

## Book reviews

### Moderated Love – A Theology of Professional Care

Alastair V Campbell, 152 pages, London, £4.95, SPCK, 1984.

Dr Campbell is well used to the complexities of medicine, nursing and social work and the ethical issues that can arise. This valuable book examines the nature of the professional relationship and the way in which power is handled by helpers in relation to those seeking help.

The book opens with an interesting look at what professionals are saying when they profess to 'love and care' for their clients, especially when one reflects that 'other people's ill-health, confusion and social disadvantage are sources of power, status and income for those groups in society who offer their services as professional helpers'.

Campbell looks first at *medical power* and suggests that medical dominance and paternalism should be replaced by 'brotherly' love. 'The secret of medical dominance is knowledge . . . I have been suggesting that medical knowledge, when incarnated in individual and society, can serve the purposes of love, in the sense that it can overcome fear, hostility and ignorance, and it can open a path to the enhancement of human well-meaning in a non-discriminatory manner'. Doctors may however refrain from encouraging people to live wisely if they are too caught up in 'godlikeness'. The 'godlike' doctor has a vested interest in not encouraging people to take better care of themselves. The Department of Community and Preventive Medicine might think otherwise!

Campbell then moves on to look at some models of *nursing* especially in relation to sexual stereotyping. He illustrates the parallels between nursing and mothering. But the nurse is not the

patient's mother and, if this is not recognised, it can become a subtle means of control and perpetuation of helplessness. In fact the co-operative patient may be preferred as may task-related relationships. It is important to develop a relationship which is 'professional without being distanced and manipulative, which is close to the realities of bodily care, yet also sees the personal potential of the patient'. He suggests the term *skilled companionship* since the good companion is someone who shares freely, but does not impose, allowing others to make their own journey.

The *social worker* is seen as an agent of change in that one of the important contributions that he or she can make is to 'prime political change with the dynamic of personal relationships' and thus express the hope that people can move from being victims of circumstances to being able to take control of circumstances and to alter them.

Campbell exhorts us to resist making professionals into cult heroes and paradigms of loving concern, since this leads to the elevation of doctors as 'gods' and nurses as 'angels'. This obscures the humanity and fallibility of the professional. What the profession can offer is a 'moderated' love which combines a necessary detachment with a concern for individual values and socio-political change and allows the client to maintain a measure of control in his or her own health care.

This is a valuable book for all who seek to examine issues of power and powerlessness in care, together with the ethical issues which may arise from removing control from patients and clients and vesting it in professional care givers – who are 'paid to care'. It is also useful to read this book in conjunction with Campbell's second book on the same theme *Paid to Care? The Limits of Professionalism in Pastoral Care*,

London, £3.95, SPCK, 1985. These should be in every professional's library.

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### Changing Values in Medicine

Eric J Cassell and Mark Siegler, editors, Frederick, Maryland, 275 pages, US\$24, University Publications of America, 1984

This volume consists of a series of essays and commentaries presented at a conference held at Cornell University Medical College in November 1979. The conference was held and the book published as a tribute to the work and writings of Dr Otto Guttentag of the University of California at San Francisco. Of the 14 contributors, seven are doctors of medicine, six of philosophy and one a professor of religious studies. It is a pity that five years elapsed between the conference and the publication of the book.

The editors have written an excellent introduction which sets the scene and picks out salient points from the essays. Thereafter the volume is in three parts: *The Practice of Medicine; Physicians and Patients*, and *Directions for Philosophy in Medicine*. An indication as to the actual format of the 1979 conference would have been helpful to the reader in putting the contributions into context. In general, the impression given in spite of inter-author consultation is of a series of comparatively unrelated papers rather than of proceedings of a conference which might also have included summaries of discussion.

This general comment should not detract from the value and interest of

some of the essays. The whole book is a plea for a more rounded approach to medical education and to medical practice and the tone is set by the following thoughts from the introduction: We take into our medical schools the most compassionate, concerned, and bright young people and turn them into 'autotechnicians'; and, when students and doctors do not attend to the personal aspects of illness and patient care it is because they do not know how rather than that they do not care. The reasons for the conference and the book are based on the belief that gaps in understanding and knowledge rather than lack of humane impulse stand in the way of treatment of the whole person. The three major issues addressed are: (1) that the status of the individual has now reached the stage where the patient is considered as an autonomous possessor of immutable rights; (2) paradoxically that science which is fundamental to progress does not readily bear on the handling of the individual; and (3) that many of medicine's basic concepts are assumed to be widely shared and understood whereas Professor Guttentag, to whom the book is dedicated, poses the question: 'Who and what is medicine all about?'

MacIntyre, a philosopher from Vanderbilt writes interestingly about treating patients as persons and analyses the meaning of 'person'. He develops his theme by considering whether medicine has become a bureaucracy, the physician an applied scientist or whether the physician is still regarded as a magus. Edmund Pellegrino in commenting on this paper agrees with the analysis and sets out in paraphrase form a patient's extended cry for help.

Guttentag's own paper does not claim to be any more than a summation of his previous publications but is none the worse for that! Cassell, Professor of Public Health at Cornell, elaborates interestingly his initial point that medicine must shift away from an exclusive focus on disease towards a primary concern for the sick person, but that the shift should not portend a diminishing of science but rather a larger understanding of what is meant by science. He analyses subjectivity and objectivity and concludes that scientific medicine has been able to develop because of objectivity but that subjectivity is important to the treatment of the whole person.

In the last section of the book two philosophers, Max Black and John Ladd, write about the relationship between medicine and the humanities.

The important points they make relate more to medical education than to medical ethics although the latter features in their useful suggestions for a more rounded curriculum.

In summary, the book is rather disappointing. In spite of some good content the reader is left wondering what really came out of the conference and whether it was sensible to put together in one volume articles which have considerable individual merit but lack coherence.

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## Women, Health and Healing – Toward a New Perspective

Ellen Lewin and Virginia Olesen, editors, New York, 317 pages, US\$12.95, Tavistock Publications, 1985.

*Women, Health and Healing – Toward a New Perspective* is one of a series of books, published by Tavistock, under the heading 'contemporary issues in Health, Medicine and Social Policy'. The book is a collection of essays by authors who are anthropologists, social scientists and political scientists. They describe health care on both sides of the Atlantic including Canada and address themselves to controversial women's health issues.

All too often, women's health is seen as concerning gynaecological disease, but here the topics are rightly situated in their socio-political context. The women's health movement of the late 1960s and early 1970s was initially centred around campaigns, for example to liberalise abortion and to make contraception more widely and freely available. As these campaigns gathered momentum, it became apparent that the issues arose from a social situation in which women were denied knowledge about, and therefore control of, their own bodies. In this way, women were maintained in a subservient role *vis a vis* the (usually) male providers of health care. In the same way, nurses (usually female) were merely handmaidens to the (usually male) doctors.

In addition, women have for centuries acted as unpaid carers. It is mothers, daughters and wives who have stayed at home to look after sick and elderly relatives. These relationships are explored and attention is drawn to this work as itself a cause of stress and

ill-health in women.

Needless to say, many of the authors address themselves to women's reproductive health. The chapter on abortion in the 1980s, with reference to the swing to conservatism in the United States, takes up the issues of privilege and underprivilege rather than entering into the religious or moral arguments for and against abortion. We see how the very women who would suffer most from an unwanted pregnancy, the poor, the single and, frequently the black women, are those who, under current legislation, are denied access to safe abortions while the rich, white women are the ones who still have a real choice. In contrast, poor women are often pressurised into having abortions when they do not want them or are forced to undergo sterilisation as 'payment' for the privilege of having an abortion. To make abortion laws based on medical necessity is to deny the wider meaning of health. Health is not the absence of disease but is 'related to social, economic, and family-sexual conditions'.

Another chapter concerns itself with the policy of oestrogen-replacement therapy for menopausal women in the United States. This was an important example of how health professionals attempted to withhold information from their women patients. After considerable media activity about the dangers of the therapy, provoked by women's groups, Food and Drug Administration (FDA) rulings were introduced which 'the pharmaceutical industry saw as interference in trade and the medical profession as interference in their professional autonomy'.

Other chapters discuss occupational health and women, with particular reference to clerical workers, and women and sports, with a plea for more research into the effects of sports on women's health.

A common theme, throughout the chapters, is 'that women's health is not a static issue . . . it is crucial for participants in the policy process to understand the origins, as well as the potential outcomes, of specific issues'.

I can highly recommend the book as presenting a clear feminist analysis of many controversial issues concerning women's health in its broadest sense.

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