

Book reviews

Bio-ethics yearbook, vol 1: theological developments in bio-ethics 1988-1990

Edited by B Andrew Lustig and others, Dordrecht, the Netherlands, Kluwer Academic Publishers, 1991, 224 pages, £63.00

This expensive book witnesses to the explosion in issues of medical ethics since the 1960s, and also to the extent and wealth of the American market. It is the first of what will be annual yearbooks, each alternating year dealing with theological issues in bio-ethics, and the intervening years covering governmental policies. It comes from the Centre for Ethics, Medicine and Public Issues, Houston, Texas.

Ten of the twelve chapters of this yearbook are by writers from America. They are printed in alphabetical order of author, so that Roman Catholic comes first, followed by Mormon. Then follow Hinduism, Buddhism, Anglicanism, Eastern Orthodoxy (in its Greek, not Russian, form), Islam, Lutheranism, Methodism, Baptist-Evangelicalism, Judaism and the Reformed Tradition. The Buddhist contribution is, rather surprisingly, from Japan. Missing are ecumenical contributions, which is a pity; though the Methodist contribution includes references to joint work with the Roman Catholic Church in the USA. Chinese faiths are not mentioned.

The sources are overwhelmingly American. The exceptions are the chapters on Buddhism and Hinduism, and that on Anglicanism. This last draws on the Lambeth Conference of 1988 and, oddly, on the Scottish Episcopal Church and the Church in Wales, but ignores the Church of England. The sources are mainly

official statements, but some less official work is included. Most chapters have extended bibliographies.

Many contributors provide a brief historical and doctrinal background to the substance of their chapter. They are in sympathy with their subject, but sympathy in several cases has not precluded criticism. The Roman Catholic contributor gives special attention to the 1987 Instruction from the Congregation for the Defence of the Faith, *On Respect for Human Life in its Origins and on the Dignity of Procreation (Donum Vitae)*. Such documents come with a considerable weight of disciplinary authority behind them; nevertheless this chapter considers both its arguments and also the criticisms of them from within the Roman Catholic Church itself, and concludes that the discussion is clearly not complete, and that further thought is needed. The Lutheran contributor says that his tradition has been a mixed blessing, for whilst it was a corrective to late mediaeval 'works righteousness', it introduced a suspicion of precise moral reasoning as being an enterprise of self-justification. The Baptist Evangelical contributor says that there is a lack of sophistication in evangelical moral reasoning, and a proneness to accept 'moral postures' about which no argument is permitted and no explanation required. Also the Mormon writer remarks that guidance from the Mormon Church is not prospective but tends to be issued when public debate is on the verge of ending, and then to conform to the general medical-social consensus.

These comments illustrate the problem that all, and not only religious, groups have to face in coping with a traditional morality fashioned in a pre-technological age.

The editors have maintained a fairly firm uniform framework for the chapters, which is an achievement in a

pioneer volume with protean subject matter. Naturally not all the contributors find material on every issue; but broadly, those covered are concerned with the origin and end of life, consent, confidentiality, equitable access to medical care, cost containment and organ transplantation. The editors express the hope that the book will be useful to teachers, doctors, nurses, clergy, lawyers and public-policy makers. Certainly if any of them need the material here there is no other equivalent source.

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Regulating British medicine: the General Medical Council

Margaret Stacey, Chichester and New York, John Wiley, 1992, 293 pages, pb £15.95

This is a timely book. Since the advent in Britain in the 1980s of a new right-wing radicalism which emphasises consumerism, the manner in which professional bodies regulate the conduct of their members has been increasingly questioned from both sides of the political divide, as well as by self-critical members. Professor Margaret Stacey, a doyenne of sociology applied to healing and health, is particularly well placed to analyse the role and conduct of the General Medical Council in regulating the activities of the medical profession, in that she was a lay member of the council from 1976 to 1984. Her analysis avoids nicely the dangers which beset participant observers of, on the one hand, co-option by the

'medical establishment' or, on the other, sarcastic iconoclasm.

Her analysis of various current issues facing the GMC – its role in influencing the pattern of post-qualification credentials, its ability to deal with incompetent and discourteous doctors, its policy for ensuring continuing competence to treat, the admission of overseas doctors to the Medical Register and the representativeness of its own medical and lay membership (particularly insofar as women, non-white, younger doctors, other health professionals and even alternative healers are concerned) – rests on a brief but sound historically-grounded account in parts I and II of the social factors which have influenced the complex relationships of the profession to its 'customers', the patients, and to the state, since the foundation of the GMC in the mid-19th century. Part III, *How the GMC works*, is based partly on an analysis of documentary sources, partly on interviews with past and present presidents and other members of the council, and partly on her own observations as a member. It provides a convincing account of the way in which the GMC, the epitome of an inherently benevolent elitism, sought to ensure fairness in judging the crimes and misdemeanours of other members of the fraternity while remaining unaware of the extent and nature of its own built-in prejudices, prejudices which may subvert the process of achieving justice for individuals or fairness for entire categories of the profession.

Part IV, *The decade of the consumer*, assesses the effect of the political and social movements of the 1980s on the profession and on the GMC. It details the events which led to the referral of the GMC to the Monopolies' and Mergers' Commission and the Office of Fair Trading, as well as the threats to professional dominance which appeared to arise with the official encouragement of consumerism, the growing influence of patients' associations, and the development of alternative therapies able to undermine some of the general public's seemingly obsequious esteem for all orthodox, mainstream biomedical practices, however flimsy their scientific base.

Part V, *Fit for the twenty-first century?*, contains Professor Stacey's view of the reforms needed to regulate the profession in the future. She recommends an independent enquiry designed 'to look at the entire UK system of regulation of the medical

profession as a whole rather than reviewing and reforming its component parts in a piecemeal manner'. She sets out a list of eight criteria which could be used to judge whether the profession was or was not well regulated. Her own suggestions for reform are detailed and include: changes in the composition of the GMC to include more women, more non-white as well as more younger practitioners, and more other health professionals; more patient-friendly measures for hearing complaints about the conduct of doctors; and a greater willingness to loosen the hold of the royal colleges on specialisation and post-qualification education. Above all, she herself believes that, given changes in the composition of the council and in some of its procedures, self-regulation, much modified, can work and is preferable to regulation imposed on the profession from an outside body, which might be considered confrontational or antagonistic by members of the profession. She sees the perennial internal conflict between doctors' self-interest and their service ethic as being played out in the future in changed external circumstances and considers that a new professionalism which lays stress on the latter is both possible and the way forward for those to whom her book is dedicated, namely 'all those practitioners for whom healing the sick and alleviating suffering is their prime goal'.

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Practical medical ethics

David Seedhouse and Lisetta Lovett, Chichester, John Wiley and Sons, 1992, 134 pages, pb £11.95

The stated aim of this book is to introduce medical students and doctors to the place of ethics in medical work by teaching what the authors refer to indiscriminately as ethical analysis or moral reasoning. About four-fifths of the text comprises examples and exercises based on case-studies. This is probably the best way of introducing medical ethics and in this instance the material has been well chosen and covers a wide range of problems. The addition in many cases of a clearly separate note on the relevant law is an excellent idea, providing an extra

dimension to the discussion in a way that minimises the damage should these sections become dated. However, since the special character of the book derives from the nature and presentation of the moral analysis given in its first fifth, I will concentrate on that in what follows.

In this more abstract material the authors sensibly avoid such familiar theoretical approaches as consequentialism, rights theory or deontology. There is a place for these in a more philosophical treatment, and arguably any serious student should come to understand them, but there is little point in raising them in a work of this kind unless the author is intending to use them. Seedhouse and Lovett are not, and instead make better use of their space by restricting themselves to four points that beginners are likely to find genuinely useful. Firstly, that ethics is not an optional addition to health care but inextricably a component of it. Secondly, that the ethics involved is not esoteric but rather that familiar to us in everyday life. Thirdly, that ethical questions are more than just matters of opinion. Fourthly, that we cannot rely on a straightforward appeal to fixed codes and rules (or indeed any body of uncontroversial ethical standards) for the resolution of our moral problems. I have misgivings only about the last of these points (or more exactly about its elucidation), since under this heading the authors reject the use of 'principles' in medical ethics without noting that in English the term can denote several different kinds of generalisation, so that distinguishing them is a prerequisite of effective criticism.

The authors' own approach is simply to provide us with twenty considerations (such as minimising harm, respecting autonomy, the benefits for society and the availability of resources) that are likely to be relevant to any decision. Grouped into four classes, these comprise a useful guide to the complexities of moral problems, and as such constitute something aptly called 'ethical analysis'. They do not, however, constitute a method of moral reasoning. As the authors make clear (page 19), while these are the elements necessary for it, the reasoning must be supplied by the user. It is thus, I think, potentially misleading of them to use the expressions 'ethical analysis' and 'moral reasoning' interchangeably.

Finally, it is vital to mention the form of presentation of the various considerations. They appear first as