the impotence of the medical observers of the Rwandan genocide. Other such tragedies are described, for instance, there is an account by a German MSF nurse of the fall of the UN "safe haven" of Srebrenica which became a "killing zone". Yet poverty and exclusion can occur just as readily in Western Europe, and MSF provides clinics for the homeless and destitute migrants there.

There follow chapters of general significance: on the protection of civilians in conflict; on the role of international medical groups in emergency relief; on international humanitarian action, and on refugees and marginalised populations. Finally there is a useful chapter on international law.

The second half of the book concerns the problem areas of Liberia, Bosnia, Chechnya, Rwanda and the Sudan. The aim of the book is to put problem situations into perspective and to draw out codes of action. One priority is the need to speak out when atrocities occur and not to defer to government manipulation of peace organisations. The case of Ethiopia, when aid organisations were manipulated as bait by an unscrupulous government, is cited. The book puts general principles - such as in maintaining the right to health, or the ethics of emergency medical assistance - into the context of specific circumstances. Overall, this is a forward-looking volume which seeks to draw constructive conclusions from current dilemmas and problems.

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Preventing Prenatal Harm: Should the State Intervene [2nd ed]

Deborah Mathieu, Washington DC, Georgetown University Press, 1996, 187pages, £15.50, US\$19.95.

The behaviour of a pregnant woman - and even behaviour prior to pregnancy - can have a significant impact on the wellbeing of the child to be born. Not only might the future person be affected by the mode of delivery chosen by the mother, but he or she can also have his or her own health jeopardised by what the pregnant woman eats, or does not eat; the drugs

and medications she takes or refuses to take, and the things she does or does not do. Although we may feel sympathy for, or even outrage on behalf of, an infant harmed in utero, it may, as Mathieu observes, be futile to force a pregnant woman to comply with certain behaviours or medical treatments when she can simply terminate the pregnancy instead. Of course, such an option would not be open to her later in pregnancy, but then interventions such as forcing her to have a caesarean section also have serious ramifications for her bodily integrity. Finally, prenatal harm can also occur in circumstances beyond the control of the pregnant woman due perhaps to her workplace conditions or environmental pollution, or caused indirectly by the funding of health and welfare benefits.

Mathieu tackles the issue of prenatal harm methodically, comprehensively and accessibly. Her book divides into seven chapters. The first outlines the problem of state intervention in prenatal harm and covers some of the prominent legal cases from the USA (not surprisingly, Mathieu predominantly uses examples from the USA) which make interesting reading in their own right. In the second chapter she looks at the bearing which the status of the fetus has on the issue. She argues that moral status could be considered irrelevant to the issue of prenatal harm since the harm in question will be experienced in the future by an individual whose status is beyond question. This does not mean that the fetus has rights either to be born or to receive medical treatment *in utero*. Rather, once the pregnant woman has decided to carry to term "she has not chosen to avoid a situation in which she will affect the wellbeing of another person ... and in so choosing she can be deemed to have assumed moral responsibility for at least some of the wellbeing of that future person" (page 29). Adopting this position enables Mathieu to offer a limited defence of the responsibilities of pregnant women to the unborn without threatening their access to a termination of pregnancy.

In chapters three and four she explores respectively the arguments for and against legally requiring women to act in the interests of the future child. In chapter five she looks at the practical implications of intervening during pregnancy and takes the view that there are both limits to what pregnant women (as parents) can be expected to sacrifice for their future

child, but also limits to the damage which women can be excused for causing. Accordingly, there is some role for the state to intervene to prevent serious harm to a fetus which is going to be carried to term. However, when looking at some of the possible candidates for state intervention, she points out that the relationship between the suspected cause of harm and the harm itself must be certain - which it is not in the case of cocaine use, nor can it be conclusively shown that heroin use is certain to cause serious and lasting damage. Her observation that the state is not actually doing a great deal to help pregnant drug users avoid drug use is echoed in her final chapter, which looks at the prenatal harms caused indirectly by the uneven distribution of health and welfare benefits and goods. In the penultimate chapter she discusses the extent to which the state has been willing and able to protect fetuses from prenatal harm in the workplace. She notes that whilst it is clearly preferable for employers to remove the threats to fetal health, this might not be possible. If it is not, then preventing women from working in such environments will restrict their choices of employment. Accordingly those women who knowingly work in hazardous conditions might find that it is them, rather than their employers, whom their future children might sue for damages. Concluding this chapter, she argues that it is undesirable for children to be permitted to sue their parents because any woman who fears a future suit might have a termination of pregnancy instead. Her solution is a more positive system of support and rewards for those women who do have to make sacrifices for the wellbeing of their future children.

Mathieu is to be commended for her good sense and for writing a well-balanced and readable text which does not sit too much on the fence.

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Limits. The Role of the Law in Bioethical Decision Making

Roger B Dworkin, Bloomington and Indianapolis, Indiana University Press, 1996, 205 pages, £29.50.

Mr Dworkin discusses in this book "the law's ability to regulate new

developments in biology and medicine". Although it has been written from an American point of view, it is relevant for all those who have to deal with bioethical dilemmas on the level of society.

The author explores the various responses of American law (ie common law, legislation, administrative law-making and constitutional adjudication) to today's major moral dilemmas related to medicine. After an introduction to the (at least for non-anglo-saxons) complicated American legal system, he discusses the following issues: abortion, (compulsory) sterilization, alternative reproductive techniques, genetics, death and dying, and experimentation with human beings.

Dworkin's starting-point is that "morally questionable law, (ie law on issues that are *per se* morally debatable HMD) should be reserved for areas in which moral consensus exists in the society" (page 20); if there is no consensus, it is better to have no law at all. But laws exist; in most countries, including the USA, abortion - for instance - was criminalized. Thus "the most important reform would simply be to repeal the criminal prohibitions" (page 20). By 1973 fourteen states in the USA had indeed revised their criminal anti-abortion statutes. But the reformers wanted more, they wanted a "right" to abortion, which resulted in the end in the Supreme Court's famous "Roe v Wade" decision, which favoured the pro-choice position. Dworkin demonstrates that the drive to pursue legal actions up to the Supreme Court, led in fact to a very unattractive "Pyrrhic victory". At first sight the right to abortion seemed to be gained for everyone in the US, but "Roe v Wade" was a disaster for people who care about law". The shortcomings of its argumentation led to a number of unclear decisions by other courts. "Thinking big ultimately led to the downfall of the apparently victorious reformers and did other harm as well" (page 53). This conclusion may be right, but the author does not mention the fact that till 1973 only a minority of US states had reformed their law. One wonders which other option was available for the reformers, and whether the US law system as such was the cause of all problems. Other countries did indeed decriminalize abortion by legislative reform without the problems Dworkin came across in the US legal development. In the meantime Dworkin's analysis

of the arguments used in the legal battles are interesting, from an ethical, as well as a legal, point of view. His analysis, for instance of the hazards of a "rights language", of the significance of privacy, and of the "viability of the fetus" criterion, are precise and valuable.

End-of-life decisions also cause harsh legal and moral dilemmas. Here Dworkin notes an "enormous gap" between a "highly restrictive law" and "highly permissive practice" (again in the USA), at least till 1976 (the year of the Quinlan case). Although, as Dworkin writes, from a certain point of view one could regard the pre-1976 period as being "as close to ideal as a system designed and run by mortals can be" (page 113), a movement started to change the law. The following judicial fights and legal reforms demonstrate again the limited possibilities of the law to cope with these moral problems. The issue of facilitating death is very complicated (page 109f). Decriminalizing such decisions, as Dworkin advocated in relation to abortion, is apparently no option in this case. One may wonder why. It may be understandable and defensible in relation to active euthanasia, (because of its association with "murder"), but foregoing or refusing medical treatment is obviously something very different from murder. What would be easier than to declare the criminal prohibition of murder not applicable to refusals of medical treatment? It is exactly the analogy between "non treatment decisions" and "murder" that enforces the supremacy of tubes and pills over people. And although Dworkin observes with regret that the judicial and legislative approaches "have not solved the problems and have not created a situation in which patients can feel secure that their wishes will be followed", he does not advocate a decriminalizing of "end of life" decisions. This is hardly consistent with one of the conclusions of the book that "the law fails most miserably when it tries to regulate most fully or to take principled positions. It comes closest to succeeding **when it hardly regulates at all**" (page 164). As a consequence of this conclusion one would expect a plea for less law concerning facilitating death.

This interesting book leaves the reader with the conviction that most moral dilemmas should be solved at an individual level without interference from the law: this is actually Dworkin's starting-point. And, in the opinion of this reviewer, it is becoming clear also,

that the discipline of ethics is much better at dealing with modern medicine, than the law ever could be.

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Helping and Healing: Religious Commitment in Health Care

E D Pellegrino and D C Thomasma,
Washington, DC, Georgetown University Press, 1997, 167 pages,
£12.50, \$15.95.

The stated aim of this book is "to develop a more complete account of a moral philosophy for medicine", recognising the place of human reason within faith, but "illuminated by the authoritative word of Scripture and tradition" (page 1).

The authors' goal is to demonstrate the possibilities of enriching and broadening the ethical enterprise, through the use of a religious perspective, by concentrating on the ways in which a religious perspective shapes the healing relationship and the ethics of that relationship.

Noting the "dilemma for our times" as being the clash between the values of technology and the values of medicine, the authors believe the use of advances must be governed by human and moral ends.

The first four chapters of the book explore the healing relationship and how a religious perspective can be a source of meaning for illness and death. Drawing on the work of Eric Cassell, a sick person is described as being not merely "a well person with a knapsack of illness strapped to his back", but a newly constituted human entity in need (page 16).

There is an interesting section on the relationship between the healer and the sick person, drawing on insights from Isaiah's suffering servant chants. The authors see healing as coming about "through the suffering of others who themselves must suffer in order to heal" (page 24) and suggest that health professionals must suffer some ego-effacement and some loss of control in order to "suffer with". This leads on to a discussion of vulnerability as a principle in health care ethics.

It is not until chapter five that there is a discussion on religion and the