
Praying for a Cure: When Medical and Religious Practices Conflict
 Peggy DesAutels, Margaret P. Battin, and Larry May.
 Lanham, Md.: Rowman & Littlefield Publishers, 1999, viii + 139 pp.,
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This book, though well under the 200-page standard set for the Point/Counterpoint series (editors James P. Sterba and Rosemarie Tong), does involve "two or more prominent philosophers" debating different sides of an issue. The philosophers do not debate one clearly defined issue; instead they offer diverse but interrelated reflections on what weight another person's religious beliefs should be accorded when assessing his or her autonomy in matters affecting physical well-being. More specifically, the book focuses on the beliefs and practices of Christian Scientists as these affect the responsiveness of its practitioners to recommendations of health care providers. This being the case, the title is misleading, because only one contributor (Battin) claims that Christian Scientists pray for a cure, whereas another (DesAutels) rejects this assertion. But this, as I will discuss further on, is only the proverbial tip of the iceberg when it comes to identifying all the substantive issues that this colloquy touches on, explicitly and implicitly.

The book consists of a series of critiques and counter-critiques that appeared during the 1990s with regard to whether Christian Scientists can justify their failure to avail themselves of interventions which medical practitioners offer them. In the process, certain basic distinctions, e.g., that between medicine as a science and medical practice, are addressed only in passing. Yet one author (Battin) adheres to the former as her model and another (DesAutels) is obviously thinking primarily of the latter (see 112, 118). As noted below, the distinction between deciding about one's own health and deciding about that of someone else, especially a minor, is not well articulated either. And only in passing is a distinction made between an individual's acquiescence in health care interventions intended primarily for one's own good and those intended more for the common good, e.g., vaccinations and treatments of contagious diseases (101)—including, one would like to assume, AIDS. The scatter-gun effect thus produced is understandable given the seriatim way in which the consecutive shots were fired in the debate. But when reassembled in one book this might have been subjected to more activist editorial review.

Such flaws, in part attributable to the book's creative chronology, lessen its suitability as a stand-alone text. The diverse perspectives from which interrelated issues are addressed will, however, generate serious thinking on the part of any reader who is already familiar with the

literature of biomedical ethics or social philosophy or, preferably, both. Thus, perhaps, it might have a place on a list of books to be read in, say, a senior-level seminar.

At least two of the three authors included in this book (Battin and May) see their task as one of examining and, in differing degrees, finding fault with the way Christian Scientists go about handling the health care problems they face. Battin's unyielding rationalism—indeed, scientism—provides her no leeway to see any merit whatsoever in the religionist perspective. May, drawing on a communitarian orientation, wants to be more understanding of both overbearing physicians and recalcitrant patients; but he focuses on the separate issue of parents deciding for their children (see 114), which is not addressed in the earlier Battin vs. DesAutels phase of the book. This issue surely merits consideration (many courts have already done so) but including it in the book at the end, without carefully setting it apart from what went before, is somewhat confusing in the absence of any editorial clarification.

Not explicitly addressed in the book but present just beyond its words is a higher-order issue, namely, mortality and how humans ought to face it. Peggy DesAutels says as much at the very end of the book, where she notes that "neither medicine nor Christian Science has found a way to eliminate suffering and death from human experience" (130). Acutely aware of this finality from the outset, she unlike the other authors lays stress on quality of life considerations (e.g., 67–68). But like them (because placed in the role of respondent) she too sees institutionalized medicine as providing the context for what is discussed. This is, to say the least, philosophically confining; what is thus ignored is the broader question of what sort of risks we humans may take in and with our lives quite apart from health care decision-making as such.

Margaret Battin, in the opening chapter taken from her book *Ethics in the Sanctuary* (1990), raises the question of risk. But risk analysis for her is only a tool with which to chastise religionists who by inaction (as she sees it) endanger their well-being unnecessarily. In her desire to fault them and especially their Church for underplaying what is at stake, she fails to consider the right to refuse treatment. Of still greater moment, though, is her failure to acknowledge the prevalence of risk-taking in our lives. Never mind such commonly recognized obstacles to health as smoking, heavy drinking, and reckless driving. Consider instead the risks inherent in all sorts of leisure activities (e.g., mountain climbing, scuba diving, and sky diving) and even more in what some "professionals" face on a regular basis. Police and fire fighters come to mind, as do race-car drivers and professional fighters of every sort, but I prefer to focus on the military. The objections Battin raises against the lifestyle choices of Christian Scientists would seem strange (however relevant in themselves) if aimed instead at men and women who by profession are

expected to risk their lives for some purportedly noble cause such as “defense of their country.” One cannot simply analogize their individual goals to those of a death-defying Christian Scientist, but there are similarities and they are striking. Whether to achieve ego gratification, meaning, fame, power, or just a good pension, the risks military personnel take are surely indefensible by Battin’s standards. That, however, is because she assumes staying alive, whatever this takes, is what matters (54). Yet from well before recorded history and down to the most recent suicidal bomber, human behavior persists in showing that many others of her species do not agree. And as often as not the basis of their disagreement can be found in their religious beliefs. This being the case, Larry May’s peremptory rejection of religion-endorsed human sacrifice (110) is hardly the last word on this subject.

May argues against letting parents veto any and all health care for their children. This issue merits attention given its ambiguous status in law (see *New York Times*, 21 Feb. 2001, p. A10); but it is tangential to the personal autonomy issue that Battin and DesAutels debate. This in no way negates the value of the Point/Counterpoint Series or of this book in particular. With regard just to the latter, it provides an accessible and even provocative entry into meaning-of-life issues, though not so much to biomedical ethics. A more nuanced introduction to this field would have as a principal objective to apprise the reader of the multiplicity and complexity of factors that enter into health-care decision-making. Helpful in this regard would be, for example, René Dubos, Maya Pines, et al., *Health and Disease* (New York: Time-Life Books, 1981); Ruth R. Faden and Tom L. Beauchamp, *A History and Theory of Informed Consent* (New York/Oxford: Oxford University Press, 1986); Allen E. Buchanan and Dan W. Brock, *Deciding for Others: The Ethics of Surrogate Decision-Making* (Cambridge: Cambridge University Press, 1989); Catriona MacKenzie and Natalie Stoljar, eds., *Relational Autonomy* (New York and Oxford: Oxford University Press, 2000); Michael C. Brannigan and Judith A. Boss, eds., *Healthcare Ethics in a Diverse Society*, esp. ch. 3 (Mountain View, CA: Mayfield Publishing Co., 2001); and the following two articles from *The Encyclopedia of Applied Ethics* (ed. Ruth Chadwick; San Diego: Academic Press, 1998): David Wendell Moller, “Societal Attitudes Towards Death,” vol. 1, pp. 735–745; Jonathan D. Moreno, Arthur L. Caplan, and Paul Root Wolpe, “Informed Consent,” vol. 2, pp. 687–697.

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