

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

Jan van Eys, John P McGovern,
151 pages, Springfield, Illinois, \$26.50,
Charles C Thomas, 1988

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 specialities 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 furore 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 Culyer 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

concern for learning how to cope with the immutable issues of inequality. The authors all examine the contention that equality should be the primary objective of the health service. The common theme is that there are no ready-made criteria for acceptable and unacceptable inequalities. All of the essays suggest that the issues of inequality should be approached in an incremental, pragmatic fashion, and dealt with when and if society becomes concerned about them. Rudolf Klein and Peter Collison present the difficulties of establishing which inequalities are important. Given that there are differences in health status caused by biological or social differences, what quantities of resources should be brought to bear to reduce these differences? A J Culyer considers the issues raised by the assertion that we are born with unequal chances of good health (however defined), and examines alternative methods for allocating resources. Robert Pinker puts forward a convincing case for the promotion of consumer choice, through a mixture of public and private health systems, given that all inequalities are ineradicable. Taken together, the arguments of the four professors suggest that theoretical concerns about equality are not relevant to the present making of health policy. There is much that can be done without having to revert to the need for clearly defined social welfare functions in health-policy making.

Now that the NHS is settling down to its new management philosophy, it is time to return to the policy questions and to address them in the context of the general management. *Acceptable Inequalities* is a useful beginning for the much needed new thinking in this area.

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Stress: The Challenge to Christian caring

Gaius Davies, 287 pages, Eastbourne, £6.95, Kingsway, 1988

The author of this book is a consultant psychiatrist at a London (teaching) hospital and a practising Christian. His book is primarily addressed to a lay readership and addresses the belief held

by some Christians that if you have a faith in God then you should be immune to the effects of stress and have no need of help from drugs or professional carers. In arguing against this position Davies shows the need for a true partnership between a supportive Christian community and those who offer professional help via the accurate diagnosis and appropriate treatment of physical and psychological problems.

Whilst this book does not fall naturally into the category of 'ethics' nevertheless it does, by implication, underline the importance of autonomy, partnership and respect of the individual and his/her personal value system. Failure to recognise the patient's basic premise regarding 'God-given' immunity from stress can result in the person feeling guilty and sinful for having fallen from what *some* would regard as expected Christian behaviour.

Davies illustrates well that the whole-person approach is not only a reminder to clinicians and others to respect the spiritual aspect of the person but is also a prompt to the community of faith not to ignore the body and mind and the care available in good clinical practice. The various chapters in this book cover a wide variety of forms of stress ranging through loss, sadness, personality problems, conscience, sex and old age to a variety of forms of mental illness and 'breakdown'.

This book will be of interest to those who offer pastoral care within a Christian context and argues very persuasively for a healthy partnership and the right use and assessment of what help can be offered both spiritually and medically. There is much helpful advice for those seeking to distinguish between expressions of spirituality and those requiring clinical diagnosis and treatment: as in the case of exorcism or conversion phenomena.

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The Physician as Captain of the Ship

N M P King, L R Churchill and A W Cross, 254 pages, Dordrecht, £44.00, D Reidel, 1988

This book is a collection of twelve thoughtful essays, chiefly by authors from American departments of social medicine or ethics. They discuss the

current uneasy relationship between doctors and their patients on the one hand, and nurses, paramedical staff and administrators on the other. They all agree that changes are occurring, and that doctors must ensure that these changes are not detrimental to health care. Thus for instance, some American hospital administrators press doctors to maximise the income for a hospital by concentrating on profitable medicine. Doctors are urged everywhere in this book to become involved in the decisions of administrators, or to take on administrative roles themselves.

These delicate subjects are apposite to today's problems here in the National Health Service, for we also are being encouraged to become hospital managers and budget holders, to examine the costs of what we are doing and to take part in vigorous clinical audit. These influences are a reflection of changes in society, and so doctors, we are told, must change or be changed. One until, as one essayist describes it in the nautical metaphor running through this book, 'the physician's grip is wrested from the tiller and chained to the oars'. In an essay on the changing role of nurses in hospitals, it is pointed out that before 1900 doctors were not much involved in the running of hospitals which was then the duty of boards of trustees. Only when more patients were admitted to hospitals for surgical procedures did the doctors seek to influence hospital management and spending.

The other area extensively discussed is the relationship between doctors as 'captains' and other professional staff, chiefly nurses, in the management of the patient. The specialised skills of nurses in particular have vastly increased, and no longer do they consider themselves the Nightingalian hand-maidens. They and other staff are pressing to be involved in decisions regarding the management of patients. All the essayists agree that doctors are likely to remain, if not captains, then the leaders, but the nature of their future role is uncertain.

I wonder, however, whether the physician is better portrayed as a pilot and the captain as the patient, asking receiving and usually accepting the advice from the pilot. Only once did I find a mention of the fundamental personal relationship between the patient and his doctor, to whom he comes for advice, and subsequently for help. He expects the doctors to suggest safe treatment and to protect him, for instance, against administrators who perhaps may want to accelerate his