This book is a sincere, worthy and on the whole successful attempt to assess the pros and cons of 'Life and death' decisions, made almost exclusively within the setting of an intensive care unit in the United States. The author describes the need for a moral theory and one must, of course, agree with this. However, most people without the gift of religious faith and revelation can perceive no simple way of arriving at a moral theory, since the moral infrastructure of society is not static over time. However, the author makes a heroic effort to identify various ethical 'appeals' which have to be considered in every difficult decision, ie 'respect for persons', 'cost-effectiveness and justice', 'rights', 'consequences of our actions', and 'the virtues'.

The author concludes that none of the current ethical systems take account of all these 'appeals'. After discussing some of the other guidelines which have been proposed he itemises a new model for the patient-physician relationship which takes account of the various 'appeals' which frequently conflict and whose strength has to be assessed positively and negatively.

I found this first part of the book sensible and there was little that one would disagree with. I was unsure to what extent any original points were made. However, I found the last two thirds of the book quite fascinating. These comprise a detailed account of 40 very realistic clinical situations which covered the care of elderly and frequently fatally ill patients, young children, and neonates with serious medical disorders, as well as some young adults. Some of the situations envisaged seem almost unreal to a British physician because of the high level of public awareness in the United States that bodies can be kept 'alive' with the heart continuing to beat and ventilation maintained artificially for virtually unlimited periods. Some of the 'decision-making' seems hardly worth discussing. For example, three pages are devoted to the process of arriving at the conclusion that a baby born with hydranencephaly should not be aggressively managed. In general, I found no difficulty in agreeing with the conclusions of the author and his reviewing panel in most of the clinical situations discussed, although I felt in many cases that unduly heavy weather was being made. However, I found it very difficult to agree that a previously healthy 84-year-old woman who had broken her leg and was refusing to eat should be force-fed if persuasion failed. I found this suggestion almost obscene but I recognise that this sort of situation is an ethical grey area and I suspect that physicians in the United States are somewhat more therapeutically aggressive in the elderly than their counterparts in Britain.

To summarise, I felt this was a worthy attempt to clarify ethical issues in life and death situations and the case analyses that comprise the latter two thirds of the book could be read with advantage by all medical students and any doctors who face some of the difficult decisions which are discussed and analysed.

PROFESSOR C J DICKINSON  
Professor of Medicine and Chairman, Academic Department of Medicine, St Bartholomew’s Hospital Medical College, London  

Logic in Medicine  

Logic in Medicine is captivating in its clarity and offers a challenge to those who believe that medicine is more an art than a complex science governed by logic. On the other hand, those who believe that medicine is respectable and credible to the extent that it can justify its claims by careful reasoning will find this book a cogent illustration of that position. The book consists of six articles each of which focuses on the use and value of systematic reasoning in a particular area of medical theory and decision-making. The chapters discuss the following topics: doctors and witchcraft, formal logic, diagnostic logic, diagnostic systems as an aid to clinical decision-making, an economic perspective showing the use of logic in allocation decisions, and finally, an argument for fundamental ethical principles in health care.

The cumulative effect of reading this book is the renewed realisation that an essential component in the practice of medicine is the conscious use of method and reasoning. This attention to greater rigour in method is recommended as a necessary supplement to an intuitive approach based on experience which 'usually serves remarkably well' (p ix). However, an emphasis on reflective method does not promise certainty either in diagnosis or treatment decisions. In an excellent discussion of diagnostic logic, Fergus Macnary rejects the need for certainty in diagnosis in the general management of

Life and Death Decision Making  