between women in terms of probability of risk to an unborn child and offer a test which, to be effective in population terms, will lead to being offered termination of an abnormal fetus. Such screening would generally be for Down's Syndrome and would only be performed after agreement of the mother to abort an affected fetus. To respond to a woman's request for such tests may be morally acceptable, but to sow seeds of doubt in the mind of a pregnant mother who hitherto had no worries, and to offer her the death of her baby as the sole solution may be ethically unacceptable.

There is no evidence put forward as to who these high-risk women are, nor of the proportion of women in these groups likely to find this method of prevention morally or ethically acceptable. It would have been interesting to have examined the acceptability and efficacy of such programmes elsewhere. In addition, one would have expected a health economist to have looked more closely at the issues of likely cost-effectiveness of such a screening policy. The application of currently accepted criteria for monitoring a screening programme would have been illuminating.

Despite these reservations, the author reflects a body of current opinion, concerned to make things work, to provide 'good' community care, though possibly at the expense of families and the community, and to involve statutory and voluntary sectors more in working together. The problems have been realistically analysed but a lot more effort must be directed to finding convincing and ethically acceptable solutions.

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The Physician and the Hopelessly Ill Patient: Legal, Medical and Ethical Guidelines

Society for the Right to Die, 92 pages, New York, \$5.00, Society for the Right to Die, 1985

This volume is divided into three sections. The first, short section is a reprint of an article which was originally published in *The New England Journal of Medicine* in 1984 and is a synthesis of

the thinking of ten American physicians. This article was written in an attempt to begin to examine publicly the responsibility of physicians towards the hopelessly ill patient. The article deals with the ethical dilemmas of whether life should be sustained at all costs or whether its quality should be taken into account. It perceives four general levels of care which should be considered and discussed with the patient ranging from emergency resuscitation to general nursing care which simply makes the patient comfortable. The article considers both the competent and incompetent patient and argues for a sensible approach to patients and relatives who, if at all possible, have the right to be involved in any decision-making. Further, it affirms the limited usefulness of 'The Living Will' as a real assistance to the physician trying to ascertain the best course of treatment for the dying patient.

The second section of the book is a compilation of questions and answers on legal aspects of allowing patients to die. Here the book moves from the ideal or theoretical to the pragmatic. This begins to put into perspective what courses of action are possible, when the patient's wishes should be heeded and the doctor's responsibilities when dealing with the hopelessly ill person.

The final section of this book takes the questions a stage further by giving an up-to-date resumé of right to die and living will legislation and case law State by State. What becomes apparent from this is the sheer complexity and variance in legislation in the United States. Since 1976 some 36 States have enacted living will laws. Although these share common features no two are precisely identical. This is further complicated by the fact that where a State has no legislation or case law about the right to die. . . 'the law of other States may exert influence and may indicate general trends, but it is not binding'.

This book is a fascinating vignette on how the United States is dealing with one of the most important ethical considerations of the medical profession; the right of anyone to self-determination at the most profound level. It is generally accepted that in a developed society ethical principles will be enshrined in legislation. However, reading this book gives one a sad reminder of the chaos which ensues when a medical profession is beset by rampant and costly litigation.

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The Right to Die – Understanding Euthanasia

Derek Humphry and Anne Wickett, 353 pages, London, £15, The Bodley Head, 1986

The uncomfortable paradox of modern medical advance is that technology can often create much suffering particularly in a terminally ill, elderly patient who would much prefer 'to go to sleep now' as in the reported last words of 92-year-old Lord Stockton, Harold MacMillan. To go gently into that good night is the preferred way of death for most of us but the dilemma of modern medicine is that the ethical insistence on the sanctity of life often means for aged patients who might have slipped away peaceably only a generation ago, that death is a technological battle to keep patients alive – no matter what the quality of life is. The medical and ethical commitment to preserving life even against a suffering incurable patient's wishes is the subject of *The Right to Die* by Derek Humphry and Anne Wickett.

This wide-ranging and closely argued study, subtitled *Understanding Euthanasia*, traces the historical perspective of 'mercy-killing' and the roots of the religious and cultural concept of the sanctity of life.

The authors make no secret of their position and argue fluently that euthanasia is the compassionate response where terminally ill but competent people request help to die. It is inhumane, they argue, to keep people technically alive when they are in a hopeless condition, when they are suffering and when they have made it clear they wish to die.

Derek Humphry, an English journalist who now lives in America, writes from first-hand experience in that in 1978 he wrote *Jean's Way*, an account of how he helped his terminally ill wife to die. He was investigated by the Director of Public Prosecutions as to his role in his wife's death but he was not prosecuted. Now with Anne Wickett, his co-author, he has founded the Hemlock Society which urges the rights of people to be helped to die, either in a passive or even in an active way, when medical help can only prolong what they consider to be 'dying' and not living.

However, the study gives a fair and objective view of the many arguments against euthanasia, as an Orwellian

nightmare, as the thin edge of the wedge, as in the Nazi experience, as a threat to the trust between patients and doctors and as evidenced by the moral dilemma of doctors themselves.

The ethical dimensions of mercy-killing are profound and the authors rightly label the still almost taboo subject 'one of the last serious moral issues for modern society to decide on'. It is certainly an idea viewed with abhorrence by many, but the euthanasia movement has grown rapidly in the USA where 40 States now have 'living will' legislation which effectively authorises the maker's family and doctors not to take 'extraordinary' measures to prolong life when death seems inevitable and the illness incurable. In Britain, the pro-euthanasia movement has grown steadily under the auspices of the Voluntary Euthanasia Society but it is the Netherlands which has taken the most radical steps in providing a legal framework with strict guidelines for doctors who have to treat patients who have asked for life-preserving treatment to be withheld at a certain point. The Dutch legislation goes further even than withholding treatment. There, a physician who meets strict criteria, can give a lethal injection to a dying person who has requested death and the physician will not be punished.

It seems unlikely that the British medical profession or the public are yet ready to go that far but this book is a valuable contribution to the debate.

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A Time to be Born, a Time to Die

Rasa Gustaitis and Ernle W D Young,
267 pages, USA, \$18.95, Addison-
Wesley, 1986

This book was written by two non-medical authors, one of whom, Gustaitis, is a professional journalist and the other a chaplain and senior lecturer in medical ethics in the Stanford University medical school. They were given the free run of the neonatal, intensive-care nursery at Stanford University and had detailed frequent discussions with the medical and nursing staff, as well as with the parents of very small babies. They lived on the premises and absorbed the whole atmosphere of the problems created by, and sometimes solved by neonatal intensive care.

This book should be compulsory reading for all those engaged in, or considering a career in, neonatal medicine. It is well written and full of understanding and feeling for the babies who can express no opinion, for their parents who do not have a much bigger say in the matter and for the doctors who have to make life-and-death decisions in an atmosphere of American legislation which may compel them to carry out intensive treatment against their consciences and against the interests of the babies.

What they describe with immense sympathy and understanding is the absolute horror of American medicine, which I am afraid is already creeping into our own practice.

They have admiration for the magnificent technology which is increasing almost every day but which runs far ahead of the consideration of what its application means to so many. It may be best to quote verbatim a paragraph which will give the reader a good impression of the substance and tone of the whole book:

'However, hand in hand with this progress run its side-effects, threatening to trip it and send it crashing into a nightmarish domain where, as in George Orwell's 1984, things become the opposite of what they were intended to be. In the intensive care nursery, where the dramas of neonatology unfold, equipment designed to be therapeutic can turn into machinery for torture. Saving life can mean prolonged dying. Babies are "saved" only to be confined to institutions as total care patients, while their families are destroyed by the "rescue". The burden of choice is as great as its potential.'

The book should be on the shelves in every neonatal intensive-care unit and should be frequently read and not just catalogued.

May we be spared the horrors of intensive neonatal care inflicted on American babies!

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Brave New People

D G Davies, 221 pages, Leicester,
£4.95, Inter-Varsity Press, 1984

This book, written by a professor of anatomy who is a devout Christian, has

two main aims. One is to survey the main controversial problem areas in medical ethics around the time of the commencement of life: abortion; artificial insemination; ethics of embryo research and experimentation; prenatal diagnosis; genetic engineering; cloning, and *in vitro* fertilisation. The book provides a useful survey of the moral problems in these areas, ostensibly from a Christian viewpoint. It is an area which receives little attention in the medical-student curriculum although we will soon be in the position of having to make immediate decisions on such dilemmas, whether as physicians or as parents. I thus found this book of great benefit since it opened my eyes to such controversies and provided me with an information base on which to formulate my own opinions.

The book's second aim is to argue for a mechanism whereby the consensus of society on these issues can be obtained and applied. In order that an appropriate decision may be reached Gareth Davies hopes 'that even those who disagree with my stance on various points will look beyond such disagreement to the underlying principles'. This makes an important point: there is a need for patients, and for society at large, to become more involved in medical decision-making, particularly, perhaps, with regard to general principles. There is no escape from the ramifications of biomedical technology and the many issues raised in the book should provoke the reader into reflecting on his or her own ethics and practices. Furthermore the point is made that many people prefer their doctors to make choices for them in areas such as abortion and prenatal screening. I found this rather disconcerting in its implication that doctors have some particular divine right to preside over human life and that they will always arrive at the 'right' answer.

Overall, I enjoyed reading this fascinating book, which deals with issues that are less than comfortable and conveys some of the dilemmas and quandaries facing personnel involved in making decisions about human life around the time of its inception. The text was refreshingly free from the pretentious jargon which sometimes disfigures studies of this sort. The only disappointment is that the book was not able to deal with developments in medical ethics over the past couple of years since it was published in 1984. In particular in the field of research on embryos a discussion of the Warnock committee report would have been