style with that of, say, France. Inevitably, in a study of this nature, some of the authors have been overtaken by events; this being particularly the case with the Czechoslovakian contribution, to which a postscript has been added explaining the possible implications of the democratic revolution. Elsewhere, more normal political developments made much of what has been written somewhat tentative, but this is probably unavoidable in any area of applied ethics today.

Of particular interest among the contributions is an essay by two British scholars, Anne Griffiths and Anne Fink, on the regulation of reproduction in the Third World. By comparison with the demographic disaster engulfing the developing world, the reproductive concerns of the developed countries seem puny, even self-indulgent. In this fascinating essay, the authors examine how western notions of population control have been insensitively imposed on poorer countries by richer countries, and suggest that western ignorance as to the social regulation of human reproduction in non-western countries has contributed in great measure to the failure of population control programmes. The key to greater success is education, especially for women, along with a programme of appropriate social support systems. Tantalising issues are raised: the breakdown of marriage and the traditional family leads to the having of more children out of wedlock. Is marriage, and restraint on extra-marital sexual intercourse, a method of population control? One would have thought so, particularly if there are strong disincentives to an early start to reproduction. Yet the authors are not drawn into a discussion of this, perhaps feeling, as many do, that external moralising on this issue is unwelcome.

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Medicine, money and morals: physicians' conflicts of interest

M A Rodwin, New York, Oxford University Press, 1993, 411 pages, \$25.00

Although written from an American perspective, this book is published at a particularly appropriate time in the evolution of the British health service. Mark Rodwin is Associate Professor of Law and Public Policy at Indiana University and in this book he examines the conflicts of interest which arise within the medical profession when decisions relating to patient care are influenced by personal financial incentives.

An opening section introduces how conflicts of interest arise. Society in general, and individuals in particular, expect doctors to act on behalf of their patients. Personal financial incentives or divisions in loyalty can compromise a physician's commitment to patient welfare. The move towards market forces during the 1980s in both the United Kingdom and the USA has served to exacerbate such conflicts. Professional medical organisations have responded by drawing up ethical guidelines to minimise potential abuses. However, these guidelines themselves reflect a degree of professional ambivalence and in practice have been difficult, if not impossible, to enforce.

A second section illustrates and discusses a range of financial incentives which exist to increase as well as to reduce services. Fee-for-service medicine is an obvious example of a situation whereby generation of additional and possibly unnecessary services will result in additional income. Gifts from medical suppliers and drug manufacturers may also influence choice of treatment. Other practices which are less familiar to British practitioners include payment of 'kickbacks' for referrals or admitting patients to medical facilities in which the physician has a direct or indirect financial interest (physician self-referral). Reducing expenditure by 'risk sharing' may persuade physicians to cut out wasteful tests and procedures but may also act to deprive some patients of necessary care.

In the final section, Rodwin examines the way in which society has coped with conflicts of interest involving other professionals such as lawyers, financial advisers and government officials. These all act as fiduciaries, people with legal obligations to serve others. From a British perspective, the American models and statutes used as illustrations again have their limitations, but he presents a broad range of strategies to minimise potential conflicts. Perhaps the most important is to try and separate

financial reward from clinical decision-making. Other measures, such as regulations and sanctions, are likely to prove difficult to implement and monitor. Financial incentives are likely to be the most effective way of influencing clinical decision-making. Whether this is in the individual patient's best interests is debatable and it will undoubtedly undermine the trust which lies at the heart of the doctor/patient relationship. This book should provoke critical reflection on the current reforms in health care.

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Forensic psychiatry: clinical, legal and ethical issues

Edited by John Gunn and Pamela J Taylor, London, Butterworth Heinemann, 1993, 1151 pages, £125.00

The inclusion of a chapter on ethics in a major textbook is a welcome development for British forensic psychiatry, which to date has lacked both legal and ethical analyses of common clinical problems. This review will focus on this chapter, which is written by the editors.

The issue of morality and psychiatry is discussed at length in the textbook's introduction (page 15). Gunn and Taylor's account sets the framework for their subsequent ethical analysis. They take 'a Darwinian view about the moral sense' (page 17) and state their belief that 'morality is just one way of construing behaviour'. On this account, the ethical conflicts that occur in forensic psychiatric practice do so because of a difference between the medical and the moral view. The authors note that doctors themselves will have moral views (page 17), but add that 'the languages of morality and of science or medicine should not be confused'.

The chapter on ethics begins with a description of the professional codes of ethics, and notes the abuse of psychiatry for political ends. There is some discussion of the different social roles of the psychiatrist. In balancing the needs of the patients and the needs of society, it is asserted by the authors that 'knowledge' is the most influential factor. There is surprisingly

little analysis of relevant case law (for example, *W v Egdell*, in *re F*); a pity, since the law offers an ethical solution (although clearly not *the* solution, or even the most morally justifiable one). An understanding of how case law is derived in difficult cases can contribute to ethical discussion by adding a different perspective.

The traditionally medical utilitarian analysis offered by the authors is consistent with the account of medicine and morality given in the introduction. The question then remains whether this account is sustainable. It could be argued that medicine is itself an intensely moral endeavour, and thus morality and medicine are not separate. Forensic psychiatry, with its emphasis on the treatment of mental illness that produces criminal deviance, could be said to be intricately involved with legal morality, and to have specific moral purposes all its own.

It could be further argued that many of the crucial ethical dilemmas arise in forensic psychiatry just because the duties of the professionals involved differ. This in turn arises because their training and professional frameworks are ethically very different. For example, ethical discussions of legal practice may be grounded in notions of rights, whereas medical ethical discussions may be couched in terms of beneficial consequences. A different language may be used, and different conclusions drawn. As the authors suggest, although one need not confuse the two perspectives and language, there is nevertheless room for both to co-exist, and both ethical perspectives to be valid.

The authors conclude their chapter with a discussion of two areas important to academic forensic psychiatry: research and teaching. In relation to research, a strong view is proposed: 'Research is inherently ethical unless it can be shown to be flawed'. Space does not permit a review of all possible counterarguments, and the authors do not offer any. However, one particular area of difficulty must be in relation to non-therapeutic research, ie, that research which does not provide a direct benefit to the patient. Typically such research provides information about a disease or condition. The World Medical Declaration of Helsinki (thoughtfully detailed in appendix four of this book) states that subjects of medical research should be volunteers. Although, as Gunn and Taylor suggest (page 878), many patients in forensic settings may enjoy

the chance to benefit others, some patients will not volunteer to do so. It is arguably this group who may be of most interest to study. A discussion of the question of gaining consent for non-therapeutic research from those detained in maximum security hospitals, and the nature of the psychiatrist-patient relationship in relation to such research would be of interest here.

Finally, education in this area is vital, and the authors rightly emphasise this. They themselves have initiated a diploma course in forensic psychiatry, which includes teaching and discussion of ethics in forensic psychiatry. It is to be hoped that this example will spread to other places where forensic psychiatry is taught.

This book will be of use to all those who work with offenders. It offers a very particular ethical analysis of clinical dilemmas in forensic psychiatry. However, alternative analyses are possible, and might be of additional interest. Many ethical analyses may be needed in order to take account of all the interests that conflict and compete in the thought- and anxiety-provoking world of forensic psychiatric practice.

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Euthanasia, clinical practice and the law

Edited by Luke Gormally, London,
The Linacre Centre for Health Care
Ethics, 1994, 248 pages, £12.75

This volume is presented as two distinct 'books'. The first book contains the Linacre Centre's 1982 Working Party Report, *Euthanasia and Clinical Practice: Trends, Principles and Alternatives*. The report focuses primarily upon the ethical issues, that is, what clinicians should do when the termination of life, either with or without the consent of the patient, appears to be a viable option.

The issues are addressed primarily from two perspectives: moral philosophy and the Christian tradition and the report begins by suggesting that euthanasia should be considered by reference to the ethics of murder and not to those of suicide. Accordingly, the language of murder, ie, killing innocent people, frames the discussion. Voluntary, as a description of certain forms of euthanasia, is

dismissed since '[t]he drive is in the direction of killing people when their lives are judged useless or burdensome to themselves or the world'. When the report turns to specific consideration of the rights and duties of competent (part five) and incompetent (part six) patients the emphasis is on the attendant moral, and not the legal, obligations and duties. The judgments in the report depend upon a difficult distinction between the worth of the treatment and the worth of the life being treated. For example, a distinction is drawn between ethically acceptable refusals of treatment where the patient does not have any obligation to seek to prolong life, and those where the patient's intention is to hasten death. The final part of the report discusses the demands of good medical practice.

Book two goes beyond the ethical discussion in the report and includes legal analysis and argument, formulated over a decade later. It contains the Linacre Centre for Health Care Ethics's submission to the House of Lords Select Committee on Medical Ethics, established to investigate the justifications (if any) for decisions and conduct with a view to ending a patient's life. The argument centres around concepts of justice, human dignity and the sanctity of life. It takes into account the many academic contributions to the debate, and legal developments, since the report was prepared in 1982. The basic premise of the argument has changed little, however, being (at the risk of simplification) that the taking of life for reasons based upon the inherent value of the patient's continued existence is incompatible with notions of dignity and the intrinsic worth of human beings. But where the justification for withdrawal or withholding treatment is the futility of the treatment (taking into account the distinctive goals of medical treatment), or the burdens which the treatment itself imposes upon the patient, it can be morally acceptable.

The submission is followed by a series of articles, elaborating upon the general theme of the discussion. John Finnis criticises the 'undue' emphasis upon self-determination from those who advocate the use of advance directives. A distinction should be drawn, he suggests, between refusing treatment to avoid its burdens, and cases where the patient 'intends to die as a means of escaping suffering and/or of securing some advantage'. Luke Gormally discusses the BMA report *Euthanasia and the Case against*