

encouraged. In sport, is it because we regard the use of drugs as cheating? Surely not, for other 'cheating' manoeuvres such as blood-doping and training visits to training centres at high altitude, for those who can afford to go, are acceptable. Is it because it advances no social value? In a liberal society every individual has a right to privacy – it is formulated in the American constitution and its amendments – which might be seen, at least within limits, to deny the compulsion for such advancement. These and many other matters are discussed in this book.

Some features of the present situation urgently need our attention. We maintain an unacceptable two-faced political attitude to drug-taking. On the one hand we allow and profit from consumption of alcohol and tobacco; on the other we prohibit cannabis, heroin and the rest. Morally as well as ethically this is both illogical and lamentable. Even now in the throes of an epidemic of narcotic abuse still the harm done by socially acceptable drugs prevails. Certainly social attitudes are changing and there are some signs that the prevalence of the smoking habit will decline. Can we afford to be more liberal in our attitude to the remainder? I believe we must reject the simple pragmatic solution offered by one of the authors; namely that the State cannot effectively control the drug scene, therefore it should give up trying, make appropriate allowances and thereby free the police for more worthwhile pursuits. The fact is that drug-taking is inherently coercive to others, not only to athletes as asserted by Thomas Murray in his chapter, but to us all and especially to the very young, to the ill-informed and to the mentally incapable. To this extent drug abuse is a communicable disease.

There are obviously no straightforward legal solutions. Social attitudes must change: in the final words of Ruth Macklin '... it would be a decidedly rational step in a more socially desirable and morally acceptable direction.' This is a book to be read, enjoyed and contemplated.

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What is to be Done about Illness and Health? – Crisis In The Eighties

Jeannette Mitchell, Harmondsworth, 300 pages, £2.95, Penguin Books, 1984

This is a book which will excite strong emotions in its medical if not its lay readers.

The first section looks at the social causes of disease. A series of interviews provide a moving image of the health problems of ordinary people in the inner city. The strains of working where productivity matters more than people; the feelings of powerlessness which arise when confronting massive bureaucracies, including the health service; and the complex interactions of poor housing, exploitative jobs and poverty are vividly portrayed.

This human aspect is underpinned by a brief presentation of the epidemiological data linking poverty with ill health. The result is a blending of *Inside the Inner City* and the Black report, which makes its point strongly and uncompromisingly. Better health is not merely a matter of more money for the National Health Service (NHS); it requires a questioning of how people are forced to live and of placing profits before people.

Unfortunately, the second and third sections of the book, which consider the present role of the health service and how things could be organised better, fail to maintain the same high standard. The dehumanisation when hospital patients are treated as cases and not as people; the irony of running a hospital as a 'health-care factory' which exploits its workers and promotes their ill-health just as any other profit-oriented factory; and the contrast between the glamour of high technology medicine and the real human needs of the chronically sick and disabled are important points. The discussion of what medicine can and cannot offer society is sane and well balanced. However, though many important criticisms of the way in which the health service operates are made, and the limitations of medicine pointed out, there is a lack of factual support or logical argument for the criticisms made. The use of individual cases to make points, rather than to illustrate points supported by data, gives those who wish to the chance to dismiss the case cited as unrepresentative of the general situation. An irritation is the use of a nebulous 'we' without any clear antecedent in many unsupported assertions, which creates a tone of

peevish aggressive moral superiority. 'We were told we were entering the era of unproblematical contraception' Who was? By whom?

As a general practitioner, I felt the treatment of primary care was far too superficial and sketchy. Perhaps because I am a white male doctor I thought the decision to place all the blame for medical hubris on doctors was simplistic. I would have welcomed discussion of why society colludes in attributing to doctors powers they do not have, and in seeking miracle cures where there are none. The role of the media in this process, and people's need to control problems by medicalisation are ignored. The doctor-blaming also meant that the oppression of junior hospital doctors, with their 104-hour week and its implications for patient care, was ignored. I found the assumption that there exists an angry, working-class, health-care consciousness in anything other than an inchoate form unconvincing, and would have welcomed more consideration of how such a consciousness could be helped to develop and organise.

The concluding consideration of possible better systems of care is rather sketchy and uncritical. The alternative ways of working which are being tried are hinted at rather than discussed, and in the final chapter an apocalyptic vision of a possible socialist health centre is extremely thinly drawn.

This book approaches questions which are vital for anyone who is unhappy with the present state of society and of the health service – which surely all thoughtful people are. In spite of its dogmatic assertions and some lack of factual support, the validity of its basic case should not be dismissed.

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On the Uses of the Humanities: Vision and Application

A report by the Hastings Center on a project on applied humanities and public policy. Project co-directors: Daniel Callahan, Arthur Caplan, Bruce Jennings, 74 pages, New York, \$8.00 The Hastings Center, 1984
The Hastings Center was established in 1969 to address ethical problems of medicine, biology and the behavioural sciences. In this report three co-directors of a project provide help for the teacher who recognises the need for the

humanities in his teaching but who finds it difficult to rebut the criticism of hard-nosed scientists who challenge such teaching as soft soap. Science is popularly held to be concrete, measurable and capable of being expressed in verifiable theory and law. Humanities, on the other hand, deal with the 'imaginative (literature), the speculative (philosophy), the traditional (history), the spiritual (religion) and the evocative (rhetoric)' and as such are not seen to deal with reality at all.

In countering this argument the report at first seems too apologetic to anyone whose roots – more from life experience than formal education – lie deep in the humanities. Later one realises that the book is aimed at critics; those ultra-scientific 'ologists' who have burgeoned in the late twentieth century. Where, such people might demand, do the

humanities impinge on nuclear physics or the chemotherapy of malignant cells? By philosophy no man can alter atomic structure nor do history and literature affect oncology yet the implications of the atom and the need to preserve dignity and quality of life among cancer victims demand all the humanities that can be mustered.

The book examines humanities from Greek roots through the Renaissance and the Reformation to modern ideology. It makes distinction between the pure disciplines of philosophy and history, which influence policy decision-making such as health-care systems, and applied humanities with their implications for individual clinical decision-making. It explores the application of the humanities in biomedical and social science as well as in the wider fields of public policy, demonstrating that these disciplines are

important in every field of decision-making.

A feature of the book is the use of boxed quotations from teachers of humanities illustrating the application of the subjects to military matters, law, medicine and politics. In many American universities, humanities teachers work alongside professors of science and medicine: what a pity that does not happen more. This book confirms one's intuitive belief that in dealing with sick people one needs not just factual knowledge about sickness but also immense wisdom about people.

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