The reviewer regrets the asperity of his criticisms. Let it be granted that the handbook is not written for pedants like himself. It is written for busy men. There is the more need, therefore, for the arrangement to be logical and readily understood, and for language to be clear and without ambiguity. (What is meant, for instance, by the sentence in 2.2, that a Family Practitioner Committee 'has the power to assign a patient to a doctor whether he agrees or not'? Who is he, the doctor or the patient?) The Handbook is now on public sale, and we would wish it well if it can bridge the gap, in understanding and confidence, which seems to be widening, between the profession and the public.

Fortunately it does not stand alone: indeed, the literature of medical ethics may soon call for the pruning knife. And when shall we move on to the next step, to educate the lay public in the ethics of patient practice? There is a mutuality of expectation in ethics; so far, we seem to expect it.

G R DUNSTAN

The Ethics of Resource Allocation in Health Care

K M Boyd
Edinburgh University Press, pp 152, £5.00.

In the confident 'sixties it seemed to many people that social scientists had the tools to approach and solve social problems as though they were technical problems. Reductionist analysis of a social problem by econometricians and other social scientists would, it appeared, provide the solutions to problems such as the inner cities or the cycle of deprivation or resource allocation. Government and the development of public services were to be conducted with management tools, even the metaphor implied social engineering such as planned programme budgeting, and difficult decisions were to be made by cost-benefit analysis and cost-effectiveness studies. This rational, engineering, approach failed because the problems which these techniques were used to solve were of a different nature from the problems experienced by the Ford Motor Company or Glacier Metal for which they had been developed. There were certain similarities but the problems of the public services had an ethical dimension which the the problems of industry lacked.

As this is increasingly appreciated the ethical aspects of resource allocation are once more receiving proper attention and this book will make a useful contribution to the debate. It is an expression - neither the term 'record', nor 'summary', nor 'report' - is adequate - of the thought of a group of 14 people, comprising both health professionals and lay members, which debated this issue for two years under the aegis of the Edinburgh Medical Group. I use the word 'expression' because my impression is that the editor, who was the Group's Research Fellow in 1975, has managed to write a synthesis not only of what was said and concluded but of what was felt and implied by the members of the discussion group: a rare achievement.

There are five chapters. The first sets out the problem, listing the options facing health service managers, and summarises two principal theories of distributive justice - utilitarianism and John Rawl's theory. The second is a record of the group's consideration of certain issues, to illustrate their way of working and their principal conclusions. The third chapter sets the issues in a historical perspective and the fourth complements this by looking at the issues from four perspectives - ecologically and epidemiologically, typified by McKeown; 'clinical'; 'administrative', a very pragmatic and business-like perspective; and an 'egalitarian', or socialist perspective. The final chapter attempts to summarise the tension which exists between the technical and political approaches to resource allocation. The book also has two long appendices on health econometrics and on decision making in the NHS in Scotland.

I would have liked much more discussion on the conclusion on 'which there was least agreement' - that the order of priorities for resource allocation should be prevention then cure and finally rehabilitation. I would also have liked to see a greater proportion of the book devoted to a consideration of the comparison of different client groups, for example the comparison of the needs of old people with the needs of those who are mentally ill.

The reader who seeks answers will be disappointed because the book does not give any answers. What it does do, and perhaps all that it is possible for any book to do, is to pose the right questions. It emphasises the moral dimension of decision making and the fact that moral enquiry has an essential part to play in the political or professional approach to resource allocation.

This is a very useful book.

J A MUIR GRAY
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