

*Faith and Health: Religion, Science, and Public Policy.* By Paul D. Simmons. Mercer University Press, 2008. 275 pages. \$30.00.

It is hard to think of a branch of philosophy that is more relevant and urgent right now than bioethics. There are, for example, few committees in hospitals dedicated to epistemology, and no laws being passed that I know of based on competing theories of the one and the many. The urgency of bioethics is a contemporary phenomenon for a number of inter-related reasons: an aging population that produces a greater percentage of patients per capita, and a subsequent reflection on one generation's responsibility towards another; the presence of a growing number of citizens without access to health care; and the escalating costs associated with health care that threaten to bankrupt nations, as they already bankrupt families.

Important as those reasons are, however, it is the revolutionary advances in medical technology that have been most significant for contemporary bioethics. New technology has not only changed the practice of caring for human beings, it has thrown into confusion what it means to be a human being in the first place. Modern technology has changed the practice of medicine to such an extent that it has upended previously settled questions about death and life. In fact, if we were to make bioethics into an allegorical play, the main character wouldn't necessarily be Patient, the supposed object of all this activity, but Technology. It is Technology that is making us decide if and when biological life starts and stops being human life; Technology that is pressing the issue of the acceptable price of beauty; Technology that is forcing the question of how much of a person can be constituted by artificial material before he ceases to be a person (a question that reminds me of nothing so much as the Talmudic question of how many white hairs a red cow can have and yet remain a red cow). The contemporary practice of bioethics is a sustained engagement with Technology and the amazing things it can do.

This is made clear in the eleven chapters of Paul Simmons' *Faith and Health: Religion, Science, and Public Policy*. He covers a wide variety of bioethical issues: the medical responsibilities to human suffering; the role of hope in intensive care; healthcare reform; end-of-life decision-making; political concerns; physician-assisted suicide; the ethics of organ and composite tissue allograft transplants; stem cells; abortion; and exorcisms. With each, Simmons realizes the complicated relationship people have with technology: developments in technology can be seen as "making history" or "making progress," and the two aren't necessarily the same (159). While Simmons' book could serve as a good general introduction to modern bioethics, it isn't a textbook, but essentially a series of opinionated essays, each about 20 pages in length, on the different controversies in the field. Simmons lays out the issues, presents the arguments from each side of the debate, and gives his opinion, along with his reasoning and guidelines for future research.

In presenting this story of Patient and Technology, Simmons repeatedly refers to the principle that there is a fundamental human dignity that must not be compromised in the course of medical care; what that dignity calls for may differ in different contexts (treating patients with medical interventions at some points; not intervening at other points), but the principle remains the same. Against a kind of technological positivism, Simmons advocates a "line of control over technology" that ensures that the tool does not come to control the tool-maker (171). Just because we can do something doesn't mean that we should. He advocates a scientific self-limitation in the cause of doing what is right, and the vision he lays out over the course of the book applies the more abstract and metaphysical principles of what it means to be a human being to the specifics of medical treatment and research, and the public policy issues that are implicated by them.

He does this so successfully that it is quite unexpected to read his repeated invective against the utilization of abstract and metaphysical principles. For example, part of the genius of the Supreme Court decision in *Roe vs. Wade*, he writes, was that it didn't consider

“metaphysical or theological appeals” (205). He makes several references to the importance of the establishment clause of the Constitution, and writes that “No one should be coerced to live with policies based upon abstract metaphysical speculation” (213). *Faith and Health*, however, is full of metaphysical speculations: isn’t the assumption that people are of equal worth, all evidence to the contrary, just that kind of speculation? What is the basis for the “important human rights” that need to be protected, if not metaphysical assumptions about what it means to be a human being (179)? On what non-abstract grounds does he posit a fundamental human dignity?

What is especially frustrating with this line of argument is that his work is much more illuminating when he drops the invective and engages with the (abstract!) issues at hand. For example, I found the discussion of personhood in Chapter Nine (“Religion, Ethics, and the Great Stem Cell Debate”) very illuminating. The prescription of personhood to absolutely any instance of human life, he writes, is “radical reductionism – reducing the entity that is actually valued to a single component of that complex entity” (202). There is an ontological difference between a potentiality and its eventual realization, and that ontological difference entails different moral valuations. It is a clear articulation of one view of personhood, and I found it quite persuasive.

Unfortunately, his enthusiasms sometimes eclipse the argument and, where the methodological blind spot above is one thing, his repeated comparisons of his ideological opponents to the Nazis is simply unacceptable (7, 9, 220, 223). Either Simmons has a flair for hyperbole, in which case he has a deficient sense of what is appropriate, or else he honestly believes that his opponents are the moral equivalents of Nazis, in which case his judgment – not to mention his knowledge of history – is severely to be questioned. Throwing around accusations of Nazism is counterproductive, regardless of whose agenda is being supported. He is nonetheless right to highlight the tragic stories that are the consequences of following what is commonly referred to as a “pro-life” ideology, whether they are the life-saving treatments that remain undiscovered from inaccessible stem cells, the patients in vegetative states who endure a sub-human existence for decades, or those who must remain in agonizing pain because they lack the legal option of physician-assisted suicide. These are poignant stories that shock the conscience; they do not need to be compared to the work of the Nazis to have their point made with sufficient force.

This is a reflection, however, of Simmons’ generally polemic stance throughout the book, which includes the occasional potshots against not only contemporary, but also historical, Roman Catholicism, as when he refers to a particular book published by a Roman Catholic author in 1977 as “terribly biased, coming as it does from a tradition that developed harsh methods for dealing with dissent” (246). Take that, 12<sup>th</sup>-century Pope Gregory IX! Overly enthusiastic though it may be, it is actually not an entirely unwelcome perspective. He advances his arguments with passion, and why not? These are very emotional issues and treating them as solely academic exercises is to fail to realize the immediacy and significance of the problems: they are going on right now, in hospitals and nursing homes throughout the country, in the lives of people without health insurance, or those with untreatable diseases, or those currently engaged in battle with cyborgs. (Perhaps not that last one.) A little polemic may be in order, but Simmons should have modulated his more; it isn’t emotion, after all, that has been missing from these debates.

A book that covers such disparate subjects bears the risk of seeming scattered, but that isn’t the case with *Faith and Health*. The three questions of the nature of the human being, the role of technology, and the position of faith and the faithful run throughout the essays, each time applied to the topic at hand. Simmons is also one of the most organized writers I’ve ever read: half a dozen times per chapter the reader comes across sentences like “There are seven morally significant claims” (140), or “five myths” (59), or “three requirements” (189), followed by an enumerated list. (I assume that Simmons’ proposal to his publisher included, “There are eleven

issues that should be addressed,” etc.) While perhaps not the most subtle technique to keep the reader on track, it is certainly effective and quite helpful.

As the pace of technological advancement shows no signs of slowing, Simmons and his colleagues have their work cut out for them. Every solution, it seems, brings with it a new problem, and the appropriate role of these wonder cures is far from clear. This isn't a temporary crisis, either: with the looming prospect of providing health care for 72 million aging Baby Boomers, the economic challenges, if nothing else, will keep this issue on the front page. Simmons is skillful at explaining what happens, and what should happen, when Patient meets Technology, even if his moral outrage occasionally gets the best of him. *Faith and Health* is a fine introduction to the brave new world of medicine and the challenges it presents.

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