

## The dependent elderly: autonomy, justice and quality of care

Edited by Luke Gormally,  
Cambridge, Cambridge University  
Press, 1992, 202 pages, £24.95 hc

Undoubtedly, when people are old, sick and dependent, they are in the ranks of the more vulnerable members of society. It is not always easy, however, to find solutions to their problems, and the all too common tendency to grasp at straws labelled 'neat' and 'facile' can, and probably often does, lead to a worsening of an already bad situation. Major ethical problems abound in this sphere and many are discussed in some depth in this book.

The first half is, for the most part, devoted to active and passive euthanasia. As one might expect, there is a good deal of discussion regarding the withholding and withdrawing of artificial nutrition and hydration. The book was published before the Tony Bland case hit the headlines, but there had already been widespread discussion of other PVS cases on the other side of the Atlantic, and the first of two contributions to this volume by Joseph Boyle is a chapter on that American debate. John Keown contributes some reflections on euthanasia in the Netherlands, and the living will also comes in for special treatment in a chapter from the pen of the editor, who makes three other contributions, including an introduction.

In the second half of the book, various other matters are discussed. These include the possibility of providing good quality long-term care without unfair discrimination, and the question of just what is required for good quality in long-term care of elderly people. In his second contribution, Boyle asks whether age should make a difference in health care entitlement. Also in the second half is a discussion by Michael Banner of the QALY (Quality Adjusted Life Year), which the editor describes succinctly as a health care economist's device 'for measuring the relative worth of different health care activities with a view to determining the distribution of resources'. The final chapter, with some concluding remarks on economics, justice and the value of life is provided by John Finnis.

There is a fair amount of comment about autonomy and justice, the problems attached to incompetence, the distribution of resources, and, as one might expect in this day and age, the part played by market forces in decision-making. I could not say that I agreed with everything in the book or that I found all arguments to be thoroughly convincing. It provides a fair amount of food for thought, however, and strikes me as a useful collection of contributions to several debates.

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## There is nothing more I can do! An introduction to the ethics of palliative care

David Jeffrey, Penzance, Patten  
Press, 1993, 116 pages, £5.95

This is a short treatise by a doctor who trained as a general practitioner but who now works as a medical officer in a hospice. He has set out the philosophy of palliative medicine and intertwined contemporary medical ethics, highlighting the areas of dilemma. The book is aimed at general practitioners and primary-health-care team members involved in the care of the dying, although I think it will be most challenging to GP trainees, hospital doctors, and those training in oncology who feel the need for help in working through the statement: 'There is nothing more I can do'. They need guidance in the difficult decision-making required as to the appropriateness of certain treatments as the patient's illness progresses. They need to be able to recognize that while there is nothing more I can do as a surgeon or an oncologist, the patient needs continued care by the appropriate doctor and team who can address the issues of symptom control and psycho-social support. However, there can be difficulties, not mentioned by the author, even when the doctor recognizes the therapeutic limitations, because there will be patients who want and need to pursue active treatment options even though they know they are dying.

The book sets out clearly the areas of importance in patient care, and

draws from the Beauchamp and Childress model of autonomy, beneficence, non-maleficence and justice. Alongside this the author demonstrates how the palliative-care team can work and meet these goals in a personalized manner.

While the author mentions several potential moral dilemmas throughout the text, he deals in some depth with euthanasia. This is clearly a challenge to those of us working in palliative care, and Dr Jeffrey presents the arguments against changing the law and current medical practice. However, I think he ducks the issue when dealing with rational arguments from patients who are exhausted by their illness and can find no more value in living and wish to die. He argues that a request for euthanasia is beyond the bounds of personal autonomy, and infringes the autonomy of the doctor. The patient can exercise autonomy by taking his or her own life. This may resolve the doctor's dilemma but is unrealistic and unhelpful for very ill patients at the end of their life. These situations remain very difficult but I do not think the doctor can avoid them by arguing that it is the patient's problem, because this runs counter to the ethos of palliative care which the rest of the book develops.

The book is easy to read and well referenced. I think most doctors and nurses will find it a stimulating read.

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## We can speak for ourselves

Paul Williams and Bonnie Shultz,  
London and Canada, Souvenir Press  
(Human Horizons series), 1982  
(revised 1991), 252 pages, £8.95

This is a 1982 book with a 1991 footnote. As is traditional with the Human Horizons series, the book is good value – but good value as an account of some aspects of the self-advocacy movement for people with learning disabilities at the beginning of the 1980s. As the authors themselves recognize in their footnote, the terminology and the references are dated; and those currently involved in or interested in self-advocacy will enjoy the early history of the movement, and perhaps find confirmation of their ideals. They will not find here the help