

authors clearly state their focus on Christ, but in light of their desire to build a Christian framework for discussing creation care, I felt a conspicuous inattention to the roles of the Father and Holy Spirit. Finally, the main goal of this book was the Christ-centered perspective on creation care. The first two purposes the authors listed, while central to the aim of the book, support this main goal rather than stand on their own.

I recommend this book for anyone seeking a Christ-centered perspective on environmental ethics, especially for students in theology or environmental biology. Because the authors avoid jargon and clearly explain concepts and terminology, the book is easily accessible to people of multiple backgrounds. On a personal note, I deeply appreciated the earnest, rich message conveyed by the authors. In a culture driven by fear of environmental change and a tradition sometimes marked by ignorance and neglect for creation care, Liederbach and Bible make an excellent case for creation care filled with worship, hope, and Christ as part of a fulfilling lifestyle and holistic gospel witness.

Reviewed by Erin K. B. Vander Stelt, Holland, MI 49424.



COVENANTAL BIOMEDICAL ETHICS FOR CONTEMPORARY MEDICINE: An Alternative to Principles-Based Ethics by James J. Rusthoven. Eugene, OR: Pickwick, 2014. 314 + xv pages, including bibliography and index. Hardcover; \$36.00. ISBN: 9781625640024.

In the early 1980s, Mayo Medical School asked me to help set up and teach a newly required course in medical ethics. The faculty overseeing the course—physicians all—did not feel qualified to teach the course, but they definitely had already chosen the textbook—*Principles of Biomedical Ethics*—which was also the name of the course. I was comfortable with using it, but I wondered how they chose the textbook. “Because the title conveys that there are accepted principles of medical ethics just as in the sciences, and our students need to see that,” they said. The book by Tom Beauchamp and James Childress, then going into its 2nd edition, has now reached its 7th edition (Oxford University Press, 2012) and has become the most widely used text in medical ethics courses as well as in the many workshops offered to medical professionals.

James Rusthoven would like to pour a little water on this flame. As his subtitle indicates, he advocates

for a covenantal ethics that he thinks is truer to the practice of medicine and better for nurturing medical practitioners because it is rooted in the transcendent God and God’s revelation and not merely in what he sees as a baseless and minimalist common-denominator morality. His book is an impressive achievement. Rusthoven is a medical oncologist with a part-time clinical practice, and he is also a professor at McMaster University. Some time ago he decided to pursue his interest in ethics by enrolling at the University of Toronto Joint Centre for Bioethics; this book is a version of his PhD thesis.

Part One (four chapters) discusses the rise and dominance of principles-based biomedical ethics (usually called “principlism”). The author refers to most of the heavy thinkers in the debates since the late 1970s, and discusses the adequacy of Beauchamp and Childress’s “common morality” approach, which located four principles that can serve as agreed-on considerations relevant to most biomedical debates—autonomy, nonmaleficence, beneficence, and justice. Utilitarians, Kantians, and natural law theorists will have different ways of justifying these, but they—and anyone using common sense—can converge on them as middle-level principles applicable to particular ethical decisions. Of course, these principles have to be specified when applied, and also balanced and prioritized when not all of them can be satisfied to the same degree in a given case; the devil is in these details.

I served on an ethics committee at our local hospital for a number of years, and these four principles were laid out as the framework for our decision making (introduced as “the accepted principles for medical ethics”). Often the committee could reach agreement on what to do in a given case, though it was not always clear how members linked their decisions to the principles. Most of the disagreements were actually over empirical issues such as whether the patient was competent and what would happen if a given decision or policy were implemented, but when the disagreement was normative, it was often over such matters as whether the patient’s decision should be honored even if did not seem to be in his or her best interest. This, of course, is a difference over how to rank autonomy and beneficence, and Rusthoven is right in noting that there is no overarching principle to help decide.

That American individualism, as well as its legal system, promotes autonomy as the trump card is hardly a moral justification. Rusthoven covers quite comprehensively and perceptively the secular debate over the usefulness of the principles approach. Soon

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after its introduction, its critics claimed that it served merely as a soothing mantra, or at best as a checklist of things to keep in mind, while providing no clear decision-making procedure. Rusthoven notes that most of the critics do not provide one either. In a well-informed survey of faith-based approaches, especially those of Paul Ramsey, H. Tristram Engelhardt, and Edmund Pellegrino, he provides a sympathetic account of their views, but even Pellegrino, whom he really likes and who provides “benevolence-in-trust” as an overarching principle (grounded in the dynamics of the physician-patient relationship), allows his Thomistic dualism to prevent a full-bodied Christian alternative (p. 255).

Part Two (four chapters) provides “a modest proposal for a biblical covenantal biomedical ethics.” A covenantal approach includes an appreciation of the role of relationships in ethical thinking, an awareness of the effects of sin on our thinking, and an appeal to the *imago Dei* (and to God’s care for all humans and the rest of creation) for grounding human dignity, so it is well equipped for ethical decision making, especially since covenants are such an important part of life in general and medicine in particular.

Rusthoven gives a clear and sympathetic explanation of earlier efforts at covenantal ethics, including those of Joseph Allen, William F. May, and the co-authors of *Christian Faith, Health, and Medical Practice* (of which I am one). He likes Dooyeweerd’s social philosophy and thinks that it illuminates the role of relational networks in medicine; the sections on the latter especially reward careful reading (pp. 220–30). Jesus’s basic teaching of agape love, as illustrated in the parable of the Good Samaritan, provides the key to biomedical ethics and also the context for interpreting and applying the four principles. One of the final chapters is titled, “The Four Principles Revisited.” Rusthoven seems offended when Beauchamp and Childress see Pellegrino’s and May’s contributions as private moralities that can helpfully supplement the common morality for certain faith communities but not replace it (p. 243); he periodically says that the principles approach is itself a private morality, sometimes adding that it is a more widely accepted one because of its minimalism (p. 243). (He also sometimes says principlism is anchored in faith in reason alone [p. 122] while elsewhere noting that Beauchamp and Childress defend it as a common morality that is not grounded in reason [p. 244]).

The relationship between minimal and maximal values involves an ongoing debate, as Rusthoven indicates. Some have argued that minimal values are those necessary for social existence, so, of course,

they are common and can be used as a check on those maximal values that can go beyond, but not against, the minimal values. In actual societies, the minimal (thin) and maximal (thick) values do not come in separate categories; the former are nurtured as an integrated part of the religious and cultural outlooks that include the maximal values that inspire and motivate people. Minimal values are teased out only when there is some conflict or issue that requires reducing commitments to whatever overlapping consensus there may be. The Belmont Report, well discussed by Rusthoven, is an example.

The question is whether such a reduced set of agreements can do any substantive work in a pluralistic society without being integrated into a more full-bodied ethic such as Pellegrino’s Thomistic virtue ethic or Rusthoven’s Dooyeweerd-influenced agape ethic. I think it can, as do Beauchamp and Childress, but even if it cannot, and it requires integration into a richer outlook that includes religious ideals, one could see the latter as less of an alternative than an interpretative context. Rusthoven could be clearer on which it is, alternating between “contrasting” principlism with his approach (p. 241) and seeing “principlism as contextualized through the spectacles of a biblical covenantal ethic” (p. 247). I see the latter as more than merely a supplement, but not really as a contrasting alternative. I think this point shows a helpful way to read Rusthoven’s rich chapter on “The Four Principles Revisited,” and one that either dovetails with or challenges (depending on how swiftly he came up with it) his labeling it a “modest” proposal.

Rusthoven argues that there is a universality in appealing to the transcendent God in one’s ethics, but recognizes that it requires a nonuniversal belief. However, he plausibly points out some universally appealing aspects of a covenantal approach that “is generalizable for all humankind in practice” (p. 4) and claims that, when “engaging those of non-Christian faith beliefs, the idea that all of humankind is bound covenantally, based on common vulnerability and need, can be an attractive starter for dialogue” (p. 236). He is confident that when dialogue is conducted in a deliberative way, it can be productive: he even asserts that “differences in faith beliefs should be shared as sources of wisdom from each tradition rather than as impediments to care” (p. 238). A similar attitude should apply even within the Reformed Christian community, as not all will be persuaded by his arguments about, say, the moral status of embryos (p. 261).

There is a lot to like in this knowledgeable and wide-ranging book. It is true that Rusthoven sacrifices

depth for breadth; his effort to be comprehensive in treating other thinkers results in a conciseness that too often quickly summarizes a contribution and even more quickly evaluates it by simply noting that another contribution cautions us about the former. However, his interpretations are generally fair minded and perceptive. I thought an exception might be a misleading interpretation of Robert Audi on p. 115, but he interprets Audi correctly on p. 269, though even here Audi is dismissed rather quickly by citing another author. Moreover, frequently the book does have the flavor of the PhD thesis that begot it. The style of writing and terminology used may be fine for academics, but I do wonder how most health-care practitioners will respond to sentences, such as “However Pellegrino’s Thomistic elevation of rationality is challenged by O’Donovan’s caution that the rationalist tradition tends to move toward a reductive immanentism and premature eschatological fulfillment ...” (p. 8; restated, but not much more clearly, on p. 249), or to Dooyeweerdian phrases such as “enkaptic interlacement” (p. 222). For nonacademics, I recommend beginning with the final few chapters (worth the price of the book), and then deciding what else to read. Some of it is slow going, but it is good work.

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FLOURISHING: Health, Disease, and Bioethics in Theological Perspective by Neil Messer. Grand Rapids, MI: Eerdmans, 2013. 256 pages. Paperback; \$35.00. ISBN: 9780802868992.

Theologian and ethicist Neil Messer (University of Winchester) has produced a thorough and thoughtful review and analysis of the various theories and approaches to foundational issues concerning human health, disease, and disability as they relate to the concept of human flourishing. As such, this book will be of interest to anyone seeking a greater understanding of the major questions and contemporary discussions in these areas.

The first two chapters of the book could serve as a stand-alone text for addressing major modern theories of what constitutes health, disease, and illness and how best to evaluate and differentiate these concepts. In the first of these two chapters, Messer provides a particularly fine overview of several prominent evolutionary theories of what constitutes health and disease, including discussions and critiques from within the community of scholars espousing variations of these interpretations. Contrasting and relating these views to “the Good,” as conceptualized

classically from an Aristotelian framework, he helpfully illustrates both the strengths and weaknesses of the evolutionary perspective when applied to human health; these serve as a foundation for later theological discussions. Those not well versed in bioethics may find these chapters helpful in appreciating what the secular academy and the philosophical bioethics community contribute constructively to the broader bioethical discussion, and how these contributions can be given more substantial meaning, depth, and coherence within an explicitly theological framework.

Of particular interest to those coming from a background in neuroethics, rehabilitation, or psychology is the inclusion of the respective topics of mental health and disability within the broader discussion of human flourishing. Messer considers the concept of disability from several angles: as disease, as extreme examples of natural human variability, and within the broader social context in which members of a society can impede another’s flourishing by their reactions to such variations. Once again—as with health in general—what constitutes disability still appears to be, at least intuitively, based upon an essentialist (Aristotelian) understanding of what constitutes normative human bodily and mental functioning. An intuitively understood normative functioning serves as a vantage point from which to determine what is also likely to constitute bodily and mental disease or disability. As will be apparent to many, philosophical concerns and questions have bedeviled medical and mental health ethics for some time. For instance, at what point does diversity and variability become pathology?

The third and fourth chapters of Messer’s text constitute the major theological emphasis of the book, with chapter three providing the basic theological foundations and chapter four providing the application of the major theological ideas. Messer is explicitly indebted to the work of Swiss Reformed theologian Karl Barth and medieval theologian Thomas Aquinas, providing links to the thought of Magisterial Reformation Christianity as well as to the historic Western church and the Roman Catholic tradition. Messer draws heavily from Barth’s “ethics of creation” and pairs this approach with the Aristotelian/Thomist emphasis upon teleology and essentialism, especially as teleology and essentialism apply to human beings and their characteristic functions as beings of a particular kind. From this “Barthian Thomism,” Messer’s main thesis in the second half of his book is that the ends, values, goals, or “goods” that evolutionary approaches found so elusive in the first half of the book can only be properly found in a Christocentric anthropology wherein health is seen as the “strength