications related to genetics and clinical medicine in the light of his personal life experiences, especially the one related to the diagnosis of his mother's serious medical issue and the moral dilemma associated with genetics and clinical medicine related to truth-telling. He reflects

how dramatically the relationship between a physician and his patient has transformed over the last two decades, from his mother being kept unaware of her disease to the present times when physicians openly disclose and share the terrible word “cancer” with their patients (pp. 211–14). Moreno also discusses the contemporary issues related to neuroethics and concludes that although it may seem new yet, “It is an old wine in a new bottle” and that it will again raise the issues of free will and determinism, resulting in concerns about one’s identity (pp. 220–25). He also predicts a new turn in the field of bioethics, especially in the aftermath of 9/11, by speculating that the war on terror, with its emphasis upon collective security rather than individual autonomy, will ultimately have implications related to bioethics. He concludes this chapter with a recommendation to all secular bioethicists to familiarize themselves with the Islamic teachings and support legitimate Muslim scholarship.

Moreno tries to highlight the ever-increasing need for a clinical ethicist. Since a bioethicist has to wear multiple hats simultaneously, he needs to be fully conversant and confident in these multi-disciplinary fields. He has tried to give this message across that bioethics is a rapidly maturing field. Although he calls it an impossible profession, its diverse and flexible nature grants its practitioners the freedom to explore endless possibilities amidst the ever-changing life issues. Moreno has, therefore, attempted to view the field of bioethics from a revised angle.

Moreno believes in learning through human experience, which eventually creates moral values and a conceptual framework for bioethics. By continuously sharing his personal life experiences, he tries to find answers to some of the pressing issues in contemporary bioethics. With regards to his arguments on euthanasia, Moreno quotes from the Hippocratic Oath “First do no harm,” which rules out this possibility. It seems likely that he is not comfortable with the idea of any form of euthanasia other than voluntary passive. However, he admits that euthanasia is a topic subject to debate in recent times, especially concerning the patient’s right to self-determination. He also highlights some philosophical disagreements in this regard, with some arguing in favour of active euthanasia, due to the greater suffering in the case of passive euthanasia (p. 44). So we see that in secular bioethics, the argument is about a slippery slope, i.e., what level of suffering will decide to opt for euthanasia or not.

The consensus for euthanasia in the crude form of physician-assisted suicide is prohibited in Islam, as human life is a trust from God. The Qur’ān says, “Do not kill yourselves, surely God is merciful to you” (4:29). Secondly, suffering also entails a metaphysical element of the

soul, which is missing in the secular bioethical approach. The only leeway in this regard is in the case of brain death; then, the family can request to remove the life-saving machine that keeps the heart working, thus accepting Allah's decree.¹ Even those scholars who did not believe in brain death have allowed the removal of life-saving machines if they are not helping the patient come back to life.²

To evaluate this case of euthanasia in Islamic bioethics, we first need to go into the background of bioethics. The first person to coin the term bioethics was the American biochemist and professor of oncology Van Rensselaer Potter (d. 2001), who considered it thick bioethics, which had the following three main characteristics: bridge to the future, interdisciplinary nature, and human beings as part of nature.

However, the idea was not implemented, and the bioethics we have today is very much thin in nature, i.e., narrow scoped.³ With regards to Islamic bioethics, Muslim scholars absorbed the same thin approach from the West. Thus, we see that most of the literature talks about *maqāṣid al-sharī'ah* but not *maqāṣid al-ṭibb*. Mohammed Ghaly argues that we cannot directly jump to *maqāṣid*. Thus, it is essential to consult the sources first. In this regard, he alludes to a model proposed by the bioethicist Robert Veatch, in which meta-ethics is about sources, in our case, the Qur'ān and *sunnah*. Then coming down to the level of normative ethics, we have the norms that we believe in. From here, we go to the rules and maxims, e.g., maxims in *fiqh* and maxims in *maqāṣid*. Although *maqāṣid* are very thin in nature, they cannot be ignored and need to be integrated at these three levels. When it comes to casuistry, where we have to judge on a case-by-case basis, we cannot judge anymore based on *maqāṣid* only. Now going back to the above case of euthanasia, we cannot say that euthanasia is unethical when it involves the removal of life support machines based on *maqāṣid* only, as in this case, it will conflict with the higher objective, i.e., preservation of life (*hifz al-nafs*).⁴

Secondly, Moreno has touched upon the importance of ethical consultation and the effective role of ethics committees. Finally, he mentions vertical and horizontal methods of ethical deliberations, with

¹ Jonathan Brockopp, *Islamic Ethics of Life* (Columbia: University of South Carolina Press, 2003), 178.

² Abdulaziz Sachedina, *Islamic Biomedical Ethics: Principles and Application* (Oxford: Oxford University Press, 2009), 170.

³ Henk ten Have, "Global Bioethics: Transnational Experiences and Islamic Bioethics," *Zygon: Journal of Religion and Science* 48, no. 3 (2013): 600–17, <https://doi.org/10.1111/zygo.12035>.

⁴ Mohammed Ghaly, "Maqasid and Bioethics," public lecture, <https://www.youtube.com/watch?v=SaVtb064G-o>.

the vertical one being based on a hierarchy of arguments and the horizontal approach involving the tradition of casuistry.

From an Islamic perspective, it reminds us of collective *ijtihad*, an amalgamation of vertical and horizontal arguments that Muslim jurists and physicians use to find solutions to various contemporary biomedical issues faced by the modern world. However, the differentiating factor here is that Islamic bioethics comes under the umbrella of Islamic law and ethics as compared to secular bioethics, which is considered an independent field.⁵ In Islamic bioethics, no ethical deliberation is complete without consulting Islamic law. Another distinguishing factor between secular bioethicists and Muslim bioethicists is that the latter are often well versed in *‘aqidah* and *fiqh* due to their educational qualification in Islamic studies, such as Abul Fadl Mohsin Ebrahim and Mohammed Ghaly.

Moreno argues that American medicine has adopted a strong protectionist approach towards human subjects research, which he calls a “moral hazard.” Although he agrees that vulnerable populations are often exploited in the name of these research studies, he argues that mostly it is for their benefit, which gets compromised under the guise of strong protectionism when the researcher has to operate in a strictly regulated environment (p. 127). He thus proposes a refined concept of justice, keeping in mind the subtle difference amongst these vulnerable groups, which demands separate handling in a just way.

To develop an Islamic perspective on the ethics of conducting research involving human subjects, I would like to make a comparative analysis in the light of the International Islamic Code of Medical & Health Ethics, produced by the Islamic Organization for Medical Sciences (IOMS) in 2004. In this regard, the IOMS chose the Council for International Organizations of Medical Sciences (CIOMS) document “The World Ethical Guidelines for Biomedical Research related to Humans” as a starting point. The governing principle of CIOMS while researching human subjects is respect for persons, beneficence, and justice. In addition, IOMS added a fourth principle of *ihsan* to this list.

Now let us analyse the stance of IOMS with regards to these vulnerable groups. Speaking about justice, both CIOMS and IMOS agree on having a universal value of justice that applies to all groups irrespective of race, culture, sex etc. Moreover, a special justification must be made to involve this category in research while maintaining

⁵ Mohammed Ghaly, “The Beginning of Human Life: Islamic Bioethical Perspectives,” *Zygon: Journal of Religion and Science* 47, no. 1 (2012): 175–213, <https://doi.org/10.1111/j.1467-9744.2011.01245.x>.

strict adherence to their rights and respecting them as persons.⁶ Allah says in the Qur'ān, "God enjoins justice" (16:90). Furthermore, IOMS considers the element of *iḥsān*, which exceeds the level of justice. This conflicts with Moreno's view that justice should not be equally applicable to all of these vulnerable groups.

However, if we analyse the same in light of *maqāṣid al-sharī'ah*, one of which is the protection of life, Ghaly argues that *maqāṣid* being thin in nature, we need to think beyond them and redefine life by thinking about life in general, not just human life (i.e., our environment). Furthermore, the right intention is crucial when we assess the value behind these researches. Statistics show that about 90% of the budget is on average dedicated to research projects that cover only 10% of the diseases on earth and vice versa. This uneven ratio of expenditure, according to Ghaly, is simply because this 10% brings huge investment in the medical field, thus putting a big question mark on the pure intention behind any such study. Therefore, it is essential to evaluate these studies based on their intentions and identify their ethical components.⁷

Lastly, to address his concerns about bioethics in the aftermath of the 9/11 terror attacks, Moreno stresses the need for a better understanding of Islamic law. At first glance, I did not have a very positive feeling as I read this note because it hinted at tarnishing the image of Muslims. However, on reading the same note the second time, I could discover the underlying positive message that perhaps he wants to convey, which is to un-sheath the shared universal values of beneficence, justice, and respect for all humans that no religion denies. Thus, I hope that some of his future works will shed more light in this regard and make a positive contribution to Islamic bioethics.

Overall, the book is a powerhouse of information, with the initial chapters arousing excitement amongst the general public due to their autobiographical nature. The middle half focuses more on the theoretical element, thus targeted towards philosophers. In contrast, the remaining half of the book, with its rich historical background and justifications behind human subjects research, becomes a delight to read for someone interested in the history of bioethics.

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⁶ Ahmad Rajai al-Gendi, ed., *International Islamic Code for Medical and Health Ethics* (Cairo: Islamic Organization for Medical Sciences, 2004), 217.

⁷ Ghaly, "Maqasid and Bioethics."

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