Book reviews

Ethics and the Clinical Encounter


Credibility and accountability are the two themes which must govern a responsive clinical ethics according to Dr Zaner, a philosopher and clinical ethicist at Vanderbilt University in Nashville, Tennessee.

Zaner, the director of the Center for Clinical and Research Ethics (C-CARE) and the Ann Geddes Stahlin Professor of Medical Ethics, identifies in the preface two questions which guide this study. The first concerns the appropriate role of the philosopher in the clinical setting. A second, related question seeks to enumerate the intrinsic requirements of an ethics responsive to the moral issues occasioned by the clinical encounter. Paramount among these requirements are credibility and accountability. The ethicist must be: 1) 'clinically astute' and well-informed as to the medical and other facts pertaining to the case; and 2) held accountable for his/her recommendations concerning the case. In addition, the ethicist must understand not only the inherently moral nature of medicine, but also its complex social arrangement.

With these themes in mind, Zaner examines the central clinical relationship – that between doctor and patient – known as the therapeutic dyad. An understanding of this relationship is necessary for an appreciation of the moral dimension of medicine. The moral resolve of medicine arises from this fundamentally asymmetrical relationship between the disadvantaged patient and the professed healer.

Zaner's look at this relationship prompts a further inquiry into the human experience of illness, particularly as it is revealed through conversation between doctor and patient. The middle section of the book, chapters four to eight, is devoted to an historical and philosophical consideration of medicine's response to this physician-patient discourse. This response is governed largely by the prevailing philosophical view of illness and the human body. Although Zaner provides an interesting, if brief, survey of the history of medicine from a philosophical perspective, these chapters digress from his central theme and are far more likely to appeal to philosophers and historians of medicine than to the general reader. In fact, throughout the text it is unclear what audience Zaner is addressing: health care professionals, clinical ethicists or philosophers and historians of medicine.

Following this digression, Zaner returns to the original challenge of developing a responsive clinical ethics. Through an extensive analysis of a particular case, Zaner stresses not simply the importance, but also the necessity, of this project. Zaner does acknowledge, however, various methodological problems posed by the clinical relationship, for example the problems of 'working with strangers' and the necessity of distancing. In his final chapter, Zaner suggests that the clinical encounter presents an occasion for arousing moral sensitivity, in the need to recognise both the moral imbalance represented by the affliction itself and the moral strength required for an appropriate affiliative response. This therapeutic dyad of trust and care constitutes the moral foundation of medicine. The role Zaner describes for the ethicist is 'to enable and empower both those who take care and those who must trust . . . to maintain their respective integrities, thereby to become better, morally responsive and responsible persons'.

Zaner presents a thorough but highly readable study of the therapeutic dyad. Through the breadth of his approach and the range of knowledge he integrates in this enjoyable volume, Zaner succeeds in locating the clinical encounter within its moral and social context. However, his task has just begun. While he does establish the moral foundation of medicine and characterises some features of responsive clinical ethics, Zaner also needs to specify how the ethicist can best fulfil this role of enabler and whether unique skills the ethicist can offer in facilitating this clinical relationship.

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Inequalities in Health in the 1980s

Edited by Alison J Elliot, 44 pages, Edinburgh, £2.00, Centre for Theology and Public Issues, 1988

This short book describes the proceedings of a multidisciplinary conference on inequalities in health held by the Centre for Theology and Public Issues at Edinburgh. It consists of three papers, by Dr David Player, Sir John Crofton and the Rev Dr Alastair Campbell, followed by reports from discussion groups.

The first paper by Player, former Director General of the Health Education Council, provides a thorough discussion of inequalities in health as highlighted by the Black Report, DHSS 1980, and the more recent Whitehead Report, The Health Divide: Inequalities in Health in the 1980s, March, 1987. It covers medical, political and economic factors and outlines many problems and constraints to be overcome, with some examples of approaches that could be used.
Crofton's paper discusses the situation in Scotland in general terms, giving a few examples of local initiatives and some general interpretations of the problems and the approaches to them. Campbell's paper provides an analysis of some of the ethical considerations starting from utilitarian and 'minimal state' theories, and contrasts them with what he considers to be a Christian view. It is, however, too brief to address the complexities of many of the issues adequately.

The reports from the discussion groups vary considerably in both depth and breadth, any may well not do justice to what took place. They range over topics including health education, pregnancy, and the roles of the private sector, voluntary agencies and the Church.

Overall, the book provides an introduction to inequalities in health but takes the issues little further forward. It may be helpful to those new to the field, but is unlikely to advance the thinking of those with prior knowledge.

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The Doctor as a Person


Self-congratulation or self-examination? It is not clear at first sight exactly what the answer is to this question about The Doctor as a Person. It is a well produced book with some coloured illustrations, and it is based on the proceedings of the University of Texas M D Anderson Hospital and Tumor Institute at Houston's Eleventh Annual Mental Health Conference held May 22nd and 23rd, 1986 in Houston. There are contributions by twelve distinguished people, mostly teachers of medical specialties but they include a professor of ethics in medicine who has a doctorate in theology. The editors blithely believe that ultimately 'it is not the person who is shaped by the system . . . the system is rather shaped by the person' (p xii). This idealistic outlook dominates the contributions. Hence, whilst occasional reference is made to the modern pressures on the medical profession, the social and structural determinants of behaviour are hardly examined. However, the contributions are interesting; indeed, some are quite moving such as the account by Dr Vanderwoude of his experiences as a cancer patient.

Essentially the writers explore what it means to be a professional man and a person, the relationship to patients and the cultivation of a caring attitude. Thus caring is helping the patient to cope with disease, whilst curing is removing it. Yet health, says Dr Van Eys is more than the absence of disease. It is possible to be healthy and have a chronic disease. To deny this, he says, is to 'consider ageing as unacceptable'. He makes the important point that the doctor does not stop at a biological cure for then there would be an uncured psychological cripple. Restoring health is healing which is described as 'the gift to live on with memories of the disease, incorporated as a remembered but not devastating experience. To accept ourselves the way we are is the test of true health' (p 15). This means that the ideal physician is one who 'balances care of the patient with the application of knowledge and makes the whole more than the sum of the two' (p 24).

Consideration of the doctor as a person leads some contributors to turn to particular problems in medical ethics; two may be mentioned. Firstly, the relationship of the medical scientist and the patient. Dr Frankel points to the differences between clinical and bench research, where the clinical researcher is also a carer and the needs of the patient must take precedence over research requirements. He goes on to discuss the nature and problems of 'informed consent'. Secondly, there is the problem of truth and deception, which is by no means as simple an issue as many believe. What to tell the patient and how to do so, especially when the physician is bearer of bad news are among the questions he deals with. Dr Lipscomb's essay on the subject is particularly useful where he argues against the place of deception in medicine and the dangers of paternalism. He examines the various permutations of the roles of doctor, nurse, patient, and family in relation to treatment in critical situations where the issue is to continue or discontinue treatment, and he makes some perceptive comments on various cases he has experienced.

Members of the medical fraternity are aware that the profession is not held in as high esteem as perhaps it has been, that litigation has increased, and that in the USA more than anywhere their high remuneration is envied. Self-congratulation is always hazardous and in this book there are signs that this is giving way to a growing awareness that all is not well. Self-examination on the part of the profession is obviously desirable for in some ways the physician has to play the role of God, and yet he has also to befriend his patient. The note of humility that is struck here by many of the contributors to this volume is surely a very good sign of health.

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Acceptable Inequalities

Edited by David Green, 64 pages, IEA Health Unit, £8.95, 1988

The topic of inequality in health care has been on the back burner since the public furor over the publication of the Black Report, Inequalities in Health: Report of a Research Working Group some eight years ago. Much of the public policy debate has been pushed aside by the concerns about general management and the new views of service quality and service delivery that now pervade the National Health Service (NHS). Acceptable Inequalities, a collection of four essays by Professors Klein, Pinker, Collison and Culver is therefore a timely reminder of both an old question which has perhaps been forgotten in recent times, and also of the art of policy debate which has been little practised in recent times.

The four essays approach the notion of inequality in very different ways, reflecting the different intellectual backgrounds of the authors but all reach the conclusion that there will inevitably be inequalities in health and health care. In many ways, the essays provide traditional responses to the question: should inequality in health care be tolerated? The difficulties in the definition of terms such as equality and health, and the problems of reconciling differential end-states on health status with differential inputs of health resources all feature as prominent themes in the discussions. Few readers who have studied the debates over inequalities in health care which have taken place in the last decade will receive any intellectual shocks.

However, the essays are written against a background of the late 1980s rather than the late 1970s, reflecting less concern for formulae dictating the structure of society and a greater...