

The reviewer was disappointed in the theological discussion but found valuable insights in the realm of medical practice.

The author is concerned about what he calls 'the silences' which develop in the course of fatal illness, and particularly the conspiracy of silence by which he sees the medical staff protecting themselves by keeping the interaction with patients as brief as possible to avoid becoming too involved. He sees the constant activity and striving for cure as 'a messy way to hide the silences'. He quotes evidence that the children in the oncology ward know far more about their condition and the fact that they are dying than either their parents or the medical staff realise. And because the children are unable to discuss their fears, they die 'terribly alone'.

Running through the book is the question which particularly concerns the author: Why does a good and all-powerful God allow us to experience pain and suffering? The author is honest enough to conclude that he can find no satisfactory answer to this dilemma. 'The suffering of a child is pointless.' All we can gain from our suffering is a sense of compassion for one another's hurt. 'We are all sitting on a mourner's bench that is longer than we imagined.'

The author admits that up to approximately 300 years ago theodicy was not seen as a problem. It is only since the seventeenth century that it has been felt necessary to justify the ways of God in the light of the existence of evil. Unfortunately, he does not follow up that clue. It might have led to the classic two-world perspective of the New Testament, that views the next life as more important than this one, and understands life here as essentially preparation and training for life hereafter. Nor does the author take into account the inscrutability of God's ways – the thought that, as the prophet Isaiah put it, God's ways are higher than our ways and his thoughts than our thoughts. It was this that comforted Sir James Young Simpson, the famous Edinburgh obstetrician, as he stood at the graveside of his seventeen-year-old daughter, and recalled the words of Jesus: 'What I am doing you do not know now, but afterward you will understand.'

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## Ethical dilemmas in paediatrics – a case-study approach

EN Forman and RE Ladd, 142 pages, New York, 1991, Springer-Verlag, DM 64 hard cover

This is a very readable book which covers the wide range of ethical dilemmas found in the practice of paediatrics. The book is divided into six major parts. The parts cover:

- Who has the chance in decision-making?
- How much and when should the truth be told?
- Deciding on the limits of treatment.
- The problem of child volunteers in research.
- Conflicts of costs and loyalties.
- The special problems of treating adolescents.

Each part of the book contains chapters which start with a brief case-history and some discussion questions which arise from the report. At the end of each of the six parts of the book, there are further brief case-reports and discussion questions. These combinations allow both in-depth discussion and generous width of subject matter.

Apart from excellent accessibility of the layout of the chapters and the wealth of ideas, the style of the discussion makes nearly compulsive reading. It is probably as a result of the interaction of the authors, who come from the differing backgrounds of paediatrics and philosophy, that the reasoning in the discussions seems both sensitive to the practical issues and sensible in the level of argument.

As in all good books there are some problems. It would be impossible to discuss medical ethics without considering the legal aspects. For readers outside the United States, some of the details of the legal side may appear redundant to their needs. However, I found it a stimulus to try to discover how the laws in the United Kingdom differed from those described. The ideal would be a British edition of this book, with a commentary on how the laws are different. Maybe this will have to wait until the book proves as successful as it promises to be, or until European laws related to medical ethics are harmonised within the member states. One particularly fascinating aspect, for areas from within

the National Health Service in the United Kingdom, is the dimension of the private health service in the United States. A whole section on Considering Costs (chapter 20) exposes some dilemmas of conscience and loyalty which most British doctors have been spared. The whole area of conflict between doing the very best for the individual child within the system of trying to run an economical business, or in trying to avoid being penalised by health maintenance organisations, should send a timely shudder down the spines of those of us who appear to be on the brink of falling into the same pit.

I am sure this book will be used by many of us whose task is to help both undergraduates and postgraduates in the health professions to discover the importance of medical ethics, particularly related to children. It is an excellent source of both case material and summaries of balanced arguments. The bibliography and glossary are also very useful. No paediatric library will be complete without this book.

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## New harvest – transplanting body parts and reaping the benefits

Edited by C Don Keyes in collaboration with Walter Wiest, xiii + 229 pages, Clifton, New Jersey, 1991, The Humana Press, \$34.50 export

The term 'harvesting' has been felt by some to be unfortunate or objectionable in the context of human organ procurement, so to present a volume on the subject under the title *New harvest* might appear to be to take sides. Sides are taken, I think, but uncomfortably, for two reasons.

The first concerns the too-evident apologetics in much of this collection. It is useful to assemble the views of clinicians, theologians, lawyers and philosophers in a single volume, but the associated danger is that too much ground is covered too scantily, and that the contributors are inclined to assert their own views without substantial defence. Sometimes this leads to glib superficiality, as in: 'The American sense of altruism and compassion for

those of us who fall prey to the forces of nature must not be sacrificed on the altar of fiscal responsibility' (p 247); sometimes to startling elisions, as in the Protestant Christian contributor's apparent defence of using the comatose as donors – '... it may seem brutal to judge such individuals dead, **ie not really human** .... To judge such individuals dead (**ie not humanly living**) is better than to say we can use them as donors because they lack an acceptable "quality of life"' [p218 my emphasis]; and sometimes it leads to sheer bafflement, such as the inclusion of a planner's QALY-type analysis among allegedly 'psychological' models for understanding the human dimension of transplantation (the contributor at this point openly notes that such a model mainly serves allocation decision-makers).

The second reason for discomfort concerns the contributions of this volume's editor, who seems not to have a sufficiently clear idea of either his aims or his audience. He seems to want to share a platform with the often uncritical apologetics of his contributors at the same time as wanting to stress the reverential, crypto-Kantian limitations on the use we make of our fellow-humans. I imagine that the discomfort he himself evidently feels, and which costs him clarity and sureness in his writing, does him moral credit. All the same, we want

clarity as well. Keyes's philosophical approach hopes to find it by grounding respect for life upon foundations provided by (i) the validity of mental states, (ii) the reality of other people and (iii) the value that people have as beings themselves capable of valuing. Alas, (i) and (ii) are frankly baffling, particularly to the philosophically innocent, and (iii) seems to presume what it sets out to underpin.

Again, he neatly argues the mutual dependence of deontological and consequentialist approaches but then yields to gnomic assertions such as 'Respect for life seems to be equally deontological and consequentialist', which to say the least does not follow from the relation between consequences and duties. It is this that seems to suggest to him the programme of identifying a 'foundational' single moral principle which will be at a more basic level than the distinction between consequentialism and deontology. But apart from the philosophically questionable search for foundational values (which cannot explain the plurality of values which we actually encounter in life) I have serious doubts about the wisdom of subjecting the general reader, to whom this collection is most likely to appeal, to contested philosophical abstractions – particularly at the outset, before the clinical realities have been given the opportunity to command our ethical

attention.

The inclusion of a specific section on self-identity is interesting and unusual, reflecting a problem that has somewhat fallen from prominence in the mainstream discussions of transplantation. Unfortunately there may be good reasons for such a fall, and Keyes's persistent references to a 'crisis in self-identity' do not in my view succeed in establishing the 'crisis' as either genuine or troublesome. Others may disagree; but I think it is philosophers rather than clinicians who will be tempted by Keyes's bracketing of the problem of self-identity with the more obviously contested boundaries of biological life. And even philosophers will need a little more encouragement than another nibble at the mind/brain problem and the refutation of solipsism.

To be sure, the collection contains much useful historical and clinical information which makes it helpful for the clinical layman, whilst the general ethical summaries will guide clinicians to the issues which they should confront. Philosophically I think the book's weaknesses are a nuisance, and might dissuade (or, worse, deceive) the general reader.

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