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**Ethics Without a Net: a Case Workbook in Bioethics, Second Edition,**  
John M. Lincourt

Kendall/Hunt Publishing Company, Dubuque, IA, 1995 (1991), 124 pp., \$13.10, pbk., 0-7872-0276-2.

**Clinical Medical Ethics: Cases in Practice,** Terry M. Perlin

Little, Brown and Company, Boston, 1992, 393 pp., \$33.00, pbk., 0-316-69959-4.

**Classic Cases in Medical Ethics: Accounts of Cases That Have Shaped Medical Ethics, with Philosophical, Legal, and Historical Backgrounds, Second Edition,** Gregory E. Pence

McGraw-Hill, Inc., New York, 1995 (1990), 523 pp., \$29.91, pbk., 0-07-038094-5

**The Patient in the Family,**

James Lindemann Nelson and Hilde Lindemann Nelson,  
Routledge, NY, 1995, 263 pp., \$16.95, pbk., 0-415-91229-X; \$59.95, clth., 0-415-91228-1.

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**RICHARD T. HULL**

The teaching of secular biomedical ethics has evolved in rather interesting ways, reflecting the adjustments of a profession traditionally accustomed to abstract reasoning to an emerging sub-field in which rapidly advancing medical knowledge and technology often raise clusters of ethical issues not dreamt of in our philosophies. Many bioethicists have sought to hold to ethics' version of the deductive nomological model, reasoning from abstract theories and principles down to applications in particular cases. Others have sought to emulate more traditional models of medical reasoning, via analogy from known or decided cases to cases that bear important similarities but that are interestingly different. Still others have opted for a more intuitionistic model and have either taught Bioethics with cases alone or have started with cases and sought to derive principles as rules of thumb from them.

Whatever the model, any Bioethics course that seeks seriously to prepare preprofessional students for dealing with the problems of health care must employ a healthy measure of cases. These four recent works provide interesting alternative ways of interjecting cases into a standard biomedical ethics course.

John M. Lincourt's *Ethics Without a Net* is published in a workbook format. As students complete assignments, they are to write on the pages of the workbook and then remove them from the book and submit them for evaluation. The book so used self-destructs, achieving the publisher's dream of insuring one student per sale. It is designed to be used in supplement to standard textbooks in Bioethics.

Lincourt has taken 15 cases from clinical situations of his own knowledge and grouped them around seven issue clusters: Confidentiality and the Right to Privacy; Truth Telling and Avoidance of Harm; Patient Non-Compliance and Shrinking Resources; Respect, Control, and Issues of Dignity; Heroic Measures within Humane and Reasonable Limits; Professional Ethical Concerns; and Substance Abuse and the Limits of Autonomy. Each grouping of cases is preceded by a brief introductory statement; the details of the case are given; the student is then invited to complete an "Ethics Work-up," answering six questions about the case; the actual decision for the case is then given, and the student is asked to assess the decision. The workbook thus enforces a systematic pattern of thinking about concrete cases, especially bringing home the importance of imagining counter-arguments to one's own position and being prepared to respond to them.

An early printing of the first edition of this book suffered severely from some technical problems; I note with relief that this edition lacks those problems and is fully usable as intended.

Terry M. Perlin's *Clinical Medical Ethics* also presents cases drawn from his activity as an ethics consultant, as well as published reports, clinical literature case conference discussions, grand rounds, and informal conversations. The book is lengthy enough to be used as a sole text, although the introductory material is sketched uncritically, intended only to provide a bit of standard terminology and the details of the PRACTICE model, a "method" of resolving clinical medical ethical dilemmas. ("PRACTICE" is an acronym for a series of dimensions of the ethical analysis of a case, such as Patient facts, Relationships, Advocacy, Treatment options, Interests of various parties, Consequences, and Ethical principles that are at stake.) Most instructors would want to treat this text as a supplement to a more standard bioethics text; however, the extensive number of cases and the broader discussion of issues would allow this to be used with a shorter and more compact text that presents theories, principles, and/or readings.

This book presents 50 cases in groups of five around ten standard areas or issues of practice. Each case is introduced by a brief, highlighted statement of the area of controversy involved; the case is presented in a page or so; this is followed by a discussion of the case issuing in a series of more pointed questions than seemed involved on first reading. The presentation of the five cases is then followed by a PRACTICE model case, with each of the dimensions receiving a page or more of illustrative development. This is, in turn, followed by two additional cases intended for discussion, with discussion questions after each case; and the chapter ends with a "think piece" which may be a historically compelling case (such as that of Nancy Cruzan) or a discussion of some social issue (such as the question of whether psychiatrists and other mental health professionals should participate in the capital punishment process) and a related "voice" piece, a brief opinion essay giving voice to the issues in the chapter from the perspective of a health care practitioner.

This book has been developed with the aim of developing ethical discussion in the wide range of professions and occupations that now constitute health care. It should be especially helpful in assisting students and practicing professionals to develop ways of expressing and exploring ethical dimensions of their practice. The book is non-doctrinaire, multi-perspectived, and clinically sophisticated. Each chapter ends with a sensible list of recommended readings; the book is also equipped with a useful glossary, a set of historical documents and procedural forms in a final appendix, and a moderately light index.

Gregory E. Pence's *Classic Cases in Medical Ethics* is a rich exemplar of the extraordinary richness that can be achieved with in-depth reportage of individual cases. One could well teach a course around this work, and it could just as easily be a course in journalism as a course in medical ethics. Pence's journalism impeccably details the cases that have become "household" terms in bioethics: Quinlan, Cruzan, Bouvia, McAfee, Kevorkian, Louise Brown, Baby M, Edlin, Baby Jane Doe, the Philadelphia Primate Head-Injury Study, Tuskegee, Barnard, Barney Clark, The God Committee, Baby Fae, Baby Theresa, Joyce Brown, Bertha, Wexler, Bergalis, and a series of cases illustrating problems of access, costs and allocation.

The second edition features substantial expansion of the discussion sections and has been updated with new cases and recent developments on original cases. Historical detail and presentations of legal reasoning have been enhanced. Errors have been eliminated. Thus this is just what a second edition should be: an improved version of the original book, to be celebrated for growth and maturity, still informed by the original vision.

James Lindemann Nelson and Hilde Lindemann Nelson's *The Patient in the Family* sets a new standard for integrated cases and theory. Organized into 8 chapters, each chapter develops its account of a cluster of issues around cases used as both illustrations and testing grounds for various principled accounts. Chapter One, "A Rivalry of Care," sets out the history of the staging of contemporary conflicts of families and medicine, and the cases nicely illustrate how medicine's successes impose sometimes killing burdens on families. The thesis of the second chapter, "Why Families Matter," is that families are important for making and maintaining selves—not just the selves of children, but of adult participants as well. Families are ends in themselves, goods important in their own right, not just as productive of individuals who are mentally intact. The un-family-friendly aspects of medicine are then identified in ways provocative of immediate reflection on how, for example, medicine could better structure patient-family interaction in hospitals. Cases that are provided show how hospital routines divide patients from their families and how policies engender bizarre visitation circumstances.

The third chapter, "An Ethics for Families," lays out a set of reminders about the nature and functioning of families in ethical terms, and then further delves into how medicine can support or corrupt those givens. "Family members aren't replaceable by similarly (or better) qualified

people,” “Causing someone to exist produces responsibilities,” and “In families, motives matter a lot” are some of the dimensions of families that lay down a givenness for medicine to adapt to. These reminders resurface throughout the remaining chapters (“Medical Decisionmaking,” “When I’m Sixty-Four,” “When Medicine Makes Babies,” “With Medicine and Justice for All,” and “Medicine, Families, and Other Sources of Identity”) in ways that drive home their profound role in ethical thinking about the patient, addressing through cases and general discussion issues of transplantation, selection of a proxy, keeping information from family members, imposed caregiving, and a variety of troublesome issues raised by new reproductive technologies.

The approach of this provocative work is to embed discussions of case studies in a more general context that gives flesh to the reader’s felt intuitions about the nature of the obligations of caregivers and other involved parties. It also serves as a profound reminder that persons with illnesses or injuries that present to the medical establishment for treatment come with a set of family luggage that cannot be stashed in the closet or left at home without doing violence to the kinds of social beings patients are.

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