

Albert R. Jonsen

A Short History of Medical Ethics.

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As Jonsen shows, the history of medical ethics is not short, despite the title of his book. In about one hundred and twenty pages he tells the story of over two thousand years of moral discourse about medicine, covering traditions in both the East and West. Jonsen's tour through time and cultures highlights particular events and persons, and shows that even though there are some cultural differences, common themes coalesce in a long tradition of the ethics of medicine. The unifying threads of the book are these common themes: domains of ethics he calls *decorum*, *deontology*, and *politic ethics*. Decorum refers to both professional etiquette and personal virtues. Deontology refers to rules and principles, and politic ethics expresses the duties physicians have to the community. In each chapter (each stop in history), he explains how these domains play important roles.

In Chapter 1, Jonsen explores the roots of Western medical ethics in Greek and Roman medicine; special attention is given to the Hippocratic Oath. In Chapter 2, he describes Christian, Muslim, and Jewish traditions in the Middle Ages. Chapter 3 shows the rich ethical thought of India and China, in particular the influences of Hinduism, Taoism, Confucianism, and Buddhism. In Chapter 4, he explores the period between the fourteenth and eighteenth centuries when epidemics attacked Europe and politic ethics matured. Chapter 5 describes the characteristics of British medicine in the eighteenth and nineteenth centuries. Chapters 6 and 7 show how medical ethics became an American tradition and developed through the 1930s. In the last chapter, he chronicles a series of events starting in the 1940s that radically transformed the field, for example, the Nuremberg Trials, organ transplants, *Roe v. Wade*, and the AIDS epidemic.

One strength of Jonsen's book is that it shows that the moral discourse of caring for patients has been around a long time, much longer than the post-World War II emergence of bioethics (see Jonsen's other book, *The Birth of Bioethics*). It also shows that this discourse has been shaped by many voices, including scientists, philosophers, physicians, lawyers, poets, playwrights, and politicians; moreover, it has been affected by medical advances, religions, wars, and epidemics. These voices and events appear in many different times and cultures.

One distinctive aspect of the book appears in Chapter 3, 'Medical Ethics of India and China'. The ethical traditions of the East are easily and often overlooked in the literature, so it is admirable that Jonsen includes them here. For example, he discusses how the Vedas and Upanishads influenced Indian medicine, and how the caste system limited the care of patients. He points out that Buddhism, in contrast, condemns caste

discrimination and teaches a virtue of universal compassion for the sick. In addition, he explores the Chinese philosophies of Confucianism and Taoism, showing how these worldviews provided a framework for the development of medical ethics. His point in devoting a chapter to the East is to show that a common moral discourse about medicine arises wherever literate medicine is practiced, and even though there are some differences—for example, Eastern medical discourse lacks a politic ethics (at least early on)—many of the ethical precepts are the same. Some examples of these common precepts include the following: ‘First, respect life; second, have the requisite knowledge and skills to offer oneself as a healer; third, be compassionate to the sick; fourth, do not seek personal gain at the expense of the sick who seek your help; fifth, be sexually chaste with your patients and their families; sixth, be polite and gentle with your patients; seventh, do not discriminate between rich and poor patients’ (40-41). This leads us to think, he claims, that there is a universal moral language that surrounds medical practice.

Jonsen’s treatment of the Abrahamic religions in Chapter 2 is also informative. He shows how, during the Middle Ages, Christianity deeply affected the practice of medicine, one example of which being that the Hippocratic Oath was modified so that it would be more compatible with Christian doctrine (Greek deities were replaced with references to the Christian God). Medicine was also influenced by Islam and Judaism, in particular by the wisdom of Avicenna and Maimonides.

The catalog of recent ethical events, found in Chapter 8, is also noteworthy. In the space of thirteen pages, Jonsen hits the reader with headline-making stories, covering major events from the 1940s through the 1980s. This barrage of cases has the effect of showing the urgency and complexity of recent medical developments and justifying the emergence of modern bioethics. He says, ‘New techniques, from antibiotics to transplanted and artificial organs, genetic discoveries, and reproductive manipulations, together with the research that engendered them, presented the public, scientists, doctors, and politicians with questions that had never before been asked. Answers were needed for personal choices and policy decisions’ (115).

One minor complaint is that the book is too brief—too much is passed over too quickly—and the book only whets the reader’s appetite. To be fair, however, it *is* called a *short* history, and a concise overview is probably enough to satisfy students and casual readers. In any case, what the book sacrifices in depth, it makes up for in readability and scope. Jonsen’s previous work, *The Birth of Bioethics*, covers the recent history of bioethics in more detail; maybe he will consider writing additional works to explore more deeply the contributions of times and cultures touched on here.

Gregory Lawrence Bock

Walters State Community College