dilemmas in medicine and relates them to the central theories of moral philosophy. The new edition has extended and updated the references and added a section on recommended reading for those – let us hope an increasing number – who wish to study the subject in greater depth. Although the book contains many examples from different areas of medical practice it is not padded out with over-elaborate descriptions of actual cases. Likewise the discussions of philosophers or theologians, while not superficial, do not contain more detail than would be found helpful by a busy clinician or general practitioner. The last chapter in the book deals with a few current problems. Many are mentioned and four discussed in more detail – abortion, death and dying, control of clinical research and organ transplantation. These are, of course, matters of continuing importance, but in the next edition of his book he might consider adding a lengthier discussion of the radical challenge mounted by Ivan Illich – that Western, science-based medicine does not make for the enhancement of health. There is a tendency in the medical profession to dismiss the radical challenge, but increasing numbers of ordinary people are becoming disenchanted with ‘professional’ scientific medicine and turning elsewhere. But medical education does not change in its essentials. It has however changed sufficiently to make this book an acceptable text for medical ethics courses.

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Respect for Life, a Symposium

Christian Medical Fellowship, 157 Waterloo Road, London SE1 8XN
47 pages, £1.25, 1984

This brief symposium encapsulates the main attitudes to what the first contributor calls ‘a vast increase in medical-moral problems and a crisis of the first magnitude in medical ethics’. The contributor is the late Dr Ian Ramsey, Bishop of Durham, who was an outstanding philosopher and ethicist. It is a paper which he wrote for the Annual Clinical Meeting of the British Medical Association in Cyprus in 1972, and is a classic writing which it is very useful to have reprinted. He describes the ethical crisis as ‘the medical version of the general problem

of giving a moral direction to applied science in a society where traditional moral absolutes are being questioned, the general problem of ensuring a humane and not a tyrannical technology, at a time when society lacks a common morality’. He asks what in fact are the *prima facie* medical concerns if one teases out the pre-suppositions, implicit as well as explicit, in medical papers; and by a carefully built up argument he concludes that they amount to ‘a respect for human life of a certain quality in society’. He points out that difficult decisions involving judging one kind of human life to be better than another, from which we might well shrink, cannot be avoided because practical situations with limited resources compel them. In general no simple decisions can be made by one medical man alone, still less solely by politicians or financiers; they require consultative trans-disciplinary groups to illuminate them, and in the course of their work to develop multi-parameter scoring and a multiple criterion. In discussing suffering, and the significance of death, Ramsey introduces Christian considerations, but the general argument does not involve them and is an illustration of the important point that the method of Christian ethics is no different from that of philosophical ethics.

The other three contributions to the symposium are shorter, and they are all concerned with the bearing of increased dependence on medical technology on our understanding of humaneness. Mr D B Millar, a consultant obstetrician and gynaecologist in Sheffield, shows how fetal worth is already related to gestational age in both medicine and law; and that the details of desirable laws or professional codes cannot be derived directly from Biblical texts. Professor Gareth Jones of Otago, New Zealand (Anatomy) discusses the same area of ethical issues as the Warnock Report. He is cautiously in favour of *in vitro* fertilisation (IVF) but against research on embryos (unlike Millar who is in favour of it), and therefore against the guidelines for research on IVF and embryo transfer (ET) issued by the Medical Research Council (MRC) in 1982, as not showing enough respect for human embryos; though he takes issue with the moralist Paul Ramsey as being too restrictive. The most conservative position is that of Professor David Short of Aberdeen (Clinical Medicine), who explains why the Arthur case caused him to change his mind about the management of handicapped neonates. But his three reasons are not very cogent

in the light of the previous contributions. (1) Human life should always be preserved provided undue suffering can be avoided. All the dilemmas are hidden in the word ‘undue’. Short thinks the kind of decision Ramsey says we cannot avoid making too subjective to make. (2) It is a *volte face* compared with the Hippocratic tradition. But this is a purely individualistic one as concerning doctor and patient, not society. (3) We must show utmost respect for human life from conception. He and Gareth Jones use the ‘wedge argument’; fear of what will happen if an absolute position is not maintained. This is not a satisfactory position. It is true that ‘boundary situations’ do arise where an absolute position is called for; but most moral decisions are in ‘grey areas’ where moral wisdom is needed for careful discernment. This is what Ian Ramsey was exploring.

The fact that this symposium is brief should not cause it to be overlooked. It is thoughtful and was well worth putting together.

RONALD PRESTON

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A Time to Die

Robert G Twycross, 32 pages, London 60p, Christian Medical Fellowship, 1984

‘Today’s dying – and their fellow travellers, the bereaved – are today’s lepers: unwanted shunned, ignored’ writes Robert Twycross in this short booklet, which has the aim of overcoming this approach by society to dying patients. He writes as a Christian and a hospice physician with many years experience of caring for dying patients. He argues that the dying patient and his family should be cared for as ‘whole persons’ so that the time left can be used for living.

He first describes how in present-day society most people are divorced from death and this may exaggerate the natural fear of death. To care for the dying it is necessary to remain alongside the patient, but this may cause many stresses. These are due to the natural unease of death, the cultural collective fear of dying, especially of cancer, and the ensuing feelings of helplessness. However, he emphasises, using patients’ histories, that although facing up to death may be disturbing, it is possible to adjust to the series of losses involved in dying. This may mean the professional coping with both the cries

of anguish of 'why me' and the anger at the illness. These negative emotions of patient and professional can be difficult to accept. Twycross argues that for a Christian the anger and frustration can be vented on God. This may allow an emotional catharsis as one can see that God is able to absorb the anger.

In the care of patients it is essential that life can be seen to have a meaning, even in death. By providing the security of care and control of symptoms, patients may be helped to consider the fundamental questions about life, God and the hereafter. Although some may not fully agree with Twycross's Christian standpoint, most will be encouraged by his aim to help society have a healthier view of death – accepting the existence of death, not neglecting the dying, and accepting our humanity. For the Christian he extends this to meditation on Jesus, allowing a new transforming perspective on both life and death.

Finally, after showing how caring for the whole patient in a hospice can enrich and help the dying, Twycross considers euthanasia. He sees this 'legal killing' as incompatible with Christian belief and argues strongly that a law allowing euthanasia would not solve problems. It would decrease the incentive for improvement in the care of patients.

The presentation of only two options – agony or killing – by those supporting euthanasia merely increases the negative attitude to cancer and death. Positive changes are necessary through the education of doctors and the carers, to allow them to realise what can be done to alleviate distress.

This booklet presents clearly some of the emotional and professional difficulties in caring for dying patients. It will be of value to all involved in their care.

DAVID OLIVER

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Cancer Care: Proceedings of a Study Day for Hospital Chaplains

Editor, W A F McAdam, Chairman,
Communications in Cancer Care
Group, Yorkshire Regional Cancer
Organisation, 51 pages, £2.50, 1983

This slim volume is the report of a

conference organised for hospital chaplains by experts in the treatment and care of patients suffering from the various forms of malignant disease. As such, it is a useful introduction to the subject for those with no medical background. There is a useful paper by Dr M R Baker setting out the occurrence, causation and prevention of cancer and Professor Joslin, Leeds, explains the main methods of treatment describing the advantages and side-effects of radiotherapy and chemotherapy.

After this essential groundwork there are papers on subjects which are perhaps closer to the role of the chaplain. Dr I R Card, a psychiatrist with special interests in psychological aspects of cancer care examines the possible reactions of patients on learning their diagnosis, and the human needs of patients and staff. While welcoming the more open communication which now exists between medical staff and patients, and recognising the consequent anxieties provoked in many patients, she notes that '... patients with cancer are seldom referred to a psychiatrist'. The reviewer concurs in this observation. This is a helpful chapter because the author clearly recognises that the patient is part of a network of relationships, involving family, friends and staff, each with their own anxieties and that the patient must be supported within this wider context.

A paper by J J Allen, a clinical psychologist, asks 'How can the chaplain help?' and rightly sees the pastoral task as helping cancer patients make sense of the strange new experience of suffering from a life-threatening illness.

'The chaplain, by using his specialist knowledge of theology, philosophy and the inner life can facilitate talk about the subject at the appropriate level for the patient.'

This is all very true and Mr Allen says many things which will be helpful to chaplains when he explores blocks to communication both within patients and within chaplains themselves. This reviewer however, is left with some fundamental questions (questions which are in a sense provoked by the excellence of all the papers, particularly Mr Allen's). With regard to this particular conference, why was there no contribution from a chaplain skilled in the pastoral care of cancer patients? All the papers are undoubtedly helpful to chaplains but can the chaplain's role be

totally encompassed by presentations from representatives of other professions? This is not a plea for an exposition of the place of the pastoral/sacramental ministry in isolation from the clinical data, but rather for an approach to ministry which is both theologically rooted and which takes seriously psychological (and medical and social) reality.

A hospice perspective is provided by Miss O'Donnell, Matron, Sue Ryder Home, Leeds and the papers and proceedings are helpfully summarised by Sir Ronald Turnbridge, chairman of the conference.

Of particular value are the annotated bibliographies at the end of each paper and the comprehensive reading list in death, dying and bereavement at the end of the booklet.

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Everybody's Ethics: What Future for Handicapped Babies?

Ann Shearer, 35 pages, London, £2.25 plus 30p, p&p, The Campaign for Mentally Handicapped People, 1984

This booklet addresses the difficult and complex problems of deciding care for infants born with multiple disabilities. While these problems are not new they have been thrown into sharp focus in recent years by our improving technical ability to keep an infant alive after birth and by changes in the law which permit the abortion of an abnormal (or even a normal) fetus before birth. Traditionally doctors, or doctors and parents together, have made these decisions and most people have accepted them on trust as being in the best interests of the infant and family. The recent activities of pro-life organisations and some well publicised court cases have eroded much of this trust and there is increasing pressure for the introduction of some form of legislation to 'protect' infants from their parents and doctors making decisions that accept death as a preferable alternative to treatment. In the United States this pressure has resulted in the recent Baby Doe legislation which even in its modified form will create immense difficulties for doctors and families and in some circumstances will actually increase the suffering of the infants themselves.

This book is written on behalf of the