BOOK REVIEW

Healthcare Ethics and Human Values: an Introductory Text with Readings and Case Studies

Edited by K W M (Bill) Fulford, D L Dickenson, T H Murray. Blackwell Publishers, 2002, £65.00 (hb), £17.99 (pb), pp xvi+496. ISBN 0-631-20224-2

Healthcare Ethics and Human Values is an impressive collection of ninety four short literary works. The editorial idea behind the volume is to show the diversity of values in bioethics rather than to provide a theoretically coherent whole. The book is intended to complement, or to counterpoint, the growing legalism in bioethics. According to the editors, contemporary quasilegal (bio)ethics relies on substantive ethical theories and aims at regulation in the light of particular values, while genuine "healthcare ethics" would utilise analytical ethical theory and celebrate partnership as an ideal in order to respect diverse values. "Healthcare ethics" is the editors' answer to quasilegal bioethics. The main difference is the starting point—the diversity of values. The collected articles are there to show how shared values are an exception rather than the rule. The other differences can be found in the emphasis on *ethics as a process* (rather than a set of rules); *communication as a substantive skill* (rather than a means of execution); *the clinical encounter as a whole* (rather than just treatment); *facts and diverse values* (rather than facts and particular values), and *partnership* (rather than regulation).

The book starts with a general introduction that sets it in an academic context. The rest is divided into eight parts, with short introductions of their own. Suggestions for further reading are included in these. The first two parts of the book are slightly more theoretical, but soon the first hand narratives by patients and doctors, and indeed by poets and novelists, are given pride of place. The stories describe the lived experiences of people, actual or fictional, in the medical setting. Even the more theoretical chapters concentrate on the individual perspectives rather than on

abstract principles. Part one introduces various contemporary approaches to bioethics, and aims to show the importance of philosophical traditions to healthcare ethics. Part two takes an excursion to the particular problems of screening and preventive medicine, especially in connection with genetic information.

The bulk of the book is a story of medical encounters (parts three to eight). These are organised chronologically, and a poem by Jenny Lewis about her breast cancer links the parts together. *When I became an Amazon* by Lewis relates a powerful medical history that guides the reader through the experiences of falling ill, having first contacts with medical professionals, deciding on the problem and the treatment, recovery, chronic illness, and ultimately death. The chapters are many and diverse. Some are philosophical, theoretical, and normative, while others take the reader through the pain, suffering, and hope of individuals in their own words, or as seen by a novelist or a poet. The editors have done an admirable job in collecting the contributions. The stories speak volumes.

Philosophically and practically, the introduction of the book opens up a number of important questions. The overarching presupposition is that in the reality of different and competing values any substantive regulation is likely to disregard some values at the expense of others. Whether this is for the good or for the bad is a more difficult question. The editors seem to hold that a dogmatic commitment to any particular set of values is unjustifiable. Many proponents of the quasilegal versions of ethics would disagree. The practical problem, of course, is that in fact we need some ethical regulation. So, how should we strike a balance between quasilegal ethics and the new healthcare ethics to regulate when regulation is needed, while genuinely taking into account all the human values involved? Perhaps reading books like this could be a start.

Another practical problem acknowledged by the editors is to explain how the partnership model, as opposed to the more regulation driven models, would actually work. But this is not a serious problem. The new healthcare ethics advocated by the editors strongly emphasises substantive communication and

personal narratives, and this reader at least, sees the value of the volume in starting a discussion rather than advocating any particular solution.

Healthcare Ethics and Human Values should be of interest to everyone working in the fields of bioethics, healthcare, and medicine. Indeed, it should be of interest to anyone who comes into contact with questions related to biomedical ethics. If nothing else, it should help the reader to widen her own perspective on different ethical viewpoints.

This collection is an invaluable tool for teachers of medical ethics. The selected texts in themselves are good for pedagogical purposes, the suggested readings help students further, and the analytic index as well as the whole structure of the book make it a highly useful device for teaching and learning purposes.

The introduction of the book critically describes today's bioethics, and challenges it by posing questions that have, to a large extent, been dismissed. It asks many questions and gives some answers. The theoretical framework proposed by the editors is not perfect, nor conclusive, but it has the potential of taking bioethical discussions to a new level. Fulford, Dickenson, and Murray advocate an alliance of analytic ethical theory and empirical content, that is, a coalition between "cold" and neutral philosophical tools and "warm" and diverse human values. The idea, while not completely unheard of, has seldom been systematically developed. In a multicultural and pluralistic world it certainly merits further study.

What makes this book especially valuable, however, is the way in which the selected contributions succeed in covering such a wide variety of philosophical and theoretical, descriptive and intuitive viewpoints, and in the way it presents such a broad spectrum of ethical approaches. Moreover, the contributions are organised thematically, without giving priority to any particular set of values or points of view. This, I suppose, is *healthcare ethics* in action. All ninety four contributions tell stories, some normative and some simply descriptive. The rest is up to the reader, whose task it is to feel, analyse, interpret, and understand them.

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