BOOK REVIEW


Gregory Pence’s book, *Re-Creating Medicine*, is a collection of original essays covering a variety of topics in Bioethics including organ and egg donation, surrogate pregnancy, cyber-medicine, cloning, germ-line gene therapy, gene patenting, human enhancement, and the goals of medicine. Throughout the book, Pence provides a penetrating critique of moralistic and paternalistic arguments and assumptions, and champions individual choices and conceptions of the good. The book’s optimistic and visionary but practical tone stands in sharp contrast to the pessimistic, conservative, ‘sky is falling’ diatribes one finds in op-ed pages and academic journals. Pence has little patience for tired old arguments and attitudes, and embraces new ideas and developments. On the dust jacket Kelly Smith describes the book as ‘a breath of fresh, common sense air.’ I concur and would add ‘well worth reading.’

Two years prior to *Re-Creating Medicine*, Pence authored a book in the same vein entitled *Who’s Afraid of Human Cloning*? In this earlier book Pence dissected, and rejected, the prevailing arguments against human cloning and provided a clear-headed analysis of an emotionally charged topic. While many bioethicists, politicians, and religious leaders rushed to condemn human cloning, Pence debunked some myths about human cloning and offered a sober and reasonable approach to the issue. In my judgement, this book shed more light on this topic than the report by the National Bioethics Advisory Commission or the thousands of hours of television interviews and debates.

In Chapter Six of *Re-Creating Medicine*, Pence revisits the cloning debate and reiterates many of the views he has already defended in print. He also compares cloning to other forms of assisted reproduction (AR), such as in vitro fertilisation (IVF),

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and reminds us that this now widely accepted procedure was also once highly controversial. Early critics of IVF, such as Leon Kass and Jeremy Rifkin, argued that this ‘unnatural’ technology would harm future children and disrupt families and marriages. Over a century ago, critics, such as Robert Dickinson, made similar charges against pioneers of artificial insemination by donor (AID) and contraception. Pence points out that many critiques of AR now seem passé as techniques have become even more safe and effective. In the last twenty years, thousands of people have been created via IVF, and the evidence does not show that it is any more risky to children than natural reproduction. Moreover, the evidence does not show that IVF is destroying families or marriages. On the contrary, IVF may even be helping to strengthen familial and marital ties by giving couples the chance to reproduce.

If cloning becomes as safe and effective as IVF, then Pence thinks that this procedure should be made available to infertile couples. According to Pence, the strongest argument for cloning, as well as for other forms of AR, is that these procedures benefit couples and children. Although Pence acknowledges that there are some possible harms of AR, and he admits that these harms should be controlled or minimised, he thinks that many of the psychosocial harms of AR have been overstated. For example, critics of IVF worried that it would cause terrible psychological damage to children. Children might view themselves as ‘artifacts’, they might be confused about their parentage, and they might face discrimination or bias. So far, the evidence does not support these speculations. Pence also points out that the evidence does not show that surrogate pregnancy is especially harmful to surrogate mothers or that it destroys families. Pence cites a study by anthropologist Helena Ragone, who interviewed twenty-eight paid surrogates. According to the study, most of the surrogates offered their services in order to earn some money and give the ‘gift of life.’ Most surrogates also did not mind putting the baby up for adoption.²

Pence also attempts to defuse the ‘open-future’ argument frequently made against cloning and other types of AR. According to the argument, many types of AR are wrong because they limit the choices and options of future children. If parents conceive a child with specific expectations or demands in mind, then they may harm the child, limit her autonomy, and also treat

her as a ‘mere means’ to these expectations or demands. For example, one might argue that a child who is the clone of a sister who died tragically would face an unbearable burden to be like her sister. The child also would be valued only as a ‘substitute’ for the sister. Against these types of arguments, Pence points out that parental expectations and demands are by no means new. Parents impose a variety of expectations on their children, from careers to choice of mate, and may even value children for what they can bring, such as money, labour, or marriage. Nevertheless, it is possible for parents to have mixed motives when it comes to having children and rearing them: a parent can love a child for her own sake and for what she can do, become, or fulfill.

Several of Pence’s chapters focus on issues relating to the commercialisation of human tissues and body parts, such as organs, gametes, and genes. Pence endorses a partial free-market approach to organ donation, or what he calls ‘rewarded cadaveric donation.’ Under this approach, families of the deceased are paid for organs. The main argument for some type of market approach, according to Pence, is that it is likely to increase the supply of organs and therefore save thousands of lives per year. Pence thinks that it is unrealistic to expect human beings to act from purely altruistic motives and that economic incentives can change human behaviour where other measures, such as education, have failed. However, Pence does not endorse a pure free-market approach because he thinks it could lead to exploitation of the poor by the rich, especially if an international organ market emerges. Pence also objects to a system of ‘presumed consent’ to organ donation, which has been adopted by some European countries, on the grounds that this system is coercive and can allow physicians to commandeer organs and exploit families.

Pence also criticises some of the common arguments against economic incentives in organ donation. For example, Pence argues that economic incentives do not usually interfere with a person’s ability to decide whether to donate an organ and are not always coercive. He also rejects the idea that a market in body parts will destroy the practice of unpaid donation, since many people will always have altruistic motives for donating organs. For instance, people still donate blood willingly even though some people are paid for blood. Pence also criticises the argument that commodifying the human body threatens the value we place on human life. Pence admits that practices which commodify the body do pose some threat to the value we place on human life, but he asserts that these ill-defined social harms must be
balanced against the tangible benefits of commodification, such as increasing the supply of organs.

There is not space in this review to summarise the rest of Pence’s interesting and insightful book. Before closing, however, I would like to address Pence’s chapter ‘Re-Creating Bioethics’, which is recommended reading for those who belong (or want to belong) to the discipline/profession now known as ‘Bioethics.’ Pence distinguishes between two types of bioethicists. ‘Inside’ bioethicists usually work in a hospital or medical school setting and address issues with a strong clinical focus, such as informed consent, advance directives, surrogate decision-making, care for the dying, and medical futility. These bioethicists may serve on ethics committees or conduct ethics consultations. They also tend to believe that there are accepted standards, readings, or core competencies for Bioethics and they endorse moves toward professionalisation, such as certification. They also prefer to discuss cases, regulations, and policies instead of theories, concepts, or principles. ‘Outside’ bioethicists, on the other hand, often work in philosophy, sociology, political science, anthropology, or religion departments. These bioethicists frequently address larger issues concerning medicine and society, such as genetic discrimination and testing, access to healthcare, abortion, and research on animals and human beings. Their work tends to be theoretical and abstract, perhaps even esoteric. They are suspicious of the idea that there are ‘experts’ in ethics or that there is such as thing as ‘professional Bioethics consultation.’

Pence warns of the dangers of being only an ‘inside’ bioethicist. The problem with being an insider is that one may simply rationalise existing institutional structures and professional prejudices without questioning or critiquing them. One may also get hung up in the same old debates and issues. Pence also sees problems with being only an ‘outside’ bioethicist. Outsiders may fail to make arguments that have any practical relevance; their arguments may be purely theoretical. Although they may be able to critique the healthcare system, they may not be very effective at changing it. In a sense, these issues have been around since the birth of Bioethics approximately thirty years ago, and emerge in debates about principlism, casuistry, and ethical reasoning, but Pence adds his own philosophical twist to these issues.

At the end of the chapter, he offers a vision of how to achieve a compromise between inside and outside Bioethics: create an interdisciplinary Bioethics Ph.D. Such a programme would
combine theory and practice and would involve clinical experience as well as scholarly work. In the United States, about a dozen universities have begun to create interdisciplinary graduate programmes in Bioethics. The results of these pedagogical experiments have yet to be seen. However, I speculate that new programmes will not settle the debate between inside (practice) vs. outside (theory), since this is a perennial and fundamental issue in moral and political philosophy. If Aristotle, Aquinas, Hume and Kant cannot solve this problem, then I doubt that a new Ph.D. programme will.

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