

If any single message is conveyed by this work it is that the mere existence of the immense plurality of opinion in this field actually denies the possibility of absolute truths. If any exception is seen it is the need to maintain the patient's autonomy of choice, based on sound information.

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## Medical Law: Text and Materials

Ian Kennedy and Andrew Grubb,  
1224 pages, London, £30.00,  
Butterworths, 1989

Whether or not they have been entirely happy about the process, the courts have been required increasingly frequently to pronounce on matters touching on medical ethics. In decisions on a wide range of subjects, judges have been obliged to decide not just what the legal rule is, but what is the morally acceptable response to a particular problem. This has given rise to a body of jurisprudence which cannot be ignored by those with an interest in the subject. One could not, for example, discuss the British response to the issue of teenage access to contraception fully without a nod in the direction of the *Gillick* decision. Nor would a debate on attitudes in the United Kingdom to the sterilisation of the mentally handicapped be complete without some reference to the several decisions which the British courts have now handed down on this morally difficult matter.

In this weighty (over twelve hundred pages) collection of medico-legal materials, Ian Kennedy and Andrew Grubb have burrowed their way through a vast mountain of court decisions, legislation and legal commentary, to come up with a compilation of the legal response to both old and new medical problems. The value of this enterprise to the lawyer is self-evident, particularly in an area of the law which has spawned a notoriously large literature. But what is there here for the non-lawyer – for the broad constituency of those interested in medical ethics?

There is a great deal. From the very beginning of their exhaustive

enterprise, the authors stress the inter-relationship of law and ethics in this area. The law is seen as one way of resolving certain immediate uncertainties or disputes, but the ethical dimension of what might otherwise be mistaken for a narrow legal issue is not ignored. Then, in each of the topics subsequently addressed, ethical issues are raised and discussed. But this of itself is probably no reason for the book to be read by the reader interested in medical ethics; the ethical material excerpted is usually from familiar sources (the President's Commission, Beauchamp and Childress etc). The real attraction for such a reader will be the legal treatment itself. Many reports are difficult to get hold of, as may also be the case with statutes or the reports of government bodies. This book reproduces the relevant section of the judgements or the legislation, thus providing ready access to the essence of the legal problem.

This is particularly useful in relation to the American court decisions reproduced here. Although Kennedy and Grubb concentrate on English law, the decisions of other common law countries, including those of the United States, are quoted where appropriate. Thus, for example, there are reproduced here some of the more important American decisions on the cessation of treatment in hopeless cases, an area of the law on which there is very little British authority (apart from the decision in one or two cases involving the treatment of mentally handicapped children). For those interested in the problem of the excessive prolongation of life, the facts of these cases – and the legal response – give considerable flesh to an issue which might otherwise remain a theoretical debate.

There is now a reasonable choice of general textbooks on medico-legal issues available to the non-legal reader. This book takes this process further, in providing such a reader with direct and helpfully guided access to the raw materials of the legal debate. For this reason, it is of immense value and interest.

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## The Misfortunes of Others: End-stage Renal Disease in the United Kingdom

Thomas Halper, 219 pages,  
Cambridge, £25.00, Cambridge  
University Press, 1989.

I have experienced great difficulties in reviewing this book. This is partly because I am, as an economist, unclear why the book was written, or from what specific perspective, since nowhere is the author or his background described.

The book covers various considerations regarding end-stage renal disease in the United Kingdom. It presents in chapter 1 some useful comparative data concerning renal dialysis and transplantation in the UK vis-a-vis such activities in other countries. Chapter 2 deals with what is called 'macro allocation', essentially looking at resource allocation under the UK National Health Service; chapter 3 concerns 'micro allocation' ie decision-making with respect to resource allocation in the specific context of end-stage renal disease; and the fourth and final chapter offers what are called 'some premature conclusions'.

Having agreed to review this book, I then found myself wading through too many platitudes, together with contradictory statements and nuances, never quite knowing where the author sought to lead me.

A couple of comments may exemplify why I am so unhappy with this book. On page 120 the author states – apparently in some degree of horror or, at a minimum, distaste – 'a nephrologist who was interviewed volunteered that he and his colleagues prescribed lower dosages of some drugs in order to save money'. But so what? Why is saving money – which might be better used elsewhere – seemingly so wrong?

On page 117, the author states: 'It is true, of course, that treating only patients with the best prognoses is the most effective use of scarce resources; more patients per unit of resources can be treated in this way than by any alternative approach. Some observers might retort, however, that efficiency is not the highest value. Ought dialyzing ten Charles Mansons be preferred to dialyzing five Mozarts (or five of my saintly uncles) merely because the Mansons have better prognoses?'

There are several problems with this. First it is not the case that the statement 'treating only patients with the best