

suspect when it comes to unravelling or even treating the problem areas of human sexuality. Of course he may be right, but his argument is far from convincing.

Peter Breggin's argument for a connection between good sexual experiences and romantic love is an interesting one, but fraught with potential ethical minefields, as he seems to see physical love as a vehicle for spiritual relationships and the mind boggles at the possible implications of spiritual relationships forming a basis of physical love. Elsewhere one sees evidence of certain professional disciples voicing opinions that are hardly supportable in any scientific way – for instance, Vern L Bullough's uncritical endorsement of Havelock Ellis's contribution to sex research. Havelock Ellis was without doubt an encyclopaedic and clever sexual anthropologist. But surely it is foolhardy to promote an unsuccessful doctor with little or no practical and clinical experience in sexuality and medicine as a doyen in the field.

Earl E Shelp, this well produced book's editor (from the Institute of Religion and Center for Ethics, Baylor College, Houston) claims that his contributors have shown that human sexuality is not subject only to the explorations of medicine or philosophy. The relatively meagre contributions made by doctors to this book compared with the space allocated to those of non-medical academia would seem to indicate that, in his opinion, medicine should remain a junior partner in the study of human sexuality. Happily on this side of the world this does not seem to be the case. But of course *Sexuality and Medicine* only has one European contributor – from West Germany. The rest hail from the United States.

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## Philosophical Medical Ethics

Raanan Gillon, 189 pages, Chichester, £8.50 paperback, John Wiley and Sons, 1986

*Philosophical Medical Ethics* is written by a doctor and aimed principally at doctors who must confront ethical issues, whether or not they believe that medical ethical debate has anything to offer them. Raanan Gillon's book is based upon a series of articles written for the *British Medical Journal*. These

articles have, on the whole, translated well into book form. It is to be hoped that the book can at least reach its intended audience, as the articles in the *BMJ* would have done. The *BMJ* sits around many medical coffee rooms and is something into which people dip. A book is less likely to be read by those who see no need for it. This book is not a piece of abstract or abstruse philosophy but is written from the perspective of a practitioner with philosophical skills, who knows the problems and dilemmas that entails. Given this, the strength of the arguments against complacency regarding ethical issues in medicine, and the parallels drawn between ethics and science, it would be a great shame if the book only reached those already persuaded of the need for ethical discussion and awareness in medical practice. If it only reaches its more limited intended audience it might also fail in fulfilling its undoubted introductory role. Hopefully this book will be adopted as required reading for those in training in the health service – not just doctors. It is suitable and does not require prior philosophical training or knowledge.

Medical ethics has practical import. A strength of the book is that it is developed with a 'backdrop' of an actual medical case, the so-called 'Arthur case'. The intention is to show how a whole range of issues can arise from a single case, and how a series of positions can be adopted in response to it. The book begins and ends with discussion of this controversial death of a Down's Syndrome baby but it might have been strengthened if cross-connections to the case had been made more fully and explicitly in its course.

Rather than arguing for a single position, or attempting to provide answers, the book sketches a variety of different possible ethical positions and makes repeated reference to two – utilitarianism and deontological or duty-based ethics. Gillon points to broad agreement between ethical theories at a macroscopic level, and the four principles he offers are broadly acceptable from a variety of positions. These are helpful for recognition and analysis of medical ethical problems. Many of the major themes of these, such as consent, confidentiality, paternalism, the distinction, or lack of it, between killing and letting die, are clarified in the book. However, while analysis of the principles is given, the decision as to what weight to attach to the different principles and their scope is left largely to the reader – an

advantage if it encourages the reader to enter the area of debate and think for herself.

Apart from drawing broad possible landscapes of medical-ethical debate Gillon entices his readers with gestures towards various possible avenues, the exploration of which might radically change the picture of medical practice. For example he suggests, alongside others, that there are degrees of autonomy. Enticing too is the suggestion that if one takes beneficence to be applicable not just to actual patients but to persons at large this leaves health workers with obligations towards the Third World. A shift in perspective is also suggested in discussion of the doctor/patient relationship. Lack of delving may well be just what is needed to encourage readers to delve more deeply themselves into medical-ethical issues. My reservation is that signposting avenues of exploration may not be sufficient for readers to recognise the radicalness of the implications of some of Gillon's suggestions and arguments.

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## Healthy Respect – Ethics in Health Care

R S Downie and K C Calman, 266 pages, London, £5.95, Faber and Faber, 1987

*Healthy Respect* argues for and from the position that respect for autonomy is the principle from which all other moral principles derive their authority. One aim is to show what respect might mean and entail. The book achieves this by never losing sight of the world in which medical practice and service takes place and in which technological developments can sharpen and create dilemmas.

*Healthy Respect* has something to offer all health workers – not just, or principally, doctors, but nurses, medical students, psychiatrists, social workers, dentists, politicians and – importantly – patients, even potential ones. It is intended for a wide readership because its authors believe that if respect for autonomy – everyone's – is taken seriously then we should see ourselves as members of a collective, responsible society. Specifically in health care, all those involved in the caring, including