

Department of Health, along with professional bodies, formulate guidelines for the introduction of genetic screening programmes.

This report will do much to facilitate the extension of screening programmes in Britain, to allay the fears of the public about such screening, and to protect individuals from violations of their rights. It is a very solid piece of work, and I recommend it highly to all interested parties.

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Standard of care – the law of American bioethics

George J Annas, New York and Oxford, Oxford University Press, 1993, 291 pages, £19.50

Here we have another elegant, thought-provoking volume from the prolific Professor Annas. Like the others, it is almost a collection of essays, in this case divided up to cover three discrete themes, with an overarching theme which allows him a forceful conclusion about the way we should think now. For Annas is one of the most powerful proponents within the United States of a medical ethics that goes beyond the purely legal. As a lawyer himself, he sees bioethical thinking as overly law-based. He sees, too, the practice of defensive medicine on the increase, of interventions performed in order not to get sued, rather than for the possible benefit of the patient, and he states categorically that such interventions are unethical.

But in this volume, more than in previous ones, he calls for a tangible change. He suggests – and we have to remember that he is first and foremost a lawyer himself – that at least one semester of the third year of law school be used for the study of health law. That would, in his view, change the way lawyers think, and reform their practice in health-care cases.

But he also argues that the United States is a country of disparate peoples of different traditions, religions and values, held together by law. In his view, an intensive study of health law would encourage law students to think creatively and humanistically about all the troubling issues of informed consent, abortion, the right to die, and organ transplantation, and, through

them, society itself would be influenced.

It is hard to know whether he is right. Undoubtedly, health law would be an important part of legal studies and would sharpen up the way bioethicists think about issues. But, if Annas is right in thinking that too many bioethicists think in terms of what is legal rather than in terms of what is right, should there not be a course of moral philosophy instead of law, aimed at getting students thinking about what people's rights ought to be in relation to a variety of issues, such as the right not to have organs harvested from a suddenly dead relative? Lawyers might have a lot to contribute, but my favoured option, after reading Annas's superbly elegant account of the questions set by the Supreme Court dramas and by private cases, discussing what standards of care ought to be, is to get medical students thinking harder about ethics. That might discourage defensive medicine, encourage discussing options with patients, and help doctors recognise where some matters are so personal – such as abortion – that it is essential that individuals be allowed to choose what treatments they want, including treatments disapproved of by some practitioners, politicians or other members of society.

But Annas makes a brave case for training lawyers, and he might be right. This is a fascinating book, with all its case-studies. The only quibble is over the indexing and proof-reading, which leave much to be desired. Ronald Dworkin, for instance, gets indexed with two references. But, in the text, one is a Ronald, one a Roger. It would help to be clear about this (my guess is both Ronald), and to have footnotes rather than end-notes, or at least chapter titles for the end-notes so the readers can find their way about. But this is minor carping in the case of an otherwise fine, readable, funny, provocative and challenging volume.

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Children's consent to surgery

Priscilla Alderson, Buckingham, Open University Press, 1993, 212 pages, hc £37.50, pb £12.99.

Discussions on consent to surgery in children have usually centred on who gives consent when the child has limited understanding and judgement, and at what stage a child has the maturity to make, or participate in making, decisions. Most difficulties surround procedures or surgical operations where the clinical issues are not clear-cut, or where results are uncertain.

This thought-provoking book considers the involvement of children themselves in decision-making about the surgery which it is proposed they should undergo. It assesses the ability of children to make informed and wise judgements about their own surgery, and also provides a lot of insights into the workings of hospitals, and into the strengths and shortcomings of hospital services for children. It also reflects on children's place in society, and the importance of children's rights in the issues surrounding consent to surgery.

The book is based on a research project carried out by the author and her co-researcher Jill Siddle, in which 120 patients aged 8–15 years were interviewed two or more times. Also interviewed were those adults parents and health care professionals who were caring for them around the time of surgery. All the patients involved in the study were having orthopaedic treatment. This forms a significant part of non-emergency major surgery carried out in the 8–15 year-old age group, and often involves multiple procedures and prolonged stays in hospital. Many of the children interviewed had already had previous experience of surgery.

Most of the children interviewed had a good understanding of their problems, and hoped that surgery would improve their condition. The main improvements the children hoped for were improved mobility, prevention of disability worsening, and pain relief. On the whole parents' hopes were similar. Surgical outcomes in many of the conditions involved in the study – scoliosis, leg-lengthening, or correcting malformations and deformities – are not always certain, but most children and parents were willing for surgery to take place.

As a group the children nearly all wanted to understand about the treatment proposed, and be involved in the decisions, and parents and professionals supported this in principle. More difficult to assess was children's competence to decide, based on understanding the treatment

proposed, being able to make a wise decision, and being free from coercion. In practice most decisions were shared between parents and child, with older children's views being given more weight.

In carrying out this project the researchers were made aware of the amount of suffering children were expected to endure, of failures in communication between staff, parents and patients, and of other causes of distress due to staff attitudes, lack of training or hospital organisations which were not user-friendly. These comments tend to be one-sided, but as they are on the side of the child they are pertinent and need promoting.

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Monitoring the health and rehabilitation of torture survivors

S Bøjholm, A Foldspang, M Juhler, M Kastrop, G Skylv, F Somnier, Copenhagen, Rehabilitation and Research Centre for Torture Victims, 1992, 59 pages, £5.00

There are many centres around the world dedicated to the documentation and treatment of torture survivors. Some have been set up within the countries where torture occurs, and personal danger may exist there, both for the workers and the clients, but more centres are in countries where victims seek refuge, and there, while there may be a greater element of safety, the clients have the severe social consequences of exile added to the memories of torture with which they must live. Some centres are almost overwhelmed by the pressure of work while others, more fortunate, are able to select carefully and accept only the most deserving cases into the centre. It is important that all types of centre should organise their work to the best advantage, and this booklet aims to provide guidelines in achieving this.

The Copenhagen-based Rehabilitation and Research Centre for Torture Victims (RCT) is well placed to formulate guidelines, since it has, over a period of ten years, accepted clients from a large number of different cultures, is well funded, and has experience in educating carers in Denmark as well as setting up units

in other countries. The centre has published widely in general and specialist journals. On the other hand, cases accepted for treatment at the RCT are very carefully selected and are not taken on until they have gained refugee status in Denmark. The centre must therefore have missed out on some aspects of torture rehabilitation and documentation work, in particular, aspects to do with that large and distressed group, the asylum-seekers.

The first section of the booklet formulates, in language that will appeal to managers more than clinicians, the strategic process and aims for monitoring the work of treatment, publicising and, as an eventual aim, prevention of torture. Section two details production models for rehabilitation of clients, with details of how the individual treatment of each client is recorded, the method of documentation of RCT's consultancy activities, and the resources of the centre, training and library activities. Section three is devoted to definitions of torture activities and symptoms, some of them derived from the DSM-111-R classification, with diagnoses derived from the General ICD-9. In section four there is shown a selection of forms in use at the RCT for each client on preliminary examination, admission and discharge as well as forms providing a social assessment and a sleep record.

It is disappointing that the authors have not added an account of the results of the RCT's work, which would have been of interest to those centres who have no contact with the mainstream and need some yardstick by which to assess their own successes and failures.

This booklet could prove useful for those wishing to set up a new centre or trying to re-organise one that has become chaotic. It is unlikely, though, that many centres will have the time or resources available to take the fullest advantage of all that is set out here.

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New directions in moral theology: the challenge of being human

Kevin T Kelly, London, Geoffrey Chapman, 1992, x+164 pages, £10.99

The basic concern of this book is of importance to all readers of the JME, whilst its context is of particular importance to Roman Catholics. The basic concern is with the moral life of human beings; that they should treat one another with respect. They need to respond to the core of rationality and desires common to humanity, particularly by listening to wise and loving people. This core of human values will be expressed in a variety of ways, and we need to appreciate this diversity, and to realise that a moral pluralism of this kind is not the same as a moral relativism which denies that there are any objective moral truths.

The context of the book is the new directions in moral theology called for by Vatican Council II (1962-1965), one element of which is a dialogue with all men and women of good will. Since the council there has been a vigorous debate among Roman Catholic moral theologians on the nature and depth of these new directions. Kelly is with those who desire a fundamental reconstruction, to achieve a moral theology which is catholic, ecumenical and universal. He draws on his experience both as lecturer in Christian ethics at Heythrop College in London University and on pastoral work in a deprived area of Liverpool. The dignity of the person is to him a dynamic affirmative in the light of which he explores what it is to be pro-cultural and pro-person (a better term than pro-life). It leads him to explore the concept of the common good, and how social conflicts can be creatively handled in terms of it; for there is no society free of conflicts.

Conflicting opinions are also endemic on particular moral issues. The book begins with two articles in *The Times* on the day that the House of Commons began the debate on the Human Fertilisation and Embryology Bill; one was by Archbishop Habgood of York and one by Cardinal Hume of Westminster, and they reached opposite conclusions on the legitimacy of embryo research. In exploring how this could happen Kelly shows how moral absolutes cannot fully describe a particular situation, and that the moral life does not mean living by absolute certainties on particular issues, but by making prudent judgements, in the making of which principles and situations influence one another. Risks are involved, and the trickiest issues are those where we cannot afford the luxury of learning by our mistakes.