

Noortje Jacobs, *Ethics by Committee: A History of Reasoning Together about Medicine, Science, Society, and the State* (Chicago and London: University of Chicago Press, 2022, 264 pp., ISBN 9780226819327).

Reflecting on the trying out of new remedies or surgical procedures on hospital patients, Manchester physician Thomas Percival demanded in his *Medical Ethics* (1803) that this practice had to be based on ‘sound reason, just analogy, or well authenticated facts’. No such trial should be started before a consultation among the relevant physicians and surgeons had taken place. Though generally supportive of medical innovation through experiments on human subjects, Percival was already concerned about potential abuses in trials that were motivated by scientific curiosity. A kind of peer review and agreement on the planned experiments seemed necessary to him. Yet, it was only about 150 years later that the idea of collective ethical and scientific review of projects involving human experimentation was seriously debated in Western countries.

Noortje Jacobs’ book provides a careful analysis of the debates in the Dutch parliament, hospitals, university clinics, and medical professional organisations about how ethical and scientific governance of human trials can be achieved in the Netherlands, from the 1950s until the passing of the *Medical Research Involving Human Subjects Act* (*Wet medisch-wetenschappelijk onderzoek met mensen*) in 1998, drawing upon documents in the National Archive in The Hague and numerous published primary sources, especially the relevant medical periodicals, *Medisch Contact* and the *Nederlands Tijdschrift voor Geneeskunde*. In this way, she contributes to medical historiography the first comprehensive study of the development of Dutch ethics committees for clinical experiments. Previous studies of the history of medical ethics committees (or institutional review boards) in the USA and UK, for example by David Rothman, Laura Stark, and Adam Hedgecoe, have characterised these bodies as instruments of either external (non-medical, governmental) or internal (intra-professional) control of biomedical research. Jacobs adopts these conceptual categories for the organisation of her book but uses them in a nuanced, critical manner, and adds as a third category of her historical analysis the emergence and role of health ethics experts.

Within the general section on ‘Internal Control’, Jacobs examines in chapter 1 the reasons why the Health Council (an independent scientific advisory board to the Dutch government, founded in 1902) established a ‘Committee for Tests upon Human Beings’ (consisting of sixteen eminent physicians), which in 1955 published the first guidelines for such

experimentation and proposed to the government to install a national advisory board specifically for this area of medical research. After World War Two, the horrors of the concentration camp experiments on human subjects, revealed in the Nuremberg Doctors' Trials of 1946/1947, unsurprisingly were a strong motivation for such policy work. Thus, the recommended safeguards resembled those of the Nuremberg Code (1947), such as in the requirement, besides patients' consent to the trial, to stop immediately all testing if the patient/subject asked for it. However, as Jacobs shows, pressures from the Dutch anti-vivisection movement, which principally challenged medicine's use of the experimental method, also led the medical professionals involved to seek to *protect* human research by advocating internal monitoring.

This striving for keeping control of research on human subjects to the medical profession is further demonstrated in the second chapter. It deals with the policy report on human research issued by the Health Council in 1971, which contained the first blueprint for the establishment of research ethics committees. Moreover, protagonists of therapeutic reform, such as the Leiden pharmacologist Erik Noach, promoted the formation of such committees not only to prevent non-medical interference but as 'epistemic filters', ensuring that only scientifically sound (and therefore 'ethical') experimentation on human subjects would be carried out. In 1976, Leiden University Medical Center was the first in the Netherlands to establish a committee on medical ethics. A 1982 report by the Central Council for Public Health recommended local ethics committees to oversee human trials. Numerous such committees were indeed formed during the 1980s at clinics and hospitals throughout the Netherlands, also because international funding bodies and medical journals increasingly required their prior approval.

In chapters 3 and 4, in the book's section on 'External Control', Jacobs recounts the Dutch debates on a need for public participation in overseeing human experimentation and for governmental control against the background of the patients' rights movement of the late 1960s and the 1970s, a historical phenomenon that was similarly observable in the American rise of bioethics against the background of research scandals such as the Tuskegee study on untreated syphilis in Afro-American men (which continued even after effective antibiotic therapy had become available in the 1940s). Dutch scandals included a project, in 1978, by criminologist Wouter Buikhuisen to study the biological characteristics of delinquents, which some saw as a return to the discredited anthropometric approach of the Italian eugenicist physician and criminologist Cesare Lombroso in the nineteenth century. As Jacobs convincingly argues, however, the push for external influence and public control was not simply a matter of philosophers, theologians and legal scholars storming the medical 'bulwarks' in a democratic society, but also an outcome of the professionalisation of 'ethicists'.

In the book's third section, on 'Public Accountability', chapter 5 delineates the rise of bioethical or 'health ethics' experts, such as Heleen

Dupuis and Inez de Beaufort, in the late 1980s and the 1990s. Such experts were keen to engage in policy discussions about practical ethical problems in medicine, despite the criticisms of academic colleagues in the humanities that they merely provided the 'grease' for the biomedical research 'machinery' by superficially applying the principles of Tom Beauchamp and James Childress (i.e. the 'Georgetown mantra' of autonomy, beneficence, non-maleficence, and justice). But politicians like health minister Els Borst-Eilers, as highlighted in the final, sixth chapter, welcomed the analytical discussion skills of the new ethics experts. Furthermore, the minister envisaged the ethicists' role as a critical voice of the public, safeguarding the rights of human subjects in the deliberations of the ethics committees which became legally mandatory in the Netherlands from 1999.

Jacobs' history of the Dutch research ethics committees is an impressive, conceptually aware discussion of policy debates, a socio-political analysis with focus on institutions, committees and public discourses rather than a strictly medico-historical analysis of the ethics of specific research projects involving human experiments. Little is said how exactly the international ethical guidelines for human trials issued in the 1964 Declaration of Helsinki of the World Medical Association (and their numerous amendments up to the present) have been dealt with by Dutch local ethics committees, and what kinds of biomedical research passed or failed the test of their scrutiny. One might also have expected more detailed consideration of the controversial practice of placebo use in randomised controlled trials and a consideration of the dangers of exploitation of human subjects in drug trials partly conducted in developing countries, an issue of concern in the 1990s. For the big historical picture, however, of how and why ethics committees became integral to the control of clinical trials and to the rise of bioethics, as well as for understanding how this process manifested itself at the national level, this book can be warmly recommended.

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