



# The Left Atrium

## A few false notes

### The ethical canary: science, society and the human spirit

Margaret Somerville

Toronto: Viking; 2000

344 pp. \$33.99 ISBN 0-670-89302-1



Long before the term was coined, miners used a kind of “bioassay” approach to monitor threats to their lives. Sensitive to plummeting oxygen levels, canaries kept in the mines would cease their singing, and often die, signalling to underground workers that it was time to save themselves by retreating. In *The Ethical Canary: Science, Society and the Human Spirit*, Margaret Somerville explores the ethical hazards born of the science, technology, practice and policy of postmodern health care. Her accounts are lucid, engaging and persuasive — sometimes dangerously so.

Somerville posits two warning signs that she argues must guide ethical deliberation in a postreligious era. A decision or action is “inherently wrong” if it “fails to show respect for life, in particular human life” or if it “puts at serious risk or harms the human spirit.” Respect for life and the human spirit defines what Somerville names the “secular-sacred.” These values are indisputably important, but Somerville develops her argument in a way that reduces any position that does not accommodate intrinsic values to a form of ethical relativism (whereby ethical values are seen as merely culturally and historically situated phenomena). This sleight of hand diminishes the depth and nuance of a centuries-old discourse between deontologists and utilitarians. From this perspective, the question of whether something “does any good” is discounted by a concern with whether it is “inherently wrong” rather than balanced by the question, “What or whom does it harm?”

If the aim of this text is to educate, its framework for bioethical analysis is seriously flawed; if the aim is to provoke,

we must applaud its success. Where one expects a complex opus, the counterpoint is not even hummed; rather, its existence is unstated or ignored. This is my principal complaint with this important work: arguments are presented as rigorous where, in fact, fundamental aspects of the score are absent. The book proceeds to examine myriad domains of ethical debate, each of them headline grabbers. Chapters are devoted to the explication and analysis of far-ranging topics, including assisted human reproduction, euthanasia and male circumcision. Each of these is cogently penned, yet there is unevenness between and within accounts.

In writing on the ethics of human reproduction, Somerville makes the important point that children born as a result of new reproductive technologies ought to be placed at the centre of our deliberations about those technologies. A great deal of the analysis is devoted to her reservations about assisting same-sex and single parents to have children. Although Somerville stresses that she does not wish to reinforce negative stereotypes of these groups (as if they were monolithic!), she repeats her concern that to use reproductive technologies to help these people is problematic. This is on the grounds that the resulting children may not have both a female mother and a male father to parent them; that there is “evidence” of failure in parenting male children by single mothers; and that, although it would be wrong to prohibit such people from establishing families without the aid of technological assistance, we need to be wary of the

values our policies support. Given our uncertainty about what constitutes good, let alone the best, families, I would have been more interested in Somerville’s analysis, from her child-centred perspective, of the impact of what seems to be the inevitable commercialization and commodification of bringing children into the world.

In a chapter dedicated to the euthanasia debate, much attention is given to the problem that failure to provide adequate pain control contributes to the desire of some terminally ill people to end their lives. This is a documented problem that merits attention; shocking examples of failure to provide palliative medication to dying patients are contained in this chapter. Unfortunately, the author takes a narrow view of pain, one that is preoccupied with its physical or nociceptive dimensions. Although Somerville cites Balfour Mount, his compelling work on the concept of “total pain,” which includes

physical, psychosocial and existential suffering at the end of life, is ignored. An exploration of this concept and its implications for ethical care at the end of life would have strengthened Somerville’s position against the voluntary euthanasia of competent patients. It would also have demanded that she address the suffering of terminally ill patients that is not ameliorated by narcotics.

By contrast, a chapter devoted to the very controversial issues around routine male circumcision is more balanced, and clearly articulates the ethical problems in rationalizing the alteration of little boys’ genitals for nonmedical reasons. This is a subject to which Professor Somerville has dedicated a great deal of research and reflection, and concerning which she has endured much rebuttal. Interestingly, the balance lies in her conclusion that the issues are complex and nuanced, and that sweeping prohibitions against the prac-



tice as it relates to deeply held religious belief and to ethnic traditions are problematic. Had the same level of rigour been applied to other chapters, we might have gleaned a very important lesson from this work: that dogmatic approaches to complex ethics are very diffi-

cult "where the rubber meets the road."

This is a book to be read, but not uncritically. The text provides important stories reflecting some of the rich landscape of our ethical challenges. The subtext provides stories at least as important for our reflection.

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