Book reviews

Current Opinions of the Judicial Council of the American Medical Association

American Medical Association,
Chicago
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This pamphlet contains, first, a brief history of 'codes' of medical ethics from Hammurabi (c 2500 BC) to the last revision of the AMA Principles of Medical Ethics in 1980; then the seven Principles themselves; then the Opinions of the Judicial Council of the AMA; and lastly the constitution, bylaws and rules of the council itself. If comparison is invited with the BMA's *Handbook of Medical Ethics*, the American document is by far the more clearly ordered and the more businesslike.

The document is, first, clear. The Principles relate practice, as in the Hippocratic tradition, to the three centres of obligation, the patient, the profession and the wider community. The introduction to the Opinions distinguishes three uses of the term 'ethical' to refer to matters involving moral principle, professional usages or etiquette, and matters of professional policy in themselves morally indifferent. Professional discipline and the processes of public law are also distinguished. The issues which commonly we call 'moral' are treated together in one section – Opinions on Social Issues, in alphabetical order from abortion to unnecessary services. Scarce resources are to be allocated according to likelihood of successful outcome or long-term benefit, not according to social worth. Donors for AID should be 'screened' as well as 'selected', to 'control' the transmission of infectious and genetic disorders. In clinical investigations, proxy consent is allowed for legally incapable subjects,

minors and the mentally incompetent, even for non-therapeutic procedures (Helsinki, part III); and a caution is inserted against 'the overuse of institutionalised persons' (which means, presumably, people in institutions like prisons, hospitals and universities) as 'an unfair distribution of research risks'. Prominent in the guidelines on fetal research are references to 'a legally authorised representative of the fetus' who is to act 'in the best interests of the fetus'; the implications of this for the attribution of legal personality to the fetus would be interesting to pursue. In terminal illness the physician 'should not intentionally cause death'.

We have now reached page 9, From now on, while losing nothing in clarity, the Opinions become businesslike. The remaining sections govern professional custom and usage, and policy *vis à vis* the public, the law and the media. The moralist reading these sections feels himself to be something of a *voyeur* looking at what he ought not to. One legitimate interest of any profession is the corporate maintenance of its social status and economic reward. It would seem to an outsider that the assumption underlying sections three to nine of these Opinions is that the medical profession in the USA has to guard itself strenuously against the infecting of this interest by the invasive forces of a commercial society: the temptations to over-reaching, exploitation both within the system and outside it, and the commercialisation of professional opportunity must be very strong if such explicit defences are erected against them. Perhaps the document has been published – it is not confidential to the profession or to members of the AMA – to give assurance that the profession is aware of present danger, and is armed to meet it.

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The Diseases of Civilisation

Brian Inglis
Hodder and Stoughton, London
£10.95

In this, his latest attack on orthodox medical practice, Brian Inglis's main theme is that the trumpeted successes of modern medicine and surgery are not so great as most of us assume. He re-echoes the warnings sounded by René Dubos and more recently by Ivan Illich that Western medicine, based on mechanistic theories of disease, has not only produced a spate of iatrogenic disorders but is also incapable of reducing the impact of heart disease, cancer, and mental illness which are now the main plagues of developed countries and which are beginning to spread to the Third World.

In reviewing the means by which doctors now handle these problems he recounts the not inconsiderable evidence of the psychosomatic basis of these and other less prevalent diseases, pointing out that doctors almost completely ignore this aspect and ostracise their colleagues who emphasise it. His condemnation of modern therapeutics seems almost unanswerable, but the informed reader will see how biased and often inaccurate his story is. There is scarcely a mention of the enormous power of modern medicine to prevent or postpone disability and to relieve pain. Thus, by his account, anti-hypertensive drugs are useless and usually harmful; but he overlooks the dramatic control of the previously fatal malignant hypertension. He quotes the US evidence that tolbutamide and insulin failed to benefit, and even shortened the lives of, diabetics without pointing out that this trial was concerned only with late onset diabetes and is irrelevant to the tens of thousands of early onset diabetics who would have died within a few years