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Book reviews

Stories of Sickness

Howard Brody, 210 pages, New Haven and London, £24.50, Yale University Press, 1987.

Technological developments within medicine continue to be impressive and to provide undoubted benefits to many patients. But the cost of an increasing reliance on technological medicine has been a lessening in the importance accorded the patient's account of his/her experience. And the danger in this is that doctors may lose sight of the essential human experience of illness and so fail to 'heal' as well as treat, for healing, Brody argues, requires the narration of a meaningful 'story of sickness'. This is the central message of the book: look to your patient's 'story' to understand his experience and help him to construct a meaningful story as part of the healing process.

While this message is simple and straightforward enough, the book which Brody has produced to convey it is somewhat cumbersome. It falls into three main sections: the first four chapters set out a perhaps over-elaborate philosophical and conceptual framework, introducing us to the notion of story-telling in medicine and reviewing philosophical discussions of the concepts of sickness and self-respect. Sickness is understood as a disruption of one's sense of self and of one's social role. Self-respect entails a rational plan of life which is confirmed by one's peers. It is one's self respect, defined in these terms, which is most affected by sickness.

In the next four chapters, Brody uses this framework to analyse the stories of 'sick people' in literature in order to gain a better understanding of the impact of sickness on an individual. Mann's *The Magic Mountain* is used to illustrate the various ways in which individuals interpret and manage the disruption in their identities and social roles; Solzhenitsyn's *Cancer Ward* to illustrate the many ways in which sickness affects the life plans of individuals. Other novels are used to explore the themes of altered experiences of time, space and social relationships. Throughout, a central notion is that of sickness interrupting and changing the narrative of the characters' lives.

In the last section Brody attempts to draw out from his literary analysis some tentative ethical implications. Much modern medical ethics, he suggests, is 'rule' and 'decision' oriented. An appreciation of the narrative of human life, however, suggests an alternative mode of analysis which he considers in relation to two main issues, the decision to prolong life and the meaning of informed consent. Taking Brody's perspective, the nature of the individual's life-plan and how far he can or has fulfilled it become central considerations in making judgements about allowing a patient to die. Similarly, the development of understanding through continuing 'conversations' between doctor and patient becomes the key to ensuring properly informed consent.

Brody is one of the more distinguished and thoughtful advocates of the benefits of a philosophical analysis of medicine. But this latest book, while being enjoyable, is in the end disappointing. The ideas are interesting but neither new nor profound and they do not adequately carry the weight of a book. There are strong parallels between the literary approach which Brody takes and the tradition in British medical sociology of identifying the narrative component of chronic illness and the need of individuals to make sense of illness in the overall story of their lives. No reference is made to this work, however, which is a pity because it could have provided a rich source of material to take the analysis a step closer to reality. One of the frustrations of the book is the shortage of real 'stories of sickness', for stories of 'stories of sickness' are inevitably at one remove. A more fundamental frustration is in relation to Brody's consideration of medical ethics. His book is essentially a more formal and intellectually challenging way of presenting a not uncommon clinical approach, which is to say that each case is different and must be judged on its own merits. What is not clear is whether his formulation of the issues presents a more convincing statement of this position and whether the insights gained by the perspective of a narrative can be used to argue against the development of general ethical principles.

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Treat Me Right

Ian Kennedy, 375 pages, Oxford, £35.00, Oxford University Press, 1988.

'Medical law used to be fun', says Ian Kennedy at the start of one of the papers in this omnibus edition of his essays on medical law and ethics. He then goes on to bemoan the fact that with the increasing interest of the courts, lawyers like himself now have more hard work to do. Well, he has himself largely to blame, for no one in Britain has been more influential in establishing medical law and ethics as a subject in its own right.

But no one reading these essays has reason to lose a sense of fun. Kennedy writes with flair, energy and passion and whether one agrees with him or not (and with Kennedy one always suspects that for himself, he rather hopes not) the genuine excitement that comes from

grappling with an intelligent and uncompromising mind, pervades the book.

Kennedy begins by demonstrating conclusively that most of what the medical profession like to regard as medical decisions are also moral decisions in which the comunity at large and the patient in particular have an ineradicable interest. Doctors tend to be pathologically schizophrenic about this. As Kennedy notes in Chapter 2: 'I am constantly confronted by doctors complaining . . . that they have to make too many hard decisions which it is not really their job to make. . . . But the moment I try to analyse the problem and offer guidance . . . I am immediately met by a chorus of cries. . . that these are medical matters after all'. Having established the place of ethics and law in medical practice Kennedy goes on to analyse their role in the resolution of a wide range of medical dilemmas from experiments on embryos to treatment of the terminally ill.

A disturbing feature of Kennedy's approach to at least some of these dilemmas, is his preparedness, when all else fails, to think that 'a sense of moral outrage may provide the final validation of the argument'. His invocation of this sense occurs in one of the most important and controversial of the essays, that on 'the moral status of the embryo'.

'There is, many would argue, a deep sense of moral disquiet about research on early embyos. Admittedly, it is a non-rational reaction, but this does not mean that it should be ignored. There is a perfectly proper place for intuitive response in the sum total of moral views and values. Equally there is a perfectly respectable argument for taking account of a strongly held and widely held sense of moral outrage or repulsion when considering any scheme for ordering affairs. Furthermore the fact that such moral outrage can draw on some reasoned argument as well as intuition makes it doubly valid as a ground for objection'.

This passage is of the utmost significance and requires careful analysis. Kennedy first implies that 'moral disquiet' should not be ignored because, he asserts, 'there is a perfectly proper place for intuitive response'. He then claims there is a 'perfectly repectable argument for taking account of a strongly held . . . sense of moral outrage'. Now this second sense of moral outrage is clearly separate and distinct from the moral disquiet mentioned earlier. For the first mentioned 'moral disquiet' is clearly identified as an intuitive response, whereas the later 'moral outrage' is not itself an intuitive response but is said to draw on such a response as part of its validation. So we have a 'sense of moral outrage' validated by a 'moral disquiet'. Kennedy does not make clear whether we might also justify our moral disquiet by reference to an intuitive sense of moral outrage.

Furthermore, Kennedy does not articulate what the proper place for intuition is in moral argument, nor does he produce the so-called respectable argument for taking account of feelings of repulsion. If such arguments were to be spelled out they would have to show how we can distinguish moral intuition from mere intuition and moral repulsion from *repulsive* repulsion. The problem is that people as we know, and even whole societies, are apt to feel, express and act upon repulsive repulsion – the sort that is felt at the idea of inter-racial marriage, or of women doing 'men's work' or of Jews merely breathing – quite as readily as the moral repulsion felt about anyone who could seriously entertain such ideas. The drawing of such distinctions cannot be done intuitively, it requires principles and even the makings of a moral theory. In the absence of the articulation of such principles or such a theory we should have the utmost suspicion of any assertion of the respectability of feelings of repulsion.

Kennedy here seems to be taking the same line as his illustrious predecessor Lord Devlin who, when he asserted that the community's moral feelings must be taken into account, was justly rebuked by Ronald Dworkin: 'What is shocking and wrong' Dworkin pointed out, 'is not his idea that the community's morality counts, but his idea of what counts as the community's morality'.

I've had space here to take issue with just one of the arguments with which this book is crammed. There is so much to admire in it that to pick on a point of disagreement seems almost churlish. But Kennedy thrives on debate and no one who wishes to debate the most important issues in contemporary medical ethics can do better than pick Ian Kennedy as a protagonist.

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Medical Negligence: A Plaintiff's Guide

Charles J Lewis, 379 pages, London, £40.00, hbk / £17.50 pbk, Frank Cass and Co Ltd, 1988.

If you find yourself talking at a party with a doctor you have not met before, and he discovers that you are a lawyer, it will usually not be long before he begins to recite a litany of grievances about the law and all its works. Lawyers know nothing of medicine, yet they presume to lay down the law about how doctors should conduct themselves in their relationships with their patients. Those relationships are complex and delicate, yet the law tramples all over them. Judges lack all clinical training, yet they presume to override the clinical judgements of doctors with a lifetime's experience of it. While the courts protect lawyers, they never cease to find doctors guilty of professional negligence, and it will not be long before things here will become as they are in the USA, where professional indemnity premiums are astronomical and every doctor is forced to practise defensive medicine.

And so the Ancient Mariner proceeds with his tale, quite unaware that most of it is myth. In fact, in England, it is vastly easier to win a negligence suit against a lawyer than against a doctor. Judges are lawyers, and they know how lawyers should work: a judge only needs to read once through a solicitor's file or counsel's opinion to know whether the work was up to his own profession's proper standards. By contrast, only the sworn evidence of distinguished doctors can convince him that one of their colleagues has fallen short of *their* standards. And even then, that may not be enough: there is a well established rule of English law that a doctor cannot be held to have been negligent if what he did (or failed to do) has the support of 'a body of responsible medical opinion' – even if that body is a minority one. In short, if a doctor can find any responsible colleagues to support his clinical judgement in court, the court will not question it even if the plaintiff's medical experts have sworn that it was negligent.

All this, and much more, is made plain in this excellent book. Lawyers can be sure to welcome it; despite its ominous title, so should doctors. Though compendious and well researched, it is thoroughly readable, and will do much to demystify the law for them – as others try to demystify