

discipline of economics, should be subordinate to theological concerns” (26) may raise questions for some. Yet, here B. rightly seeks to challenge the common view that economic life is value free or value neutral in moral terms. Others may pose questions about the metaphysical positions of Deleuze that appear to conceive of “being as desire” (42). B. acknowledges that many in the modern West would struggle with Deleuze’s perspective that “reality is constituted by desire” rather than “being” (42). B. does, however, offer a critique of “failed” understandings of Christianity by Deleuze and Foucault. Other readers might also raise questions about Deleuze’s well-known Marxist materialist metaphysical views (44). In places, the more technical philosophical treatment of the work of Deleuze and Foucault makes for dense reading. Yet, careful readers will discover that their efforts are well repaid.

This well-written and carefully argued work should be welcomed by all who are interested in the complex moral questions about economic life in our time. B.’s engaging theological and moral analysis also presents a wise and inspiring spiritual vision. The divine economy and B.’s focus on “what God is doing here and now to heal desire” (210) along with fostering Christian works of mercy, simplicity, solidarity, and the reordering of life “in accord with the common good and the universal destination of material goods” (211) point to a way forward in these challenging times.

Fairfield University, CT

FRANCIS T. HANNAFEY, S.J.

HIPPOCRATIC, RELIGIOUS, AND SECULAR MEDICAL ETHICS: THE POINTS OF CONFLICT. By Robert M. Veatch. Washington: Georgetown University, 2012. Pp. xiii + 242. \$29.95.

Veatch successfully provides a critical reading of the Hippocratic Oath in medical ethics. His volume, however, is more ambitious. Developing his 2008 Gifford Lectures on the ethics of medicine, he explores the relationship of professional medical ethics to the religious and secular sources of ethical reasoning and praxis.

On the one hand, V. challenges medical ethics by stressing the incompatibility of the Hippocratic approach with today’s medical practice and ethics. The Hippocratic Oath was the expression of a very particular philosophical group (Pythagorean-like); it resembles an initiation rite; it is highly paternalistic and individualistic; and it ignores the contributions of religious and secular ethics in articulating rights, duties, and norms. Hence, it should not be considered the foundation of medical ethics (chap. 1). V.’s historical study (chap. 2) is quite selective and interesting—despite not referring to Albert Jonsen’s insightful *Short History of Medical Ethics* [2000]—and it stresses the weak presence of the Oath throughout the centuries. Moreover,

V. emphasizes how the Oath's reemergence in the 19th-century American professional codes coincides with the loss of the humanist critical perspective.

On the other hand, V. is critical of professional ethical codes in medicine on two grounds: first, the sources of ethical norms are outside the profession (88) and are expressed and articulated within religious and secular traditions; second, professional medical codes are written without the patients' involvement, betray corporative interests and narrow ethical perspectives, and are not helpful in addressing complex issues that concern physicians—as in the case of nutrition and hydration, capital punishment, and surrogate motherhood (chaps. 3–5). V. argues for a more inclusive normative approach. This is exemplified, first, by the 1997 European Convention for Human Rights and Biomedicine proposed by the Council of Europe and currently signed, ratified, and implemented by 29 European countries; second, by UNESCO's 2005 Universal Declaration on Bioethics and Human Rights (chap. 7).

For V., a professional organization is charged only with certifying professional competency and not with articulating its ethical standards. "Society" should determine these standards (96). Hence V. discusses the contributions of religious and secular sources in shaping medical ethics (chaps. 5–7). In doing this, he fulfills the mandate of the Gifford lectures, which were established by Lord Adam Gifford to promote the study of natural theology, the knowledge of God in light of human reasoning. V., however, follows the footsteps of Karl Barth and Stanley Hauerwas, who preceded him in delivering the Gifford Lectures, by sharing their critical stance toward natural theology.

V.'s critique rests on two problematics. First, he finds religious beliefs ethically problematic because they require obedience to religious authorities such as the Bible, a religious hierarchy, or influential theologians. Second, for him religious beliefs shape only ethics that are confessional and superimposed on ethical reasoning. Both problematics negatively affect the ethos and practice of medicine.

While V. stresses the importance of "society," he does not clearly define it; nor does he acknowledge that religious traditions are integral to the social fabric. Indeed, he attributes a sectarian role to religion. Had he been more positive, he could have offered a more articulated, inclusive, and accurate social picture. For example, consider four American authors addressing issues in medical ethics: a Protestant scholar who creatively reads the Bible (Allen Verhey); a feminist Catholic theologian who expands natural law reasoning by promoting participation, justice, and change (Lisa Sowle Cahill); another Catholic theologian who integrates the contributions of virtue ethics (James F. Keenan); and a Jewish ethicist who constructively compares and contrasts Jewish and Catholic ethics (Aaron Mackler). Eventually, their ethical proposals work as ethical

“platforms” that are not exclusively religious and that can be shared beyond religious membership.

Being both a physician and a Roman Catholic theological ethicist, I find V.’s rendering of the role of religious beliefs in medical ethics quite puzzling. He argues that religion should not contribute to contemporary medical ethics; accordingly he does not mention conscience or moral discernment, two key foundations of medical ethics with distinctive religious roots. Nor does he mention casuistry, a method by which medical ethicists have often made judgments; casuistry also has religious roots in Judaism, Islam, and Christianity. Yet these are methods frequently used to arrive at moral decisions. Consideration of them could have helped V. achieve his goal of articulating a “common morality” and identifying grounds for ethical “convergence” within pluralistic societies (chaps. 6–7).

Boston College School of Theology and Ministry

ANDREA VICINI, S.J.

AN ARGUMENT FOR SAME-SEX MARRIAGE: RELIGIOUS FREEDOM, SEXUAL FREEDOM, AND PUBLIC EXPRESSIONS OF CIVIC INEQUALITY. By Emily R. Gill. Religion and Politics Series. Washington: Georgetown, 2012. Pp x + 276. \$29.95.

Political science professor Emily Gill raises important questions for Catholics who struggle with the question of how to respond to the growing movement to legalize same-sex marriage. The book could not be more timely, as the US Supreme Court decisions in June to overturn the Defense of Marriage Act and to decline to interfere with California’s same-sex marriage laws have opened the door for greater public recognition of same-sex couples. Comments by Pope Francis in an interview with reporters in July also raise questions about how central the fight against same-sex marriage will be in his papacy. In this context, many Catholics will want to consider carefully G.’s claim that treating citizens equally means granting access to civil marriage to all couples, regardless of gender or sexual orientation.

Catholic arguments against same-sex marriage are best summarized in the 2003 document of the Congregation for the Doctrine of the Faith, Considerations regarding Proposals to Give Legal Recognition to Unions between Homosexual Persons, signed by Cardinal Joseph Ratzinger: (a) The church’s teaching about marriage is “evident to right reason” (2). (b) “Homosexual unions” are not “in any way similar or even remotely analogous” to heterosexual marriage” (4). (c) The redefinition of marriage would harm the common good and is not justified on grounds of nondiscrimination or autonomy (8). (d) Same-sex unions are not of interest to the state because they do not “ensure the succession of generations” (9).