Ken A. Bryson, *A Systems Analysis of Medicine (SAM): Healing Medicine*, ibidem Press, 2019, Paperback, 256 pp., €29.90, ISBN 9783838212678.

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Ken A. Bryson from the outset delineates the position he wants to pursue in this book. This position is a lucid one: codifying empirical facts in the laboratory and directly applying the findings to the concept of the self as insufficient, albeit necessary. The description to codify humans solely in terms of atomic particles leaves gap in our understanding of what it is to be human in our world. He does accentuate the importance of empirical facts in disentangling the question of what it is to be a sick person in the medical healthcare ecosystem. He includes the significant dimensions of epistemology, metaphysics, and medical ethics that is often overlooked in evidence-based medicine, but which, as Bryson shows, play a central role. Over the course of five chapters, this thoughtful book provides perspectives that philosophers, medical practitioners, and policymakers cannot ignore. Bryson addresses the myriads of philosophical questions raised by modern medicine and tackles the conceptual and metaphysical questions germane to medicine and society: how do we grasp the diverse values evident in medicine? What role does the cultural dimension play in medicine? How do we interpret and apply ethical frameworks in medicine? One of the principal questions examined in this work involves the relationship between the concept of disease and the social self. The goal, according to Bryson, is to shift the conversation beyond the study of disease to a dialogue with sick patients; he maintains this position when he says that the patient is much more than the disease one suffers from.

Bryson endeavors to answer the societal questions raised by medicine by providing a spiritual dimension to medicine. The STS (Science, Technology & Society) toolbox framework he develops entails spiritual- and ethical-centred medicine. This holistic dimension requires us to think beyond carbon atoms: "The distinction between the mind and

brain is critical to understanding why a person is sacred, and therefore why medicine is sacred science."[1] He has a point that applying empirical evidence without conceptually analyzing it precludes the elements central to the whole understanding of the evidence. Bryson's goal is to avoid the simplistic elucidation of the concept of the self. If some of our values are driven by culture, it is valid to address the friction between cultural dimensions and medical practice. However, it is only when we bring together diverse values in treatment that we avoid ethical relativism. Simultaneously, Bryson argues that "spirituality, … is a search for ultimate meaning."[2] This is relevant to the controversies surrounding ethical decisions, i.e., regarding which ethical approach should be applied when the patients' values clash with their doctor's values. For Bryson, doctors and patients should not be pushed to decide between their core values and the observance of positive laws. Recourse to address these conflicting values is in the domain of deontological ethics: "The doctor has a right and perhaps the legal obligation to make his/her views known on abortion, euthanasia, assisted suicide. Some doctors, for instance, do not recognize alcoholism as a disease, or respect a patient's right to smoke marijuana (in Canada)."[3] This point pushes doctors into a new state of moral quandary and raises new questions: Can a doctor declare a patient *persona non grata* because of the doctor's religious views? Can the doctor's spiritual beliefs supersede empirical and societal consensus? How do we resolve Bryson's concerns about ethical relativism? Should we put a moratorium on genome editing?

Bryson's opinions have a *prima facie* plausibility on the grounds that, if deontological ethics is applied, the medical healthcare ecosystem should be able to operate in such a way that patients and doctors benefit from its application. However, overemphasis on the legal aspects of deontological ethics makes it excessively bureaucratic. I understand the importance of putting rights in place that are legally binding. The problem is that this is insufficient to deal with issues that arise during the doctor-patient relationship. Yes, deontological approaches require legally binding rights, but a balanced approach must be maintained that is

[1] Ken A. Bryson, *A Systems Analysis of Medicine (SAM): Healing Medicine* (Stuttgart: Ibidem, 2019), 127.
[2] Ibid., 147.
[3] Ibid., 164.

compatible with our conceptual understanding of freedom. This will include informed consent and the balancing of various ethical tenets. This is imperative when diverse values are converging: majority consensus does not equal fairness. If it does not balance the rights of the disadvantaged, applying solely deontological thinking can lead to severe injustices.

Bryson's philosophical work raises valid questions about our cultural values. I admit that even a trained philosopher will struggle to deconstruct and reconstruct these substantial questions, and an *ad populum* response will not create a pathway when attempting to answer the pressing questions posed by Bryson. This brings us back to the importance of balancing values. A doctor's religious values must not supersede the societal and individual rights enshrined in our legal system, considering that religious values are not shared across the board. Patients should be allowed to run away if they choose to do so, but can doctors run away? Were a doctor to refuse treatment to patients or allow them to die during an emergency hospital visit due to his or her religious beliefs, such action would be beyond the pale in a liberal society. In this case, we must develop an approach predicated on a nuanced understanding of religious and societal values. If we claim that liberal values govern us, our actions should be informed by those values.[4] I must point out that total authoritarian tendencies can also be part of liberal societies, in which moneyed interests or power structures determine the *modus operandi* of empirical activities. For this reason, it is necessary to impose a moratorium on certain empirical activities, such as heritable genome editing, to make sure that appropriate ethical conditions are met as, for example, when calculating the risks and uncertainty that are involved in genome editing is a place to begin.

Bryson highlights the dangerous downside of ethical relativism. The convergence of diverse values can be challenging. Bryson is right that an ethical relativism in which everything goes is problematic to medicine. The convergence of diverse values in medical practice will depend on the training and research efforts of participants in a shared healthcare ecosystem. The dichotomy of values and facts has collapsed, but the distinction is still cardinal. To ensure an appropriate process in

[4] Abiola Bamijoko-Okumbaye, "Does Charlie Gard Deserve to be Taken Off Life Support?" *Postmodern Openings*, 2018, 7-21.

which there is a clash of values depends, *inter alia*, on having appropriate institutional structures in place.

The findings of this book cannot be described as merely aspirational. The STS approach is a framework for action and should be included in the ethical toolkit. This book is clearly written and well-structured. For healthcare providers, medical personnel and policymakers who want to understand why the concept of the self exceeds the biological print, it is a must-read. For those and others, Bryson's book will provide a very lucid philosophical foundation.