

moral philosophy. But although Hare is himself interested in first-order issues including medical ethics and has written extensively on them, these essays at least are pitched at a highly abstract level; I do not think it would be easy for the philosophical layman to relate them to medical ethics.

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People as Patients and Patients as People

Office of Health Economics, 32 pages,
London, £2.50, Office of Health
Economics, 1989

This booklet is a collection of ten papers delivered to a symposium held to celebrate the 40th Anniversary of the National Health Service. The purpose of the symposium 'was to re-emphasise that the NHS was above all conceived to treat individuals'. Professor Sir David Weatherall talks briefly about 'Hospitals for human beings' and Professor Charles George talks about 'The prescriber's viewpoint'. The contents are somewhat biased towards the pharmaceutical industry: 'A desire to take medicine is perhaps the great feature which distinguishes man from the other animals!'

Professor Teeling Smith, in 'The taxpayer and the patient', reviews some of the well known conflicts which exist in the NHS, with its basic concept of the wealthy well paying for the poor sick. These conflicts include the 'moral hazard' of a service which is being paid for collectively by a large group, and in which each individual tends to make higher demands than he would if he paid for what he was demanding himself.

Then there is the basic conflict of the NHS whereby the taxpayer is financing expensive care for others who are no longer able to pay. Here the healthy taxpayer wants to reduce his outlay, whereas the sick consumer wants the best care regardless of cost. In the NHS, where services are made available regardless of the consumer's ability to pay his immediate cost, Professor Teeling Smith believes that the providers have a special responsibility to ensure that their service is good value for money.

He also believes that the balance of power between doctors and their patients is shifting (towards the patients) with the increased use of measures of patients' well-being. Professor Weatherall notes that 'unfortunately, there have been few investigations of consumer reactions to hospitals' and calls for more data of this type, because 'despite efforts to maintain patient service, areas of shortfall remain, particularly on the pastoral side of medical care'. These reductions in the standard of patient care, Professor Weatherall believes, are due to the increased throughput in the NHS.

So what is the overall impression after reading these papers about people as patients and patients as people? It is that there have been determined attempts by some to improve the treatment of patients as people (and the Department of Health has now formally recognised the need for this), but other pressures, notably financial, have made it harder to do this and there is still a great deal of improvement that could be made.

But any improvement would be at a cost, either financial or of a reduction in the level of service and we know surprisingly little about patients' preferences about the trade-off between quantity and quality. Until we know more about patients' preferences we can say little about whether we want to concentrate on increasing the quantity or quality of care.

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Morality: A New Justification of the Moral Rules

Bernard Gert, 317 pages, Oxford,
£27.00, Oxford University Press, 1988

This is the fullest exposition of Gert's moral theory, which first appeared in his book, *The Moral Rules*, in 1970. It is an objective moral theory applicable to all rational persons, which according to Gert, underpins our common moral system of rules, prohibiting evil acts and promoting ideals which encourage the relief of suffering. From a philosophical standpoint the moral theory has two commendable features. First, it is an objective theory which allows for limited moral disagreement.

For example, when abortion is discussed the scope for rational disagreement is found in the emphasis placed respectively on empirical and non-empirical questions. Typical empirical questions are: 'What effect will allowing abortion have on the way rational persons treat one another?' 'Will allowing abortion result in less concern for human life?' In contrast, non-empirical questions yield discussion on the degree of concern for unborn children.

The second important feature of Gert's moral theory is that it lends itself directly to the resolution of real moral problems. In the early chapters Gert provides a detailed analysis of the central concepts, such as morality, rationality, impartiality, good and evil, moral rules and their justification, virtue and vice, moral judgements, and the relationship between morality and society. He then outlines an approach which he describes as 'morality as impartial rationality'. This is a moral system that would be chosen by an impartial rational observer. Of central importance here is Gert's treatment of the interplay between rationality, impartiality, and specific moral rules which provides the structure for his moral theory. The system of moral rules, which is grounded in Gert's analysis of impartial rationality, underpins imperatives such as do not kill, cause pain, disable, deprive another of freedom or pleasure, do not deceive, do keep promises, obey the law, and do your duty. These are obligatory at all times, and must be distinguished from the moral ideals, such as help the needy, relieve pain, and so on which do not have the same force. For example, punishment may be used to enforce certain moral rules, although it would not be proper to apply it to those who fail to follow a moral ideal.

The final chapter considers ways in which the moral theory can be accepted by any impartial rational person, as a guide to her conduct and others' conduct. The two central topics here are paternalism and euthanasia. As both require justification Gert considers several case studies in which paternalistic behaviour is subjected to the standard of acceptability by an impartial rational person (for example, no impartial rational person would publicly approve of lying to a patient in a situation in which trust is extremely important). Gert's treatment of euthanasia involves an elaborate treatment of the distinctions between active and passive euthanasia which cannot be fully assessed in the space of a