
As its subtitle indicates, this book is published in Routledge’s The Basics series of brief, introductory books dealing with a variety of topics such as the Qur’an, Roman Catholicism, Sociology, Classical Mythology, Film Theory, British Politics, etc. It is written by a well-recognized expert in the field of bioethics who, among other things, is the founding editor of the Journal of Medical Ethics, Honorary Vice-President of the Institute of Medical Ethics, UK, and Director of the Center for Biomedical Ethics at the National University of Singapore. As indicated above, the book is brief and concise, containing less than two hundred small-format pages. It is divided into six simply-titled chapters: What is Bioethics?; Moral Theories; Perspectives; Clinical Ethics; Research; and Justice. Each chapter ends with a very useful set of references entitled Further Reading. And along with a brief Glossary, there is also a short Appendix containing the following: The Hippocratic Oath, The World Health Medical Association Declaration of Geneva, and World Medical Association Declaration of Helsinki—Ethical Principles for Medical Research Involving Human Subjects.

The opening chapter answers questions pertaining to the history and definition of bioethics. Campbell explains that it arises out of a series of crises in the medical and, to an extent, legal fields—namely, the Nuremberg Nazi War Crime Tribunals, Tuskegee Syphilis Study and egregious medical research by the US Public Health Service and the Pan American Sanitary Bureau that, similar to the Tuskegee Syphilis Study, involved deliberately exposing people to sexually transmitted diseases. These crises in medical research led to the publication of the World Medical Association’s Declaration of Helsinki in 1964, which laid down the rules for the ethical conduct of medical research; since then, the Declaration has had six revisions, with the most recent version adopted in 2008. The need for critical scrutiny of the theories and practices surrounding medical research has been further reinforced by academic enterprises such as The Hastings Center, Society for the Study of Medical Ethics, Journal of Medical Ethics, and International Association of Bioethics. Regarding the definition of bioethics, Campbell suggests that it should be in line with the broad definition of health by the World Health Organization, which sees health as ‘complete physical, mental and social well-being, not merely negatively as the absence of disease or infirmity’ (6). Given this rather all-encompassing definition, bioethics extends beyond the practitioner-patient relationship to the realms of socio-economics and politics. As such, bioethics is complex, multiple and open-ended. This assertion is revealing of the tension that frames this book—namely, how to convey the complexities of the subject matter in a brief, introductory format.

The following two chapters—on Moral Theories and Perspectives—offer short summaries of the most commonly discussed ethical theories (utilitarianism, deontology, virtue ethics, communitarianism and libertarianism) as well as what Campbell refers to as ‘ethical perspectives’ offered by psychological theories (feminist and care ethics) and the major religious traditions (Hinduism, Buddhism and Abrahamic religions). Whereas theories are architectonic and rigid, perspectives offer more flexible and practical approaches to (bio)ethical quandaries. In the discussion of ethical theories we learn that consequentialism (utilitarianism) remains the most dominant bioethical theory, primarily because of its seeming appeal to healthcare professionals; it is, for example, represented by the Australian philosopher Peter Singer, the first president of the International Association of Bioethics. We also learn that contemporary ethicists employ terms such as the ‘yuk factor’, which can be defined as ‘a reaction of distaste and disapproval, based solely on emotion and unexamined prejudice’ (24). The varied approaches to bioethical issues offered by the major religious traditions
further illustrate the complex nature of bioethics and the need for diverse and multi-layered attempts at resolving bioethical dilemmas.

The next two chapters—on Clinical Ethics and Research—delve further into the practical dimensions and implications of bioethics, which are inevitably tied to great scientific and technological advances. Clinical ethics deals with the relationships between doctors and other healthcare professionals and the patients they serve. From the Hippocratic Oath to the promulgations of the Geneva Code of Medical Ethics and beyond, the emphasis has always been on the welfare, respect for and the dignity of patients. But determining what is in the best interest of a patient is hardly ever a simple process, which inevitably leads to the questions as to what ‘interest’ and ‘best interest’ are, and who is the ultimate arbiter of these determinations. According to Campbell, this should be a mutual process in which a patient is treated as a capable and respect worthy person, offering valid consent that is informed, competent and voluntary. However, even this seemingly firm assertion regarding personhood becomes shaken and unstable once we enter the debates regarding abortion, assisted reproduction (artificial insemination and in vitro fertilization), surrogacy and genetically produced ‘designer babies’. This is additionally compounded by technological developments pertaining to organ transplantation and regenerative medicine (cell therapy and therapeutic cloning) as well as palliative medicine and euthanasia. The same principles of respect and dignity should apply to research ethics: ‘protection of the research participant as paramount; independent ethical review; scientific validity of the research; fully informed and voluntary consent; and an acceptable balance of risks and benefits’ [original emphasis] (116).

The book ends with a seemingly curious chapter on Justice. However, given the broad definition of health and the resulting definition of bioethics offered at the beginning, it is by now evident that the concept of justice does indeed belong here. Out of many approaches to justice, Campbell emphasizes distributive justice and social justice as the most pertinent. Tied closely to communitarian bioethical theory, social justice stresses the importance of general population welfare: ‘social justice requires that we either persuade or compel people to act for the good of all (and often at the same time also for their own good)’ (142). This is especially evident in public health ethics and issues such as preventive medicine (screening, vaccination and immunization), pandemic controls, health promotion, and fair access to healthcare. This leads Campbell to outline the basic principles for just healthcare, based on the distribution of scarce resources: to each an equal share; to each according to individual choice; to each according to potential for future life years; to each according to what they deserve; to each according to their social usefulness; and to each according to their needs. Not surprisingly, coupled with Martha Nussbaum’s list of normative principles regarding attainable human capabilities (ability to live a normal length of lifespan, having good health, possessing practical reason to form a conception of the good, etc.), these principles tie neatly into the holistic definition of health provided by the World Health Organization.

I highly recommend this book to all interested in ethics and, in particular, bioethics. It is written in a style that is a mixture of academic and journalistic writing, which renders the book accessible to both casual and informed readers. The book can easily serve as a textbook for an undergraduate course in bioethics or a companion volume to an undergraduate course in ethics. With a continuous list of Suggested Readings in each chapter, it can definitely serve as a solid reference for further research into the rapidly developing field of bioethics.

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