staff. One aspect of this procedure is that only very rarely does the ombudsman bring face-to-face the complainant and those who are in the dock, so to speak. I should like to see this done more frequently as we know that some complainants are left with the feeling that points they have made have been side-stepped in the investigations and that they have not had the opportunity of refuting directly statements made by the people about whose actions or behaviour they are complaining.

The result of the painstaking investigations by the ombudsman of the grievances he deals with is more often than not to reject them. In 1982-3 he upheld 43 per cent of the cases he investigated. But on the evidence he can claim with justification that his recommendations are effective; in 1982-3 all were accepted by the health authorities concerned, and in quite a lot of cases this led to changes in procedures to the benefit of future patients.

The ombudsman recognises, in his Annual Report, paragraph 99, that the complainants whose grievances he does not uphold often remain 'anxious and unconvinced'. Perhaps a speedier and more direct procedure might mitigate this.

ELIZABETH ACKROYD

Chairman of the Patients Association

Medical Costs, Moral Choices, A Philosophy of Health Care Economics in America.

Paul T Menzel. New Haven and London, Yale University Press, 1983, \$22.50

In his preface Menzel suggests that 'we have two very different reactions to contemporary health care'. He then contrasts the 'it is more important than anything else money can buy' reaction with the 'we are rankled by the incredible leverage over resources that the providers of medical care often appear to have' reaction. Who amongst us - apart possibly from some members of the medical profession - doesn't share this dual reaction?

I was intrigued by the task of reviewing this book: an economist invited by a medical doctor to review a book written by a philosopher. Despite the book's title, the objective of the author seems to be primarily to mount a defence of competitive forces as an efficient, equitable and moral mechanism for the supply of health care. Not that he advocates a wholly free market; but his

sympathies clearly lie in that direction.

Menzel puts forward three 'fundamental and independent' principles in his ethical framework for health care: 'maximum human welfare, justice as distributional equality, and individual autonomy or consent'. On the first two Menzel writes that 'it is relatively easy to defend the independence of the equality principle from the principle of welfare'. This is doubtful at least in the eyes of this economist: if we provide open-heart surgery facilities for those living in remote areas to the extent that they then have as good access to such facilities as those living in large cities, is there *no* conflict with efficiency?

The discussion in chapters 2 and 3 on pricing life raises a number of important and interesting issues and it is here that the author's adherence to the virtue of individual autonomy is most apparent. As later emerges in the book, he is opposed to paternalism. Unfortunately he couches his discussion on this solely in terms of the poor. Two questions are avoided: if the poor *choose* paternalism, what then? and if everybody chooses paternalism, what then? The former, an issue of principle surely, is avoided by suggesting that there is no evidence in practice that the poor so choose. The second is not addressed - yet there is a sense in which one answer is 'the National Health Service'.

An NHS type of system has its dangers as Menzel points out. One such might be that there is 'no *a priori* reason physicians would not dominate an NHS'. In choosing how to deliver health care he poses the fundamental question: 'isn't the problem of justice for pluralistic competitive schemes less intractable than the moral problem of individual autonomy for an NHS?' Maybe: but if in practice, in the face of his own very considerable ignorance and uncertainty about health and health care, the individual is prepared to forego his autonomy in the belief that the strength of the community interest may best serve his own welfare, then maybe not.

There is also a discussion of 'moral priorities' regarding the prevention versus treatment debate. Here however the moral issues seem to intrude unnecessarily. The same issue could be explained in a more matter of fact (but perhaps less stimulating) way by incorporating uncertainty and time preference through the economic technique of discounting the future.

The book raises many interesting issues. It steers a rather varied path. Sometimes it addresses the lofty concerns indicated at the beginning of this

review. Sometimes it is more at the level of the inside of the jacket where we are told that one of the author's 'surprising conclusions' is that 'if individuals had to choose what to spend on their own health care . . . they would spend only a limited amount of the resources available to them'. But it's worth fighting through the latter type of point to follow Menzel on the former.

GAVIN MOONEY

*Health Economics Research Unit
Department of Community Medicine
University of Aberdeen*

Social Work Values: an Enquiry

Noel Timms. London, Routledge & Kegan Paul, 1983. £5.95

'This book is concerned with the current status of value-talk in social work, with delimiting some of the problems raised by such talk and with working towards some remedy for these.' This is the project Noel Timms sets himself in the opening chapter, though it should not lead the reader to assume that Timms is interested in discourse analysis, nor that he aims to produce a guidebook for social workers on the ethics of contemporary social work issues. The focus is softer, the treatment more discursive, the aim less applied: we are given a 'preliminary mapping of the terrain' rather than an architectural plan.

He has considerable fun in showing how social work theorists lay claim to a language of values in writing about their practice, while at the same time allowing an almost complete critical confusion over the content of some of the most central and cherished items, such as acceptance of the client, self-determination and respect for persons. Social work involves doing things to and for others (and indeed refusing to do things on occasion), and the morality of such actions can be, and has been, justified in various ways. Timms also argues that the problem cannot be narrowed to the individual casework relationship but must include wider 'social facts' of an economic, social or political nature.

After the demolition, the work of reconstruction is less assured. Instances of historical controversies in social work, or the contribution of economics and sociology to the question of values seem to give little hope of direction to the practitioner wanting an answer, as Timms himself recognises, to the question 'what ought I to do in my situa-

tion?' The conclusion, when it comes, is rather surprising in view of the recognition given earlier to the possibility of values not being shared by members of the same profession, or when a choice between values is required, of being shared to different degrees by different practitioners. For it involves the notion of a kind of superordinate *practice* as a context in which social work values cohere. This appears to include some elements of role expectations, acceptance of the legitimacy of rules and commitment to a tradition of professionalism, though how these do cohere is not explained.

Noel Timms is to be congratulated on recognising that values do constitute a real problem in social work, and for asking for a more stringent analysis by social work of what its values are, and how those values articulate with each other and the values of the wider society. But it is difficult to see for what audience this book is intended. The general reader will find too much assumed about what a social worker is and does, while the social worker may find the reflections on values too distant from a practitioner's everyday concerns. But if it simply shows that a checklist approach to values is not viable, perhaps that will be enough.

DAVID HALL
Department of Sociology,
University of Liverpool

Beneficence and Health Care.

Philosophy and Medicine, Vol 2. Ed Earl E Schelp. London, D Reidel Publishing Company. 1982. Dfl 80. USA \$34.50

This collection of essays is divided into three main sections. In the first the historical and conceptual place of beneficence with respect to health care is examined and in the second how the Jewish, Catholic and Protestant religions treat this matter. In the last section more specific questions to do directly with beneficence and medical practice are looked at.

Since there is no necessary and very little contingent connection between the provision of health care and either beneficence (the doing of kindly deeds) or benevolence, (the desire to be beneficent), a whole book dedicated to the connection seems excessive. This view is borne out in the course of reading these careful, sometimes clever and always solemn treatments. For

instance, from the opening essays on broad conceptual issues to do with beneficence and its place in the general moral life, what comes out of well presented arguments is that moral theory is in a bad way. No argument for whatever place beneficence has or should occupy in the moral life, or holds in the precise context of medical behaviour, looks conclusive or even plausible nor, it seems to me, does anyone have any idea what a conclusive or plausible argument would be. What emerges is simply a clear statement of clashing intuitions. Does health care belong to the realm of beneficence or is it a right and to do with social justice? You pick an essay and you take your choice. Is beneficence a virtue and is morality a matter of being virtuous? Do we have a duty to be beneficent and, if so, at what personal sacrifice? The strategy adopted by Buchanan, Frankena and Reeder, and other authors, suggests that we are to be reasoned into this or that moral position. The results demonstrate the extreme unlikelihood of anything of the sort. A brief mention of the parable of the Good Samaritan in Reeder's *Beneficence, Supererogation and Role Duty* shows how morally persuasive discourse operates while Frankena's careful, reasonable attempt to limn the structure of the moral life with its HCs (Health Care), EVs (Ethics of Virtue) and EDs (Ethics of Duty) shows how it does not.

So what part should or does beneficence play in the practice of medicine? How should medical behaviour be organised if it is to conform to what a proper moral attitude prescribes? The problem is not one solely, or even mainly, for medicine but connects with the whole idea of how goods and services, life-support systems and all that goes with the distribution of what societies make, are to be handed around. I suspect that discussion here does not get interesting until it becomes total and profound.

I conclude from these conscientious arguments that philosophy in general as it is at present and philosophy as applied to particulars, as it is here, has little to offer except an ability to survey the field and make a few necessary distinctions. I am not clear, either, for whom this book was intended. It will not surprise or inform many philosophers and will not assist those who have to do with the sick.

STANLEY EVELING
Senior Lecturer in Philosophy, University
of Edinburgh

Nuclear War – Civil Defence Planning – The Implications for Nursing

London, Royal College of Nursing, 1983. £1.25

It is to the credit of the Royal College of Nursing (RCN) that it set up a working party to look at the grave implications of nuclear war for nursing at a time of escalation of nuclear arms, growth in the movement for disarmament and intense political debate.

The aims of the working party were to gather all the relevant information, identify the implications for nurses, nursing and nurse education at all levels and to prepare recommendations for action to be taken by the RCN.

The working party drew on evidence of the nuclear explosions on Hiroshima and Nagasaki, which had a 'profound effect' on individual members. Their findings were that because of the scale of death and injury, the destruction of medical facilities and supplies, and the contamination of water and breakdown of communications, there would be nothing that nurses could offer except possibly comfort and basic education in hygiene. A simulation exercise of a one megaton airburst over Bristol suggested the catastrophic destruction of the city, devastated medical resources and numbers of severely injured so vast that even all the present health facilities in the United Kingdom could not cope. The working party point out that in reality the effects would be far worse, because of the likelihood of a number of simultaneous explosions on major urban centres.

The report is realistic and critical of 'naive' Home Office policy that underestimates the effects of nuclear war. It makes the case that planning for the aftermath is futile and only serves to lull the public into an unjustified sense of security. Furthermore, it criticises health authority planning for, and training in, mass casualty techniques and deplores the absence of consultation with nurses and nursing organisations in the development of policy.

The ethical implications for nursing are discussed briefly. There is reference to the dilemma of making priority decisions for resource allocation to survivors, and to the problem of differentiating between those with terminal diseases and those with a remediable condition. The moral question of whether nurses should remain with their families or assist in futile crisis-care is touched on, but there is no discussion of a nurse's personal feelings of conflict.