



## Recensioni e segnalazioni

Carl Elliot, *White Coat, Black Hat: Adventures of the Dark Side of Medicine*, Beacon Press, London 2010, 213 pp.

In this work, the author delves into the well known problems that medicine faces as it divides its attention between patient care and profit making. As medical expenses tops the GNP of developed nations, healthcare has become a profitable venture for the entrepreneurial minded. However, is the lofty ideal of caring for the sick being compromised in this process of commercialization of the medical enterprise?

Elliott is a known critique of this shady collaboration that has become endemic in medicine and the pharmaceutical industry. In this highly readable work, he delves into known cases of abuse, collusions, and manipulations for the sake of the profit margin which is often at the expense of scientific objectivity and the patient's good. The chapter on "guinea pigs" describes the haunting experiences of professional research subjects who offer themselves to be tested in exchange for income. The ethical problems with this are foreseeable—the safety of these subjects who do it for money and not for love of science, and the objectivity of the results because the overdosed guinea pigs (sometimes they are on different trials at once, and they enroll continuously in different trials) might not accurately reflect a normal population. Yet, the cut-throat nature of the drug producing process makes the existence of this subculture of test-subjects indispensable.

"Ghostwriters" refer to hired guns of pharmaceutical companies who would write scientific papers that will be published under the names of other famous researchers or doctors. Thus, the companies get a credible promotion of their prod-

ucts, and the academics get paid as well as new publications to boost their curriculum vitae, a certain win-win situation. In a similar way, the pharmaceutical industry often groom certain "thought leaders"—academics or physicians with reputation—to become covert spokesperson of their products. This is done because physicians tend to trust and listen to other physicians, especially those with a certain expertise and fame. Elliot described cases of thought leaders who receive payback for their services that runs into 6 or 7 digits! The problem of this is evident, since it is a form of advertisement paid by the industry that corrupts scientific objectivity and provides biased information to the medical readers.

Drug companies are also known to entice doctors and medical students with gifts, free lunches, favors, sample medications to influence their prescribing patterns. The chapter of "detail man" or drug reps is just a manifestation of the fact that most drug companies spend four times more money in their budget on marketing than on research and development.

Finally, medical ethicists and bioethicists are also being singled out on their collusion with the industry, at times unknowingly. The describes how they are sometimes hired or manipulated into testifying on behalf of the pharmaceutical companies, which in effect gave a rubber stamp of ethical approval before the skeptical public, or are used for damage control when scandals break. Many bioethicists sit on the advisory boards of pharmaceutical companies, and the author is concerned that they are not critical enough because it is hard to bite the hands that feed you. As a result, this conflict of interest gives bioethics a bad name.

Even though the book is highly readable and even entertaining, the

evidence the author demonstrated is mostly anecdotal and must be taken with a grain of salt. Nonetheless, it is a noteworthy effort to increase awareness in a popular way about the intricate relationships within the healthcare provision chain, which is becoming more and more commercialized as diseases become potentials for profit-making and as patients are viewed upon as customers.

Joseph Tham, L.C.

Francesco Agnoli, *Case di Dio e ospedali degli uomini. Perché, come e dove sono nati gli ospedali*, Fede & Cultura, Verona 2011, 120 pp.

El libro viene presentado como el volumen 25 de la colección histórica de la editorial italiana Fede & Cultura y pertenece a la serie de casi 30 obras que Francesco Agnoli, periodista y educador, vinculado el movimiento provida italiano y crítico del mismo, nacido en 1974, ha presentado al público entre los años 2005 y 2011.

El libro está estructurado en breves capítulos que recogen aspectos diversos de la historia de los hospitales. En "La nascita degli ospedali" (pp. 9-11) se presenta el objetivo del libro: «Scopo di questo lavoro è mostrare questa realtà storica (gli ospedali, come li intendiamo oggi, sono nati con l'avvento del cristianesimo) e ripercorrere una vera epopea, una delle esperienze più grandi dell'umanità». En "Fabiola, Marcella e i primi ospedali" (pp. 11-13) se hace referencia a la actividad caritativa de dos mujeres cristianas a fines del siglo IV, a la obra de San Basilio (siglo IV) y del papa San Gregorio Magno (siglo VII). En "Gli ospedali monastici" (pp. 13-18) se describe la hospitalidad monástica típica de la Edad Media, fundamentada principalmente en motivos sobrenaturales

(identificación del pobre y del enfermo con Cristo). En “Medicina greca, ospedale cristiano” (pp.19-20), se responde a la siguiente pregunta: ¿cómo ha sido posible que el mundo griego haya dado origen a la ciencia médica pero no al hospital? La explicación ofrecida por el autor se basa en la concepción que la filosofía griega tenía de Dios y en la actitud del mundo griego ante la debilidad humana: «Nella filosofia greca l’oggetto di amore deve essere degno: Dio dunque è degno di amore, e magari lo sono in qualche modo gli eroi, i grandi uomini (buoni e belli nel contempo), ma non certo gli umili, i brutti, gli ignoranti...». Las cosas son diferentes en el pensamiento cristiano donde Dios se hace paciente en Cristo y hace del amor al prójimo una manifestación del amor a Él mismo. «Contemplando questo Dio sofferente, la civiltà cristiana ha ripreso, salvato e portato avanti la scienza medica greca, e nello stesso tempo ha però saputo creare anche luoghi fisici nuovi, gli ospedali, dove tutti, ricchi e poveri, belli e brutti, potessero trovare rifugio e sostegno». En los siguientes cuatro capítulos (pp. 21-36), el autor describe las actitudes más comunes (huida, epicúrea y fatalista) ante las epidemias y cómo contrastaban con la actitud caritativa, hasta el heroísmo, de los cristianos. Este es otro elemento que contribuyó al desarrollo de los hospitales antiguos y medievales, fotografiados en una rápida descripción de la actividad de un famoso hospital de la ciudad de Siena (pp. 37-38) y en la historia de los hospitales de Pisa y Varese (pp.43-47). Otro aspecto importante de la caridad cristiana, en contraste con las prácticas comunes de abandono e incluso eliminación de recién nacidos enfermos o no queridos, fue la posibilidad de que estos niños fueran dejados en iglesias u hospitales donde eran cuidados y educados apareciendo así los primeros orfanatos (pp.38-42). Quizás el elemento que más favoreció la aparición y configuración de los hospitales medievales fueron las peregrinaciones por motivos religiosos. Las necesidades de los peregrinos

eran ocasión para la práctica de la caridad en diversas formas y por parte de grupos de personas más o menos organizados. Nacen así las órdenes hospitalarias y diversas confraternidades relacionadas con la atención a los necesitados de diverso género (pp. 47-58). A partir del siglo XV asistimos al inicio de la distinción entre los hospitales con una actividad puramente caritativa, en los que el enfermo era un necesitado más junto a tantos otros de diverso tipo, y el hospital concebido como lugar propio para los enfermos, donde se insiste, más que en la asistencia genérica, en la búsqueda de la curación (pp. 58-64). El hospital renacentista se va diferenciando del hospital medieval, especialmente en Italia. El autor señala como ejemplo el hospital Mayor de Milán (1456). En el siglo XVI, la expansión de la sífilis, dio nueva oportunidad al florecimiento de la caridad (pp. 64-71) en los hospitales para incurables. En este tiempo surgen las figuras de San Juan de Dios y San Camilo de Lelis (pp.72-80) que dan un nuevo impulso a la actividad asistencial en unos hospitales que, centrados más en lo técnico, estaban perdiendo este carácter. Para ilustrar esta nueva onda de asistencia caritativa, el autor recoge textos de Manzoni que describen las epidemias de peste que asolaron la ciudad de Milán a partir de 1576 (pp. 80-85). Agnoli se detiene a profundizar sobre los aspectos teológicos de la fe cristiana que condujeron a esta “rivoluzione ospedaliera” (pp. 85-96). Señala los siguientes puntos: el dogma de la Encarnación del que procede la revalorización del cuerpo; las actitudes de Cristo ante los enfermos; Cristo que sufre y despierta nuestra compasión; la visión del amor como comunión y servicio; la idea de que la enfermedad personal no es consecuencia directa y necesaria del pecado; la condena de la magia que permitió a la medicina desvincularse de la superstición y así poder desarrollarse. En conexión con la separación entre la figura del sacerdote y la del médico coloca el autor el nacimiento de la anatomía «sorta proprio in Italia,

cuore del papato e della Cristianità», ilustrando cómo la Iglesia favoreció esta disciplina (pp. 96-107). El libro, que se ha centrado en el origen e historia del hospital en Europa, principalmente en Italia, termina con un rápido recorrido por el resto del mundo (pp. 107-120), ilustrando cómo la labor misionera de la Iglesia ha dado origen a los hospitales en las diversas regiones.

Francisco José Ballesta, L. C.

Nicholas Tonti-Filippini, *Caring for People Who are Sick or Dying*, Connor Court Publishing, Ballan Vic. 2012, 215 pp.

We will all die, and how we respond to illness and suffering says much about who we are, reflects Nicholas Tonti-Filippini in his recent book, “Caring for People Who are Sick or Dying”, (Connor Court Publishing). Tonti-Filippini is the Associate Dean and Head of Bioethics at the John Paul II Institute for Marriage and Family, in Melbourne, Australia. He was Australia’s first hospital ethicist, 28 years ago, at St. Vincent’s Hospital, Melbourne. Apart from his professional qualifications, he has first-hand experience, as someone who is terminally ill and who for many years has battled a variety of chronic health problems. In fact, the book contains a sprinkling of his own experiences as a hospital patient and how he lived first-hand the application, or lack of, bioethical principles.

In the first chapter of the book Tonti-Filippini discusses a number of general matters regarding the relationship between patients and the health care system. In one section he deals with the matter of health care principles as developed in Catholic tradition. One of them, stewardship, originated in the Middle Ages and centers on the idea that humans are stewards, responsible for the care of their body. This is greatly different from a worldview that sees life as expendable if it loses its utility. The principle of the inviolability of human

life is related to the first. A third principle is that of totality, which sees each part of the body as existing for the good of the whole. According to this the lower functions of the body are never sacrificed except for the better functioning of the total person, and the fundamental faculties that essentially belong to being human are never sacrificed, except when necessary to save life.

The book's second chapter deals with the various issues of care for those who are dying. The distinction between ordinary and extraordinary means in treatment dates back to the 16th century, Tonti-Filippini observes. According to this, medical procedures that are disproportionately burdensome or disproportionate to the expected outcome can be discontinued. This is very different from suicide, which contradicts the natural inclination to preserve our lives. One topic examined in the chapter is that of resuscitation orders. When a person is suffering from a serious disease an attempt to re-start a person's heart if it fails is unlikely to succeed. Attempting to resuscitate every person would mean no one could die in peace, Tonti-Filippini explained. Resuscitation is also very intrusive and cardiac massage often breaks ribs, especially in the elderly. The author says that among the factors to be taken into account in deciding whether or not to issue a "do not resuscitate order" are: the patient's state of mind and any inclination to suicide, whether the patient has all the relevant medical information, and the judgment of the patient's doctor.

On the matter of discontinuing food and water to patients Tonti-Filippini is of the view that a Catholic facility should do its best to persuade a person who is refusing nutrition and hydration in order to die to change their minds. Turning to euthanasia, which is distinct from withholding a futile treatment, and which deliberately ends someone's life by a fatal treatment, Tonti-Filippini observed that while we should indeed respect a person's autonomy, taking one's life

ends any opportunity for autonomy in the future. Indeed, Immanuel Kant said that suicide was wrong because it involved treating oneself as an object or a means to an end. Physician-assisted suicide also contradicts the role of a doctor in seeking to maintain life and health. If euthanasia were possible the focus would shift from palliative care to that of ending people's lives. Not for nothing, Tonti-Filippini stated, have virtually all national medical organizations in the English-speaking world unequivocally rejected the practice of euthanasia and physician-assisted suicide as contrary to the ethos of medical care.

Responding to the criticism that the sacredness of human life is a religious belief that should not be reflected in civil law, Tonti-Filippini commented that the inviolability of human life is not only a religious notion, but is recognized in international human rights law. When it comes to people who are in an unresponsive state, the respect for their lives remains intact because it is not based on the function they can or cannot carry out, but on who they are. Proponents of euthanasia frequently argue that carefully drawn-up legislation will prevent any abuses and will limit the practice to those really in need. Tonti-Filippini pointed out that the experience in countries where euthanasia is legal demonstrates the contrary. There is indeed a "slippery slope" and moreover the will to live is likely to be affected by the option of euthanasia as some people will feel they should not be a burden on their families. In other chapters Tonti-Filippini explores themes such as mental illness, suffering as seen from a Christian perspective, and what it means to live with chronic illness and pain. Overall, the book manages to combine in a very persuasive way ethical norms and Christian principles, illuminated by the very poignant personal experiences of the author. (adapted from Zenit.org)

Anthony Fisher, *Catholic Bioethics for a New Millennium*, Cambridge University Press, Cambridge 2012, 333 pp.

With disputes over bioethics issues continually in the news, Catholics are under ever more pressure to defend their stance on topics ranging from abortion to euthanasia to organ transplant and freedom of conscience. Bishop Anthony Fisher, OP, recently launched his new book, "Catholic Bioethics for a New Millennium", (Cambridge University Press), in which he seeks to explain and defend the Church's position on a range of bioethical issues. Bishop Fisher is not only the bishop of Parramatta, in Western Sydney, but also a professor in moral theology and bioethics at the John Paul II Institute for Marriage and the Family in Melbourne.

There is much to celebrate about contemporary health care and bioresearch, he acknowledged in the book's introduction. Yet, when it comes to ethics the mentality of what he termed «the technological imperative» is often present. Namely, that if something can be done it should be. Opponents of this mentality are then characterized as opposing progress. Bishop Fisher outlines a number of guidelines that should be taken into account. They include the fact that there are objective truths about the human person, that as persons we possess an intrinsic dignity, that human acts are often complex, and that we have a responsibility to protect life. One chapter is devoted to the theme of conscience, which is not, Bishop Fisher, explained merely some kind of strong feeling or sincere opinion. Our conscience, he explained, needs to be guided by objective principles or it risks degenerating into the mere expression of our personal preferences. The teaching of the Church, he continued, «is not some external source of moral thinking with which private conscience must grapple. Rather it, it informs conscience, much like a soul informs a body, giving it shape and direc-

John Flynn, L.C.

tion from within». The bulk of the book consists of chapters on specific subjects, such as when human life begins, euthanasia, transplants and abortion. In the chapter on stem cells he pointed out that the exaggerated hype about all the promised cures as a result of embryonic stem cell research has fallen on its face. Bishop Fisher pointed out that by now even Ian Wilmut, the creator of Dolly the cloned sheep, has given up on human cloning and embryonic stem cell research, and he says that reprogramming adult stem cells is the way to go. Even if the promises of embryonic stem cells had come true the chapter goes on to explain that it is still unethical given that the early human embryo is truly human.

Christianity is not anti-science, as some allege, Bishop Fisher maintained, it is pro-science, but also has consistently defended human life from its earliest stages. «Once parliaments, medibusiness or individual laboratories take us down the slippery slope of killing some for the benefits of others, we are well down a path towards other developments tomorrow that public opinion today would not countenance», he warned.

Turning to the theme of abortion and genetic testing in another chapter, Bishop Fisher argued that the focus on rights and autonomy is not very helpful in determining what to do. «Motherhood is not about ownership or competition», he observed. Talking about supposed abortion rights fails to take into account our relationships with others and the implications of our choices for other people's lives and for the common good, he pointed out. When it comes to aborting embryos suffering from some kind of defect Bishop Fisher reflected that, instead of asking whether they would be better off dead, if compassion were our real concern we would be ensuring that disabled children were given adequate treatment and every form of assistance. Without that effort, then instead of compassion it is more a matter of prejudice when it comes to pre-

natal screening and abortion, he adverted.

In his chapter on artificial nutrition for unresponsive patients Bishop Fisher made a more general observation about Catholic bioethics. Catholicism, he noted is opposed to many of the shifts in attitudes to the human person and has become a «sign of contradiction». That has come about, he continued, due to changes in philosophical views that today see the human person as some kind of functional system. By contrast: «Christianity holds to a realist account of the person as a being that is material, living, animal, rational, free, social, emotional and immortal, and so offers metaphysical and biological arguments for this personhood from the first moment of that being's existence to his or her last». Autonomy is not the source of human value or values, he noted, quoting John Paul II. Two other very relevant chapters examine the role and responsibilities of Catholic hospitals and how Catholic politicians should act in their political duties. While the book is set at quite high a level the many reflections in Bishop Fisher's book make it a valuable guide to today's contentious debates over bioethics. (Article adapted from Zenit.org)

John Flynn, L.C.

Alfonso Basso, *In-disponibilità e inviolabilità della vita umana*, Chirico, Napoli 2011, 120 pp.

«Obiettivo [di questo lavoro è] analizzare la possibilità di un nesso sostanziale tra il Concilio Vaticano II e la Bioetica ed ancora se quest'ultima può essere considerata uno dei tanti frutti dell'assise conciliare e, quindi, considerare la Bioetica ministero e carisma». Così l'Autore definisce, al termine dell'introduzione lo scopo principale delle sue pagine.

L'analisi si svolge su due binari paralleli. Da un lato, infatti, si ricerca il *proprium* della bioetica, al di là delle diverse e talvolta divergenti posizioni etiche di riferimento.

Dall'altro, poi, si ripercorre la novità del Concilio Vaticano II. Ed in entrambi i casi il punto di comunione è l'uomo, medico o paziente che sia. Ne deriva, in seconda istanza, un esame dei principali testi del magistero conciliare (particolarmente la *Gaudium et Spes*) nei quali l'autore intravede la possibilità di un rilancio di una forte antropologia teologica. Ma il Concilio non è lettera morta e le indicazioni sul piano antropologico sono state acquisite ed annunciate dal Magistero petrino seguente, soprattutto da quello del Beato Giovanni Paolo II. Un *excursus* dei principali documenti del Magistero pontificio porta a riscoprire da un lato la continuità dottrinale tra il «prima» ed il «dopo» Concilio (spicca, in questo senso, il Magistero di Pio XII). La stessa disamina mostra, poi, come la riflessione sull'uomo salvato da Cristo possa portare ad una fondazione chiara ed incontrovertibile della preziosità della vita umana, preziosità che, se è in qualche modo attingibile dalla ragione, riceve sua piena luce soltanto nel Mistero della Redenzione. Ma l'uomo vive in una realtà concreta e la Redenzione lo raggiunge proprio in questa concretezza: da qui scaturisce l'ultima riflessione sul mistero della Chiesa. Il documento di riferimento è, ovviamente la *Lumen Gentium*, e l'autore individua nelle sfide poste dalle scienze biomediche un campo privilegiato per attuare quel dialogo con il mondo così fortemente voluto dall'impostazione stessa del Concilio. La professione medica, concretamente, assume i contorni di un servizio (diaconia) alla vita e, dunque, di un «ministero terapeutico» che incarni il Cristo Medico. Il bioeticista si trova, dunque, a svolgere un compito ministeriale, di annuncio gioioso della salvezza, ben diverso dalla semplice denuncia di un errore. E nella misura in cui è ministero, è dono dello Spirito Santo alla sua Chiesa.

Leonardo Macrobio