

argued. Anthony McCarthy's "Marriage and Meaning" is perhaps the premier example of this. The most intriguing of the contributions is Alexander Pruss's "From Love to Union as One Body." Most of his essay provides a thoughtful and nuanced reflection on the nature of the varieties of human love, although in the end his argument collapses into a surprisingly physicalist account of the "real union" of married love. Luke Gormally in "Marriage and the Common Good," Kevin O'Reilly in "*Humanae Vitae* and Chastity," and John Berry in "Contraception, Moral Virtue, and Technology" take up the important question of the virtue and practice of chastity within marriage. Berry mounts the most extensive argument in this regard, especially in his engagement with philosophically grounded concerns about technology. In the end, however, none of the essays provide a thorough account of the virtue of chastity. The final three essays—Mary Geach's "Motherhood, IVF [In Vitro Fertilization], and Sexual Ethics," Kevin L. Flannery's "In This Regard, the Teaching of the Magisterium Is Already Explicit": *On Dignitatis Personae* §12," and Helen Watt's "Ethical Reproductive Technologies: Misplaced Hopes?"—reiterate and develop magisterial arguments against IVF and GIFT (Gamete Intra-Fallopian Transfer) in particular.

Overall, the book reflects a strong commitment to magisterial teaching. Those looking to bring this teaching into conversation with careful, nuanced, historically contextualized analyses of theoretically and pastorally pressing issues in sexual ethics and bioethics will need, however, to look elsewhere.

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TOO EXPENSIVE TO TREAT?: FINITUDE, TRAGEDY, AND THE NEONATAL ICU. By Charles C. Camosy. Grand Rapids, MI: Eerdmans, 2010. Pp. x + 221. \$18.

Occasionally the title of a book gives one pause; this title, which suggests that treating the most vulnerable neonates might demand limits, represents one such case. Rarely has a book posed a more direct and necessary challenge to the assumptions that shape care of imperiled neonates in the United States. Camosy does this in a skillful and profound way. Indeed, while using the neonatal intensive care unit (NICU) as a test, he intends a broader critique of the patterns of treatment and rationing that we take for granted. In the process, he uses Catholic social teaching (CST) in a creative manner, highlighting its potential for shaping a needed discourse.

The book moves in several stages as C. threads his way through controversies. He first challenges those who, like Peter Singer, refuse to accord "the same moral status" to imperiled neonates that he accords to "most other human beings" (16). In a respectful dialogue, C. refines the "argument

from potential,” taking his interlocutors seriously but holding fast to the moral status of the neonate as a human person; this alone makes the book worthwhile. Next he takes up the challenge from those who reject any social quality-of-life dimension to decisions about NICU treatment. In dialogue with Richard McCormick and John Paris, he notes the inconsistencies in their argument as they seek to avoid any slippery slope that sacrifices the moral status of the neonate for the “social good.” C. uses CST both to affirm “a right to a proportionate amount of the community’s resources” by all persons, including the disabled, but also “a duty to refrain from using a disproportionate amount” (92). “Human dignity does not and cannot exist apart from social relationship” (101), an anthropological theme woven throughout the book.

This same balance shapes C.’s response to those who, like Richard Sparks, allow for social quality of life concerns but as “factors that apply only to the narrowly considered best interests of the newborn and not to the broader ground” (102). This position forgets the extraordinary cost of such care, especially within the US health care system that exercises triage by stealth, as in many Medicaid programs. In response, C. affirms the need to balance the rights to care of every person with the duties inherent in our social status within the community—yes, even the duties of a newborn.

With that in place C. turns to the culture of the NICU; here his work at the Medical College of Wisconsin and at NICUs in the Netherlands serves him well. He sketches the intersection of the desires of parents that everything be done, the “institutionalization of NICU treatment” (158), the prestige and ego factor present at times, the misunderstanding of law (notably with respect to the Baby Doe Law), and the rise of the NICU as a profit center in many facilities. The combination of such factors creates the conditions for a culture of overtreatment, often to the detriment of the child under care, as well as a diversion of resources toward the NICU to the relative disadvantage of other aspects of care.

Using the Oregon model as a template, C. links CST and models of good clinical care to craft a triage system for assessing how aggressively to treat these newborns. He suggests creating an algorithm including “survivability and length of life predictors” and “short- and long-term costs of treatment,” highlighting the many variables at play. He advocates seeking “‘maximum medical benefit’ (relative to total health-care resources available, of course) that is justly available to a person from the community over the course of her lifetime” (198). While focusing on Medicaid, which impacts the poor most directly, he notes that a deliberate discourse on rationing and allocation begun in this area might lead to greater rationality in the entire system.

In sum, on a number of levels this book not only raises fundamental questions regarding NICU care but also opens up an important critical discussion of the nature of contemporary discussions on health care allocation

in the United States. C. skillfully uses CST, demonstrating its potential as a resource, holding together both the inherent value of the individual and the universal destination of all goods including health care. Written with care and with a consistent concern lest the book claim too much, this text will provide an excellent resource to those interested in health care, social policy, and the possible role for religious language in public discourse. It will trouble readers by clearly confronting them with the challenges we face, especially as it focuses on such a vulnerable group, but it provides honesty and wisdom about the social and religious debate we need now more than ever.

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NO CLOSURE: CATHOLIC PRACTICE AND BOSTON'S PARISH SHUTDOWNS. By John C. Seitz. Cambridge, MA: Harvard University, 2011. Pp. 314. \$39.95.

Since closing a fifth of its parishes in one stroke in 2004, the Archdiocese of Boston has become an infamous negative example of church "reconfiguration." Seven years later, five "closed" churches remain occupied by an indefatigable core of loyalists in defiance of archdiocesan plans. Over these years, the "vigilers" have pursued every possible civil and canonical avenue to reverse the closures. Meanwhile, their creative "braiding" of Catholic heritage, pre- and postconciliar theological and liturgical perspectives, local and family history, and their own experience as unauthorized custodians has continued unabated—an ongoing attempt to construct coherent personal and group stories of their struggle. *No Closure* is Seitz's apt title for his ethnography of these resisters.

The book is the fruit of over six years of S.'s close contact with vigil participants, including more than two years of personal involvement in occupations at several churches. Such extensive fieldwork enables S. to analyze not only momentary observations of particular words and actions but also ongoing developments in vigilers' motives and self-understanding. To this impressive database, S. adds extensive research into the social and religious history of Boston, developments in ecclesiology, liturgy, and church politics over much of the 20th century, as well as recent work in sociology and anthropology. If at times the reader is overwhelmed with the level of detail and particularly the number of different analytical tools and hypotheses referenced, this is primarily due to the complexity of the phenomenon that S. has chosen to study and its broader setting. It is this complexity itself that he so admirably uncovers for his readers, while detailing its most salient characteristics.

After briefly recounting the events and immediate context of the shut-downs and resistance, S. uses his experience of the vigils (three in particular) and the people who have conducted them to open discussion of two main