arise as some ethical barrier in the human case? And even if it does arise, why can we not conduct medical research on humans who are brain dead, anencephalic infants, and the like, where there never will be anything resembling informed consent? If we are told that we must respect humans, what about them are we to respect? Take, for instance, a person fully in the grip of Alzheimer's disease or senile dementia: is it the human shell we are to respect? Why may we not test drugs upon these people? To reply that our religious or cultural tradition does not sanction it is no longer the stopper it once was, since all manner of actions that many regard as capable of justification, from abortion to euthanasia and physician-assisted suicide, now regularly challenge that tradition. In short, hard questions are being asked of many practices that heretofore have been widely regarded as ethically acceptable, and while it may be true that ethically sensitive biomedical research of high quality is possible within established practices, is it possible when many of the very normative principles that underlie those practices themselves come under attack? It is the examination and the defence or rejection of these principles and so the practices based upon them – I do not prejudge the outcome of this activity – that seem both central to and imperative for an ethical discussion of animal and human experimentation today.

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Reforming Health Care

Edited by David Seedhouse,
Chichester, UK, John Wiley, 1995
242 pages, £16.95.

In this book, the seventh in a collection written or edited by David Seedhouse, he sets out to explore modern health reforms in depth. His aim is to show that philosophical analysis is essential to cogent health reform. The book is formed from a collection of articles, written by a range of international authors. Most of the articles have already appeared in *Health Care Analysis: Journal of Health Philosophy and Policy*, also edited by David Seedhouse.

The book is divided into three sections. The first section consists of

comprehensive articles offering an informed view of various health care systems, reforms and associated debates in the USA, the UK, New Zealand, the Netherlands, South Africa and Lithuania. These chapters give a rich insight into the different systems and the rationale and problems surrounding them. They range from discussion of reasons why urgent reforms to the systems within the US are thought to be necessary, to descriptions of difficulties faced in post-socialist Lithuania, where the majority of the population find great difficulty in obtaining a decent minimum of health care. The vast difficulties facing development of a new health care plan in post-apartheid South Africa, where there is evidence of gross racial discrepancies in health care, are also discussed. A separate article on the oft-quoted Oregon experiment is also included in this first section. This describes in detail the still evolving attempts by this American state to devise, in consultation with the community, a basic health care package which, by eliminating procedures which are judged to be least beneficial (for example treatment of viral hepatitis and cancers with less than five per cent predicted recovery at five years), can release funds to cover health care costs for the poorest in society, ie those who cannot afford health insurance.

The six chapters in the second section also refer to various health care systems but are devoted to philosophical discussion, with particular reference to social justice. The third section consists of an examination of the ethics of health promotion. The four authors of this section explore issues such as the nature of health, the extent to which individuals can be held responsible for their own health, and the related issue of "victim blaming". Working on the premise that a theory of health is essential if discussions of health policies are to have any real meaning, their aim is to illustrate the features which are essential to any theory of health.

This book is on the whole, clearly written and easily accessible. By examining health systems internationally (although the editor acknowledges by no means comprehensively) a clear picture emerges of the disparate but also common difficulties in creating systems for fair allocation of resources. Justification for the belief in the necessity for philosophical analysis as a base for health policy and reform is well illustrated. As David Seedhouse points out, some of

the chapters illustrate very clearly the fact that philosophy and practice can seem worlds apart when it comes to health policies. Yet, he asks, how can a health reformer make cogent changes unless thought has been given to the principles which should guide the practical reform process? Arguments against apartheid for example, must rest on an alternative theory of social justice, and the Oregon experiment is based on the principle that human beings are of equal value.

This book will be of particular value to anybody involved in forming health policy, health care research or health ethics. However, it would also be of interest to any health professional or student interested in exploring the philosophical basis of practical health care.

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Philosophy, Psychology and Psychiatry

Edited by A Phillips Griffiths
Cambridge, Cambridge University
Press, 1994, 243 pages, £13.95.

These indeed are exciting times for philosophy and psychiatry, as Fulford remarks in his interesting essay on mind and madness which begins this book. A newly emerging mutual interest, sketched by Fulford, directs philosophers towards psychiatric concepts, categories and practices, and psychiatrists toward the theory, values, metaphysics, epistemology and methodology informing their profession.

The interest of the philosophers is, on reflection, understandable. Anthony Quinton has observed that given their status as experts on rationality – and we might add, on the moral concepts of personal autonomy, and responsibility – the puzzle lies with philosophers who aren't curious about psychopathology, not with those who are (page 5). And the interest of philosophers has been piqued. Several topics with clear relevance for medical, and particularly, psychiatric, ethics, such as personal identity, have recently received the attention of a significant number of philosophers and benefited from philosophical analysis and scholarly

debate – within the new interdisciplinary journal devoted to philosophy and psychiatry which enjoys almost the same title as this volume – *Philosophy, Psychiatry and Psychology* – and within the pages of this volume itself (see chapters by Hope, Wilkes, Boden, Binns and Shotter).

Moreover, the clinician's stock in trade is, and has always been, matters with profound moral and philosophical resonance and importance: not only irrationality, personal autonomy, and responsibility, but the mind, subjectivity, happiness and visions of the good life, character and the characterological traits known as vices and virtues, self-deception, authenticity, dangerousness, criminal insanity and the nature of meaning and communication, as well as the set of concerns over what makes good science. The philosopher-psychiatrist Jaspers somewhere remarks that any attempt to exclude philosophy from psychiatry would be disastrous. As this list reveals, it would also be impossible: psychiatry is by its nature philosophical.

The philosophers and clinicians writing in this collection recognise and celebrate these links and are forging the new interdisciplinary conversation between their respective disciplines which these disciplines' shared subject matter so urgently invites.

So much for philosophy and psychiatry, how about psychology? As this new rapprochement between philosophers and clinicians has been taking shape, the world has not stayed still. Two revolutions in the science of mind have followed upon what Harré calls the experimentalist-statistical methodology with which psychology began the century. First came the cognitive revolution insisting on "the ineliminability of the phenomena of cognition from the subject matter of the science of psychology" (page 26), and, second, the "discursive turn," recognising cognitive psychology to be the study of meanings, of "the active use of symbolic systems of various kinds by active and skilled human beings in public and private contexts, for the accomplishment of various tasks and projects jointly with others" (pages 27–28). This discursive turn, as Harré and several other contributors to this volume show, is a version of what continental philosophers have long recognised, and honoured, as hermeneutics, and we need it for a full understanding of psychology and psychiatry.

Another development in the science

of psychology shifts the frame within which we analyse mental concepts: we have come to think of minds on analogy with computers. Computational models are introduced by Margaret Boden to help us understand multiple personality disorder, and David Papineau attempts to illuminate some of the puzzles associated with mental disorder, mental dysfunction, mind and brain by appeal to functionalism in computers. (Just as we find in computers, he proposes, there may be people whose brains are unimpaired while yet there are glitches in the structural system which affect their psychological functioning.)

This is a wonderful book, scholarly and well-researched, yet full of surprises and odd turns – as one might expect when a number of creative thinkers from various backgrounds are given *carte blanche* at an inchoate interdisciplinary boundary. Riches abound here; I can but list some of my favourites. There is Fulford's stylish overview of the field, which serves as a broad introduction to the book. As I have indicated, this essay surveys some of the areas where current philosophical work has been most concentrated and productive, around the phenomena of thought insertion, delusion and personal identity. Kathleen Wilkes offers a subtle discussion of the "politics" of self-deception in which she tries to understand the kind of madness involved when otherwise normal people can give or obey orders to commit atrocities: what occurs within the person, she theorises, is a very extreme form of propaganda-induced, but culpable, duality. Tony Hope's artful use of cases (the changeable manic Mr M, and dissolving Mr D with Alzheimer's disease) challenges and presses on Parfitian theories of personal identity, and advances our understanding of the intriguing but elusive notion of an "authentic self". Daniel Robinson's sweeping and erudite review of legal responses to mental disorder through the ages (including our own), and Nigel Walker's crisp and policy-oriented discussion of the vexed issue of dangerousness, and the justification for detaining a mentally unimpaired person who is innocent, yet dangerous, are both fine pieces. Finally, Gabriele Taylor's penetrating analysis of the vices of avarice, envy and pride illustrates her thesis that some vices are so fundamentally harmful to us that "it must be in (our) own interest to cultivate such virtues which would prevent their occurrence or mitigate

their impact" (page 145). Self-knowledge is an example of such a virtue.

The relevance of a collection like this for medical, and particularly psychiatric, ethics cannot be disregarded. Few authors in this book concern themselves *directly*, and as such, with the ethical dos and don'ts which arise in clinical settings. Yet few pieces here fail to introduce the kind of underlying assumptions about mental disorder and its treatment which must inform and influence how we cast those dos and don'ts. Questions of the personal identity of the patient rendered unrecognizably different by his disorder, such as Hope raises in his discussion, for example, may seem at first to rest on and imply metaphysical rather than ethical matters. But, as Hope makes clear, how we assess Mr M's personal identity is not only influenced by, but also will profoundly influence, how we see the ethics surrounding his treatment. In the same way, other topics raised by the authors in this volume will serve to illuminate, ground and support the more specific ethical decisions which arise in practice.

This is not a tidy book. It covers an immense range of subject matter and one does not come away with a very clear picture of how it all hangs together. But perhaps the expectation that it should is, too, a "disciplinary" illusion – or a kind of systematic delusion imposed by intellectuals on what is actually a disorderly world?

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