during part two, to see the issues for our society today in a richer context, and it also shows the sense and logic underlying different systems of health care. The result is a far more critical and penetrating analysis of health and morality than is possible within conventional medical ethics which shares (instead of questioning) so many assumptions of conventional medicine. Basic questions, such as, 'What is efficacious?' extend into the questions: 'Efficacious in whose terms? For what purpose? To what end? and a wealth of evidence provides many detailed answers.

Margaret Stacey sees close connections between health care and morality. 'The ways in which a society copes with the major events of birth, illness and death are central to the beliefs and practices of that society and also bear a close relationship to its other major social, economic and cultural institutions. In particular, the treatment of those who are dependent on others is a revealing indicator of the social values lying behind the allocation of resources. This being so, understanding the beliefs and practices associated with health and healing contributes to a deeper understanding of the society in which they are found.'

When health care is related to its social setting, it is clear that we all share in the work of creating and sustaining health. 'Preventive' health care is a negative term for this creative work. Chapters are devoted to lay concepts of health, alternative healing systems, the many different kinds of paid health workers, and to the two largest groups, the unpaid health workers who are patients and carers.

Perhaps the most valuable contribution of this book is that alongside the summaries of the usual, widely accepted accounts there is a continuous commentary from women. The women's views dramatically illustrate how one-sided discussions of health are, being almost entirely by men and for men. Just one, from many examples, is how health visiting began in order to regulate 'feckless' mothers. Yet the women needed not advice, but practical help in coping with poverty, totally inadequate diet, and child-bearing while already trying to care for too many children and often with heavy work outside the home as well. Health insurance only covered working men, not their families. In 1915 the Women's Co-operative Guild published evidence of these burdens and called for political change not philanthropy. I suggest that this radical response, informed by listening seriously to the people concerned, demonstrates far more respect for personal autonomy than abstract philosophising can ever do.

The framework of analysis developed through the book culminates in the final chapter on reproduction to present the viewpoints of women who, although most intimately affected, are usually least heard. If this book were required reading for ethicists, medical ethics in the 1990s could be considerably wiser.

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Freud, Insight and Change

Insight-orientated psychotherapies all seek to effect beneficial change through the attainment of personal insight by the therapist. The assumption that greater self-understanding can bring about curative change is fundamental to all such approaches. But what is the nature of 'insight', how is it attained, and how does it lead to personal change? These are the key questions which Professor Dilman sets out to elucidate in his latest contribution to the philosophy of psychoanalysis. Classical psychoanalysis, which is both a theory of human psychology and a mode of therapeutic praxis, is the progenitor of all insight-directed therapies. Two previous books by Professor Dilman have focussed upon the Freudian account of mind and human nature. The present work takes psycho-analysis as therapy as its field of enquiry. Proceeding from Freud's own writing on the subject a conceptual analysis of such key notions as 'free association', 'insight' and 'self-control' is undertaken. Through this analysis an account of the nature of insight and of personal change through the attainment of insight is generated.

Greater insight isn't simply a matter of holding extra true beliefs about oneself. Rather it is the direct recognition, under a new aspect, of some pattern in one's affective and cognitive responses. This is what it is to 'make conscious the unconscious'. And because gaining insight is coming to own thoughts and feelings which were previously unacknowledged it involves some degree of personal change.

Although the responses remain the same, one's conscious attitude to what makes them is enlarged by one's new awareness of the nature of these responses. It follows that insight cannot be imparted simply by telling the therapist some hitherto unacknowledged facts about himself. Insight is obtained through the elimination of resistances in the movement of therapy. This in turn depends upon a general desire for authenticity: the desire to be what we are and to be accepted as such.

Dilman calls the attainment of insight 'the enlargement of consciousness' and distinguishes it from the 'enlargement of self' which is the outcome of the inner change which may be consequent upon gaining insight. He evokes the idea of a 'healing process' which can operate on what is made conscious and bring about the resolution of inner conflicts and difficulties. The 'healing process' is the following through of certain normal affective responses which may themselves involve experiencing fear and anxiety. These normal processes of psychological resolution are blocked when mechanisms of repression are invoked to avoid having to confront these anxieties and fears. Insight removes these blocks and allows the normal resolving processes to go ahead.

Repeating, forgiving, giving up, idealisations and denigrations, and mourning are instances of these 'healing' psychological processes.

Dilman also addresses the question of values in psychoanalytic therapy. He argues that there is a moral orientation within the psychoanalytic approach which values greater authenticity, autonomy, respect and care for others, and the ability to form relationships of affection, loyalty and friendship. He acknowledges that curative changes in therapy are regarded as being those in the direction of the realisation of these values. Psychoanalytic therapy is not concerned to proselytise for these values, but progress in therapy requires a desire for greater authenticity, and a concomitant willingness to be honest with oneself and with the therapist. Curative changes in therapy involve an ethical transformation in the direction of giving a greater centrality to these values, but it is a condition of such change that these values are already entertained by the therapist.

The book is written in a clear and persuasive style, and its argumentation is available to the non-philosopher and to those unacquainted with psychoanalytic theory. There are, however, too many references at difficult points in the argument to
previous work by Professor Dilman and others. The book offers a conceptually coherent account of insight and change appropriate to all forms of insight-orientated psychotherapy. It also offers an interesting contribution to the ethical understanding of what takes place in these therapies.

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Casebook on the Termination of Life-sustaining Treatment in the Care of the Dying


The authors of fast-selling paperbacks have one thing in common – they are all excellent storytellers. Knowledge of the practice of medicine is best learnt by reading patients' case-histories. There has been a need for a book on medical ethics based on real case-stories which can help junior and senior hospice or hospital staff as well as general practitioners in making decisions about the termination of life-sustaining treatment with dignity, thus making the end of life for a sufferer from a terminal illness as peaceful, painless and humane as possible. Dr Cohen, who is a philosophy teacher at Hahnemann University Medical School at Villanova University and also a lawyer, has fulfilled this need admirably. She is certainly a good storyteller. However, best-sellers are not always non-controversial and this book, like many other books on ethics, has many debatable points, especially when it deals with the issue of the right to stop medical treatment for patients, knowing that this may mean their death.

An interesting style is adopted in this book. There are 26 case histories. Each case history is preceded by a moral dilemma for example, should economic considerations play a role in choices made by health professionals? Every case history is based on an actual situation then some relevant questions are posed for example, how and when diverse treatment modalities including respirators, blood transfusions, antibiotics and analgesics should or should not be used in that particular case. A commentary by a member of the Hastings Center research group then takes us through the maze of rational morality, highlighting the questions raised by each case, providing an ethical framework to answer them, suggesting a line of action that is within the range of American as well as English medicolegal systems, and surprisingly still leaving scope for discussion. The scenario is that of a classroom – a lot is said informatively, consciences, interestingly, and within a short period of time – and the cases are designed to illuminate some ethical, medical, legal, and psychological contours of a particular dilemma.

The first chapter goes straight into the depth of rational morality and discusses the most hotly debated questions: When should a person be pronounced dead? Who should make these decisions – doctors and nurses, judges, the government, ethical committees, or patients and their families? Each chapter then takes a different angle and looks at the roles that are played or should be played by patients, families, physicians, nurses, lawyers, and health care administrators.

One chapter deals with the question of capacity and makes it clear that unless there is irresolveable disagreement between the physician, patient and surrogate about either the patient’s capacity or the treatment alternative chosen, including the option of no life-sustaining treatment, there is no necessity for further consultation with an ethical committee or adjudication by the courts. However, resorting to these bodies in general should be reserved for cases where serious conflict or uncertainty persists about how to proceed.

There are chapters on moral dilemmas based on convictions such as: ‘But he never told me not to’, ‘Was she ready to die’, ‘I have lived long enough’, ‘Life versus religious liberty’, ‘No patient of mine will ever starve to death’, ‘No place else to go’, ‘Trapped in the system’, and ‘When is patient care not cost-worthy?’. These are very educational. When is life worthwhile and when to call it a day? The author, supported by twenty-three commentators, has succeeded in answering this sixty-four-thousand dollar question and has yet left room for further discussion.

I recommend this American book to readers who are in the front-line in the care of dying patients – doctors and other health professionals in hospices, hospitals, and general practice throughout the Western world.

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International Medical Malpractice Law


There are, and probably always will be, conflicting values between the law and medical ethics. Indeed, neither the law nor medical ethics are, or are likely to become, wholly indisputable or clear, let alone compatible with each other.

The medical profession have largely arrogated decisions to themselves, and the courts have largely not interfered, at least until now. The law has tended to limp behind new developments such as IVF and all its implications. Medical science and technology have developed very quickly, creating their own demand, creating new fashions, and medical ethics has also tended to limp and lag behind. If we can create embryos where we could not do so before, why not do so? If we can experiment on embryos where we could not do it before, why not do so? Research and science and technology are very important, they represent progress, do they not? They improve our quality of life, do they not? Or do they? We are in danger of unthinking capitalisation to technology. Suppose the anaesthetist watches the machine and not the patient, and does not see the warning signs on the patient?

Society, through Parliament, ought to face up to these issues, and not just passively do nothing and leave it all to the medical profession and the judiciary.

The patient is today much more aware, much more concerned about disclosure and autonomy, much more willing to sue, especially the seemingly faceless health department or hospital authority or medical professional body or insurers. However, the patient daring to sue faces considerable difficulties, such as getting disclosure, getting experts, and overcoming the burden of proof.