philosophical perspective its authors are well informed not only about developments within biomedicine but also about anthropological and psychosocial accounts of biomedicine. The issues raised are 'live' issues. It is an unhappy fact that many British philosophers who have addressed issues of health, illness and medicine have had only a superficial awareness of the substantial body of research on health paradigms, behaviour and policy. And second, it is unusual because it draws on a broad range of philosophical approaches, Anglo-Saxon and European, in an attempt to clarify and illuminate the issues selected for discussion. It is a bonus for someone – like this reviewer – who is unfamiliar with recent contributions from the Netherlands that the theses of a number of Dutch philosophers and analysts are introduced and dissected.

The book starts well with a crisp and authoritative introduction that reflects the authors' knowledge of work in a range of disciplines, from the medical to the behavioural and social sciences to philosophy. If anything, perhaps too much is promised. This is followed by five key chapters, dealing with 'cultural infusions in the philosophy of medicine', 'regular *versus* alternative medicine', 'concepts of health and disease', 'mind and body in science and philosophy' and 'mind and body in science'. Within these 'contexts' several themes recur: the salience of the cultural and the normative to medical science and practice; the significant but limited role of common sense in and around medicine; the lack of an integrative theory of mind and body, in medicine and elsewhere; the inadequacies of extant concepts of stress; and the neglect of ecology, 'as a discipline of biology', in medicine. There is strong support for the views that the 'achievements of medicine are but a minor factor in improving health at the population level', and that 'philosophy of medicine had better take this into account'.

Apart from appreciating its unusual features, I was extremely sympathetic both to the stance adopted by the authors and to the areas and issues chosen for analysis. The analysis itself is generally concise and clear. What is perhaps disappointing is that the authors are more adept at highlighting problems and exposing possible flaws in the arguments of others than they are at advancing constructive alternatives. They are inclined to hint at rather than pursue promising avenues of enquiry. Indeed, some Anglo-Saxon philosophers will find their very succinctness frustrating. Less charitably, they might be accused of avoiding sustained argument.

This is an interesting book which undermines or questions much orthodox thinking in medicine and sets an apt and challenging agenda for future healing. The qualification that it will be up to others to develop and supplement *positive* arguments for items on this agenda should certainly not dissuade those committed to healing from reading it.

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Terminal Choices: Euthanasia, Suicide, and the Right to Die

Robert N Wennberg, 246 pages, Grand Rapids, Michigan, USA, $13.95, Wm B Eerdmans, 1989.

The title of this book gives no indication that the author, Professor of Philosophy at Westmont College, Santa Barbara, California, is also an ordained Presbyterian minister who therefore writes, with appropriate philosophical detachment, from an explicitly Christian perspective. While he is also on the ethics committee of Cottage Hospital, Santa Barbara, he is not personally involved in the provision of health care, and he consequently states that he begins with a focus on the patient, who, rather than the professional, is viewed as the 'central moral agent'.

As a result he sees the fundamental issue as being that of suicide and he devotes a chapter to its delineation in moral terms from other forms of voluntary dying. He then proceeds to discuss its ethical implications, to consider 'surcease suicide' (defined as suicide committed to avoid grave personal harm), passive euthanasia, the status of the permanently unconscious patient, and finally the problems postulated as arising with the possibility of the legalisation of voluntary active euthanasia. He ends with a bibliography of over 200 books and articles, but three-quarters of these are at least a decade old, and none of the articles quoted are from within the last five years, which inevitably gives rise to a somewhat dated impression.

His restriction of the use of the word 'suicide' to acts resulting from a conscious desire for death, which forms the basis of his formulation of an 'intent' to die, is confusing as it does not correspond to the usual legal distinction between intent and motivation. He specifically rejects the common sense or legal presumption that one should be deemed to have intended all the foreseen results of one's actions, preferring to distinguish between direct and indirect killings according to the principle of double effect. This may not appeal to the secular reader.

He makes some interesting points, as when he differentiates ordinary and extraordinary treatments according to the quality of the suffering entailed rather than the nature of the therapy, and when he draws an analogy between society's prohibition of euthanasia and of duelling: both activities involve the voluntary relinquishment of the right to life by consenting parties. His tone is kindly and his arguments measured, but while his commitment to a religious faith may put a more adequate emphasis on human relationships and connectedness than do recent writings stressing individual autonomy, the book is perhaps more likely to appeal as a source of philosophical support to those who already feel at home within a Christian framework than to influence the thinking or practice of those who would place themselves outside that tradition.

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Danish Medical Bulletin: Journal of Medical, Dental and Pharmaceutical Sciences: Supplement No 1

Edited by Ole Vedel Rasmussen, 88 pages, Denmark, free of charge for foreign medical institutions on request: Danish Medical Association, Trondhjemsgade 9, Dk-2100, Copenhagen 0, Denmark, Ugeskrift for Laeger, 1990

It is a distressing reflection of our times that the use of torture is still practised –

and condoned – in many parts of the world. This study of 200 persons (39 women and 161 men) who allege that they were victims of torture between the years 1975–1982 implicates 18 different countries. The first half of the monograph reviews the types of torture used and the symptoms and physical signs associated with them. Reading this strictly clinical description, it is hard not to think constantly of the psychological aspects – the mentality of the torturers, the desperation of their victims. As one might anticipate, psychological sequelae of torture are usually the most serious and the most difficult to treat.

A disturbing chapter deals with medical involvement in torture, alleged to have happened in 41 of the 200 cases. Included were non-therapeutic administration of drugs, advice as to whether torture could continue, resuscitation so that it could, and in some cases failure to provide proper medical care to victims. The ethical problems doctors might occasionally have to face in these circumstances are formidable. Should one treat or resuscitate a victim knowing that recovery will invite further torture? Does a doctor have an obligation to protest if he or she knows a person has been tortured and, if so, to whom? Should he do so if he suspects that it might expose the victim – or his family – to further maltreatment? Among a number of relevant publications dealing with such dilemmas is the BMA's excellent report on torture (1986) and a forthcoming report from the Institute of Medical Ethics (to be released in early 1991) which will examine these ethical issues more fully.

In a long series of papers over many years, Amnesty International has played a critical role in exposing abuse by torture and has introduced codes of professional ethics. A brief chapter on the rehabilitation and treatment of torture victims pays tribute to the work of Amnesty International. Through its advocacy the first Rehabilitation and Research Centre for Torture Victims was established in Copenhagen in 1982. A similar centre, the Medical Foundation for the Care of Victims of Torture, opened in London in 1986 and from its premises in Kentish Town now handles a caseload of 2,000 victims through a staff composed largely of volunteers. The size of that caseload gives some idea of the prevalence of this awful problem; the number of known victims almost certainly represents the tiny tip of a very large iceberg.

Dr Rasmussen feels the medical profession has a central role to play in the fight against torture. National medical organisations can bring strong pressure to bear but may themselves be vulnerable to victimisation. A plea is made for greater international effort, and the setting up of a new organisation 'to co-ordinate and work actively for the prevention of torture, and receive and investigate allegations of doctors' participation'. For individual doctors, the responsibilities are no less clear: to protect victims when they are able to and to inform their national organisations about abuses; to provide appropriate protection and treatment to those who are imprisoned or detained; and, above all, to refuse to participate, actively or passively, in acts that constitute torture or are otherwise cruel, inhuman or degrading.

Through this and a large number of other reports produced over the past 10–15 years, Dr Rasmussen has done much to heighten our awareness of this dreadful scourge and to highlight the important role the medical profession can play in containing it.

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