our relationship as carers. So if there is one lesson to be learnt from this book, it is that of Levinas (quoted in another chapter by van Tongeren), not so much the relationship between desire (and to limit the alternative of an ethics of desire to one of rights [W Lesch] is a simplistic reduction) and immortality (although the psychoanalyst might argue that we seek immortality through begetting children). Levinas asserts that entering into a relation with the other by looking into his or her face, ie getting to know him or her, means accepting the differences with love, rather than with the antagonistic approach surmised to be so general.

What about the structure of this book? The introduction contains a contribution by the "father of IVF", Professor R G Edwards, in his usual clear and enlightening style, but also the evermore irritating assertion of the reduction of the complaint "infertility" to a social construct rather than a disease. The right questions about interdisciplinary discourse are asked by D Mieth and would have been better placed at the beginning, as would some of the clear scientific contributions by Cooke and Lieberman. The order of the parts is also in some disarray: if the title suggests "towards" a medical, social and ethical evaluation, it would have been logical to follow this in three different parts: I, Infertility could have been the medical/scientific basis (Edwards, Cooke, Lieberman) or part of the introduction, and included indications (part III), as well as part V (chances and, risks) and even its limits (part X). The social element with some of the excellent psychological contributions (Schmidt, Englert, and the account by a couple of patients) could well have been coupled with the part of the book on counselling, which has an interesting paper on multicultural settings, which brings us to the bioethics of Engelhardt, although he is not mentioned.

All this might leave part III, the final part, for the ethical contributions, and the evaluation promised in the title. That the status, legal and moral, of the embryo should be tackled (again) is not out of place as it is indeed at the root of many dilemmas in IVF. But that it should be done without any reference to developments in Europe (and outside) whether legal or otherwise, (for instance a three-day meeting on this very subject was held at the Council of Europe in December 1996) is very frustrating, especially for a publication with a European background.

Indeed one expects such an endeavour to start from a basis of widely read, previously published literature if only to criticise it and progress.

Finally let us concentrate on some of the "ethics" contributions: Mieth's criticism of the fallacies to avoid is interesting. They are described as empirical, motivational and genetic, but unfortunately no system is positively recommended. Some titles are misleading, for instance the "ethical considerations concerning alternative treatments to IVF" is more in the realm of deconstructive sociology than ethics, but the chapter by Haker at least mentions beneficence (good life??), and concern for the other as concepts, although sadly wanting in detailed analysis of either. Freedom of action is mentioned by Hildt, with an interesting aside on "unavoidability". The debate around human dignity and human rights is interesting but the notion of dignity and its use is indeed more international than purely German, as it forms the basis of several international codes, including the UNESCO declarations, against the background of Locke, Kant and Schopenhauer.

In short, too many parts, and much too many short contributions contribute to the sense of lack of purpose. But this book should not be ignored, even if found wanting and repeating many arguments heard and published elsewhere (for instance, the splendid contribution by Ines de Beaufort on research on "surplus" embryos in the Strasbourg meeting mentioned above). We therefore look forward to the next publication, as such European Union programmes tend to span three years, and to a final report, edited with care, which would synthesise what I am sure will eventually be a satisfactory contribution to one of the most exciting fields (medically, socially and ethically speaking) at the end of this century and into the next.

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Intersections: Women on Law, Medicine and Technology

Edited by Kerry Peterson, Aldershot, Ashgate/Dartmouth, 1997, 246 pages, £39.50.

Developments in technology in health care practice have been accomplished with what some may regard as fright-

ening, and others as exhilarating, speed over recent years. These developments have the potential at least for the enhancement of medical power, as the doctor is increasingly the creator of life and a means by which life may be brought to an end. This has been accompanied by a perceived need for medical power to be the subject both of review and of regulation. In the introduction to *Intersections: Women on Law, Medicine and Technology*, Peterson states that the aim of the volume is to "dissect medical power and examine alternative approaches to current practices as a means of reframing the issues and establishing principled foundations for the future". This is underpinned also by a goal: to "achieve a balance between the competing goals of public interest and human rights". The collection contains an interesting range of perceptive essays discussing the operation of medical power over a series of areas. The discussion ranges from reproductive issues, as in Bennett's essay, Gamete donation, reproductive technology and the law, which focuses upon the question of gamete donation in the Australian context, to the withdrawal of treatment at the end of life, as in McLean's essay, Letting die or assisting death: how should the law respond to the patient in the persistent vegetative state?, which examines policy considerations post Bland. Human rights considerations in the context of the incompetent patient are examined in the essay of Jones and Marks, Female and disabled: a human rights perspective on law and medicine. Historical perspectives on the debate are provided, for example by Mitchinson's essay, It's not society that's the problem, it's women's bodies: a historical view of medical treatment of women and Britton's, Hippocrates: dead or alive?, exploring the Hippocratic Oath.

Today any discussion of medical power inevitably encompasses a vast range of issues, all human life is indeed there. Any volume dissecting medical power is thus, by its very nature, highly selective. It would have been helpful had the rationale for the selection of the issues and themes examined in the volume been highlighted at the start of the collection, with the links between the essays identified. While Peterson does pull together certain themes/issues which emerge from the collection in her thought-provoking final essay, Dissecting medical power, I suggest a better approach would have been either for the collection to have begun with this essay, or for there to have been a

specific introduction, rather than the reader being reliant on a brief preface. Secondly, the volume's title, *Intersections: Women on Law, Medicine and Technology*, does not direct the reader to the stated aim in the preface, that of dissecting medical power. This title alerts the reader to the fact that the authors are women. However, while many of the essays in the collection do provide a feminist slant to the discussion of particular health care issues (for example, Anlue's discussion of Reproductive autonomy and reproductive technology: gender, deviance and infertility, and Darvell's essay, Gender and equity: emerging issues in Australian drug trial regulatory policies,) and many of the essays centre upon issues particularly pertinent to women, this is not a collection of essays designed to provide a feminist critique of medical power. For a more comprehensive examination of feminist issues in the health care context the reader would need to look elsewhere, to collections such as that edited by Sheldon and Thomson, *Feminist Perspectives of Health Care*, which was published by Cavendish in 1997).

Inevitably in a collection such as this, there are issues which the reviewer would have hoped would have been addressed. It is of course unfair to say to the authors that one would have structured a volume in another way, etc and there is much of interest and of value in this particular collection, not least in its comparative discussions. I was, however, at least a little disappointed that the impact on medical power of professional self-regulation, statutory regulation and other measures such as clinical audit were not afforded greater consideration. These are surely important issues for a volume dissecting medical power and the role of technology today, a volume moreover which states that it aims to provide a "coherent framework for law and policy making". The nature of the boundaries between medical power itself and that wielded by the scientist in the biotechnological context (as, for example, discussed by Gannon in her essay, The science of biotechnology: present, past and future quagmires,) perhaps merited further consideration. Is the role of the scientist and of the doctor identical? Does this impact upon the appropriate regulatory mechanisms to be adopted? One final reflection. Overall this collection draws upon some interesting

cross-jurisdictional comparisons. It raises some important themes and leaves the reader wanting to explore the issue further.

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Sharing the Journey: Spiritual Assessment and Pastoral Response to Persons with Incurable Illnesses

Cornelius J van der Poel, Minnesota, Liturgical Press, 1998, 94 pages, US\$9.95.

The author of this book has taught ethics and pastoral theology as well as having served as a chaplain within a health care setting prior to retirement. *Sharing the Journey* seeks to differentiate between religious denomination and a broader spiritual perspective and focuses on people who have AIDS, cancer or multiple sclerosis, recognising that the assessment and evaluation of a patient's needs in respect of spiritual care is far from easy. The author offers an instrument for spiritual assessment which will allow the carer to evaluate the spiritual state of the person to whom care is being given.

The first part of the book outlines an understanding of the nature of spirituality and the differentiation of spiritual from psychological states, focusing in particular on key words of faith, hope and love.

The key aspects of the assessment document are five general questions dealing with:

1. The place of God in the patient's life;
2. The patient's attitude towards him or herself;
3. The patient's relationship with family and friends;
4. The patient's understanding of and interest in prayer;
5. The patient's attitude toward his or her religious denomination or church.

Each question then has four statements and each assessment has a score of 1 to 5, ranging from strong disagreement to strong agreement.

The next chapter discusses the applicability of this instrument in respect of

three situations/illnesses which impact on patients and families. This is followed by a chapter focusing on pastoral responsibility and looking at ways in which pastors or chaplains might plan suitable intervention. Readers may recoil from the description of a "pastoral treatment plan" (page 76) and one of the problems presented in this book is the difficulty of using such instruments in the general care and management of patients. There is some recognition of this in that the author envisages chaplains might choose to make the assessment retrospectively following interaction with the patient and this would seem to be a less intrusive way. This would then give the chaplain a way of reflecting on areas of development or regression in the ongoing relationship with the patient.

From an ethical perspective it feels important that the development and use of such instruments does not override the autonomy of the individual and his/her ability to say "No" to being so assessed. Issues might also arise regarding confidentiality: fear about information becoming accessible to other team members and other professionals involved in the care. It would also seem important that such an instrument, if it were to be used, should not be included on the basis of implied consent but with the specific consent of the patient being sought each time.

REVEREND PREBENDARY
PETER SPECK
Trust Chaplaincy Team Leader

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