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.

DAVID HALL
Department of Sociology,
University of Liverpool

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 arguments 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.

STANLEY EVELING
Senior Lecturer in Philosophy, University
of Edinburgh

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.

when faced with the inevitable and perhaps unrealistic demands for professional care by traumatised and suffering survivors. The reason for this lack of cover may be a reflection of the working party's view, and indeed the main thrust of the report, that nursing as we know it today would be irrelevant and therefore discussion of ethical implications of the nurses' role is inappropriate.

Where the report falls down is in failing to draw conclusions from its findings about the implications of those findings for nurses, civil defence planning, and action for the RCN. In effect the findings are that there is no role for nursing care in the aftermath of a nuclear strike. It should presumably follow that there can therefore be no justification for the nursing profession being involved in civil defence planning for nuclear war. Moreover such involvement would falsely engender a sense of security in the community which in turn would influence attitudes to nuclear war and defence strategies. However, because of an apparent nervousness about the 'apolitical position of the nursing profession' and a wish to avoid the 'profound, ethical and political issues' the working party fails to draw this conclusion from its own devastating findings.

FIONA M ROSS

Department of Nursing Studies,
Chelsea College, University of London

Medical Negligence

J A Cameron. Edinburgh, The Law Society of Scotland, 1983. £2.25

Cases of medical negligence have increased greatly in recent years. Mr Cameron's text is therefore welcome as the first which is devoted exclusively to the subject. His commentary is relevant both north and south of the border as the substantive law is the same. The author is a senior member of the Scottish Bar with considerable experience in this area.

He begins by explaining that a higher standard of care is expected of medical men and how this conduct is to be judged. Reference is made to the classic exposition by Lord President Clyde in *Hunter v Hanley* and the author shows how this has become the accepted test in the United Kingdom. He then explains that a medical man is to be judged by the standards of others in the profession who are at the same level in their career. As he points out, however, no one guarantees success on every occasion, but he explains the danger of categoris-

ing exceptions under the heading of 'errors of judgement,' a red herring invented by Lord Denning.

Having looked at the test for negligence and how the test is applied, Cameron turns his attention to related topics such as consent. Should the patient be told anything and, if so, what? How much should be said? These questions are looked at in the light of the reported cases. The other related issues are whether, and what, to tell the patient if something goes wrong, the need for doctors to keep up to date and the dangers of acting outwith their field of competence.

The concluding part of the book considers a miscellany of matters including *res ipsa loquitur* – when the doctor's conduct requires some explanation (for example the swab left *in situ*) – vicarious responsibility, contributory negligence and the assessment of damages.

The author's text is both clear and readable. I would strongly recommend it to medical practitioners and others who are interested in this area. It is a slim volume, but packed with useful material – ideal for the pocket, in respect of both size and price.

D J CUSINE

Faulty of Law, University of Aberdeen

Medical Stewardship: Fulfilling the Hippocratic Legacy

M Oliver Kepler. Westport, Connecticut and London, Greenwood Press, 1981. £28.95

This book is a statement of a code of practice both personal and corporate. The background of the author gives strong clues as to the motivation for writing it. Fourteen years after graduating in medicine, Dr Kepler felt he had to learn more if he wanted a fulfilling practice of medicine and so he followed a master of arts programme in religion. In addition to this dual qualification he has had very varied clinical experience and it is this breadth of outlook which entitles him to write what is not a textbook of medical ethics but rather a description of an approach to medical practice which reflects what he calls *philia* – brotherly or neighbourly love. He considers that love for one's neighbour is fundamental to his thesis of medical ethics.

The book starts with a valuable account of the origins of medical ethics from earliest times. It continues with a very interesting and outspoken case study of the American Medical Associa-

tion and asks what are the proper ethical functions of a professional organisation. There follows a chapter on the ethics of market-place medical practice as compared with salaried service or insurance schemes. This is interesting but predictable and perhaps somewhat superficial. In his analysis of the ethics of professional competence the author touches on quality assurance, peer review and the responsibility of doctors to colleagues with impaired performance. On this same general theme Dr Kepler outlines a number of what he calls under-utilised roles of the doctor – as priest, as advocate, as comforter and as steward. In this section he gives his views on euthanasia and on abortion but does not argue them very fully. Again, rather superficially, he touches on drug abuse and on clinical trials but the book is better when, as is its declared intention, it is dealing with general principles and an ideal way of professional life, than when it goes into individual examples.

We come back to general principles in the chapter entitled *Philia among Health Professionals* in which interaction with clergy, with other health professionals and with administrators is discussed. One of the most striking and original chapters is one in which doubt is cast on the ethics of the whole process of medical education as we now know it. We have an analysis of the behaviour of medical schools over the last quarter of a century with criticism of methods of selecting medical students (though the difficulties and some recent attempts at change are recognised), of curriculum content and of failure to instil proper attitudes towards practice. In spite of these later criticisms, the author has little faith in the effect of curriculum in improving the basic personality of a student and so he comes back to selection as the key factor, notwithstanding its difficulties.

The book is a very genuine personal testament of caring practice and the reader gets the benefit of the experience of a writer who, after practising medicine for some years, returns to university to study arts and religion. The chapters on the ethics of professional organisations and of medical education are the most stimulating and the book is worth reading for these alone. Otherwise there is not much that is original and although it is interesting its price in the United Kingdom makes it somewhat prohibitive to the private purchaser.

A S DUNCAN

Emeritus Professor of Medical Education,
University of Edinburgh