

Baylor University

Jonathan T. Swanson, *A Christian Contribution to the Conversation concerning Daniel Callahan and the Medicare Conundrum* (James M. Gustafson). Daniel B. McGee, adviser. 2005.

The future of the Medicare system in America is in serious trouble, and a Christian voice can be part of the solution. The number of elderly is increasing. The number of young who support the system, relative to the number of elderly, is decreasing, and medical costs are climbing at an alarming rate. Predictions are that these factors will combine to bankrupt the hospital insurance trust fund portion of Medicare. Averting this fiscal avalanche will be of critical importance to the health-care system and the nation.

In Chapter One of this dissertation, the present position of Medicare and the projections of its tenuous future are presented. One solution, proffered by Daniel Callahan, is age-based rationing, where beyond a certain age, Medicare will reimburse only for palliative care, not curative care. His proposal has attracted much attention, and lots of criticism.

Chapters Two through Four include an explication of Callahan's proposal, his many detractors, and the author's own personal analysis. Callahan is lacking in areas of methodology and his definitions of critical terms. Most of his opponents fail to offer these criticisms or any alternatives to his proposal. In Chapters Five and Six, James M. Gustafson's theocentric ethics, a Christian approach, is presented as an alternative. The author contends that Gustafson's theocentric ethics fills many of the gaps left by Callahan's proposal. Examples include a definition of "the common good" and methodological concerns, such as stating the premise around which in-

formation is ordered. Gustafson's ethics also offers an adept engagement of existential end-of-life issues, such as significance in decline, suffering, and death; and concrete means to exhort virtues needed for a solution, such as self-sacrifice, stewardship, humility, and acceptance of mortality.

In the final chapter the author maps a side-by-side comparison of Callahan versus Gustafson and a way forward based on theocentric ethics. Christian ethics can have a place in the Medicare discussion. — Abstract from *Dissertation Abstracts International*, publ. no. AAT 3166223, DAI-A 66/02 (August 2005): 646.

Brigham Young University

Heath A. Grames, *A Test of Contextual Theory: The Relationship among Relational Ethics, Marital Satisfaction, Health Problems, and Depression*. Richard Muller, adviser. 2005.

While contextual theory has been acknowledged as an important contribution to the field of marriage and family therapy, it has received no research attention to reject or support its theoretical underpinnings. Ivan Boszormenyi-Nagy has suggested that relational ethics, which is recognized as the most important aspect of contextual theory, is associated with marital functioning, depression, and psychosomatic illness.

Using structural equation modeling, this study examined the relationship between relational ethics, marital satisfaction, depression, and illness. Data for the study came from a national sample of 632 married individuals in midlife who had responded to a mail survey. The results of the analysis sup-

ported Nagy's contextual theory. The total score on the relational ethics scale was a significant predictor of marital satisfaction, and marital satisfaction was significantly associated [inversely] with depression and health problems. Thus, relational ethics was indirectly predictive of depression and health problems through the mediating variable of marital satisfaction.

Additional analyses indicated that scores on the vertical and horizontal subscales of relational ethics were also significant predictors of depression and health problems through the mediating variable of marital satisfaction. For the vertical subscale, there was a significant direct path between relational ethics and depression and health problems.

These findings have implications for health delivery systems. Specifically, they suggest that while there is an emphasis in the health delivery system on individual and quick-fix treatment modalities, marital therapy may be warranted as a treatment modality to improve depression and health outcomes. Finally, for contextual theory, this study offers support for the concept of relational ethics and its influence on marital satisfaction and, in turn, on depression and health problems. — Abstract from *Dissertation Abstracts International*, publ. no. AAT 3173748, DAI-B 66/04 (October 2005): 2306.

Göteborg University (Sweden)

Niklas Lars Juth, *Genetic Information Values and Rights: The Morality of Presymptomatic Genetic Testing*. 2005.

The focal point of this dissertation is the question of the value of and right to genetic information from presymptomatic genetic testing that may reveal risk of disease. This question is discussed regarding first parties, that is, the persons on whom the test is performed; second parties, that is, blood relatives of first parties; and third parties, such as insurance companies and employers.

In the second chapter, it is argued that the value of presymptomatic genetic testing for first parties ultimately rests on autonomy and subjective well-being. This shows the basis for some types of tests to be weaker than the basis for others. Moreover, the way in which a test result is disclosed is crucial for the realization of the values. This renders some support for genetic counseling, the ethos of which is evaluated.

In the third chapter, autonomy is analyzed. A conception of autonomy is developed, which is useful for analyzing the novel idea in this area that autonomy is a value that should be promoted. In relation to this, various theoretical issues are addressed, for example, about the possibility of measuring autonomy.

In the fourth chapter, the question of first parties' rights to genetic information is discussed. It is argued that the proper basis for such rights is the values mentioned above: autonomy and well-being. From this basis, it is argued that some limited rights to genetic information should be recognized.

In the fifth chapter, rights to remain ignorant about one's genetic constitution are discussed. Such rights are defended, e.g., from charges that considerations of Kantian ethics and autonomy speak in favor of a duty to know about one's genetic constitution.

In the sixth chapter, the question of blood relatives' rights to genetic information is discussed. It is argued that practical considerations speak in favor of leaving the decision to inform relatives to the tested person, except perhaps in very rare circumstances.

In the seventh chapter, the question of the rights of third parties, primarily insurance companies, to genetic information is discussed. It is argued that considerations of justice and well-being speak in favor of some regulation of insurance companies' access to genetic information in conjunction with the protection and resurrection of social insurance systems. Thus, there are some values of and rights to genetic information, mainly based on considerations of autonomy, well-being, and justice. — Abstract from *Dissertation Abstracts International*, DAI-C 66/04 (Winter 2005): 728.

The Ohio State University

Heather L. Fry, *The Application of Virtue Ethics to the Practice of Counseling Psychology*. Don M. Dell, adviser. 2005.

The increasingly diverse populations served by psychologists have led to an increase in the importance of acknowledging cultural factors in both practice and research. The practice of virtue ethics encourages professionals to develop a conscious awareness of their morals from a multicultural perspective, and to strive to attain a worldview that does not perpetuate the beliefs and values of mainstream culture. Although scholars within the field acknowledge the complementary nature of virtue ethics to current ethical standards, the integration of virtue ethics into the training and practice of psychologists has produced more theoretical discussion than empirical research.

Accordingly, the purpose of the current study is to replicate the findings of Fry (2002) using a sample of licensed, practicing psychologists, and to examine the empirical relationship between the two constructs within virtue ethics that have been identified as the essential components for developing a psychology sensitive to cultural, racial, and social diversity and moral decision making. More specifically, the present study examines the likelihood that psychologists will actually demonstrate the virtues of benevolence and respectfulness in everyday behaviors and distinguishes such practitioners from those who may possess knowledge of such virtues but choose not to act on them.

A battery of tests consisting of four measurement scales and nine demographic questions was administered to one hundred ninety licensed, practicing psychologists from membership divisions 17 and 29 of The American Psychological Association. Benevolence, but not respectfulness, was found to be a significant positive predictor of greater sensitivity to multicultural issues among respondents. Unlike the previous empirical study by Fry (2002), no group differences were observed across gender, racial/ethnic identity, age, degree, or theoretical orientation of psychologists.

Several hypotheses are discussed that may explain the results of the present study. Implications of the results address the integration of virtue ethics into the training and practice of culturally competent counseling psychologists. Limitations of the present study and suggestions for future research in the area of virtue ethics are discussed. — Abstract from *Dissertation Abstracts International*, publ. no. AAT 3177182, DAI-B 66/06 (December 2005): 3406.

Michigan State University

Christy A. Rentmeester, *Jaded: Institutional Oppression and Moral Damage in Healthcare*. Hilde Lindemann, adviser. 2005.

This dissertation combines health-care ethics, meta-ethics, moral psychology, moral epistemology, and social and political philosophy with an emphasis on professionalism in health care. The author explores the question, When it is said that someone is “jaded,” what does this mean morally?

The author focuses in particular on how becoming jaded can affect health-care professionals, and argues that jading is a moral problem in the context of health care for two reasons. First, professionals who care for society’s most vulnerable members get morally damaged when they get jaded. Second, this moral damage can affect patient care and collegiality among professionals for two reasons: jaded professionals’ conceptions of what they are responsible for narrows, and jaded professionals narrow the scope of moral particulars of situations they see as reasons to act in the service of others.

The author characterizes *jading* as a concept that best describes a process of moral motivational erosion. She argues that an internalist, cognitivist theory of moral motivation best accommodates the idea that moral motivation is not an “all-or-none” phenomenon but one which admits of degrees, and also best accommodates the central role

moral perception plays in health-care professionals' abilities to be morally responsive to patients and colleagues.

The author then uses this theory to describe forms of moral damage (loss of self-respect, alienation, and callousness) that health-care professionals suffer when they work in conditions of institutional oppression. She suggests that resolving the problem of jading requires ameliorating conditions of oppression in health-care education and in the health-care workplace. — Abstract from *Dissertation Abstracts International*, publ. no. AAT 3171515, DAI-A 66/04 (October 2005): 1379.

Rice University

Andrea Nadine Frolic, *Matters of Principle: Agency, Practice and Identity in Clinical Bioethics*. 2005.

This project is an ethnographic investigation of the practices and professional identities of clinical bioethicists working in Canadian and American hospitals. Data collected over a three-year period (September 2000–February 2004) included observation of participants, interviews, and the author's own experience working as a clinical bioethicist. Specifically, the author queries the tropes conventionally used by clinical bioethicists to describe their emergent profession.

Chapter Two examines the trope of the ethics consultant as the paradigmatic moral agent in health-care institutions by conceptualizing clinical bioethics as a form of labor, and its practitioners as subjects situated in particular institutions, political economies, social norms, and culturally marked bodies. Chapter Three examines the trope of the clinical bioethicist as an "ethics facilitator" in the practice of ethics consultation through analysis of the emerging standards in ethics consultation, and the opening statements of actual consults.

Chapter Four queries the trope of the clinical bioethicist as "cultural broker" by examining the tension between pluralism and normativity in both the clinical bioethics literature and the discourse of ethics consulta-

tions. By documenting and analyzing the work of clinical bioethicists ethnographically, this project renders a phenomenology of this emergent profession, as well as a meditation on moral agency within institutional contexts. — Abstract from *Dissertation Abstracts International*, publ. no. AAT 3168085, DAI-A 66/03 (September 2005): 1056.

Sarah Lawrence College

Candice Shai Huffard, *Multifetal Pregnancy Reduction: Overview, Ethics and Reducing to a Singleton*. Caroline Lieber, adviser. 2005.

With the increase in reproductive technologies, there has also been an increase in multi-fetal pregnancies, particularly higher-order multi-fetal pregnancies. Higher-order pregnancies are associated with numerous neonatal and maternal pregnancy complications. Neonatal and maternal morbidity and mortality rates increase as the plurality of multi-fetal pregnancies increases.

To decrease these morbidity and mortality rates, a procedure termed multi-fetal pregnancy reduction (MFPR) was developed. MFPR is an invasive procedure that decreases the number of fetuses, giving the remaining fetuses the greatest chance of health and survival.

Most patients choose to reduce their multi-fetal pregnancies to twins; however, in the past few years, an increasing number of patients have elected to reduce to a singleton. This demand has caused further investigation to assess medical justification. In the end, MFPR to a singleton tends to produce an outcome similar to non-reduced singleton pregnancies, thereby possessing medical justification.

The real question for the patients and the physician operators becomes, Can reducing a multi-fetal pregnancy, particularly reducing to a singleton, be ethically justified? — Abstract from *Dissertation Abstracts International*, publ. no. AAT 1431145, MAI 43/06 (December 2005): 2209.

Swiss Federal Institute of Technology Zurich (Switzerland)

Bettina Charlotte Baumann, *Xenotransplantation: Prevention of Human Innate Immune Responses*. 2005.

Xenotransplantation is the transplantation of cells, tissues, and organs between members of different species. It has the potential to overcome the increasing gap between available and required donor organs in transplantation medicine.

For several reasons, the pig is viewed as a suitable organ donor candidate for xenotransplantation. However, porcine vascularized organs transplanted into humans are hyperacutely rejected due to xenoreactive natural anti-porcine antibodies (NAb) in the recipient's blood. These NAb are predominantly directed against galactose- α -1,3-galactose (Gal), an epitope expressed on most porcine cells, including the endothelium.

The aims of this thesis were (1) to examine the characteristics of human anti-porcine NAb with special focus on the binding of non-Gal anti-porcine NAb to Gal-deficient pEC [porcine endothelial cells]; (2) to evaluate whether the lack of Gal protects pEC from NAb/complement-induced lysis, NAb-dependent ADCC [antibody-dependent cellular cytotoxicity], direct xenogeneic NK [natural killer] cytotoxicity, and adhesion of human leukocyte subpopulations; and (3) to analyze whether the expression of the [major histocompatibility complex] class I molecule HLA-E on the surface of porcine cells protects against direct xenogeneic NK cytotoxicity.

The results demonstrate that the absence of Gal on pEC leads to a substantial reduction of NAb binding, complement lysis, and ADCC in vitro and, thus, seems to correlate with the notion that hyperacute NAb-mediated xenograft rejection in pig-to-nonhuman primate xenotransplantation is overcome. Nevertheless, the present data also indicate that non-Gal anti-porcine NAb represent a potential immunologic hurdle for clinical xenotransplantation, at least for a subgroup

of prospective human recipients. Furthermore, the lack of Gal did not resolve adhesion of human leukocyte subsets and direct xenogeneic NK cytotoxicity, indicating that Gal is not a dominant target molecule for human NK cells.

Finally, the expression of HLA-E on porcine cells partially protected them from lysis mediated by polyclonal NK populations. However, the capability of different porcine cell types to express HLA-E on the cell surface and, consequently, the protective potential differed considerably depending on the nature and availability of the peptides that form a trimeric complex together with HLA-E and b₂-microglobulin. — Abstract from *Dissertation Abstracts International*, DAIC 66/04 (Winter 2005): 793.

University of Calgary (Canada)

Marin Gillis, *The Human Stem Cell Debate and the Commodification of Women: Ethical Considerations*. 2005.

The author's aim is to demonstrate how stem cell research and therapy may morally harm women. She argues that the harm is the potential exploitation of women and the products of their reproductive labor, i.e., human embryos and fetal tissue, through the unfair commodification of women's bodily tissues and reproductive capacities.

The author proposes that the best way to disclose the specific harms to women in the stem cell controversy is to look at the relationship between the stem cell debate and the abortion debate. There are parallels between the ethics of abortion and stem cell research. She argues that there is one tempting way to maintain the parallels, which does not foster the proper moral consideration of women in either the abortion debate or the stem cell debate. However, she maintains that if we understand the abortion debate from women's perspective, we will be able to see the appropriate relationship between the abortion and

stem cell debates. Further, unless we understand the abortion debate from women's perspective, not only will we miss important elements of the abortion debate, we will not have a good understanding of why it is that stem cell research and therapy pose specific moral harms to women. — Abstract from *Dissertation Abstracts International*, publ. no. AAT NR03863, DAI-A 66/06 (December 2005): 2245.

The University of Iowa

Mary Nona Pugh, *The Neglected Dimension of Love: Sacrificial Love and Its Role in Christian Ethics*. Diana Fritz Cates, adviser. 2005.

The topic of sacrificial love is out of vogue in academic Christian ethics. Once considered the very essence of Christian love, scholars of Christian ethics who have focused on the ethics of love have turned their attention away from the dimension of self-sacrifice and toward mutuality as the central and defining dimension of neighbor-love. This shift occurred when feminist ethicists criticized earlier articulations of the meaning of Christian love. This shift began in the mid-twentieth century; it came to a head, and shortly thereafter the debate lost steam without reaching adequate resolution.

Because scholars of major traditions ought to pay attention to tradition-defining debates and the ways such debates subtly yet definitively re-shape the tradition, this paper seeks to show that such a shift occurred, and argues for the value of reinvigorating the debate about the role of sacrificial love in Christian love ethics.

After attending to a few defining voices in the debate, the author seeks to defend a conception of sacrificial love as one of several integral dimensions of the virtue of neighbor-love. She argues that the virtue of sacrificial love is best understood as a stable disposition to desire and to seek the good of others for their own sakes, even when doing so carries

the risk or the likely consequence of significant loss or harm to the lover. As one element of the virtue of neighbor-love, sacrificial love becomes more specifically a disposition to be discerning and deliberate in the exercise of costly benevolence and beneficence.

The author further seeks to demonstrate the compatibility of the proposed virtue of sacrificial love with a biblical foundation in the writings of the Apostle Paul, who recognized that those who follow Christ had to both live "in Christ" and in a world that was often morally ambiguous. Paul's writings are compatible with a virtue-based construction of an ethic of sacrificial love that addresses feminist concerns about the collusion between patriarchy and Christian love ethics. — Abstract from *Dissertation Abstracts International*, publ. no. AAT 3172429, DAI-A 66/04 (October 2005): 1384.

University of Maryland, College Park

Nancy Stowe Kader, *Justifying Bioethical Case Decisions: Reflective Equilibrium and Mid-level Moral Principles*. Judith Lichtenberg, adviser. 2005.

Bioethics is a practical enterprise intended to produce morally acceptable solutions to clinical case problems. Although answers can be derived from deductivist or principle-driven methods of deliberation, these solutions may be too abstract to be accepted as appropriate to the circumstances, clinically effective, or suitable to those stakeholders affected by the decision. Furthermore, it has proved difficult to identify the best moral principle to apply to each case, because of the variation in detail and nuance impacting each situation.

In this dissertation, the author exemplifies the difficulty in practical bioethics deliberations by presenting in detail the activities of a practicing ethics committee, working at the clinical level of private medical practice in the field of assisted reproductive medicine. In descriptions of over forty cases, she shows

the difficulty this committee faced in solving routine cases and even more when attempting to solve the novel cases that arise with some frequency in this unique field.

This research leads her to recommend a more procedural approach, based on the process of reflective equilibrium described by John Rawls, but supplemented by the contractualist version put forth by T. M. Scanlon. In this deliberative process, a wide variety of factors are considered: moral theory, particular details, paradigm cases, information from policy boards or professional organizations, diverse points of view, and public input. From this style of reasoning, useful mid-level principles can emerge, providing justification for bioethical solutions and encouraging consensus, which can also play a legitimizing role in decision making.

The author concludes that this inclusive kind of deliberation is more likely to occur at the level of the professional organization or the national commission, where broad diversity in participation and information, as well as public input, can take place. Decisions or principles achieved from this wider level of discourse will be more legitimate and can then be used to guide ethics committee members functioning at the private level. — Abstract from *Dissertation Abstracts International*, publ. no. AAT 3178601, DAI-A 66/06 (December 2005): 2247.

developmental model; and one of care, based on Carol Gilligan's work. Today's health-care arena provides an even more complex environment, as nurses utilize highly evolved technology and advanced practice skills. This environment is rich with ethical issues for the nurse.

An area of nursing practice that has received little research attention is that of the nurse practitioner (NP) in the primary care setting. A qualitative, hermeneutic research design was used to understand and interpret the lived experiences of forty-five NPs in primary care. This study examined the dilemma themes described by NPs in their day-to-day practice, and found nine emerging themes. Lyons' (1982) coding manual was used to determine the frameworks of moral reasoning evident in structuring these dilemmas.

NPs used an ethic of care nearly 50 percent of the time as they resolved and evaluated the dilemmas. A framework of justice and a combination of both frameworks were also used. The NPs described a variety of contextual factors that provided a rich set of considerations within the dilemma description. These findings offer insight into the role of the advanced practice nurse, ethics education, and considerations for future nursing research. — Abstract from *Dissertation Abstracts International*, publ. no. AAT 3180019, DAI-B 66/06 (December 2005): 3061.

University of Minnesota

Teresa Harr Rittenbach, *A Framework of Moral Reasoning for Nurse Practitioners*. Darrell R. Lewis, adviser. 2005.

The moral reasoning of nurses has been of interest to many nursing authors. For the past two decades, this topic has been studied with an emphasis on the ethical framework evident as nurses deal with real-life dilemmas. Numerous nursing authors support the position that nurses use two frameworks of moral reasoning—one of justice and rights, based on Lawrence Kohlberg's cognitive-

University of San Diego

Marilyn Theresa MacDonald, *Reconciling Temporalities: A Substantive Explanation of the Origins of Difficulty in the Nurse-Patient Encounter*. Diane Hatton, adviser. 2005.

Nurses describe patients as difficult on a regular basis. Nursing research to date has assumed the existence of this phenomenon. Most studies have listed descriptors of the difficult patient and offered interventions for nurses to use to alter patient behavior. Locat-

ing of difficulty within the individual and failing to consider the context of the nurse–patient encounter is problematic.

The practice of locating difficulty in the individual absolves organizations and society of responsibility to work to change factors that contribute to the construction of difficulty. The purpose of this research was to move beyond a focus on the patient as difficult to examine the context of the nurse–patient encounter, and generate a substantive explanation of the origins of difficulty in the encounter.

The grounded theory method was used from a constructivist approach. Data sources included (a) one hundred twenty hours of participant observation on a family medicine unit in a hospital in Atlantic Canada; (b) twelve formal interviews with former unit patients; and (c) ten formal interviews with unit nursing staff, and numerous informal interviews with nursing staff during participant observation.

Reconciling temporalities was the core category that emerged in this study and was the main concern for both nursing staff and patients. The degree of reconciliation required determined the degree of difficulty in the nurse–patient encounter. Knowing the patient minimized difficulty in the nurse–patient encounter. Reconciliation of time was inherent in getting to know the patient. When nurses did not have the time, and patients did not feel that care has been delivered in a timely manner, the result was temporal incongruency. The greater the disparity between the time needed and the time available, the greater the need for reconciliation in the encounter.

The factors that contributed to temporal incongruencies, and necessitated reconciliation were families, availability of supplies and equipment, who is working, and care space changes. Contextual conditions that influenced the process of reconciliation were unit reputation and labor market structure changes. The strategies that nurses used to reconcile temporalities were controlling, working together, managing families, and employing geographies of place/bodies. The context of the delivery of nursing care is an important nursing research frontier. — Abstract from *Dissertation Abstracts International*, publ. no. AAT 3169430, DAI-B 66/03 (September 2005): 1397.

The University of Texas School of Public Health

Anthony David Bristol, *Everyone Is. Should Healthcare? Outsourcing: Issues in Strategic Planning, Organizational Culture, And Organizational Ethics*. Elizabeth Heitman, adviser. 2005.

Expenditures for personal health services in the United States have doubled over the last decade. They continue to outpace the growth rate of the gross national product. Costs for medical care have steadily increased at an annual rate well above the rate of inflation and have gradually outstripped payers' ability to meet their premiums. This limitation of resources justifies the ongoing health-care reform strategies to maximize utilization and minimize costs.

The majority of the cost-containment effort has focused on hospitals, as they account for about 40 percent of total health expenditures. Although good patient outcomes have long been identified as health care's central concern, continuing cost pressures from both regulatory reforms and the restructuring of health-care financing have recently made improving fiscal performance an essential goal for health-care organizations.

The search for financial performance, quality improvement, and fiscal accountability has led to outsourcing, which is the hiring of a third party to perform a task previously and traditionally done in-house. The incomparable nature and overwhelming dissimilarities between health and other commodities raise numerous administrative, organizational, policy, and ethical issues for administrators who contemplate outsourcing.

This evaluation of the outsourcing phenomenon, how it has developed and is currently practiced in health care, explores the reasons that health-care organizations gravitate toward outsourcing as a strategic management tool to cut costs in an environment of continuing escalating spending.

This dissertation reports four major findings. First, it suggests that U.S. hospitals in FY2000 spent an estimated \$61 billion in

outsourcing. Second, it finds that the proportion of health-care outsourcing highly correlates with several types of hospital controlling authorities and specialties. Third, it argues that health-care outsourcing has implications in strategic organizational issues, professionalism, and organizational ethics that warrant further public policy discussions before expanding its limited use beyond hospital "hotel functions" and back office business processes. Finally, it devises an outsourcing suitability scale that organizations can utilize to ensure the most strategic option for outsourcing, and concludes with some public policy implications and recommendations for its limited use. — Abstract from *Dissertation Abstracts International*, publ. no. AAT 3181560, DAI-B 66/07 (January 2006): 3622.

University of Toronto (Canada)

Lawrence Burns, *The Ethics of Corporeality: A Study of the Phenomenological and Pragmatic Significance of the Human Body*. 2005.

This dissertation originates in the author's conviction that philosophy has not sufficiently grasped the ethical significance of the human body. Building on the work of Emmanuel Levinas, the author shows that ethical responsibility consists in my unique, nontransferable obligation to justify myself to the other, who confronts me with her suffering and demands justice. In other words, ethical responsibility requires that I be regarded as a singularity who is uniquely capable of repairing the problematic norms of interaction that have caused the other to suffer.

The author's elucidation of the ethical significance of the body and of singularity is original in that he combines a phenomenological and a pragmatic orientation to human subjectivity. Furthermore, he provides a fresh perspective on bioethical problems such as autonomy, beneficence, and the genetic basis of human identity. From a phenomenological

standpoint, the author focuses on the intentionality of the lived body as developed by Edmund Husserl and Maurice Merleau-Ponty. However, while it is constitutive of one element of the subject's singularity, the concept of intentionality cannot serve as the foundation for the particular pragmatic relation that generates ethical responsibility. Thus, the author extends Levinas' view of enjoyment, suffering, and communication to show that ethics is a pragmatic relation of justification between embodied human subjects.

Pragmatics is the study of how language users orient themselves to one another in a concrete context of interaction. The author examines the philosophical development of pragmatics in linguistics, in the pragmatism of C. S. Peirce and G. H. Mead, and in Jürgen Habermas' discourse ethics, and develops a Levinasian pragmatics that shares Peirce's pragmatist conception that reflection responds to concrete problems affecting particular communities.

According to the author's pragmatic phenomenology, being a witness to the breakdown of interaction (i.e., a problem) imposes on the subject the singular responsibility to repair the norms of interaction that caused the problem. However, the experience of my unique obligation does not preclude the need for consensus or the development of universal rules. Indeed, it may demand such things. Nonetheless, the cooperative search for universal rules begins with the recognition that the rule that will repair the other's suffering is yet to be constructed and that I must seek to do so for the sake of the other. — Abstract from *Dissertation Abstracts International*, publ. no. AAT NR02871, DAI-A 66/06 (December 2005): 2242.

Alison K. Thompson, *A Case Study of the Canadian Public Consultation on Xenotransplantation*. 2005.

This thesis is a case study of the Health Canada-commissioned public consultation on xenotransplantation that took place from August 2000 to February 2002. Health Canada funded the Canadian Public Health Association to form a public advisory group,

which was commissioned to consult with Canadians about whether Health Canada should proceed with clinical trials of xenotransplantation. This public consultation was the first government-commissioned consultation that used a deliberative method of public consultation. Using two different models of the public understanding of science as the underlying theory, this case study examines how the public advisory group's epistemological commitments framed their understandings of what they were doing when they were consulting the public.

The major finding of the study is that in addition to two models of the public understanding of science, there were also two different and incompatible conceptualizations of public consultation at work in this case. These were a scientific conceptualization and a deliberative conceptualization of public consultation. This led to inconsistencies between the stated aims of the public consultation and how these aims were carried out by the public advisory group. Moreover, the author found that there were important normative implications for public consultation stemming from these different conceptualizations of public consultation.

This study is located in the emerging field of critical bioethics, in which social science research is thought to contribute something that is lacking in purely philosophical approaches to ethics. Thus, this research makes an important contribution to critical bioethics by showing that an empirical case study method can be used to identify normative issues in public consultation. — Abstract from *Dissertation Abstracts International*, publ. no. AAT NR02883, DAI-B 66/06 (December 2005): 3094.

Uppsala University (Sweden)

Kersti Malmsten, *Reflective Assent in Basic Care: A Study in Nursing Ethics*. 1999.

This study discusses nursing ethics in relation to basic care. The practice of basic care and related knowledge are often understood

as tacit knowledge, a kind of familiarity-knowledge that often has been neglected by philosophical scrutiny.

The main aim of the study is to present an alternative approach to principle-based ethics that dominate textbooks in medical and nursing ethics. It is suggested that nurses' unique experiences of basic care contain cognitive significance. Bodily knowledge and consent-giving play a central role in this study. It recognizes autonomy as a fragile ability of patients in intimate situations, defined by Josalyn Lawler.

Central concepts in the study are the principle of informed consent and the reconstructed principle of reflective assent. The alternative approach to nursing ethics that is presented in this study examines communicative ethics, feminist ethics, and virtue ethics. The evaluation of the discourse ethics of Jürgen Habermas has resulted in a further development from ideal speech-acts to include bodily communication. The feminist contribution is new insights of how oppressive structures work on practices of basic care. A feminine approach to ethics, as presented by Nel Noddings, is rejected as too powerless to advance the autonomous status of nursing ethics. A post-structural approach of Marie Fortune is presented as a better alternative. A neo-Aristotelian approach to virtue ethics is used to explore which character traits nurses need to develop in practice to be able to empower patients and themselves.

From the philosophical framework set by Charles Taylor, in dialogue with such other philosophers as Martin Heidegger, Emmanuel Levinas, Knud Ejler Løgstrup, Alasdair MacIntyre, and Donald Schön, six nursing values are affirmed as irreducibly social values. These are induced from the practice of basic care as being particularly essential in this thesis. Additionally, six virtues are connected to these values: embodiment-sensuality, reciprocity-loyalty, interdependent autonomy-openness, consolation-courage, maintaining human dignity-fairness, and empowerment-solidarity. — Abstract from Uppsala University Theses, DiVA no. 320, <http://publications.uu.se/theses/>.