

BIOETHICS IN A LIBERAL SOCIETY

by Max Charlesworth: Cambridge University Press, Cambridge, 1993. ISBN 0-521-44952-9 (paperback)

In the face of complex texts and unpronounceable theories, a generalist introduction to various bioethical issues is eagerly sought by students and members of the general public alike. This book would appear to be written for this more general market. Clearly, Charlesworth has used a very broad brush to paint his contentious picture of "Bioethics in a Liberal Society".

Charlesworth holds that we live in a liberal, democratic and multicultural society, which must recognise that ethical issues are social and political in context, and where the values of personal liberty and autonomy are most important. The society Charlesworth paints, is one where he argues that the State should not tell people how to live their lives and where there is no public consensus on a set of core values. Hence, he sees the liberal society as accepting the diversity of religious, non-religious, political and personal moral stances and philosophies.

It is in light of this pluralism that he discusses the topics of the ending of human life, euthanasia, suicide and the so-called "right to die" through to the new reproductive technologies. Further, he examines the vital questions associated with the distribution of finite health care resources.

Because Charlesworth attempts to cover so much territory in 172 pages, one of the biggest problems with the book is that he fails adequately to consider alternative perspectives to his own. Complex world views in that socio-political space which is bioethics, such as Kantian or feminist approaches, are dismissed, or "dealt with", in hardly adequate ways. Certainly, Charlesworth's book would have been strengthened by referring the reader to some further works for key arguments in the schools of thought with which he deals so quickly.

It was also interesting to find that whilst Charlesworth in his discussion of reproductive technology and elsewhere (in his co-authored book *Life Among the Scientists*, OUP, 1989) points to the social construction of scientific knowledge; that is, that the knowledge we use in ethical debates is formulated by social and political forces. However, he does not use this approach in dealing with the topic of new born infants with disabilities. Here, he either ignores or is not aware of the recurring literature, (much of which is by people with disabilities themselves) which points to the social nature of disability and the way in which quality of life is often determined by social structures rather than disease labels. It was also interesting that Charlesworth argues (pp51-52) that in such situations the human worth of the lives of new born infants should be imputed. At first glance, this makes sense. Yet, in a society which devalues and discriminates against people with disabilities, this would seem inevitably to mean rejecting the legitimacy of the life of some people with disabilities. All of this, curiously, in a book which supports a plurality of values.

Hence, one of the most important criticisms of this work is that it fails to provide an analysis of the power relations in society. Such social and political factors inevitably inform world views. Further, an examination of the way in which powerful political interest groups can promote such technologies as IVF as being reasonable and normal would have been worthwhile. Without such an analysis, it is no wonder that Charlesworth accepts the new reproductive technology as a legitimate form of health care, to which all should be given access.

Indeed, I was surprised to find that Charlesworth tends to reject a rights discourse, except where it is in terms of a right to "adequate health care resources" (whatever these are) and doesn't explore recent work which points to cross-cultural themes of universal human rights, and worth. Such views tend to be more protective of the interests of marginalised people in society.

In looking at the distribution of health care resources, Charlesworth also pursues several case studies which tend to be overly simply constructed, clearly using this to draw out the readers' critical reflection. He also looks at attempts at public consultation with regard to resources allocation, and could have focused more on some of the practical problems and the reasons why the social ideal he paints is difficult to achieve using existing models. Certainly, his ideal that community debate must be kept open and tolerant so that all can contribute is laudable, yet needs to acknowledge the way in which marginalised people (such as those with low English literacy, and disability) are effectively excluded in current public debates and knowledge construction.

It is likely that Charlesworth's book will stimulate controversy and his approach may be used by powerful interest groups to promote their views, all in the name of liberalism. I shall certainly be recommending it to my nursing and medical students. Its ideas should spark some lively discussion, not just for that which the book contains, but for what it omits to mention, or constructs in ways that are not necessarily favourable to the theories/world views skimmed over by Charlesworth.

Given, however, the criticisms above, it is also important that we respect attempts to present information about bioethical issues in ways which are accessible to the general public. No doubt all would agree with Charlesworth that informed public debate about bioethical issues is an objective for which to aim.

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