REVIEWS


Of late, in the barren history and the rather desert landscape of moral thought of the last 100 years, a new wind is blowing and some new lives are stirring. Attempts are afoot to breathe life into moral existence and to resurrect, or resuscitate as the view might be, the flesh and blood moral agent facing upto the moral dilemmas of his/her time. These attempts are coming from many directions and, though these are early days yet to make any pronouncements, a certain satisfaction is inevitable while contemplating the rather flourishing scene facing us.

One of the moral philosophers who has contributed much towards this renaissance of moral thinking is Alasdair MacIntyre. Though opinions vary as to the validity or the viability of MacIntyre’s project, it is indubitable that the attempt is both important and controversial. In his book, *After Virtue*, MacIntyre has begun the long overdue project of assessing the western ethical traditions of the last 150 years and more, in order to sketch out an alternative. The dust from the controversy has not yet settled and the reverberations set off by the book is to be heard in far off places. Witness, as an example, the book under review: *Virtue and Medicine*.

What is virtue? What, for example, has it been understood to mean in the course of the European intellectual history? Has it always been seen as a moral category? What can contemporary theories of virtue tell us about the nature of moral life? How was virtue related to medical practice? How ought it to govern medical practice today, assuming that there is some connection between virtue and medical profession?

In the collection under review, these and many other questions are taken up and discussed by philosophers, historians, theologians, doctors. I do not intend to summarize the many contributions, much less criticize them. But, what I do want to do is to give you a flavour of the kind of collection that it is with the hope that you will want to read through the assembled articles yourself—now agreeing, now disagreeing; now surprised, at times irritated. All the time and effort you will put into it will be worth its while: you will emerge from a reading of this book suitably humbled and suitably reflective enough to think seriously
once again about the suitable *ends* for the medical profession.

The book is divided into four sections. In the first, partial histories of the concept of virtue are chalked out in four articles. Ferngren and Amundsen tell us, in the first two articles, about the notion of virtue and its relation to medical practice as they both evolved from Homeric Greece through the sixteenth century. From Homer to around third century B.C., we see how health was considered to be the paramount virtue and how, from then on, the attitude began to shift and change: from seeing health as the virtue to emphasizing the quasi-moral elements as virtues *viz.* charity, kindness, forgiveness *etc.* We also come to appreciate, as we read through the second article, the nuances and varieties in the conceptions of the virtuous Christian as he becomes a physician or a patient.

D. von Engelhardt looks at enlightenment Germany in his contribution. The social changes that were taking place in the Germany of then, their impacts on conceptions of ethics and medicine form the theme of his enquiry.

L. McCullough, in his contribution which concludes the first section, looks at Britain and America of the eighteenth and nineteenth centuries. In the medical moralities of that time, he discovers the precedents to our own efforts at relating virtue to medical ethics.

The second section, which consists of four articles as well, looks at the current theories of virtue from both secular and Christian theological perspectives. B. Gert is inclined to think of virtues as character traits, and is concerned with situations involving conflicts of virtues. A physician is caught in a conflict between the virtue of truthfulness and that of kindness when contemplating about informing a patient of a given diagnosis. E. Pincoffs attempts to define virtue, provide a taxonomy of the various virtues, and on that basis formulate some criticisms of some of the existing theories of virtue.

K. Neilsen subjects the earlier mentioned theory of MacIntyre to critical scrutiny. In the concluding essay of this section, Meilander provides us with a theological perspective on the notion of virtues.

The third section, by far the biggest in the book, contains seven articles. All of them take up the theme of the relationship of virtue to medical practice, and look at it from various points of view. The first article by the philosopher M. Wartofsky raises questions about the normative basis for developing a critique of medical virtue. Medical practice has evolved and changed over time, as have the notions of medical virtue. On what grounds does one criticize the norms of medicine then? E. L. Erde, operating
largely within MacIntyre's framework, looks closely at the relation between virtue and medicine. A.Dyer, himself a member of the healing profession, reflects upon the lacunae in the field of medical ethics (known today as Bioethics) arising from a failure to take the notion of virtue seriously into consideration. E. Pel­ legrino looks at the physician and asks When is he virtuous? M.Benjamin and J. Curtis ask much the same question, but with respect to the nurse. The next question is obviously about the patient: What is a virtuous patient? He is one who exhibits fortitude, hope and prudence says Lebacqz in her analysis and critique of the traditional notions of a virtuous patient. The last study of the section by M.Lappé is about the relation between virtue and public health.

All of these essays might together give the idea that philosophers are agreed upon the necessity of virtue ethics or its relevance to medicine. The last section rapidly dispels this idea where critical articles by Beauchamp, Veatch raise serious questions about both the exclusive emphasis placed upon the virtues to the detriment of other forms of moral theory involving rights and duties (Beauchamp), and even the very desirability of requiring such a virtue theory at all (Veatch). The volume, appropriately enough, ends on the note sounded by the theologian Hauerwas, himself an active participant in the recent battle for virtues, that a lot requires to be done before questions can be settled one way or another and presents a whole list of problems himself.

From the foregoing, it must be clear that the issues are far from being settled. But, it is the virtue of this collection of articles that it shows us both the centrality and the importance of the issues debated in it.

The series Philosophy and Medicine has seen about 25 volumes in print so far. Like no other in this area, it has continued to focus attention upon issues and questions generated by interfacing philosophy with medicine. For this superb job, the general editors Engelhardt and Spicker deserve commendation.

One can only hope, at the end of such a review as this one, that both the series and this book will reach a wide public: professional physicians and philosophers alike. Or, even better, it will lead at least some patients, who are themselves neither physicians nor philosophers by training, to reflect both about themselves and their physicians. No one could ask for more in these cynical times.