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Therein lay what Davis suggests was the greatest failure of the project: there was simply “no consideration of what to do when the majority find the conclusions of an academic elite patently offensive” (p. 78).

Chapter 3 elaborates on precisely why the pamphlets were offensive to many American churchgoers. Unlike earlier generations of religious intellectuals who accepted some elements of evolutionary theory while maintaining their belief in traditional Christian doctrine, the modernists of the 1920s were determined to accommodate their faith to evolution, which, in their view, “had changed almost everything” (p. 89). They “all but discarded divine transcendence” and other historically critical elements of Christian belief; their views proved to be a step too far for many intended readers (p. 90).

Following these chapters, Davis provides annotated versions of the ten pamphlets, complete with intellectual and religious biographies of each author. Depending on their personal interests, individual readers will likely find some more interesting than others. Edwin Brant Frost’s “The Heavens Are Telling” and Michael Idvorsky Pupin’s “Creative Co-Ordination” are notable, however, for providing the most intriguing departures from the usual liberal religious discussions of science of the day.

In excavating these ten pamphlets, Davis has done a real service by looking beyond the Scopes trial to another significant site of public discussion of religion and science during the 1920s. As the primary intellectual opponent of the modernists, William Jennings Bryan certainly looms large here. Nevertheless, *Protestant Modernist Pamphlets* makes a crucial contribution by exploring the emergence of a liberal religious discussion of science before the Scopes Trial while also exploring how the concerns of these liberals grew beyond evolution. Davis further makes an important contribution by highlighting the imperfect alignment between the fundamentalist-modernist debates of the 1920s and the sides taken in contemporary culture war battles. Given how these events a century ago inform ongoing political debates, it is notable that it was the anti-evolutionist Bryan who worried about the “exploitation of workers” and “the destruction of democracy” (p. 12). By contrast, it was some of the pro-evolution Christians who were dabbling in “eugenics and euthenics seasoned with scientific racism” (p. 23).

At its heart, Davis’s volume seems to be a lament for a lost middle ground. He notes that even readers at the time perceived the “absence of intermediate posi-

tions” in the “pamphlet war” (p. 95). To the extent that a historical study has heroes, the ones of Davis’s work seem to be late-nineteenth-century intellectuals whose work was often dismissed by the 1920s. These were the “voices of comparable magnitude” to the authors of the pamphlets who in their day had “affirmed both evolution and the ecumenical creeds” (p. 83). They accepted science but did not cede as much authority to it as the modernists did.

Yet, one cannot help but wonder just how possible it would have been to maintain these intermediate positions. The examples Davis provides of pre-1900 intellectuals who accepted evolution while maintaining “orthodox Christian beliefs” actually accepted evolution in a very limited way, such as by excluding humans entirely from the process (p. 82). Perhaps the reason such people could not be found in the 1920s is that their balancing act proved virtually impossible in the twentieth century.

For his part, Davis seems to believe that finding such middle ground remains possible. In his final pages, he offers three recent exemplars of the perspective he finds lacking in the 1920s. This discussion is regrettably brief, however. Davis’s acknowledgment of his limitations—that he is “a historian, not a prophet” (and, by extension, not a pundit)—is admirable (p. 103). But in light of his own apparent commitments and given that, in our own moment, science is as polarizing as it was in the 1920s, readers might well wish that Davis had offered more lessons from history about the possibilities of reaching a consensus position rather than settling for the “stark choice” offered by these pamphlets (p. 103).

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MEDICINE AND HEALTH

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THE ETHICS OF PRECISION MEDICINE: The Problems of Prevention in Healthcare by Paul Scherz. University of Notre Dame Press, 2024. 194 pages. Hardcover; \$40.00. ISBN: 9780268209056.

Why do people have yearly checkups? Why do we have blood tests for risk factors such as cholesterol? Why are there cancer screening programs? These are examples of managing risk, and this is a realm of precision medicine. Rather than accept these developments at face value, Paul Scherz is concerned that, as the number of conditions is surveilled and treated, an increasing number of people find themselves caught between health and

disease. They are not ill but are anxious that they may become ill.

The author is the Our Lady of Guadalupe Professor of Theology at the University of Notre Dame. While he has a PhD in genetics and a PhD in moral theology, it is theology that drives his arguments in this book as well as his emphasis on virtue ethics.

The goal of virtue ethics is to help people flourish in all aspects of life: physical, social, intellectual, and spiritual. Although generally used in bioethics, virtue ethics is encountered most frequently in theological ethics, in this case by a Roman Catholic ethicist. For Scherz, people flourish when treated within a medical establishment characterized by justice, temperance, and courage.

His background in genetics means he has sympathy with developments in managing risk. However, as interventions such as pharmaceuticals and surgeries used in response to risk factors, increase in frequency, the side effects from them create their own problems. Society ends up facing overtreatment, overdiagnosis, and social control. For example, an estimated 55–72 percent of women with mutations of the BRCA1 gene develop breast cancer, compared to 13 percent of women in the population at large. Some women will undertake drastic preventive measures, such as prophylactic double mastectomies, when they are informed that they have a mutant BRCA1 allele.

Scherz correctly observes that genetics is unable to predict an individual's personalized risk; it only places them in a stratified risk group. The way in which that risk score is applied to an individual requires a great deal of interpretation. Herein lies the tension between assessing what is best for both the individual and the population.

Scherz's use of virtue ethics to examine the ethics of precision medicine within the broader framework of preventive health care will come as a disappointment to readers who may be looking for more-specific critiques of biotechnological innovations in precision medical treatments. Other books such as *The Personalized Medicine Revolution* by Pieter Cullis or *Advancing Health Care Through Personalized Medicine* by Priya Hays would be the places to start. They tend to be directed at health-care professionals and deal incidentally with ethical issues.

Scherz does not deny that personalized medicine has potential in some treatment areas, but his concerns are

far wider. He worries that medicine is moving away from treating people as individual human beings within a specific social context, and toward a view based on their risk exposure. This is not bioethics, as usually understood, with its concerns around paternalism, reductionism, and justice. He wants to ensure that our approaches do not lead to a total medicalization of life dominated by medical control with loss of a vision of people as human beings. This is where his theological concerns come to the fore.

Scherz brings most of his ideas together in the final part of the book by delving into prevention and the social determinants of health, regimen, genomics, and institutions of slow medicine. The concept of regimen emanates from Greek medicine and refers, for example, to regular practices of eating, sleeping, and exercising—all of which were regarded as contributing to health. In modern life, Scherz is aware that these can be reduced to little more than adopting a reductionist culinary framework. He does not want it to be seen as simply counting calories and being guilty whenever one fails.

He seeks a better way, one found in the ancient philosophers, such as Clement of Alexandria, Thomas Aquinas, and the Desert Fathers. For them, a regimen reshaped their habits around diet and exercise. This illustrates how Scherz's firm Christian convictions underpin his ethical framework, which centers on what is best for humans in community.

Scherz is fully aware that his critiques of many modern medical values, such as cost effectiveness, autonomy, auditability, and scalability, will lead nowhere without an alternative direction based on other values. He finds this alternative in what he describes as institutions for slow medicine. He unpacks this alternative by describing specific institutions that fit this description. One is Mercy House, a home for children run by a Franciscan order of Ugandan nuns. It is not efficient by the standards we normally use, but it cares for people in need; this is a basic Christian benchmark.

He acknowledges that this kind of slow medicine institution is unintelligible to modern accountants, risk analysts, and policymakers. But it has much in common with hospices by making room for caring. This, he argues, stems from the religious motivation of Christian charity and, while it may never gain wide acceptance, it can be provided locally.

Scherz insists that medical practice will benefit individuals only when based on the virtues of justice, solidarity,

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and temperance. Risk management is useful only when governed by prudence and virtuous practice. It is a pity that the reader has to work hard at following his closely knit arguments, but for those who do so, there is a great deal of rich material here.

What came through to me is that, in being prepared to accept risks, we begin to acknowledge our own mortality. These are Christian themes we would do well to take seriously, even if we would like to have seen more space devoted to the host of ethical issues raised by specific technological developments in the biomedical area. I recommend this book for readers willing to engage with a thoughtful and nuanced Roman Catholic approach to public health ethics.

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A THEOLOGY OF HEALTH: Wholeness and Human Flourishing by Tyler J. VanderWeele. University of Notre Dame Press, 2024. 392 pages. Hardcover; \$45.00. ISBN: 9780268208332. Ebook; \$2.99. ISBN: 9780268208325.

A Theology of Health is a book that epidemiologist Tyler VanderWeele wrote for a course he teaches at Harvard School of Public Health. Rather than writing from a neutral pluralistic perspective, he elected to write from a Roman Catholic perspective, the religion that he currently practices. (He had been a Presbyterian and an Anglican in the past.) He found that material presented from a coherent Catholic perspective was well received by his students, whether they were persons of faith or not.

The bulk of the book is divided into three parts: Health and Wholeness; Ill Health and Sin; and Healing and Salvation. Within each part, there are multiple chapters that are divided into a series of propositions. Supporting evidence is provided to justify them. The final chapter in each part is devoted to the implications of truths considered in the prior chapters. VanderWeele combines evidence from Scripture, Catholic doctrine, and peer-reviewed science to create a rational, integrative understanding of health, wholeness, sickness, sin, redemption, and healing. He respects all three epistemologies without being too dogmatic. He also recognizes the minor differences between traditional Protestant and Catholic theology, such as the number of sacraments and the mechanisms of their efficacy. His high view of Scripture, which he regards as solid truth, might be an irritant to those with “progressive” theological viewpoints. He also includes a brief nontheological postscript, which

argues that many of the measures that improve health of the body or health of the person apply to Christians and non-Christians alike. Love, hope, forgiveness, and pious character are marks of a healthy person. Communities rich in opportunity, justice, peace, and neighborly love contribute to the health of its members regardless of their faith.

Part I begins with the World Health Organization’s definition of health as “a state of complete physical, mental, and social well-being and not merely the absence of disease” (p. 12). VanderWeele rightly defines physical health as not only the absence of disease but also a state of physical fitness. Mental health is more than a healthy brain; it entails stimulation, proper use of the mind, and intervals of rest. Health (or what might be considered by some to be human flourishing) extends beyond physical and mental health. It requires healthy relationships, purpose, balanced work and leisure, character development, and spiritual health.

In Part II, the author explores how illness can result from sinful behaviors, such as drunken driving, immoral sexual encounters, and poor exercise and eating habits. We may also suffer ill health because of an abusive spouse, societal injustices, pollution, or lawless behaviors. Certainly, illnesses and suffering occur that are not directly preceded by a sin of the victim or an offender or by injustices in society. These illnesses and sufferings should be recognized as a part of the curse we are all under because of original sin. Perhaps the most easily recognized effect of original sin is the frailty that comes to all humans because of the aging process. VanderWeele traces the presence of sin to a historical or a metaphorical Adam. He does not take sides on this question, conceding that there are faithful Christians on both sides of this controversy. Probing this topic would distract from the book’s purpose of giving a clear theology.

The central thesis of the final part of this book is that restoration and fulfillment of health is “salvation.” This is the most theological of the sections. In this regard, he follows the Christian concept of the redemptive-historical timeline: creation, fall, redemption, and restoration. He believes that complete restoration will occur after death (and purgatory). In heaven, believers will be fully united with God and experience the elimination of sin, of suffering, and of any illness. During this life, complete wholeness is not possible, but one should strive toward achieving this ideal by recognizing sin and its effects. Healing of the person will require communion with God. The direction of one’s life should be toward less sin and greater love for God and one’s neighbors.