voluntary consent. These workers have done the only experimental studies in the world on this important contemporary question. Shah's well known article on dangerousness and civil commitment, published in 1975, certainly stands reprinting, as does Loren Roth's seminal paper proposing 'a commitment law for patients, doctors, and lawyers', in which he argues for safeguarded paternalism. Paternalism seems to be on the ascendancy in the United States as a reaction to an aggressive and legalistic approach to so-called individual rights which omits the right to be cared for. Macklin, in a 1981 paper, accepts that freedom is a fundamental value, but places alongside it other values such as justice, equity, equality, self-esteem, quality of life.

An important paper is Breggin's on 'The Return of Lobotomy and Psychosurgery'. This is partly because it hasn't previously been published in the medical literature (a number of journals declined it), partly because it was an important part of a debate in the United States in the early 1970s which reduced the number of leucotomy operations from the thousands to the hundreds, and partly because a strident author has shown the grace and honesty to change his mind. The paper is emotional and in places highly illogical, but it does call attention to some remarkable published assertions such as the claim that a patient who committed suicide after a leucotomy was a success because the suicide was a sign that she was recovering from the depression! The change of heart is not as profound as Vernon Mark (who is allowed a reply in the form of a badly argued paper from 1974) would have wished, but Breggin now believes that no form of treatment should be banned by legislation. 'Voluntary patients should be allowed to choose any therapy they wish for themselves, even if it is brain damaging'. Perhaps he should be invited to Britain to argue this point with our Members of Parliament who have now insisted that in this country patients should not be free to choose a leucotomy for themselves however competent they might be.

The book ends with sections on responsibility, commitment and the insanity defence, and on de-institutionalisation. Neither of these sections reaches the standards of the earlier parts of the book. It is sad and salutary that treatment, especially chronic hospital treatment, somehow, even in a book of this kind, comes low down on the scales of both priority

and quality.

Unlike many collections of reprinted papers this volume works and is fully recommended.

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Health for All: A Challenge to Research in Health Manpower Development

Report of the XVIth CIOMS Round Table Conference, Ibadan, Nigeria, 1982, 229 pages, Geneva, SF20, World Health Organisation, 1983

The Council for International Organisations of Medical Sciences (CIOMS) is particularly concerned with biomedical sciences and the fact that it chose primary health care as the focus of its XVIth conference is very welcome. Too often 'high technology medicine' and 'primary care' are considered to be mutually exclusive alternatives whereas the principles of primary health care planning are as relevant for the most specialised hospital service as for the rural health worker.

In part the polarisation, in the UK at least, results from the use of the adjective 'community' to describe all services except hospital services, thus implying that the motives of those who work in hospital are not to serve the community but simply to do what interests them most. Hospital and laboratory services are, however, community services and primary health care principles – service to the whole population, effective and efficient use of resources by the appropriate use of technology, integrated rather than isolated planning, and the participation of users of the service in its planning and management – are of great relevance, as this conference recognises.

In part the debate about primary health care is a technical debate, focusing on issues such as the need to define different criteria for hospital care and domiciliary care, but there is also an ethical dimension to the primary health care approach for one of its keystones is the provision of health services to the whole population. If we consider the population of people with arthritis as an example, most health services in the world concentrate on the referred population, those who have brought themselves to, or been referred to, the

appropriate source of help. In all countries social and psychological factors influence the probability that someone will be referred to a source of specialist help: for example, the person whose brother is known to the general practitioner to be a consultant orthopaedic surgeon will probably be referred more quickly than the person who has no medical connections. In many countries financial factors influence the access of patients to services either directly, in countries in which private practice is the main source of health care, or indirectly because of the influences car and telephone ownership have on access to health services. The issue of equity was addressed by conference speakers and was a major theme of the conference.

The conference was also important because it recognised that health service planning and management should be concerned not only with buildings and budgets but with a third 'B' – the behaviour of the professionals who work in the service. The term 'development' is used to mean not only growth in numbers but also change; change in skills, attitudes and values. How much should professional freedom be allowed to flourish unrestrained when it results in a concentration of health workers in the richest parts of a country? It is this type of issue that the conference discussed and there are some stimulating papers in the proceedings, notably that by Claudio Moura Castro from the Ministry of Planning in Brazil.

These reports will be of interest not only to the planners and managers of health centres but also to all those who wish to learn about the new approach to primary health care. They also demonstrate clearly that we have as much, if not more, to learn from developing countries than we have to teach them.

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Report on Euthanasia, Aiding Suicide and Cessation of Treatment

Report 201, Law Reform Commission of Canada, 35, Canada, 1983, available free of charge from the Law Reform

Commission of Canada, 130 Albert St, 7th floor, Ottawa, Canada K1A 0L6

To review, to expound, to react. I react because I sense a danger in this report. It is a danger of a very general kind. I can describe it in the following way. Society has a problem. In this case, some of its members die. The problem is (or is seen to be) increased by developments in technology and by, at least as measured by more than decades, a rising standard of life. Medicine contributes with a capacity to extend life with pain-killers and tranquillisers. Easy life leads on to easy death. At this point a strange dichotomy appears. Individually we trust our doctor; collectively we distrust the technology doctors wield. On the other hand we say we distrust lawyers but seemingly ever more increasingly place our faith in their magic. And that magic's most potent form is the rule of law. We act as if every social problem can be cured by a law. And if it fails then the answer lies in a different medicine, a new law.

A former chairman of the English Law Commission (and there is no reason to think that Canadians suppose otherwise) once defined *law reform* as 'recommendations for changes and improvements in any part of the law which can appropriately be put forward by a body of lawyers on the basis of legal principle and pragmatic common sense, after due public consultation. The brief thus arrogated by the profession extends beyond technical accomplishment, ie beyond legal principle. The brief includes the ideas of 'appropriate', 'pragmatic common sense' and 'due' consultation with such people as respond to the methods chosen by the body of lawyers.

The danger in this is that we are relying on a body of people whose training, experience and intellectual tools are not in any way related to the subjects upon which we call on them to pronounce. In doing so we exclude the very people who have some experience of these matters. Pursuant to the assumption that all are equal, of the cult of individual rights, we disregard competence. I do not argue that the medical profession is always correct but I do say that as a policy we ought to beware of the rule of law (and of lawyers) because where there is law there are conflict, sanctions and penalties. And I say that lawyers (when they are not concerned with status and rights) think about those things. I do argue that the medical profession is more likely to provide a rule of harmony or of compassion or of co-operation. Law is a

means; those are desirable objectives.

Measured by what some will see as these idiosyncratic standards this Report of the Canadian Law Reform Commission on euthanasia, read on its own is, surprisingly, not altogether unhelpful. It does what such a body of lawyers ought to do: it points out ambiguities and logistic difficulties in existing law. Its prescriptions tend either to leave the law alone or to provide a greater immunity from the criminal law for Canadian physicians. In places it even recognises that the law cannot always tell people what they ought to do. What it fails to understand is that in matters of life and death the central issue is not whether there is a criminal homicide but more simply whether there is life or death. But then the central failure of law is that it cannot recognise facts without deontic consequences. In that limitation lies the danger of the universal use of the lawyer's medicine.

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Human Experimentation and Medical Ethics

Editors, Z Bankowski and N Howard-Jones, 505 pages, Geneva, SF30, (£10.50 from HMSO, London) Council for International Organizations of Medical Sciences, 1982

This volume is unfortunately topical and members of the UK Medicines Commission currently considering new guidelines for human volunteer experiments could find it a useful primer. Within the recent past two students have died in the British Isles as a consequence of their participation in volunteer drug studies. The lessons to be drawn from these two tragedies are still not clear. However, they are certainly not those intemperately expressed by the leader writer of *The (London) Times* who suggested that only pharmaceutical company employees should take part in drug studies. The whole issue of human volunteers is a complex one which this collection of papers explores in some detail. Particularly interesting are the papers which deal with fact rather than opinion and I single out for mention the chapter by N Howard Jones on historical perspectives on human experimentation.

Our forebears had a more robust attitude to adequate motivation of

research subjects. The condemned Newgate prisoners who volunteered for experimental variation in 1721 in return for their liberty (if they survived) probably had few second thoughts. Fascinating also is the account of 'auto-experiments' popular with physicians in the 19th century. These feats of daring are still in vogue in many physiological laboratories. A short history of drug disasters in the 20th century makes interesting reading since most of these large-scale disasters were caused by too little experimentation rather than too much. Dr Howard Jones quotes the US elixir scandal of 1937 in which an untested diethylene glycol solution of sulphanilamide was marketed, killed over one hundred patients, and led to the establishment of the Food and Drug Administration (FDA). However, he omits to mention that twenty years later a very similar large scale disaster occurred in France when 'Stalinon', an untested organic tin compound, was marketed for treatment of furunculosis.

It is inevitable that disasters and tragedies focus attention on human experimentation more clearly than abstract debates on the moral issues of informed consent. If medical research is to continue productive, human experimentation will have to continue and probably expand. If armchair theoreticians react by tedious and restrictive regulations of such experimentation, then no real benefit will result. Let us hope that common sense on such issues as risk and benefit, incentive and compensation, will prevail and that the principles elaborated in this consensus volume will be incorporated into a working arrangement.

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Making Babies: The Test Tube and Christian Ethics

Editors, Alan Nichols and Trevor Hogan, 116 pages, Canberra \$A7.95 Acorn Press, 1984

In Australia theology is taken seriously. A report of the Commonwealth's National Health and Medical Research Council, published in 1983, recommending the setting-up of a National Research Ethics Committee, lists theology among the disciplines to be represented on it. This is despite the