tion?' The conclusion, when it comes, is rather surprising in view of the recognition given earlier to the possibility of values not being shared by members of the same profession, or when a choice between values is required, of being shared to different degrees by different practitioners. For it involves the notion of a kind of superordinate *practice* as a context in which social work values cohere. This appears to include some elements of role expectations, acceptance of the legitimacy of rules and commitment to a tradition of professionalism, though how these do cohere is not explained.

Noel Timms is to be congratulated on recognising that values do constitute a real problem in social work, and for asking for a more stringent analysis by social work of what its values are, and how those values articulate with each other and the values of the wider society. But it is difficult to see for what audience this book is intended. The general reader will find too much assumed about what a social worker is and does, while the social worker may find the reflections on values too distant from a practitioner's everyday concerns. But if it simply shows that a checklist approach to values is not viable, perhaps that will be enough.

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Beneficence and Health Care.

Philosophy and Medicine, Vol 2. Ed Earl E Schelp. London, D Reidel Publishing Company. 1982. Dfl 80. USA $34.50

This collection of essays is divided into three main sections. In the first the historical and conceptual place of beneficence with respect to health care is examined and in the second how the Jewish, Catholic and Protestant religions treat this matter. In the last section more specific questions to do directly with beneficence and medical practice are looked at.

Since there is no necessary and very little contingent connection between the provision of health care and either beneficence (the doing of kindly deeds) or benevolence, (the desire to be beneficent), a whole book dedicated to the connection seems excessive. This view is borne out in the course of reading these careful, sometimes clever and always solemn treatments. For instance, from the opening essays on broad conceptual issues to do with beneficence and its place in the general moral life, what comes out of well presented arguments is that moral theory is in a bad way. No argument for whatever place beneficence has or should occupy in the moral life, or holds in the precise context of medical behaviour, looks conclusive or even plausible nor, it seems to me, does anyone have any idea what a conclusive or plausible argument would be. What emerges is simply a clear statement of clashing intuitions. Does health care belong to the realm of beneficence or is it a right and to do with social justice? You pick an essay and you take your choice. Is beneficence a virtue and is morality a matter of being virtuous? Do we have a duty to be beneficent and, if so, at what personal sacrifice? The strategy adopted by Buchanan, Frankena and Reeder, and other authors, suggests that we are to be reasoned into this or that moral position. The results demonstrate the extreme unlikelihood of anything of the sort. A brief mention of the parable of the Good Samaritan in Reeder's *Beneficence, Supererogation and Role Duty* shows how morally persuasive discourse operates while Frankena's careful, reasonable attempt to limn the structure of the moral life with its HCs (Health Care), EVs (Ethics of Virtue) and EDs (Ethics of Duty) shows how it does not.

So what part should or does beneficence play in the practice of medicine? How should medical behaviour be organised if it is to conform to what a proper moral attitude prescribes? The problem is not one solely, or even mainly, for medicine but connects with the whole idea of how goods and services, life-support systems and all that goes with the distribution of what societies make, are to be handed around. I suspect that discussion here does not get interesting until it becomes total and profound.

I conclude from these conscientious arguings that philosophy in general as it is at present and philosophy as applied to particulars, as it is here, has little to offer except an ability to survey the field and make a few necessary distinctions. I am not clear, either, for whom this book was intended. It will not surprise or inform many philosophers and will not assist those who have to do with the sick.

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Nuclear War – Civil Defence Planning – The Implications for Nursing

London, Royal College of Nursing. 1983. £1.25

It is to the credit of the Royal College of Nursing (RCN) that it set up a working party to look at the grave implications of nuclear war for nursing at a time of escalation of nuclear arms, growth in the movement for disarmament and intense political debate.

The aims of the working party were to gather all the relevant information, identify the implications for nurses, nursing and nurse education at all levels and to prepare recommendations for action to be taken by the RCN.

The working party drew on evidence of the nuclear explosions on Hiroshima and Nagasaki, which had a 'profound effect' on individual members. Their findings were that because of the scale of death and injury, the destruction of medical facilities and supplies, and the contamination of water and breakdown of communications, there would be nothing that nurses could offer except possibly comfort and basic education in hygiene. A simulation exercise of a one megaton airburst over Bristol suggested the catastrophic destruction of the city, devastated medical resources and numbers of severely injured so vast that even all the present health facilities in the United Kingdom could not cope. The working party point out that in reality the effects would be far worse, because of the likelihood of a number of simultaneous explosions on major urban centres.

The report is realistic and critical of 'naive' Home Office policy that underestimates the effects of nuclear war. It makes the case that planning for the aftermath is futile and only serves to lull the public into an unjustified sense of security. Furthermore, it criticises health authority planning for, and training in, mass casualty techniques and deplores the absence of consultation with nurses and nursing organisations in the development of policy.

The ethical implications for nursing are discussed briefly. There is reference to the dilemma of making priority decisions for resource allocation to survivors, and to the problem of differentiating between those with terminal diseases and those with a remediable condition. The moral question of whether nurses should remain with their families or assist in futile crisis-care is touched on, but there is no discussion of a nurse's personal feelings of conflict