

with establishing or maintaining advocacy schemes which is provided by more recent do-it-yourself guides.

As history, this is closer to a contemporary document than a history textbook. The reader has to do his or her own selection, among a wealth of detail, about who did what and when and why in the early self-advocacy days in North America.

There is confusion in much discussion of self-advocacy between what is strictly self-advocacy, namely people being enabled to speak up in their own interests about their own past, present and future, and the much higher profile 'self-advocacy', which is really group advocacy by members of the group. This early study shows how the one thing blends into the other – sometimes the public role helps an individual manage her own destiny more effectively. Sometimes getting a better grip on personal affairs helps someone move on to public affairs. Usually, the two things are mutually supportive.

While the 'criticism' that the People First Movement is based on more able people with learning disabilities is valid, *We Can Speak For Ourselves* illustrates the fact that few of the publicly prominent self-advocates are 'naturals'. All had to work very hard to become competent spokespersons. This means that there are messages for all those who work with and for people with learning disabilities. That message is about being conscious of the at-times shameful history of society's approach to people with learning disabilities; being conscious of the personal histories of those we are working with; and being open to the possibility that, verbally or not, they understand themselves better than we understand them. It is also about the certainty that unless we pool insights, we shall fail them, as we have so often failed them in the past.

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## Choices and conflict: explorations in health care ethics

Edited by Emily Friedman, Chicago, USA, American Hospital Publishing Inc, 1992, 224 pages, \$42

Reviewers would do well to remember that generosity is a virtue for them as

well as for the rest of humanity. The phenomenon of the clever, negative and archly self-aware review is disagreeably familiar. I hope I will not be thought to be encouraging this style of criticism if I say that I found reading this book a discouraging experience.

The book is an American Hospital Association publication which consists of twenty-eight essays, some new, most reprinted from journals, on a wide variety of topics in health care ethics. The editor has attempted to impose some shape on the collection by grouping the contents around six themes, but this thematic unity is more often than not spurious. Thus some of the essays under the heading of rationing seem to have little to do with that topic.

The authors include ethicists, physicians, lawyers and sociologists. The emphasis of most essays is ethical, though some are more factual and legal in orientation. The quality of the ethical thinking displayed here is, I have to say, somewhat lightweight. This lack of ballast springs in part from the absence of theoretical underpinnings for these moral reflections. When theory does put in an infrequent appearance, as with relativism and the debate between liberals and communitarians, it does so in a form so actiolated as to be unhelpful. But this theoretical vacuum is not solely responsible for the sense of ethical flimsiness left by the book. There is a more general lack of intellectual penetration and imaginativeness that accounts for this feeling. There are exceptions. Essays by the Director of the Hastings Center and the executive editor of the *New England Journal of Medicine* are, as one would hope, a little more substantial. And it is a pleasure at last to discern some intellectual and philosophical sinews in a short essay on rationing by the philosopher Norman Daniels. But otherwise, reading this book is the literary equivalent of eating an indifferent blancmange which evaporates on the tongue, leaving little or no taste.

Books of this kind provoke more general reflections. In a scientific culture like ours there is a standing risk of science attracting more talent than ethics. The problems of the former seem so eminently more resolvable than the intractable problems of the latter. Such a tendency of thought was perhaps crystallized in the philosophy of logical positivism and has been more generally sustained by the prevalence in philosophy and outside it of the distinction between facts and values. The recent growth of interest

in applied ethics amongst philosophers marks a welcome and significant weakening of this tendency. But one problem in doing applied ethics is how to transcend the sort of superficiality displayed in this book. Some think that the solution is to situate the practical issues in the context of competing moral theories, whose merits are then explored. Whatever the case for this, it does risk substituting intellectual paralysis for thoughtless conviction, not evidently a step forward, particularly for those who shoulder the responsibility of making the moral decisions on the issues in question.

At a moment when the teaching of ethics to health care professionals is beginning at last to be taken seriously, it is crucial that it not be perceived as an intellectually undemanding and lightweight option. If it is, able students will view its inclusion in the syllabus with irritation, and rightly so. The charge against this book, and others like it, is that they foster such a misconception.

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## Medicine betrayed: the participation of doctors in human rights abuses

BMA working party, London/USA,  
Zed Books Ltd, 1992, 234 pages,  
£9.95/\$19.95

This book is the report of a working party set up in 1990 by the British Medical Association under the chairmanship of Sir Douglas Black to look into the abuses of medical skills on prisoners throughout the world and to make recommendations as to how such abuses may be opposed and eradicated. This initiative is a great tribute to the British Medical Association in its role of forming and leading professional opinion, since the report clearly identifies how equivalent organizations in other countries have failed to speak out and condemn such practices, whether through inertia, tacit approval or direct political interference in their activities, and have thereby facilitated the development or continuation of such abuses.

The territory covered is familiar – medical involvement in torture, the abuse of psychiatry for political purposes, the involvement of doctors in corporal and capital punishment and