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Health Care Systems

Edited by Hans-Martin Sass and
 Robert O Massey, 368 pages,
 Dordrecht, £44.50, hbk, Kluwer, 1988

The aim of this volume is to get beyond issues of cost containment to the 'basic moral and cultural roots' of health systems and to ask how systems might be reconstructed so as to fit values. This quest started at an international symposium in West Germany in 1985.

Papers by Englehardt and Sass set the scene promisingly. Sass wants to see the individual citizen play a larger role in caring for his or her health 'for moral and cultural reasons, not primarily for economic reasons'. He wants to see costs and benefits of health programmes re-defined to cover costs in terms of loss of autonomy and benefits in public risk management and he sets out a framework for making choices at the margin. The Sass preferred choice would seem to be that government should concentrate on basic insurance medicine (BIM).

Detailed contributions on national health systems follow. Unfortunately, little use is made of the Sass framework. The day-to-day management of health systems seems to show a diminished concern for equity and access. The French experience with the end of ideology seems fairly typical. As Lacronique sums it up: 'It would be hard to find a single article advocating health policy in terms other than those which reflect a spirit of "real-politik" where any tribute to cost containment is passively accepted'. In the Netherlands 'budget cuts are necessary because of lack of funds', and although the Netherlands is said to have broken through to the higher perception that 'more health care expenditure does not necessarily result in improved health', it is not clear what effect if any this has had on policy.

The freshest contribution is by Feshbach on health in the USSR where use of performance indicators in hospital mortality rates discourages hospitals from admitting patients with a poor prognosis. Maynard makes some constructive suggestions for more information on costs, qualities and quantities as a prerequisite of any

serious ethical debate at all. Delkeskamp-Hayes takes issue with Anglo-Saxon welfare economics in its use of altruism as grounds for collectivism.

The last sections cover micro-decisions and philosophic principles but without managing to relate them very effectively. Viekhues contributes a vigorous essay against compulsion in prevention.

The book is most useful in providing contributions written from the standpoint of European individualism. Such individualism seems to have roots in Kant rather than in Adam Smith and at the moment seems to lack any real purchase on the pragmatic decisions taken by policy-makers in health systems. Individualism without market economics seems doomed to be a private and rather sketchy vision.

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New Reproductive Techniques: A Legal Perspective

Douglas J Cusine, 276 pages,
 Aldershot, £25, hbk, Gower, 1988

Douglas Cusine has for a long time been a contributor to the debate on the legal issues of donor insemination. In this book he lucidly lays out the complexity of the legal pitfalls surrounding assisted conception, drawing particularly on the greater experience of donor insemination.

Two things strike me on reading this book. First, how naively we enter into treatment with donor gametes and embryos, usually not recognising the complex situations that may arise. There is such a strong assumption that all parties are acting in good faith that we find it difficult to anticipate that problems could occur in years to come. Presumably too, as family relationships become more tangled, this area is going to become even more fraught. All of us working in this field should clearly be aware of the consequences of our involvement, not only to protect ourselves, but particularly to ensure that the children conceived as a result of our intervention are adequately cared for.

Secondly, I was made aware that such

laws as exist today in the field of assisted conception depend in the main part on case law. This leads to such anomalies as two more or less identical cases being judged in diametrically opposed directions. I was also shocked by the subjectivity of some of the judges, where summings-up are quoted in the book. Moral disapproval is clearly registered in some of the extracts and it becomes clear that current moral stances strongly influence judgements when there is no statute designed specifically to cover a complex situation.

It is obviously time to clarify the legal issues that arise from gamete and embryo donation, surrogacy and embryo research. Mr Cusine provides a comprehensive review of the Warnock Committee's report which addressed these issues and also draws attention to some situations that it did not cover satisfactorily. It was expected that the White Paper on Human Fertilisation and Embryology prepared in 1987, and drawing heavily on the findings of the Warnock Committee, would have been discussed in Parliament by now, but at the time of writing, this appears to have been shelved.

Mr Cusine has written an excellent summary of the legal issues raised by the new reproductive techniques. His book also contains a useful bibliography. I shall find it a helpful guide as I contemplate counselling couples for donor insemination and *in vitro* fertilisation.

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Confronting Death

Richard W. Momeyer, 182 pages,
 Bloomington, Indianapolis, USA,
 \$25.00 hbk, Indiana University Press,
 1988

Confronting Death is a book written by a philosopher about attitudes to death. It is divided into two parts. The first part is about general attitudes to death, and by implication, to life also, and discusses the concept of 'good dying'. The second part builds upon this to consider specific problems, including suicide and the management of patients not in a position to make their own wishes clear.

The title is itself controversial in that accepting death is more generally advocated than confronting it. The

book argues that of three possible attitudes to death, described as denial, acceptance and rebellion, rebellion is the most appropriate. This is not borne out by experience gained from hospice work where many of the most peaceful deaths are in patients who accept their imminent death and some of the most distressing are in patients who cannot accept the inevitable. Nevertheless, the book gives a thought-provoking, well-argued justification of a different attitude to death and acts as a reminder that all patients are different in their codes of belief and lifestyle, and that no generalisation about appropriate attitudes to death will be true of all people.

The book is written from a secular point of view and the approach to religious attitudes is somewhat insensitive given that much valuable work on dying and death has been pioneered by those of a strong religious conviction. The suggestion that faith in life after death is really a sophisticated form of death-denial is particularly unacceptable.

Much of the material in the book discussed so far arises in the first chapter and the book becomes less difficult to read in subsequent chapters. The author does not expect us to agree with him. In the preface he states that he hopes the book will be found 'at least interesting and frequently provocative by those who dissent'.

The conclusion to the first part of the book is that the ideal is 'death with dignity'. This is presented in a sensitive and interesting manner and few people would argue with it.

There are controversial aspects to the second half of the book, not surprisingly, given the different attitudes held towards suicide. Ten suicide case studies are described and these raise the whole issue of how to define suicide and show clearly that this is more difficult than might initially be supposed. The author uses the concept of death with dignity to evaluate suicide and concludes that it is occasionally an acceptable act. At the same time he warns against the romanticisation of death and ideologies which suggest suicide is praiseworthy.

The examples of a severely injured American who expressed a wish to discontinue life-saving treatment but was not allowed to do so, and of the rights of mentally retarded people or people on life-support systems to be given or not given treatment are discussed in the last chapters of the book. The overriding conclusion drawn by the author is the right of a patient to

be treated with dignity and compassion by his fellow man. When this is the main concern of those involved the decisions to be made are that much easier.

As Professor Momeyer says of one patient, the main tragedy is 'that there is no one in all the world who could have wiped his brow and offered him some small measure of human warmth'.

The book is simply written even though it includes some complicated arguments. If it succeeds in reminding us to treat our fellows with respect and dignity it will have achieved much it sets out to do.

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Health, Rights and Resources

Edited by Peter Byrne, 201 pages, London, £16.95 hbk, King Edward's Hospital Fund for London, 1988

King's has done it again. For the third year Peter Byrne has collected a series of essays which are topical, in that they address problems that judges and legislators should now be considering, while in no sense being ephemeral. They merit the hard covers in which the King's Fund and the OUP have presented them.

The most philosophical of the collection is John Harris's analysis of the QALY, concluding: 'If QALYs are implemented they would constitute a denial of the most basic civil rights'. The others are more immediately practical: for example John McEwan, in the longest piece in the book, provides a social study of the present state of family planning which will interest patients and administrators as much as doctors. The odd-ball is Arnold Simanowitz, the dreaded Director of Action for the Victims of Medical Accidents, who almost persuades one that defensive medicine is ethically respectable.

What makes this collection particularly suitable as a source book for students of medical ethics, such as those taking the Apothecaries' Diploma, is the balance. The editor opens with a key essay on the ethical, social and legal issues raised by AIDS at the present stage of the epidemic; for background Roy and Dorothy Porter give a factual social history of the enforcement of public health in this country.

Similarly Professor Capron from the University of Southern California describes the work of the President's Commission for the Study of Ethical Problems in Medicine, giving a factual background to Simon Lee's discussion of the respective roles of judges and Parliament as sources of medical law.

So much of English law concerns itself with 'wrongs'. The thrust of the European Court, like the title of these essays, is more on 'rights' even though Simon Lee says 'I wish that the growing body of international human rights law was called human duties law. But it isn't'.

One would have thought that everything that could have been written about abortion had by now been written, but by starting from the angle of rights and duties John Eekelaar gives new insights in his piece on a mother's duty to her unborn child.

In promoting health government is not entirely reliant on legislation; in the case of AIDS, mass education has been used. But, where medical legislation is called for, Lee complains that 'legislators consistently duck sensitive moral dilemmas and leave the judges to resolve the ensuing mess'.

Charles Kingsley may well have drawn our attention to 'the mistake of fancying that legislative reform is social reform or that men's hearts can be changed by Act of Parliament'. More appropriately, by the application of medical ethical thinking we should today be aiming to change the hearts of the men who pass Acts of Parliament. This book provides raw material for such groups. Judges and politicians could profitably read these essays too.

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Rights and Responsibilities of Doctors

British Medical Association
Professional Division, 135 pages, London, £7.95, pbk, BMA, 1988

This book's stated aim is to provide a practical guide to certain aspects of the law as it affects doctors and as such it should be welcomed. It avoids ethical questions entirely, advising reference to the association's *Handbook of Medical Ethics*.