

Book reviews

The elimination of morality. Reflections on utilitarianism and bioethics

Anne Maclean, London, Routledge, 1993, 219 pages, £35.00 hb, £10.99 pb

Philosophy is often looked at as a curious intellectual activity which rarely leads to definite conclusions, where attempts to solve problems lead to further problems, and where doubt prevails over certainty. But Maclean's book rather unexpectedly accuses philosophers of the opposite. Reflecting upon the development of medical ethics Maclean is concerned that moral philosophers pretend to have the same sort of expertise in moral issues arising in medicine as doctors have in their professional practice. She is particularly concerned that this alleged expertise will be imposed on health care professionals, many of whom have recently been studying medical ethics in departments of philosophy in the UK.

The main claim of the book is that philosophers have no more authority than others in the area of morality, and that their 'imagined ability' (page 199) to teach morality (for example, to pronounce on the moral aspects of abortion, euthanasia, genetic engineering, etc) should be 'unmasked', along the same lines as in Ian Kennedy's book *Unmasking Medicine*. Her central attack is directed at 'bioethicists', whom the author defines as those philosophers who represent the utilitarian approach to moral issues in medical ethics. A large part of the book comprises an interesting critical analysis of John Harris's book *The Value of Life* and his paper *The Survival Lottery*, Peter Singer's *The Expanding Circle*, James Rachel's *The End of Life* and R M Hare's *Moral Thinking*.

Her general criticism of the utilitarian

ians is that their approach to morality, based on the maximizing principle, is not the only rational one. This is so obviously true, in the light of the vast literature on the subject, that it hardly needed any demonstration. And the variety of ethical systems available also implies that there is no substance to Maclean's fear that utilitarians will have a monopoly of moral authority.

That, in turn, casts doubt on her call for the 'ethical recovery' of medical ethics. The ethical recovery would mean, apparently, that instead of engaging in the 'construction of fanciful scenarios', and 'self-indulging displays of intellectual virtuosity' (page 203), medical ethics should concentrate on 'familiar values' such as those expressed in the principles of beneficence, truth-telling, respect for autonomy, dignity, justice and equity among people (page 200).

The trouble is, however, that these values do not get us very far in dealing with complicated moral problems in medical ethics without the mental gymnastics for which Maclean reproaches philosophers. Also, recent medical developments – for example, of genetic engineering – seem to allow for scenarios no less 'fanciful' than many of those considered by philosophers!

As to the fear that philosophers may be accorded undue moral authority, my own experience of teaching medical ethics rather disproves it. Medical students are not so gullible as to trust alleged philosophical expertise. Secondly, the very development of varied ethical systems provides safeguards against it. If philosophers are nowhere near reaching agreement on moral issues there is no danger that they can impose such agreement on others.

If, nevertheless, someone believed that students of medical ethics were in real danger of attributing moral authority to philosophers, he or she should be advised to read the introduction to Singer's *Applied Ethics*, in

which he quotes the philosophers A J Ayer and C D Broad as saying exactly the same thing as Maclean claims in her book, namely that philosophers are not in a position to teach others moral virtue. Such a person should also be recommended to read at least the introduction to one of the best books on medical ethics, Jonathan Glover's *Causing Death and Saving Lives*, in which the author – aware of how uncertain are his own answers to the moral problems he discusses – invites his readers to work out views opposed to those he has expounded in the book! That should make the most credulous students safe from philosophical witchcraft for life.

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Informed consent. Patient autonomy and physician beneficence within clinical medicine

Stephen Wear, Dordrecht, Kluwer Academic Publishers, 1993, 177 pages, £44.55

Although the doctrine of informed consent has many advocates among bioethicists and lawyers it is treated with scepticism by clinicians. This is not only because many practising clinicians often doubt whether informed consent is really needed and whether patients are willing and able to participate in medical decision-making but also because they are not clear what informed consent means in practical terms at the bedside.

It is to those unconvinced clinicians that this book is mainly addressed. The author argues strongly in favour

of informed consent as 'the cutting edge of the patient autonomy movement'. He attempts to reconcile the views of its opponents and proponents by offering a clinically realistic and operational model of informed consent, in which it is treated not merely as a ritual but as a useful tool for medical management.

The first part of the book prepares the ground for the model presented in the second. It discusses the insufficiency of the legal approach to the doctrine of informed consent, analyzes the arguments of the 'paternalists' and of their critics, who defend the autonomy of patients, examines empirical studies concerning informed consent, and reflects on values that are at stake here.

The operational model provided in the second part of the book is treated as a practical application of the major theoretical work, *A History and Theory of Informed Consent*, by R Faden and T Beauchamp, which also provides 'a standard by which the model can be judged' (page 72).

Wear's model comprises three stages. During the first rather complex and long stage, called Comprehensive Disclosure – which serves primarily as an insurance against a malpractice suit – the patient is provided with a lot of information (such as the diagnosis, prognosis without the treatment, recommended treatment where appropriate, identification of risks and benefits, and alternative treatments) recognizing that the patient may be unable to understand it all.

The aim of the second stage, called The Core Disclosure, 'is to present [to the patient] the essentials of the choice at hand in an approachable and palatable fashion' (page 99). So the doctor needs to focus on the basic reasons for recommending a given treatment.

Unlike the first two stages, in which the doctor may do all the talking (if the patient chooses not to interact), during the third stage (called Assessment, Clarification, and Patient's Choice) it is the patient who is asked to speak and provide a summary of what he or she has been told. The aim of this stage is to correct and clarify the patient's actual level of understanding which will be followed by the patient's choice.

The book is written in a clear, simple and very practically oriented style. It provides dozens of helpful recommendations to practitioners regarding how to proceed in different situations (for example, when and how to talk about risks, or how to pre-

sent alternative treatments), so in this respect it fulfils its promise to explain what the doctrine of informed consent amounts to at the bedside. Whether the whole model will satisfy the paternalists as well as the 'autonomists' and whether practitioners will find it attractive enough to treat it as 'a useful tool for medical management' remains to be seen.

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Medical ethics today: its practice and philosophy

BMA's Ethics, Science and Information Division, London, BMJ Publishing Group, 1993, xxvii + 373 pages, £12.95 pb

This is the fifth in a series of handbooks on medical ethics produced by the BMA. It is an invaluable first work of reference to which everyone concerned with health care ethics should have access. Certainly every medical and nursing library should have a copy and I would recommend it to practitioners and students, as well as to those in other fields, for example, philosophy and law, who have relevant interests. It is comprehensive in scope, analytical in structure and realistic in its aims, which it pursues effectively.

While seeking to inform the reader about a wide range of issues and arguments its primary concern is practical, in effect to advise practitioners how to proceed in the face of old and new problems. That advice refers to more general moral principles but draws primarily upon law and established professional values. Significantly, the book includes as appendices the Hippocratic Oath, the International Code of Medical Ethics, the amended (1983) Declaration of Helsinki on human experimentation, and the Declaration of Tokyo on torture and punishment. A fifth appendix offers 'Useful addresses' (British Medical Association, General Medical Council, World Medical Association, etc); this would have been yet more helpful had the listing been considerably longer and included a range of centres, institutes and publications specifically concerned with medical ethics. (There is, however, a bibliography of publications by organisations and individuals; though this too could be extended, and

improved by brief notes on the nature and level of at least the main works.)

Twelve broad areas are covered in as many chapters: consent and refusal; confidentiality and medical records; children and young people; reproduction and genetic technology; caring for the dying; cessation of treatment, non-resuscitation, aiding suicide and euthanasia; treatment and prescribing; research; dual obligations; relations between doctors; inter-professional relations; and rationing and allocating resources. An additional concluding chapter examines the general issue of how one arrives at answers to ethical questions in medicine and identifies various component concerns such as professional standards and harm to others.

Each chapter is subdivided into numbered and headed sections and subsections, many of the latter being less than a page in length, for example, chapter 4 is on reproduction and genetic technology; 4.3 concerns abortion; 4.3.2.1 describes legal views of doctors' obligations. At the end of each chapter there is a summary, usually in the form of a series of numbered points. The analytical table of contents and a detailed index make it an easy matter to find things and also encourage further foraging.

Clearly this is not a work to be read progressively chapter by chapter; but equally one should not confine one's reading to individual sections. A better technique would be to start with the short concluding chapter 'Aims and Philosophy' and then proceed to some particular issue, and having read about that to move on to one or two related issues. Thereafter one may dip in as time and need determine. Any reflective reader will find themselves disagreeing with some points and wondering about others. That is to be expected and welcomed, and it suggests a further role for this work, ie, as a source book for student seminars and discussions.

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Disease, diagnosis and decisions

Graham W Bradley, Chichester, John Wiley and Sons, 1993, 169 pages, £14.95, \$23.95

What is a disease? Bradley's primer on how to make a medical decision.