I totally agree with de Vries that a fundamental moral problem exists in society—‘what is good and who determines it?’ Of course this problem has always been present in society. However, what makes it of particular concern for the future of our civilization and for medicine are some of the factors cited by de Vries: rapid change in society, the threat of atomic war, introduction of genetic and psychotropic products, and conflict between social and individual goods. Many other factors could be cited as well. In face of this crisis in moral values, de Vries is most concerned about mechanistic determinism embodied in reductionist accounts of ethics: that it is determined by the ‘needs’ of genes, for example.

De Vries is also correct in his assessment that medicine will not accept such a reductionist account. It thereby has something to contribute to the discussion of moral values for the future. This assumption resonates with work I have done independently and with E. D. Pellegrino. I can therefore concur.

However, two assumptions made by de Vries require further analysis, for they themselves appear to be over-simplified accounts of a highly complex issue. First, his assumption that a specific group colors judgments about moral problems, while certainly accurate, diminishes the intended moral force of his concrete resolutions to ethical problems in medicine, such as abortion, euthanasia and truth-telling. Second, his proposed platform for a medical ethics of the future, ‘unconditional truthful communications and responsibility’, leads to a stress on personal autonomy in resolving ethical issues. This stress, to be encouraged in reaction to undue paternalism in the doctor-patient relation, may also slip into relativism. De Vries seems to hold that patients would determine the moral outcome of medical events, after being advised of their responsibility by physicians. I would hold that this view neglects some moral requirements of the profession of medicine. Further, an undue emphasis on autonomy may actually misdiagnose the locus of ‘an ethic’ for technological societies.

Rather than critique the specific resolutions he proposes, therefore, I will concentrate on his two assumptions. Space precludes lengthy analysis. My comments can only be suggestive.

1. THE RELATIVISM OF THE GROUP

Two sources for de Vries’ moral persuasion may be identified; his profession
and his Israeli heritage of humanism. Only the first is emphasized. He is cautious about extrapolating from the experience of these groups because of the nature/nurture problem. However, later in the article, he does suggest that the moral principles of responsibility found in the tradition of both social units would make an excellent source for broader cultural applications of accountability. Are we to assume that professional and religious norms are relative to a social unit's experience? Or are we to assume that such experience contains common moral principles capable of asymptotic extrapolation to society as a whole?

I suggest that the latter assumption is more correct than the former. It also seems to be the direction of de Vries' own thinking. In fact, I would hold that certain axioms obtain in the professional relation of medicine, such that to violate these is to violate the aims of that relation. These axioms, such as non-harm and truth-telling, can be extrapolated to all human relations. However, their interpretation, their hermeneutic, depends on either the professional, or when socially applied, more complex social context. 6

Thus, the heritage of moral nurture in groups combines relative interpretations of axioms with more general but less action-guiding moral principles. 7 In this way, commonalities of experience with resolution of ethical dilemmas can enrich the fabric of society weaved from interrelated social and professional groups.

2. AUTONOMY AND TECHNOLOGY

While de Vries recognizes the enormous ethical problems of our rapidly changing society, I think he misses the real locus of our moral dilemma. It is this. Our technological society is now composed of vast, interlocking technological systems. At least two consequences occur. No change can take place in one system (e.g., petroleum) without affecting others (e.g., roads, automobiles, defense, clothing, farming, etc.). Thus new techniques rapidly suggest themselves (technofix) to technical problems, but their effects on other systems are rarely anticipated. Each of these effects creates ethical issues. Because of exponentially rapid changes, the new ethical issues sprout equally exponentially. The second consequence is more germane to his thesis. As these interlocking systems expand they increase our dependency on them for survival. Thus our ultimate moral dilemma is different than in the age of rationalism with its emphasis on autonomy. Instead of moral responsibility for our freedom, our problem is gaining control over technological systems upon which we depend. 8

Consequently I would suggest that 'what is good' is whatever enhances our common ability to direct our technology to human aims, 9 and 'who should decide' should be social groups who can bring their moral heritage to bear on