

health-related reality of the other" where the other is recognised as a "particular" with individual needs, beliefs, etc. In the end, having explored the limitations of "caring" as a sufficient condition here, the author concludes that "impartiality" is also required. While an ethic set out in these terms should be considered acceptable by both men and women, additional specification is needed in the case of women so as to include attention to the historical circumstances of the relations between women and men, nurses and doctors.

The author's argumentation here could well be complemented by analysis pertinent to that situation in which men, as well as women, are members of the nursing profession. In the US and Canada, for example, the number of male nurses is growing; how will Kuhse's position serve their needs? Further, and again within the health-care team-practice context, how will the two views of an ethic based on caring and impartiality (doctor, nurse) be reconciled and implemented to the benefit of all concerned? Can the approach suggested contribute to development of the team's moral authority, not to say development of complementary roles at bedside and in health care policy formulation?

3 Kuhse writes that individual nurses should not only "share formal responsibility in making end-of-life decisions with doctors;" they should also "take responsibility" with reference to other relevant activity, including "provision of voluntary euthanasia and assisted suicide".

The social debate on the moral acceptability of the latter activities continues; Kuhse's partial reiteration of it will certainly not be universally persuasive. As to nurses' role here, a case could be made that they could function well within the author's proposed ethic while yet eschewing responsibility for provision of these two activities. Once again, in terms of decision-making and the activities proposed above, reference to team practice, in contrast to that provided by separate individuals, should be considered.

4 Kuhse writes that nursing is a "slumbering giant who lacks the assertiveness and courage to do what, clearly, it ought to be doing" in providing appropriate terminal care for patients.

The author's more general point is that the profession must work collectively for systemic change so that nurses will have the formal moral

authority already discussed. In the case of voluntary euthanasia and assisted suicide, this may require further research; in the wider context, concerted political action will be necessary.

Left unexplored here is the real difference between any ethical obligation of an individual nurse and the ethical obligation of the group to which that nurse belongs; real difference also obtains between what may be acceptable, morally and legally. For other more compelling reasons the nursing profession might well refuse to sanction voluntary euthanasia, even though individual members of the profession might be engaged in such activity. Still, the author's query regarding the profession's stance in this area has merit; it deserves a response.

Overall, the book is well written and helpful, not least in terms of its careful notation and extensive bibliography. Of particular note is the author's contribution to the caring-justice debate, and her challenges to certain status quo positions within it. That being said, further discussion of the relationship between nurses' autonomy and nurses' membership on health care teams is urgently required, especially by North American readers. No doubt, however, readers' experience with this volume will raise favourable expectations regarding the author's future contributions in this area.

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Leaky Bodies and Boundaries: Feminism, Postmodernism and (Bio)Ethics

Margrit Shildrick, London, Routledge, 1997, 252 pages, £45 (hb), £14.95 (pb).

This is a book with several theses, some necessarily more novel and important than others. In no particular order—which is how they emerge in the book—some of them are as follows:

- (1) Western ethics links moral agency with transcendent disembodiment and lays great stress on autonomy;
- (2) Because women are identified with the body, their agency is there-

fore thought to be impaired, and their autonomy imperfect;

- (3) This impairment is exacerbated by male fear of female bodies as "leaky", as lacking secure boundaries;
- (4) A feminist ethics, drawing on postmodern and poststructural thought, will seek to deconstruct these "secure" categories in favour of a multiplicity of meanings, actually welcoming "leakiness" in analysis;
- (5) New reproductive technologies exemplify the tension between such a feminist analysis and the closed world of traditional medical ethics.

Many of these theses arise from premises which seem inadequately thought through. For example, (4) represents a strangely fatalistic form of biological determinism for a feminist to adopt. Because women's bodies are "leaky", must feminist thought be conditioned by that biological truth? And of course claim (4) is also prey to the usual problem about any ontological relativism. Shildrick writes that "truth itself is constructed, not discovered" (page 22)—except, presumably, that particular truth? In fact Shildrick wavers between highlighting historical misconceptions about female bodies—many of them fascinating, in passing—and denying that there are any biological givens. But if there are no facts in biology, then there cannot be any misconceptions about the facts.

Shildrick disclaims any intention to create a narrative structure to her exposition, so that her postmodern message becomes the medium as well. There is nothing particularly new, or even postmodern about this: Margaret Fuller chose the same tactic in her *Woman in the Nineteenth Century* (1845). Because the argument of the book is not coherently sequential, and because the style is very heavy, the reader emerges with a sense of frustration at opportunities lost. Few readers will stay the course, I fear, particularly because the intended audience is by no means clear. Most medical ethicists will find too little application here, too much generalisation about the supposed methodological staleness of the discipline, and far too much unfamiliar postmodern theory. Most feminist theorists will find the discussion of the postmodern vision of the individual as subject already familiar from Luce Irigaray, Judith Butler and others.

The task of arranging a meeting of minds between the two—medical ethics and feminism, including

postmodern feminist views of the subject—has been attempted elsewhere.¹ Shildrick's aim is in many ways the opposite: to stress the unbridgeable divide between them. But this requires her to create a straw man where medical ethics ought to stand, and to present one principal strand of feminism—the French-influenced *différance* [sic] school—as representative of all feminisms.

There are some interesting byways in this book, and an admirable level of ambition. But in the end I was left with the impression that the mountain had laboured to bring forth a mouse. Medical ethics is a far more vibrant and contested field than Shildrick realises, and other bioethicists have already made many of the sceptical points about autonomy which she reaches only after considerable ferretting around: for example, when she says (page 75) that “what I am suggesting is that the injunction to respect autonomy can simply act as a prohibition or limit on certain actions rather than as a positive move to embrace the interests of the other in mutual determination”. We know that already, I think, from the work of Howard Brody and others, and it has been said better elsewhere.

References

- 1 Sherwin S. *No longer patient: feminist ethics and health care*. Philadelphia: Temple University Press, 1992. Dickenson D. *Property, women and politics: subjects or objects?* Cambridge: Polity Press, 1997.

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Feminist Approaches to Bioethics: Theoretical Reflections and Practical Applications

Rosemarie Tong, Oxford, Westview press, 1997, 280 pages, £48.50 (hb), £14.00 (pb).

Rosemarie Tong invites readers to throw caution to the wind. In doing so she asks non-feminist and feminist bioethicists to join in a collaborative effort to create a moral environment in which truly good medicine can be practised. This book, in its open and

challenging analysis of ethical theory goes a long way towards providing a foundation for the sort of dialogue needed for such an environment to be realised.

The work is remarkably crafted and clear in its descriptive accounts of predominant feminist and non-feminist approaches to ethics and bioethics. Non-feminist theory includes short descriptions and analyses of various perspectives including virtue-focused ethics, utility-orientated approaches, duty-centred themes, law and sentiment-orientated ethics. This provides a valuable context within, and against, which the author presents feminist interpretations and analyses. As such it would make an ideal introductory text and a helpful course-book for teachers of undergraduate ethics. The author challenges the diversity of interpretation in mainstream ethics theory. She confronts those who would dismiss feminist ethics as simply a gender-based inversion of a more traditional and commonly patriarchal ethic. Tong demonstrates through reasoned argument, ways in which central tenets of traditional theory are important in an ethics process and then she takes the reader skilfully forward to a reinterpretation of such themes. Her work calls for the reader, no matter how sceptical, to ask the essential “woman-question”. What might be the impact of a decision or direction on women's lives? How might a situation be articulated with a woman's voice? How are women's experiences to be understood and differentiated one from another? What does a situation “say” about relationships in which decisions are conceived, and from which they are derived and ultimately lived out? The book brings a vitality to such questions. It gives a comprehensive account of the plurality of feminist ethics, rich in philosophical and practical insight.

Tong sets out to show what makes feminist ethics distinctive but in her presentation of alternating non-feminist and feminist perspectives it is not clear that this goal is achieved fully. The approach invites significant questions about possible overlapping concepts. The somewhat false dichotomy that the style presents detracts from the author's contention that although feminists are keen to distinguish their approaches from those of non-feminists, they do not wish to reject all those principles, concepts and virtues inherent in a more traditionally Western approach to eth-

ics. Nevertheless, Tong provides, I suggest, one of the most readable, reasoned and clear accounts of feminist ethics available.

The practical applications provided in part two of the book, including reflections on contraception, sterilisation, abortion, surrogacy, reproductive technologies and genetics are insightful. These chapters are written in a way that at once challenges our applications of theory to practice, highlights significant misconceptions, suggests a possible transferral of feminist theory to a whole spectrum of experience and provides a very helpful basis for a practitioner grappling with difficult issues in contemporary social life and health care. An excellent text, not to be missed by all those interested in or working in the field of ethics and bioethics today.

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At Odds with AIDS: Thinking and Talking about a Virus

Alexander Garcia Düttmann, translated by Peter Gilgen and Conrad Scott-Curtis, California, Stanford University Press, 1996, 144 pages, £9.95.

This is a short philosophical presentation in four chapters about the impact of AIDS both positive and negative on the gay male, in relation to the individual and his place amongst his peers as well as in the society in which he lives. The discussion involves consideration of coming out, dying before one's time, and grief both for the infected and their associates, as well as of gay activism with its concomitant, violence, vocal as well as physical. You may agree or disagree and you may be impressed or otherwise with the scholarship portrayed, principally by a pretty wide ranging use of fairly extensive quotations from other philosophers. To this reviewer, untutored in Kant, Nietzsche, Sontag, Hollinghurst and many others referred to it is difficult to judge the veracity of the selected quotes or even, in their new context, their true meaning. This necessarily will limit any readership since from its very nature this book concentrates in lengthy passages on the