

Book reviews

Philosophy of Medicine

Henrik Wulff, Stig Pedersen, Ruben Rosenberg, 222 pages, Oxford, £22.50 Blackwell Scientific Publications, 1986.

'Philosophy of Medicine, an introduction' was written by three Danish authors, Henrik Wulff a physician, Stig Pedersen a philosopher, and Ruben Rosenberg a psychiatrist. It is a book written for those with little or no philosophical knowledge. The authors introduce Kuhn's model of the development of science. During periods of normal science, scientists work with the existing paradigm (set of ideas). During these periods scientists are involved in puzzle-solving activity, further articulating the paradigm. As more and more anomalies appear in the ruling paradigm science moves into a period of extraordinary science. During this period scientists are no longer working within a single paradigm. It is an immensely creative time when scientists must look at what they are doing afresh. The authors argue that medicine is now going through a period of paradigmatic instability. Doctors need to look afresh at their ideas, what they are doing, their roles and their responsibilities to patients and society.

The authors point out that medicine has been dominated by the empiricist school of philosophy developing through Locke, Berkeley and Hume and culminating in logical positivism. This has produced the strictly objective scientific approach to medical problems. It is relatively new and has undoubtedly been of immense value. Moreover it has produced simplistic notions of the differences between health and disease. In a disputation between two imaginary physicians the authors argue that to regard disease as purely biological dysfunction is inadequate. For different patients the same disease can have very different

meanings. Moreover what is registered by the observer as biological dysfunction depends on his own observations and there is no such thing as a purely objective observation.

The authors conclude that the biological concept of disease must be superseded, or at least expanded, by a point of view that can take into account morals, values and meanings as well as objective facts. They suggest that a different philosophical approach may have much to offer. They examine the work of Kierkegaard, Heidegger, Gadamer, Sartre and Habermas. These philosophers are concerned with phenomenology, existentialism and hermeneutics and are far removed from the empiricists. A hermeneutic enquiry seeks to establish the meaning of a phenomenon and to interpret its significance. Because human beings are reflective, self-conscious and capable of choice they cannot when ill be regarded in the same light as a broken-down car. Moreover a hermeneutic approach to society not only looks at statistical relations between social variables but also studies the values, attitudes and motives operating within a society in order to understand the meanings of these relationships and how they operate.

The final part of the book looks at some of the ethical dilemmas facing today's doctors, for example: experimentation on human embryos; patient participation in drug trials; informed consent; patient information, and autonomy and paternalism. They discuss the origins of morality and the structure of ethical reasoning.

It is an excellent book. Clearly written, it approaches often difficult concepts and explains them simply without patronising the reader. Such clarity is unfortunately rare in philosophy books. The subject matter is fascinating and challenging. Moreover it was so fluently written that I found it hard to put down.

I defy any doctor to read it and not gain new insights into his or her professional attitudes.

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Legal Frontiers of Death and Dying

Norman L Cantor, 208 pages, Indiana \$24.95, Indiana University Press, 1987

While 'live-and-let-die' issues continue to be debated here as questions of ethics, in the USA at any rate they are fast becoming questions of law. State Supreme Courts are handing down judgements, and state legislatures are enacting statutes, setting out the principles and procedures to be followed in deciding whether, and when, it is legitimate not to seek to prolong the lives of various categories of sick people by various kinds of medical intervention.

To many, and especially to non-lawyers, this might seem a trackless jungle. For them, Professor Cantor's book will provide an admirable guide. He starts with patients competent to decide such things for themselves, and shows how the notions of autonomy (*alias* self-determination) and what some have called the 'rights-regarding model' have come to dominate the philosophy which the US courts have been evolving in such cases. After demolishing some distinctions which he regards as myths – such as omission v commission, extraordinary procedures v ordinary ones, and so forth – he passes on to incompetent patients, and examines first the criteria for making decisions about what is left of their lives (subjectively: What would they decide if

they were competent? – as against objectively: What is in their best interests?), and then the question of who should make these decisions for them (family, ethics committee, judge, patient-appointed proxy?). Finally, there is a chapter about the special case of 'defective infants'.

The great merit of this book is its deceptive simplicity. Starting with such disparate leading cases as *Quinlan*, *Conroy*, and *Saikewicz*, Cantor begins by tracing the common thread of respect for the autonomy of the patient, in fact derived from one of the main traditions of the English common law (in *Sidaway*, our own courts preferred to follow a subsidiary, more paternalistic, one). From a complex tangle of dozens of other cases, he then succeeds in extracting a set of rational and intelligible principles, critically analysed, leading to guidelines for the future work of US courts and legislatures.

For anyone – lawyer, ethicist, or health practitioner – seeking clarification in this field, this is therefore a most commendable book. Its single lacuna is one expressly disclaimed in the Introduction: the borderline between competent and incompetent patients. Unlike the clients of lawyers, most patients of most doctors are ill, and some are very ill indeed. Even if they seem to be still in possession of their rational faculties, there is often reason to wonder how much they have taken in of what they have been told, how much they still remember even after only a few hours, and how much the rationality of their judgement will be afflicted by the powerful emotions released by their illness, its diagnosis, and the choices they are being offered. Yet autonomy, self-determination, and the rights-regarding model all presuppose patients at least capable of making rational judgements if they so wish.

Perhaps this could be the subject of Professor Cantor's next book.

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Ethical, Legal and Policy Issues Pertaining to Solid Organ Procurement

The Hastings Center, 25 pages, New York, free while stocks last, The Hastings center, 1985

This short monograph was published by The Hastings Center in the United States. The center was founded in 1969, in its own words, to 'shed light on ethical issues raised by advances in health care and to encourage informed and articulate debate about these issues'.

This report on organ transplantation was a project organised by the center under the direction of Arthur L Caplan and Ronald Bayer, assisted by a distinguished four-person panel. The report followed a series of meetings at the center, at which presentations were received from invited experts. The exercise was supported with a grant from The Health Services Improvement Fund, a foundation sponsored by Blue Cross and Blue Shield Insurance Companies.

Despite its title, the monograph is essentially a well-worded proposal for the revision of the current system for procuring organs in the United States with advocacy for so-called 'weak required request' policies. 'Weak required request' does not require each individual to state his or her intention as to organ donation. Individuals are free to choose to indicate their preference via a donor card or other written directive or not at all. However, under this kind of system, health care professionals are required to enquire of available family members or guardians whether the deceased person expressed a written preference for donation. If there is no evidence of such an intention, the health care professional is required to ask the next of kin about organ donation at the time death is pronounced.

Early in the report there are some tantalising references to the ethical issues that surround organ donation, but unfortunately, these are never fully explored. The authors include two rather good quotations from Professor William May and Dr Leon Kass, which highlight some of the ethical problems surrounding organ transplantation and disappointingly leave it at that.

'We, . . . with our dissection of cadavers, organ transplantation, cosmetic surgery . . . and other practices and beliefs that insist on our independence and autonomy, live more and wholly for the here and now, subjugating everything we can to the exercise of our wills, with little respect for the nature and meaning of bodily life. We expend enormous energy and vast sums of money to preserve and prolong bodily life, but, ironically, in the process bodily life is stripped of its gravity and much of its dignity' (1).

Perhaps debates about the morality of organ transplantation and the different methods for harvesting tissues are redundant. As the report points out, there is wide acceptance amongst the general public for these procedures. In 1983, the National Kidney Foundation in the United States commissioned the Gallup organisation to conduct a survey of public attitudes towards organ donation. The survey revealed that 93 per cent of the American population was aware of the need for organ transplants, and 83 per cent of those surveyed said they would be likely to donate 'a loved one's' organs if asked to do so. These findings have been subsequently confirmed by other surveys. What there may still be room for debate about is the system of 'presumed consent' for organ donation which operates in Austria, Denmark, Poland, Switzerland and France. Under this system, organ procurement is permitted to proceed in the absence of a prior objection from the deceased. However, there is no evidence that such legislation has improved the harvesting of organs for transplantation. The report criticises any moves to introduce this system to the United States because it challenges the rights of the individual to decide the fate of his or her body, enshrined in the 'Uniform Anatomical Gift Act' of July 30, 1968. However, the conflict between the rights of the individual over the disposition of his or her body after death and the needs of individuals who require transplants is not discussed.

The value of this report is that it provides sound background reading for anyone interested in the legal and policy issues pertaining to solid organ procurement in the United States. The history of legislation, current status of organ recovery in America, and the different methods for improving the yield of solid organs for transplantation are well covered. The problem of obtaining organs for transplantation is very much in the minds of health policy-makers, both here and in the United States and it is a subject that we will be hearing much of in the near future; this Hastings Center report is a useful introduction to this problem.

Reference

- (1) Kass L R. *Toward a more natural science: biology and human affairs*. New York: The Free Press, 1985.

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