and are often the first outlet for a significant or idiosyncratic essay which later enters the mainstream of medico-legal jurisprudence as fashions change or subjects come to acquire greater public visibility. Almost every essay in this book illustrates that point.

Consider the importance which, ten or twenty years ago, would have been attached to, and the attention which would have been received by, the persistent vegetative state (here discussed by Bryan Jennett); geriatric medicine (Margot Jefferys); research ethics committees (Claire Gilbert Foster); mass tort claims (Ken Oliphant) and post traumatic stress disorder (Michael Napier). True, there is an imbalance, an unevenness in the quality of these essays, their contemporaneity, the nature of the discussion and the depth of learning, but that does not detract from the overall richness of the book. The remaining essays, by Abdel Haleem (medical ethics in Islam), Andrew Grubb (treatment decisions: keeping it in the family), Susan Jinnett-Sack (autonomy in the company of others) – each of which brings a refreshing and thoughtful approach to its subjects, and Ludovic Kennedy (euthanasia) – in which he returns to familiar ground – complement the dominant theme of this volume, that of decision-making in medical law.

The one essay which is 'missing' from this valuable collection is one which addresses 'choice' and what this might and does mean in health care. That could have considered the relationship between the fashionable concept in Anglo-American medical law and ethics – autonomy – and the decidedly unfashionable one of paternalism. There is a tantalising reference to this interface in Jinnett-Sack's essay (especially at pages 110–111), but she reserves the burden of her thesis (which assesses the usefulness of rights-based analysis) for people '... who arguably do not fit the rational person model ...' and circumstances when '... issues affect third parties as well as the decision-maker ...' (page 97). And Grubb acknowledges that '[t]his area throws up in stark relief the wider question of patients' rights and the role of others and society in making decisions about their medical care' (page ix). But again, he would confine that analysis to people who are incompetent to make decisions and choices for themselves.

Thus, there is no consideration of the nature of choice in medical and

health care, no assessment of paternalism as a form of social insurance, and no examination of whether autonomy can possibly be enhanced by offering choices where one avenue affords no reasonable prospect of a particular outcome. Recall how movingly this was addressed by F G Ingelfinger, the dying former editor of the *New England Journal of Medicine*, in his magisterial essay, 'Arrogance': 'I do not want to be in the position of a shopper at the Casbah who negotiates and haggles with the physician about what is best. I want to believe that my physician is acting under a higher moral principle than a used car dealer. I'll go further than that. A physician who merely spreads an array of vendibles in front of his patient and then says "Go ahead, you choose, it's your life" is guilty of shirking his duty, if not of malpractice' (1).

This is to cavil, however, at an omission which not everyone will bemoan, and which does not detract from the value of this most recent addition to an important series of publications.

Reference

- (1) Ingelfinger F G. Arrogance. *New England journal of medicine* 1980; 304: 1507–1511. This is quoted and discussed by John Saunders in a chapter entitled 'Medical futility: CPR' in *Death rites: law and ethics at the end of life*, edited by Robert Lee and Derek Morgan. London: Routledge, 1993.

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Let me decide

William Molloy and Virginia Mephram, 48 pages, London, 1993, Penguin, £3.99

The British Medical Association (BMA) recently recommended us all to complete a signed and witnessed statement of our medical treatment preferences towards the end of life (excluding the choice of positive help to die which remains illegal). Such a document is usually known in this country as an advance directive. Unfortunately they gave us no suggestions about how to do it; at first sight this booklet seems to fill that gap.

The medical procedures that might be used to treat a gravely ill patient are

described in some detail and the reader is invited to consider which would be acceptable, and in what circumstances. This is a complex procedure. A printed form is included on which to record the decisions – unfortunately it is only half the size of the pull-out section in the original Canadian edition so not very convenient to use. It is recommended that there should be two witnesses to one's signature, that the family physician (GP) sign it, and also a proxy. This person, chosen by the potential patient, is to speak in support of the advance directive preferences when the person concerned becomes incapable of speaking on his/her own behalf.

An alternative approach is to forego, in specified circumstances, 'any medical intervention aimed at prolonging my life' rather than to attempt to give detailed treatment instructions. This probably accords better with the doctor-patient relationship on this side of the Atlantic and certainly makes the completion of the document a much less formidable undertaking. Such forms have long been available from voluntary euthanasia societies in this and many other countries.

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Teaching ethics: an initiative in cancer and palliative care

Education Department, Marie Curie Cancer Care, 25 pages, London, 1992, Marie Curie Cancer Care, £2.50

The senior, harassed and preoccupied health worker, even in such a sensitive area as palliative care, has tended to react to the traditional teaching of medical ethics with discrete indifference, a sturdy belief in common sense and a devout faith that ethical problems are for other people.

Junior colleagues, whose ethical instruction is intermittent and of variable quality, share this attitude and are not inspired by the message of the Hippocratic Oath which they interpret as 'keep your mouth shut, respect your teachers, at least in public, and do not poach their private patients!'

Now, and not before time, there are signs that this is changing. The ethical

competence of senior colleagues has been severely questioned. Against a background of patient consumerism, litigation and complaint, informed consent and the rationing of health care, or of truth, provide rich material for unusually strident public debate. Health workers now realise uneasily that there is a need to move from the conscientious complacency of yesterday to a preparedness for the complex dilemmas of tomorrow.

They need a concise, relevant, unpompous tool and the Education Department of Marie Curie Cancer Care is to be congratulated on providing it. This book sets out a brief, relevant outline curriculum for a multi-disciplinary audience, based firmly on virtue ethics and the case-conference approach. The discussions move beyond euthanasia and the persistent vegetative state to relationships and power, autonomy and the advance directive, and harm and benefit analysis. It combines guidance with flexibility. The cases selected for discussion would encourage specific topics to be discussed or local disturbing cases to be analyzed without scapegoating, and so to provide ongoing instruction at unit level.

This is too valuable an initiative to be restricted to hospice and palliative care, but hospice colleagues should be grateful for it. They may even allow a seditious bioethicist, lawyer or philosopher to contribute to their discussions, and help prepare them for tomorrow's world by using in the document's own words 'ethical theory to illuminate and add substance to the resolution of practical problems'.

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Examining doctors

Donald Gould, London, Faber and Faber, 1991, 148 pages, £12.99

This ambiguous title symbolises the struggle between the themes of this book. It does examine doctors with all their faults as well as reviewing the methods that the profession uses to regulate and to train them. It attempts to explore how society perceives the activity of the profession. The author bases his conclusions about the present state of the medical profession in the United Kingdom on his own experience and interviews with a small

sample of doctors who are drawn from a wide range of posts. The main problem of having one from each level in the profession (from the student through the junior staff to the chiefs of the medical hierarchy) is the clear lack of representativeness of these individuals. It is tempting to conclude that many of the doctors chosen would be those whose views would be most critical of the present state of medicine and possibly most in harmony with those of the author. For example, the general practitioner chosen is one who prides himself on his frugal prescribing. The junior doctor chosen is one who was in two minds whether to read medicine in the first place and now feels jaded about the profession.

Provided the reader does not accept this book as a representative study of the opinions of doctors at different stages in their careers, the book can be enjoyed as a very readable mixture of wit and ire. However, I worry that some of the conclusions will merely feed the growing prejudice that most doctors are either tired or jaded.

The author takes us through the evolution of health care in this country, which makes a very useful foundation for understanding the pressures on the contemporary doctor. He clearly illustrates the changing interaction between the patient and the doctor with time although his pointed substitution of 'customer', 'client' etc for the term 'patient' wears a bit thin with repetition. The present dilemma of the doctor struggling in the conflicting role as both the individual's healer and the system's manager is thoughtfully explored.

Second only to his vilification of organ transplantation, are the author's attacks on the medical education system, which he seems to perceive as having bred this brood of arrogant and self-defensive egotists. This book is very topical, with the author predicting a number of the changes in emphasis from hospital to primary care which have been highlighted by recent reports. However, he appears to have ignored some of the exciting developments in undergraduate education. Most medical schools, stimulated by the recent GMC recommendations, are focusing their teaching on rationing facts and spending more time on developing skills. He looks back in horror at his own medical education but in the same building today he could see a curriculum which embraces ethics, problem-solving, multidisciplinary management and palliative care as well as exciting ways of helping the student

to discover the essential building bricks in the basic medical sciences.

The author's anecdotes and wise analysis of the current problems are clearly the fruits of long experience. However, the book's overall rather negative tone may irritate the reader but as a source of subjects for argument this book is bound to be popular, especially with those in training. It challenges the current generation of doctors to defend their attitudes and to justify their roles as healing intermediaries in the world of developing science and changing needs.

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Lives in the balance: the ethics of using animals in biomedical research

Edited by Jane A Smith and Kenneth M Boyd, Oxford, Oxford University Press, 1991, 352 pages, £19.50

This volume, a report of a working party of the Institute of Medical Ethics, is the result of a three-year project of study undertaken by scholars gathered together from a wide variety of disciplines. The text seeks to analyse the major issues encountered by anyone involved or interested in the debate concerning the use of animals in biomedical research. As such, it covers a large range of areas and issues, from the degree to which the suffering of non-humans should be considered in the context of any moral conclusions we may arrive at concerning their use in experiments, to whether or not it is both desirable and justifiable to use animals in schools or at other levels of education. The volume also includes a brief consideration of philosophers' attitudes to animals, from Plato to Peter Singer.

Specific cases of experimentation are examined in detail, for example the use of monkeys in research into the treatment of human diabetes. Here the possible benefits of such experimentation are assessed. Questions of funding, experimental procedure, of the type of animal best suited to research goals, and the techniques used in the research itself are all examined and detailed. Given that the treatment of

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