his own clear conviction that the omission of intensive care is aligned to infanticide.

The activities within neonatal intensive care units (NICUs) are explained and illustrated very well. The glossary in the appendix will help those not familiar with the jargon of the NICU to find their way into this ethical minefield, without this handicap at least.

The opinions of seven paediatricians (including surgeons) who have published their views, are then reported. Their arguments are persuasive and erudite, although the inevitable repetition in this chapter is rather tedious.

Because they refer to United States law, the chapters on law and criminal liability are confusing, and probably of little value to the United Kingdom reader, except insofar as they help him or her to understand the arguments later in the book. This transatlantic difference was also reflected in the consideration of the financial aspects of intensive care and parental decisions.

The chapters on the opinions of the ethicists and on ethical criteria were extremely valuable. These, together with the extensive references provided, will equip the reader with a more sound basis for decision-making, explanation and argument in practice, and in teaching. The moral difference between doing harm by omission or commission is carefully discussed. The relationship between this and whether the multiply-handicapped infant is really a person – and whether the suffering inevitably associated with intensive care is justified if he is – is just one of the many unanswerable issues raised.

The final chapter, on procedures and recommendations, left me feeling slightly chilled. For those who have shared with parents in the difficult decision as to the degree of treatment to be provided for a particular baby's problem, the idea that a committee should coldly assess the relevant factors is probably untenable. Even if the morally relevant factors could be defined and presented adequately, the potential for an increase in suffering to the family and the caring staff by such a procedure would not be outweighed by the fairness to the baby – unless one does not believe in the normal protective love of most parents, or in the integrity of most doctors. Fortunately, the chapter and the book finish with a plea to consider the needs of the dying baby and the bereaved parents: 'Having made or had some part in a selective nontreatment decision, bereaved persons need a private place to cry, to think, perhaps to

pray – and to hold the body of a child too seriously handicapped to continue living'.

GRAHAM CLAYDEN
*Department of Paediatrics,
United Medical and Dental Schools of
Guys and St Thomas's Hospitals,
London, SE1 7EH.*

The Patient Patients – Women and Their Doctors

Helen Roberts, 143 pages, London, £3.95 (paperback), Pandora, 1985

'The clear message of the women's health movement has been that health must be delivered back into the hands of those most affected by health. And they are not doctors, but ourselves'.

This statement by a distinguished feminist sociologist deserves attention. As Ms Roberts says in her first chapter 'This isn't an anti-doctor book, but that doesn't mean that doctors will see it as "fair"'. The doctor/patient relationship isn't a "fair one"'. What this book does is to illustrate some of the hidden dimensions of power between doctors and their women patients and to suggest what might be done to redress the balance.

Ms Roberts is a senior researcher at Bradford and Ilkely Community College. Her original research, on which the present book is based, was published with Michelle Barrett back in 1978 in *Women, Sexuality and Social Control*, as *Doctors and Their Patients – The Social Control of Women in General Practice*. In this she is in the tradition of Erving Goffman – extending his thinking out from institutions into general practice. Sadly, since her original work, little has been done to extend the basic teaching of sociology to medical students or more importantly to general practitioner trainees.

On the other hand most of the women trainees noted in her statistical tables of 1977 will by now have moved on into general practice and so have given women a much greater opportunity of having a woman doctor.

Her main recommendations as to the improvement of general practitioner services and relationships are appropriate and will prick the consciences of general practitioner readers sensitive enough to read that far.

For readers of this journal the author makes two interesting suggestions. She rejects the stereotype that 'women's energies in our kind of society appear to be devoted to doing good and feeling bad'. Though against 'do it yourself

medicine' she feels that to take more responsibility for their own health women should define themselves as basically healthy. Then in the field of the selection and training of medical students she feels it 'might be easier to teach those who care to become doctors, than to teach doctors to care'.

She certainly helps us understand more of how our women patients probably think about us. I was, for example, particularly struck by her recording the embarrassment of a patient waiting in an examining room for a chaperone to be sent for – and the social implications of this.

On the other hand in some areas her feminism undermines the credibility of her common-sense sociological approach. She criticises a medical textbook containing a problem case that begins 'a very attractive girl of 19, new to the practice . . . she was wearing an exceptionally short skirt and moved provocatively' – Having discussed the case Ms Roberts goes on, 'how would the trainee GP have felt if she or he were confronted with a rather different case study beginning 'a very attractive boy of 19 came to the practice . . . He was wearing an exceptionally close fitting pair of jeans and moved provocatively'. How indeed? Just as wary I hope. In my work with delinquent adolescents I demand a chaperone as much with boys as girls. This sexual 'inversion' just doesn't work as a practical example; people are people, and flirts are flirts.

Even if doctors don't read this book the patients will and by their pressure perhaps make us better doctors – for our patients of both genders.

JAMES F FISHER
*General Practitioner,
85 Castle Lane, Bournemouth,
Dorset BH9 3LQ*

Biomedical Research Involving Animals – Proposed International Guiding Principles

Proceedings of the XVIIth CIOMS Round Table Conference, Editors Z Bankowski and N Howard-Jones, 218 pages, Switzerland, £10, The Council for International Organisations of Medical Sciences, 1984

CIOMS Round Table Conferences are designed to provide interdisciplinary forums to enable the scientific and lay communities to express their views on topics of current concern unhampered by administrative, political, or other

considerations. *Biomedical Research Involving Animals* is a report of the proceedings of the 1983 conference which discussed a draft of the Guiding Principles for Research using Animals presented at the conference and which it was hoped would provide widely applicable criteria for establishing codes of practice or legislation concerning the use of laboratory animals for scientific purposes.

Whilst no one could fault the intention, the list of participants emphasises the rather one-sided nature of the proceedings. Of some 200 participants, scientists outnumbered animal welfare by more than 20 to 1. The sooner those involved in any of the scientific disciplines accept that responsible lay opinion in all areas where the welfare of man or animal is at stake must be given equal weight with scientific opinion, the better.

The attitude expressed by one scientist at the round table conference that those who are not in favour of experiments with animals simply do not understand what basic scientific method is about, is no longer true or acceptable.

Nevertheless, *Biomedical Research Involving Animals* is a useful selection of papers and discussions on this controversial and contentious issue. The conference was divided into three sessions, each of which included three or four papers followed by discussion: Scientific Progress and Research Involving Animals; Determinants of Future Policy Regarding Research Involving Animals, and Care and Protection of Laboratory Animals. The book ends with reports and summaries by the session chairmen.

I found the most interesting and useful paper was that of Dr Zimmermann, of the International Association for the Study of Pain, on Ethical Considerations in Relation to Pain in Animal Experimentation. In discussion, Dr Zimmermann makes the point which should give pause for thought to all those involved in experimental research:

'As long as we do not know more about species-specific expressions for pain and suffering, it is perhaps useful to assume that the pain is not less than in humans. It might be more, maybe, I am not sure about that. For example, giving an injection to an animal is certainly much more painful for the animal than for a human because the animal cannot rationalise the injection'.

I was somewhat disappointed in the dis-

cussion sections and believe these would have been more lively had there been greater animal-welfare participation.

One serious criticism is that to facilitate understanding of the discussion, the original draft of the International Guiding Principles is included as an annex but the final version of the Principles resulting from the round table conference is not included and is published separately.

Nevertheless, this is a useful study of the viewpoints about the use of animals in research and will be of interest to those on both sides of the fence.

CLIVE HOLLANDS

Secretary,
Committee for the Reform of Animal
Experimentation, (CRAE), Edinburgh

Just Health Care

Norman Daniels, 245 pages, London, £22.50 hard cover, £7.95 soft cover, Cambridge University Press, 1985.

This book addresses an intriguing question: What do we mean by justice in health care? It is 'an essay in medical ethics', although it concentrates on the social level of decision-making rather than the individual decisions which are more commonly the concern of medical ethics.

Daniels leads us through problems of the nature of health care *per se* and what is meant by 'need' to distributive theories and definitions of equal access. He considers equity by age group and equity to providers before moving away from the formal health-care system to discuss equity regarding health risks in the work place, concluding with his own musings on the relationship between philosophy and public policy.

The book deals with important issues. However, it is disappointing in that it does less than justice to the subject. It is worth reading, more as a stimulus to thought on the issues it raises rather than for any answers it provides.

Not that it is justified to expect answers to the very difficult question: what is just health care? However, a clearer, more insightful set of signposts to getting to the answer would have been welcome.

The most interesting part of the book deals not with health care *per se* but the regulation of hazards at work. What should the basis of such regulation be? Technological feasibility? Some cost-benefit calculus? To what extent should individual freedoms to be exposed to hazards to health be respected? Should

individuals be coerced into safety? Daniels suggests (p 159) that in general we ought to preserve individual autonomy but he adds the important rider: 'If unregulated worker "choices" about risk-taking must fail, or generally do fail, to be informed, competent or truly voluntary, then we are not compromising autonomy by intervening'. But the world is not so neatly divided. And in the middle ground of partially informed, not wholly incompetent and at times voluntary risk-taking what do we do? Perhaps the answer is simply to agree the desirability for intervention on the basis of whether individuals at risk want such intervention. Messy perhaps; but also perhaps just. Maybe too it is equity in information that holds the key to justice in risk-taking and health care more generally.

Elsewhere and particularly on formal health-care justice, the book is slow to take off. This seems largely because of a failure to answer satisfactorily what is surely the key question 'Is health care special?' Daniels addresses it and concludes (p 57) that health care is special because '1) meeting health-care needs helps us maintain normal species functioning and that 2) normal functioning in turn has a major impact on an individual's share of the normal opportunity range for his society'.

Such a conclusion is less than satisfactory and it is a pity he did not devote more time to the ideas that as individuals we care about the health of others (and therefore about justice in health care) or that we want to do our fair share for the health of society more generally and as a result want everyone to have reasonable access to health care. Sorting out if and why health care is special is no easy task but Daniels needed somehow to address these questions better if the central thrust of the book was to sustain its momentum.

His discussion of the concept of need is not as helpful as it might be – again unfortunate, as it is difficult to discuss justice in health care without an adequate definition or at least view of what constitutes health care needs.

Equity for providers – especially doctors – is however raised in an interesting way, perhaps because it is less well documented than justice for consumers. His conclusion here is stronger than elsewhere: 'The restrictions on autonomy in treatment decisions imposed by just resource allocation policies . . . violate no basic liberty of physicians or rights of patients'.

That comment is perhaps best read alongside his conclusion to the book that justice will vary depending on the