BOOK REVIEW

FERTILITY & GENDER. ISSUES IN REPRODUCTIVE AND SEXUAL ETHICS

Edited by Helen Watt

Oxford-Anscombe Bioethics Centre

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REVIEWED BY DR PRAVIN THEVATHASAN

This marvellous work deserves a wide readership. While all essays in the book are well worth reading for their ethical integrity and religious orthodoxy, I will concentrate on a few for purposes of this review.

David Paton's essay *Teenage pregnancy, STIs and abstinence strategies* examines the Teenage Pregnancy Strategy proposed in 1999 by the then Government and it is a useful paper for clinicians. Paton notes that the under-18 rate of pregnancy was actually decreasing before the strategy got going and, as more money has been spent, the decrease in pregnancy has, if anything, slowed down. At the same time, the diagnoses of STIs have continued to increase dramatically.

Paton argues that, with the free availability of contraception to teenagers, those who might have abstained are more likely to engage in sexual activity. He examines certain 'myths' concerning teenage pregnancy: that spending money on access to emergency birth control contributes to lower teenage pregnancy rates, that enhanced sex education has been shown to lead to lower teenage pregnancy rates and that abstinence education has been shown not to delay sexual activity but to increase STIs. All these assumptions are shown to be false.

In his essay *Marriage and meaning*, Anthony McCarthy takes on the proposition posed by, among others, Gareth Moore: "To try to ground the meaning of sexual activity in the creative activity of God is to make a fundamental mistake." McCarthy argues that marriage and sexual activity are indeed 'naturally' meaningful. Sex is fundamentally about the physical, the biological and the teleological. It is marriage which is that standard with respect to which sexual activity is to be judged to be good or not, a standard that applies to all human beings by virtue of their rational nature.

In their essay *Condoms and HIV transmission*, Anthony McCarthy and Alexander R Pruss ask if double effect reasoning could justify the use of a condom by a married couple when the husband or wife is HIV positive. They argue convincingly that the Double Effect argument fails.

In his essay *Who am I? Psychological issues in gender identity and same-sex attraction*, Philip Sutton writes: "While those who promote the normalization of SSA may argue in public that people are 'born that way', there is no scientific evidence to support the view that SSA is genetically or biologically predetermined."

It is argued that SSA springs from failed gender identification during childhood and adolescence due to imbalanced parent-child interactions and peer-group maladaption. In his essay *Humanae Vitae and chastity*, Kevin O'Reilly discusses the dynamic reciprocity between the teaching of HV and chastity. Those who follow the doctrine of HV will become chaste while those who become

chaste will be better able to appreciate the truth of HV's doctrine. Ultimately, the moral vision that chastity imparts is required in order to appreciate the teaching of HV.

O'Reilly notes that only in recent times has the importance of virtue in HV been recognized. The discipline of chastity is not merely in relation to spouses but it also "provides parents with a sure and efficacious authority for educating their children." In other words, the virtue of chastity promotes behaviours which conduce to true human flourishing. As the philosopher Alasdair MacIntyre has noted, the moral virtues presuppose institutions, in this case the family, as the context in which they thrive and are passed on to the next generation.

Luke Gormally's critique of the frankly ludicrous thesis of 'popular' philosopher Simon Blackburn that lust is a species of virtue is one of the most enjoyable sections of the book.

The Anscombe Centre is to be highly commended for this examination of the pivotal issues in reproductive and sexual ethics.

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A TIME TO LIVE. THE CASE AGAINST EUTHANASIA AND ASSISTED SUICIDE

By George Pitcher

Monarch Books

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Pitcher's fine introduction to these topics gives us some startling truths to ponder. It is often argued by proponents of Assisted Suicide (AS) that the law on AS in Oregon is a paragon of good practice. In fact, Pitcher notes that "if Oregon's experience is proportionally calculated for the UK, we would have had a rise over the period from 1998 (when AS in Oregon was made legal) to 2008 of 389 to 1426 lethal prescriptions issued, while AS would have risen from 259 to 972."

Among the safeguards in Oregon is the requirement that doctors ensure there is no underlying mental disorder suffered by those requesting AS. The number of those referred for psychiatric evaluation has fallen from 37% in 1998 to 0% in 2007. It is of note that those who seek AS in Oregon shop around for 'sympathetic' doctors, making nonsense of Lord Falconer's plans to have two registered medical practitioners, independent of each other, certify that they are of the opinion that the person seeking AS is terminally ill and has capacity. The majority of those seeking AS in Oregon say that they find being cared for by others to be intolerable. This is very different to the 'intolerable pain' of terminal illness. Few physicians are present when the persons kill themselves. So there is no way of knowing whether the drugs are self-administered or administered by others.

In Holland, the 2002 law legalizing AS and euthanasia is not limited to adults. Nor does an applicant for euthanasia have to be terminally ill. The main criterion is 'hopeless and unbearable suffering.' NVVE, Holland's opposite number to UK's Dignity in Dying, has suggested that applicants are invited to opt for euthanasia "when it is virtually impossible for me to perform what for me are worthwhile activities such as reading, writing, watching television, listening to music and doing manual works or handicrafts."

Zurich has become the European capital for 'death tourism.' The Attorney General of the Canton of Zurich told the 2005 UK Parliamentary Select Committee that he was concerned about the circumstances where "a person comes today and dies the same day." This is common practice in

the notorious Dignitas 'clinic'. Dignitas helps people kill themselves in hotels and even in cars parked on the outskirts of Zurich. Ludwig Minnelli, the millionaire founder of Dignitas, has said that he would like to help people with mental illness kill themselves: "I say suicide is a marvellous possibility given to a human being. Suicide is a very good possibility to escape a situation which you can't alter. It is not a condition to have terminal illness. Terminal illness is a British obsession." Daniel James, a twenty three year old who was paralysed from the neck down, was taken by his parents to die at Dignitas. Sir Edward Downes and his wife also died there. She had a terminal illness. He did not.

Switzerland, Holland and Oregon are highly developed parts of the world. If AS is unmanageable in these places, would it be better managed in the UK?

Not all the theological arguments put forward by Pitcher are convincing. But his ethical arguments most certainly are.