they believed in and adhered to Adam Smith’s dictum that “little else is requisite to carry a state to the highest degree of opulence from the lowest barbarism but peace, easy taxes and a tolerable administration of justice.” Still, the Southern underdeveloped countries are not now, and never have been, ready to try it.

The statist and centralized tradition could never accommodate real free enterprising, and this has been the cause of a great amount of friction between the Latin states and many an entrepreneur from the United States. Sadly, however, statism has never functioned efficiently nor extended period of time. It almost happened in Peron’s Argentina, but there it failed because of the flaws inherent in the regime. Development may proceed in Cuba, but that is by no means certain—if only because of the outside pressures working against it. Chile? That experiment is only beginning.

A Bias for Hope is not a book for beginners or those with a casual interest in Latin America. It proceeds with a heavy tread. Dr. Hirschman is not a sprightly writer. As scholars will, he writes for his colleagues, and most of the essays in this collection are fairly technical. Not all, however. “Second Thoughts on the Alliance for Progress” was written in 1961 for The Reporter (a general interest news magazine now extinct) and is a lucid, optimistic piece about the prospects for the Alliance.

This, it will be noted, was written not long after “Abrazo Versus Coexistence,” wherein Dr. Hirschman counseled against deep involvement in Latin American social reform. It shows that even this scholar, with his objectivity, was influenced by the general enthusiasm that surrounded the launching of the Alliance.

The Patient as Person by Paul Ramsey

(Yale University Press; 283 pp.; $10.00)

Peter B. Miller

The Patient as Person, based on Ramsey’s Lyman Beecher Lectures on Medical Ethics at Yale University in 1969, contains seven chapters on some of the issues arising from new options made possible by medical progress: the meaning of consent in human experimentation; the confusion regarding the meaning of death; the ethical limits upon caring for the dying in the context of increasing technical ability to save life; the giving and taking of vital organs; the distinction between heart transplantation as an experimental and a therapeutic treatment; and the problem of choosing patients to receive scarce and vital resources.

The Patient as Person, Ramsey says, is a book about ethics written by a Christian ethicist. Yet the issues I have listed are hardly the traditional concerns of religious ethics. The vocabulary of hesed, agape and caritas does not quite fit. Aware of the dissonance, Ramsey offers the theologian’s apology that he “will not be embarrassed to use as an interpretive principle the Biblical norm of fidelity to covenant, with the meaning it gives to righteousness between man and man.”

That Ramsey knows that others will expect him to be embarrassed is informative, revealing the political dimension of Ramsey’s book. Regard for patients as persons, a particular case of regard for men as ends in themselves, is a central tenet of all ethics, not some new discovery. Ramsey focuses on this theme, not to refine or develop an ethical theory but to bring the regard for human beings into the world of modern life where it is too often lost amid complexity.

Though the theologian may talk of men sharing a common ethics, when he enters the world of the physician such ethical community is not always evident. When Ramsey searches medical issues for that common ethical ground of treating men as ends and not means, he discerns the distinction between therapeutic treatment and research, which primarily benefits persons other than the patient himself—but he finds that distinction losing significance.

Ramsey would be bound to doubt the commonality of ethics after hearing Dr. Christian Barnard declare, when only four attempts to transplant the human heart had been made, that “on the basis of our experimental work and the work of other investigators, we decided that we must now consider heart transplantation as a therapeutic procedure.” And if Ramsey were not accustomed to this sort of confrontation, he might be moved to outrage by Dr. Denton Cooley’s statement, after the death of one of his patients, that “the happiness and contentment we were able to give her for a period of six to eight weeks justified the operation as therapy.”

Ramsey, however, suggests that the task of ethics is not best fulfilled by moral outrage. “Whether performance falls below the stated principles cannot itself be measured except in terms of those same principles of medical ethics stated and generally agreed to.” What is important here is more than the respectful and methodological care to venture no comment until informed about how physicians and medical investigators themselves analyze the decisions they face. The ethical concerns Ramsey wishes to keep from receding before the physician are those concerns which the physician has already acknowledged. Ramsey fills out a whole ethic which he traces in the tradition of medicine itself: It is not a consequence-ethics alone, not even
an ethics of the greatest possible medical benefits for the greatest possible number, not solely a benefit-producing ethics even in regard to the individual patient, since he should not always be helped without his will. It is an ethics endangered by the laissez-faire assumption that the rights of men and the needs of future progress are always reconcilable. It is an ethics whose major task is to reconcile the welfare of the individual with the welfare of mankind.

This is an important foundation to develop, as confrontation often takes place on uncertain ground. The theologian may wish to take issue with the physician who is asking if a parent will consent for his child to participate in research which may lead to the eradication of a crippling disease, though not his child's. Recourse to parental consent is fundamentally misplaced here as it treats the child as a consenting adult, disregarding the claims of childhood upon the adult community. The theologian may want to criticize the practice of patient selection for scarce medical resources by an estimate of the patient's social worthiness or his worth to others (age; psychiatric evaluation and potential; social welfare evaluation of the patient and his family; intelligence and financial resources). Granting that men are unequal in all sorts of respects, these are not relevant moral features to be reckoned in deciding who lives and who dies. But these are difficult arguments to make with one who disagrees, and a firm basis for working them out is required.

Not unintentionally, more people than the theologian and the physician are here involved in the confrontation. In developing an ethics common to theology and medicine, Ramsey has broadened the ethical basis to extend to the widest possible audience. He fills out the ethical context further, warning that when decisions become more weighted toward research or utility, when consent is too easily given or presumed, "the interlocking covenants among men—parent-child-physician/researcher"—are "on their way to being reduced to client/owner-child/object-research," and men are coming to treat each other as means.

The task of rebuilding a common ethics is bound to be laborious. It is not enough that we recall our shared ethical tradition or that we acknowledge common, but abstract, ethical principles. Even when we agree about such matters, ethics is left uncertain by our failure to agree about the nature and meaning of events, facts and circumstances—in other words, by our differences and confusions about the "realities" of the world. Examining recent proposals for delaying death, Ramsey connects the confusion caused by technological advances to the rise of the mechanistic notion that man's embodied life consists of an ensemble of parts. Artificial means to extend life become confused with life itself as it becomes less clear what a person is (a prerequisite, after all, for treating a patient as such). In the debate about the giving and taking of vital organs, Ramsey argues, our confusion is related to a Cartesian mentalism and dualism which allows too many to "fly into the wild blue yonder of transcendent human spiritual achievement while submitting the body unlimitedly to medical and other technologies."

It is almost paradoxical that ethics, let alone medical ethics, survives in the world. In looking at limits on caring for the dying, Ramsey searches for a way to express moral recoil from any arbitrary shortening of life and from any arbitrary prolonging of dying. It is a difficult problem in a society which defines death as always a disaster and where "we are undertaking to conceive that inconceivable thing: a society that itself has no moral philosophy and no common assumptions as to the good or well-being of men which medicine specifically invokes."

It is difficult, of course, to develop standards of ethics in a society that has no moral philosophy. Witness the debate over the acceptability of a routine salvaging of useful cadaver organs. Proponents believe that to ask someone whose relative is about to die for the patient's kidneys would be "ghoulish," while salvaging would have little or no impact on the bereaved. Opponents, who support the Uniform Anatomical Gift Act, find it macabre and unacceptable for a surgeon to remove an organ upon the death of a patient without having to give notice to anyone. Ramsey favors organized giving over routine taking of cadaver organs, arguing that, in encouraging real givers, it "meets the measure of authentic community among men." But the whole debate suggests how much of medical "ethics" runs the risk of becoming absurd.

However, as difficult as it is to build ethics without moral philosophy, it is quite as difficult to construct moral philosophy without common ethics. If we are coming to have no moral philosophy, as Ramsey suggests, it may be because the world is too far removed from morality in life and conduct. Until that frightening condition is clearly established, however—until medical and theological obligation seems as inapplicable to the world as individual and social responsibility so often do—The Patient as Person will be a valuable guide to what ethics entails.

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