teaching embodied in *Humanae Vitae* and subsequent encyclicals as a source of psychological harm that may occasionally have physical consequences, for example where a patient is reluctant to seek advice and treatment until it is too late for effective therapy. She recognises that the ban on the Pill is widely ignored by Catholics, and that Catholic women seeking an abortion will go into the back streets or travel abroad to obtain one if there is no alternative, but she does not underrate the damage to individuals and families caused by a persisting sense of guilt.

If *The Harm We Do* was merely an attack on a dogmatic theological position that the author considers doubtfully tenable it would be of limited interest outside the rather narrow circles of moral theologians and interpreters of the teaching of the central hierarchy of the Roman Church. It is, however, much more than this, in two respects. First, Dr Poole makes plain the strength of her own Christian belief, grounded in the theology of the Second Vatican Council, which laid great emphasis on the duty of all believers to bring their knowledge and experience to bear on the search for right and true judgments of conscience. Her critique does not spring from anger, but from a concern that what the Roman Church has to say on spiritual matters of central importance is becoming increasingly obscured by inappropriate moral pronouncements on non-essential issues of sexual and medical ethics that endanger its credibility and marginalize many loyal and committed Catholics.

Secondly, and more generally, her book is an autobiographical account of a life spent in the practice of medicine that is a model for all young doctors and other health care professionals. At a time when counselling is talked about as if it was something quite new in medicine, in the context of genetic screening for instance, it is refreshing to be reminded that listening to patients and exploring therapeutic options with them is central to good clinical practice, and not an add-on extra. Dr Poole's warm and straightforward way of writing is enjoyable to read, and her book deserves wide commendation in medical schools.

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Challenges in medical care

Edited by Andrew Grubb,
Chichester, John Wiley and Sons,
1992, 196 pages, £25.00 hc

This latest offering from the Centre of Medical Law and Ethics at King's College, London, makes fascinating reading. The scope of the collection is wide, drawing in contributions from philosophers, lawyers, sociologists, archbishops, and even doctors. This is a healthy sign; medical ethics, perhaps uniquely among the branches of applied philosophy, is a broad church, in which there is room for the perspectives of many disciplines.

It is invidious, but inevitable, to select from a fine collection of this nature, but two essays are of particular interest. Jennifer Wilson Barnett, who is a professor of nursing studies, writes on inequality among health care professionals and on the ethical dimensions of their relationship. She questions the myth of team-work, which too often is something to which mere lip service is paid. Nurses are consulted, but not necessarily listened to; nurses are not informed of the reasons for decisions which they will be implementing; the catalogue of concerns is, it would appear, fairly long. Greater equality, she argues, involves greater respect, and leads to better nursing of the patient. These goals are now increasingly acknowledged, but it would seem that we have some way to go before they are achieved.

Ian Kennedy and Andrew Grubb, in their joint essay on HIV, AIDS and human rights, also concern themselves with equality. The theoretical commitment which our society has to a non-censorious approach to the ill is not matched by a practical outlawing of discriminatory practices. Kennedy and Grubb demonstrate that in a range of areas the law fails to provide those who are HIV-positive or suffering from AIDS with any real degree of protection against discriminatory treatment. This is so in the area of employment law, where HIV-positive employees have less than full protection against dismissal as a result of the concern of other employees or customers, and it is also so, in very marked form, in relation to insurance. It must be accepted that insurance is a business, legitimately concerned with profit, but it is also all about risk-sharing, and one might have thought

that this is a classic case where risk should be shared. If AIDS is going to result in increased expenditure from the insurance industry – as it undoubtedly will – then this could surely be spread through generally increased premiums. The commercial justification for discriminatory practices, including the controversial refusal of insurance where negative test results have been obtained, should then fall away. Also at stake, as the authors stress, are issues of privacy. The 'life-style' question is intrusive, too broad-brush, and gives rise to real ethical concern. Certain other countries have been very much more assiduous in their protection of the rights of those afflicted by this condition. We lag behind – again. The reasons for this are complex, but are not unconnected with difficulties we have in the United Kingdom with reform in the area of individual human rights. The constitutional reform which that requires seems, for some reason, simply not to be on the agenda.

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Law reform and human reproduction

Edited by Sheila McLean,
Dartmouth, Dartmouth Publishing
Group, 1992, 323 pages, £35.00 hc

'Another book on human reproduction', one might be pardoned for sighing. Yet, but. In this collection, Sheila McLean has brought together an astonishingly broad range of authors from a large number of countries to write about national experience in this area of law reform. This makes the book different, and worthwhile, bearing in mind the difficulties of obtaining material on the way in which the task of dealing with the new reproductive techniques has been dealt with elsewhere.

There are contributions from Canada, Australia, New Zealand, France, the United Kingdom, and (the former) Czechoslovakia. There is no contribution from Germany, which is an omission, given the very particular nature of the debate on such questions there. It would also have been useful to compare the guilt-affected German

style with that of, say, France. Inevitably, in a study of this nature, some of the authors have been overtaken by events; this being particularly the case with the Czechoslovakian contribution, to which a postscript has been added explaining the possible implications of the democratic revolution. Elsewhere, more normal political developments made much of what has been written somewhat tentative, but this is probably unavoidable in any area of applied ethics today.

Of particular interest among the contributions is an essay by two British scholars, Anne Griffiths and Anne Fink, on the regulation of reproduction in the Third World. By comparison with the demographic disaster engulfing the developing world, the reproductive concerns of the developed countries seem puny, even self-indulgent. In this fascinating essay, the authors examine how western notions of population control have been insensitively imposed on poorer countries by richer countries, and suggest that western ignorance as to the social regulation of human reproduction in non-western countries has contributed in great measure to the failure of population control programmes. The key to greater success is education, especially for women, along with a programme of appropriate social support systems. Tantalising issues are raised: the breakdown of marriage and the traditional family leads to the having of more children out of wedlock. Is marriage, and restraint on extra-marital sexual intercourse, a method of population control? One would have thought so, particularly if there are strong disincentives to an early start to reproduction. Yet the authors are not drawn into a discussion of this, perhaps feeling, as many do, that external moralising on this issue is unwelcome.

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Medicine, money and morals: physicians' conflicts of interest

M A Rodwin, New York, Oxford University Press, 1993, 411 pages, \$25.00

Although written from an American perspective, this book is published at a particularly appropriate time in the evolution of the British health service. Mark Rodwin is Associate Professor of Law and Public Policy at Indiana University and in this book he examines the conflicts of interest which arise within the medical profession when decisions relating to patient care are influenced by personal financial incentives.

An opening section introduces how conflicts of interest arise. Society in general, and individuals in particular, expect doctors to act on behalf of their patients. Personal financial incentives or divisions in loyalty can compromise a physician's commitment to patient welfare. The move towards market forces during the 1980s in both the United Kingdom and the USA has served to exacerbate such conflicts. Professional medical organisations have responded by drawing up ethical guidelines to minimise potential abuses. However, these guidelines themselves reflect a degree of professional ambivalence and in practice have been difficult, if not impossible, to enforce.

A second section illustrates and discusses a range of financial incentives which exist to increase as well as to reduce services. Fee-for-service medicine is an obvious example of a situation whereby generation of additional and possibly unnecessary services will result in additional income. Gifts from medical suppliers and drug manufacturers may also influence choice of treatment. Other practices which are less familiar to British practitioners include payment of 'kickbacks' for referrals or admitting patients to medical facilities in which the physician has a direct or indirect financial interest (physician self-referral). Reducing expenditure by 'risk sharing' may persuade physicians to cut out wasteful tests and procedures but may also act to deprive some patients of necessary care.

In the final section, Rodwin examines the way in which society has coped with conflicts of interest involving other professionals such as lawyers, financial advisers and government officials. These all act as fiduciaries, people with legal obligations to serve others. From a British perspective, the American models and statutes used as illustrations again have their limitations, but he presents a broad range of strategies to minimise potential conflicts. Perhaps the most important is to try and separate

financial reward from clinical decision-making. Other measures, such as regulations and sanctions, are likely to prove difficult to implement and monitor. Financial incentives are likely to be the most effective way of influencing clinical decision-making. Whether this is in the individual patient's best interests is debatable and it will undoubtedly undermine the trust which lies at the heart of the doctor/patient relationship. This book should provoke critical reflection on the current reforms in health care.

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Forensic psychiatry: clinical, legal and ethical issues

Edited by John Gunn and Pamela J Taylor, London, Butterworth Heinemann, 1993, 1151 pages, £125.00

The inclusion of a chapter on ethics in a major textbook is a welcome development for British forensic psychiatry, which to date has lacked both legal and ethical analyses of common clinical problems. This review will focus on this chapter, which is written by the editors.

The issue of morality and psychiatry is discussed at length in the textbook's introduction (page 15). Gunn and Taylor's account sets the framework for their subsequent ethical analysis. They take 'a Darwinian view about the moral sense' (page 17) and state their belief that 'morality is just one way of construing behaviour'. On this account, the ethical conflicts that occur in forensic psychiatric practice do so because of a difference between the medical and the moral view. The authors note that doctors themselves will have moral views (page 17), but add that 'the languages of morality and of science or medicine should not be confused'.

The chapter on ethics begins with a description of the professional codes of ethics, and notes the abuse of psychiatry for political ends. There is some discussion of the different social roles of the psychiatrist. In balancing the needs of the patients and the needs of society, it is asserted by the authors that 'knowledge' is the most influential factor. There is surprisingly