maintains that acceptance of some prima facie desirable practice is wrong because it would logically commit us to accepting a series of other, undesirable practices. The psychological form maintains that if certain practices are once accepted, other undesirable practices will in fact come to be accepted. As becomes clear later in the book, these two forms of argument can often be combined: loose concepts, it is claimed, can and will be stretched under pressure of a prevailing climate of opinion to cover circumstances not originally envisaged by those who accepted the first steps.

The discussion of Nazi policy which follows examines what is often thought to be the paradigm case of sliding down the slippery slope, because we cannot learn from this case. Here the main points seem to be somewhat obscured amid the detail of argument, but Lamb does claim that, like the Nazis, if for different reasons, we are nowadays starting to say that some lives are not worth living, and that this is the beginning of a slope.

Lamb himself espouses a principle that all lives are worth living (in themselves, not just to our lives - a sort of secular equivalent of the notion of the sanctity of human life). Sometimes he seems to say that all suicide and euthanasia is wrong because of this principle. At other times he invokes slippery-slope considerations, such as the inherent vagueness of the concepts of rationality, voluntariness, autonomy and so on, to argue against legalising euthanasia. His arguments are very ingenious, but I found them unconvincing – particularly as rationality and autonomy seem to underpin the right to refuse treatment, which Lamb does wish to uphold. There is much detailed argument about euthanasia, including a brief treatment of cost-benefit arguments. In comparison, the treatment of in vitro fertilisation, genetic engineering and abortion is rather cursory. An important and interesting topic, that of the respect due to human tissue, is introduced but not sufficiently developed, and I remain unclear why Lamb seems happier about abortion than about euthanasia.

I suspect that this book is really about euthanasia rather than slippery-slope arguments. Lamb wishes to argue against legalising euthanasia for both value-of-life and slippery-slope reasons, though the latter are not always set out in a way which clearly displays their nature. He argues that while some cases of euthanasia may be morally acceptable, there is no safe way of codifying this fact. The book is closely argued, thought-provoking and in general well written (though the Oxford English Dictionary does say that the word ‘beneficient’, often used, is an erroneous form). Anyone interested in euthanasia would benefit from reading this book, although they might not be converted.

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Sickness and health


This major novel, the title of which gives no indication of content, takes the reader behind the visible façade of respectable medical life. It is a vivid story of two generations of doctors and patients, with all their desires, ambitions, disappointments and heartaches. Written in Douglas’s typical style, which combines wit, satire, cynicism, insight and realism, it captures the life experiences of people who represent various epochs in the history of the National Health Service.

In an unusual and most effective way, the author sets the scene with the funeral, in 1979, of a well respected doctor, who met an untimely and mysterious death. He then goes back in time to 1949, the year of the implementation of the NHS in Scotland, where the whole novel is acted out. Colourful vignettes depict and highlight important epochs. With a non-descriptive title, the four section headings are important: 1. We are making a new world; 2. Victories of science; 3. The long surprise; and 4. The health you can afford. They depict the early visions of the health service, the anguish of the medical rat race, the prejudices against female medics and some of the life/death decisions taken overtly or covertly. Ethical issues are cleverly woven into the fabric and, thus, the book earns itself a review in this journal.

As a reviewer who worked in the NHS from its inception, I can appreciate the realism of the novel. It is uncannily possible to identify with the doctors, medical students, nurses and patient who act out their fictitious roles. Thus the book is valuable in bringing to life some of the many non-fictional historical accounts of this era in the NHS.

On the negative side, I missed an index and some sort of an author’s introduction, setting out his aims and direction. It took me quite a while to get my bearings. In parts, I found the style and language somewhat crude and lacking in sensitivity, but maybe this reflects the author’s perception of the world which he so vividly presents to his readers. The novel deserves to be read; its subtleties are intriguing.

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Challenges in caring: explorations in nursing and ethics


Increasing awareness of professional responsibilities has caused members of the caring professions to look even more closely at the nature and underlying principles of their practice: nursing is a case in point. Increased professionalisation and access to higher education (there are now some 20 nursing degree courses in the United Kingdom) has raised awareness of the need to form a view, and sometimes adopt a stance, on issues which past generations of nurses may well have left to others, most notably, the medical or legal professions; ethics is a case in point. The regulatory bodies for nursing, midwifery and health visiting have, over recent years, suggested professional/ethical principles around which nursing can be conceptualised and from which practitioners can derive support. Without being over-prescriptive, such guidelines provide focus and promote discussion of ethical issues faced daily by many nurses.

Challenges in Caring: Explorations in Nursing and Ethics sets out to examine a range of topics, most of which occasion public and professional debate. Written by two philosophers and a nurse, the book attempts to discuss ethical principles in the light of real-life ethical dilemmas often faced by nurses. This two-pronged approach is exemplified by the open-