Book reviews

Philosophy and Practice of Medical Ethics

British Medical Association, 139 pages, London, £9.95, British Medical Association, 1988

In 1980 the BMA produced *The Handbook of Medical Ethics* in an attempt, according to its foreword, to 'set down in co-ordinated form the [medical] profession's approach to its ethical responsibilities'. After minor modifications and several reprints, it now appears in new guise; longer by a third, substantially revised, and retitled *Philosophy and Practice of Medical Ethics*.

The change of title indicates that more space is given over to the philosophical arguments underpinning practical ethics, but a book of this nature and length cannot hope to condense the large and growing literature on philosophical medical ethics into a brief introductory chapter without distortion and omissions. The authors acknowledge the necessary superficiality in their account of the religious and philosophical influences upon medical ethics, and although at times the text smacks of writing by committee, they manage to give proper acknowledgement to the central place of Christian theology in the development of Western medical ethics, and provide a useful, if brief, survey of the relevant contributions from Judaism, Islam, Buddhism and Hinduism. The philosophical influences receive a more cavalier treatment, disposed of as a list of 'principles' (among them utilitarianism, sanctity of life, autonomy, and truth-telling) with no indication of where they come from, how they are related, and what happens when they conflict. The chapter ends with a quote to the effect that 'One cannot afford the

uncertainties of the philosopher'.

There follows what may be the core of the book: three chapters on autonomy and paternalism, confidentiality, and consent to treatment, covering the central features common to nearly all doctor-patient relationships. Legal aspects are touched on where relevant, and there is an instructive review of the Lords' judgement in the Gillick case. Such matters concern all doctors: the next few chapters are focussed on the ethical questions arising for particular sub-groups of doctors, such as prison doctors, police surgeons and community physicians. There is a section on torture, reiterating the conclusions of the BMA's 1986 *Torture Report*: but, disappointingly, no reference to the probity of medical participation in capital punishment.

Then, after five chapters on an area best described as medical etiquette or, as here, professional behaviour, encompassing such matters as gifts and hospitality and establishing a practice, there appears an entirely new section on resource allocation and the reduction of services to patients. Its inclusion is eloquent testimony to the sense of threat now pervading the NHS at all levels, and is likely to raise some government hackles.

Continuing ethical dilemmas are covered in two sections, one for those issues where a consensus is identified (including, contentiously, abortion) and one for those where it is not (including, equally contentiously, given the clarity of the conclusions of the BMA's 1988 report on the subject, euthanasia). Finally there is a valuable collection of 15 different codes of practice and declarations of the World Medical Association, a set of appendices giving guidelines on specific matters like the use of fetal tissue in transplants, a concise bibliography, classified by subject, and an index.

Apart from an idiosyncratic distinction between ethics and morals, some

lapses of expression, and occasional typographical errors (one of which, by referring to a 1976 report's opinion that brain death 'could be diagnosed with uncertainty', will be seized upon by the small but strident anti-brain death lobby) the book will be a useful practical guide to doctors facing dilemmas, and perhaps a stimulus to further thought on deeper issues in medical ethics.

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No Fault Compensation in Medicine

Edited by Ronald D Mann and John Harvard, xv + 210 + appendices, London, £20.00, Royal Society of Medicine Services Ltd, 1989

The issue of no-fault compensation for the victims of medical accidents is now firmly on the medico-political agenda, at least so far as the British Medical Association and the defence societies are concerned. Although the BMA has had a working party on the subject since 1983, the general perception is that their proposals are largely a response to the expansion in the numbers of claims for compensation made against doctors in the 1980s, with the concomitant increase in subscriptions to the defence societies. This view is supported by the fact that in evidence presented to the Pearson Commission in the 1970s the medical profession was opposed to a no-fault scheme, principally because it would tend to reduce accountability. Now that Crown indemnity has been introduced (from January 1990), providing for compensation for medical negligence within NHS hospitals to be met fully from NHS funds, it will be interesting to see how strong the BMA's