little analysis of relevant case law (for example, W v Egdell, in re F); a pity, since the law offers an ethical solution (although clearly not the solution, or even the most morally justifiable one). An understanding of how case law is derived in difficult cases can contribute to ethical discussion by adding a different perspective.

The traditionally medical utilitarian analysis offered by the authors is consistent with the account of medicine and morality given in the introduction. The question then remains whether this account is sustainable. It could be argued that medicine is itself an intensely moral endeavour, and thus morality and medicine are not separate. Forensic psychiatry, with its emphasis on the treatment of mental illness that produces criminal deviance, could be said to be intricately involved with legal morality, and to have specific moral purposes all its own.

It could be further argued that many of the crucial ethical dilemmas arise in forensic psychiatry just because the duties of the professionals involved differ. This in turn arises because their training and professional frameworks are ethically very different. For example, ethical discussions of legal practice may be grounded in notions of rights, whereas medical ethical discussions may be couched in terms of beneficial consequences. A different language may be used, and different conclusions drawn. As the authors suggest, although one need not confuse the two perspectives and language, there is nevertheless room for both to co-exist, and both ethical perspectives to be valid.

The authors conclude their chapter with a discussion of two areas important to academic forensic psychiatry: research and teaching. In relation to research, a strong view is proposed: 'Research is inherently ethical unless it can be shown to be flawed'. Space does not permit a review of all possible counterarguments, and the authors do not offer any. However, one particular area of difficulty must be in relation to non-therapeutic research, ie, that research which does not provide a direct benefit to the patient. Typically such research provides information about a disease or condition. The World Medical Declaration of Helsinki (thoughtfully detailed in appendix four of this book) states that subjects of medical research should be volunteers. Although, as Gunn and Taylor suggest (page 878), many patients in forensic settings may enjoy the chance to benefit others, some patients will not volunteer to do so. It is arguably this group who may be of most interest to study. A discussion of the question of gaining consent for non-therapeutic research from those detained in maximum security hospitals, and the nature of the psychiatrist-patient relationship in relation to such research would be of interest here.

Finally, education in this area is vital, and the authors rightly emphasise this. They themselves have initiated a diploma course in forensic psychiatry, which includes teaching and discussion of ethics in forensic psychiatry. It is to be hoped that this example will spread to other places where forensic psychiatry is taught.

This book will be of use to all those who work with offenders. It offers a very particular ethical analysis of clinical dilemmas in forensic psychiatry. However, alternative analyses are possible, and might be of additional interest. Many ethical analyses may be needed in order to take account of all the interests that conflict and compete in the thought- and anxiety-provoking world of forensic psychiatric practice.

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Euthanasia, clinical practice and the law


This volume is presented as two distinct 'books'. The first book contains the Linacre Centre's 1982 Working Party Report, Euthanasia and Clinical Practice: Trends, Principles and Alternatives. The report focuses primarily upon the ethical issues, that is, what clinicians should do when the termination of life, either with or without the consent of the patient, appears to be a viable option.

The issues are addressed primarily from two perspectives: moral philosophy and the Christian tradition and the report begins by suggesting that euthanasia should be considered by reference to the ethics of murder and not to those of suicide. Accordingly, the language of murder, ie, killing innocent people, frames the discussion. Voluntary, as a description of certain forms of euthanasia, is dismissed since '[t]he drive is in the direction of killing people when their lives are judged useless or burdensome to themselves or the world'. When the report turns to specific consideration of the rights and duties of competent (part five) and incompetent (part six) patients the emphasis is on the attendant moral, and not the legal, obligations and duties. The judgments in the report depend upon a difficult distinction between the worth of the treatment and the worth of the life being treated. For example, a distinction is drawn between ethically acceptable refusals of treatment where the patient does not have any obligation to seek to prolong life, and those where the patient's intention is to hasten death. The final part of the report discusses the demands of good medical practice.

Book two goes beyond the ethical discussion in the report and includes legal analysis and argument, formulated over a decade later. It contains the Linacre Centre for Health Care Ethics's submission to the House of Lords Select Committee on Medical Ethics, established to investigate the justifications (if any) for decisions and conduct with a view to ending a patient's life. The argument centres around concepts of justice, human dignity and the sanctity of life. It takes into account the many academic contributions to the debate, and legal developments, since the report was prepared in 1982. The basic premise of the argument has changed little, however, being (at the risk of simplification) that the taking of life for reasons based upon the inherent value of the patient's continued existence is incompatible with notions of dignity and the intrinsic worth of human beings. But where the justification for withdrawal or withholding treatment is the futility of the treatment (taking into account the distinctive goals of medical treatment), or the burdens which the treatment itself imposes upon the patient, it can be morally acceptable.

The submission is followed by a series of articles, elaborating upon the general theme of the discussion. John Finnis criticises the 'undue' emphasis upon self-determination from those who advocate the use of advance directives. A distinction should be drawn, he suggests, between refusing treatment to avoid its burdens, and cases where the patient 'intends to die as a means of escaping suffering and/or of securing some advantage'. Luke Gormally discusses the BMA report Euthanasia and the Case against
Legalization, and finally John Keown reflects upon the Dutch experience, concluding that the legal and medical criteria for in Holland 'would not appear to constitute an effective safeguard against the practice of non-voluntary and involuntary euthanasia'.

Overall this volume is a valuable contribution to the debate about euthanasia. Both the 1982 report and the 1993 submission contain powerful arguments against legalising euthanasia and, whilst representing a particular perspective, are valuable resources for all who seek to inform themselves on this controversial and important issue.

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Advance directives and the pursuit of death with dignity

Norman L Cantor, Bloomington and Indianapolis, Indiana University Press, 1993, 209 pages, £22.50

This book, by a distinguished American lawyer, is a welcome addition to the growing literature on end-of-life issues. At one level it is a well-articulated polemic for his author's convictions: the desirability of written advance instructions about one's wishes, coupled with the appointment of an agent to interpret them and ensure their implementation. Although we are told that in a pluralistic society there are almost no moral precepts, Cantor's essay is an exploration and defence of 'prospective autonomy'. This, at least, a pluralistic society should, he thinks, accept. But it would be unfair to represent his book as a campaign for it is also a wideranging survey of legal, moral and practical issues. As such, it deserves to be read by anyone with an interest in terminal care.

Cantor sees the best legal realisation of his convictions in the Advance Directives for Health Care Act (1991) adopted in New Jersey. Accordingly, a chapter is devoted to this legislation and the New Jersey Bioethics Commission's Combined Health Advance Directive (AD) is printed as one of the valuable appendices. Individual documents are likely to have a low take-up and the case is argued for a standard format. Even here he concedes that the problems arising from a conflict of the incompetent patient's contemporaneous well-being and the advance instructions cannot be definitely resolved. His fear is that unless such legislation can be made to work properly for euthanasia and assisted suicide will increase - perhaps a bad thing, although he never actually says so.

The difficulty with all this, as he concedes, is the reluctance most of us have to confront our own mortality. How many readers of this review have written an AD? Even in the USA, the best estimates are 5-25 per cent, mostly in inadequate short-form formats. The AD is likely to remain a minority interest and even if its operation were problem-free, it is hard to see how it would prevent 'reliance from prior general interactions' that seem to Cantor 'quite unsound'. If an AD is really necessary to secure 'a modicum of dignity in the dying process', the prospects for many of us are unappealing. But is it necessary? The link made in the book's title needs a fuller exploration.

The differences between states and between state and federal law become apparent early in the book, illustrated by the Cruzan case. Cantor goes on to discuss statutory frameworks, their drafting and interpretation. He suggests that a health care provider should, and could, be compelled to violate his or her conscience where alternative arrangements to accommodate the patient could not be made. This is highlighted in his resolution of five scenarios. If the doctor won't implement the AD, why not 'sue them to hell'? To this we have the lame reply that litigation would probably be expensive, exhausting and frustrating. I thought this a weakness.

In his highly individualistic emphasis on autonomy, Cantor fails to explore adequately the effects of one person's decisions on others. Families and doctors have their own moral positions that may go beyond an emotional inability to cope with a prospective death or 'good medical practice'. Nurses in particular often express strong views about withdrawal of nutrition. This deserves a fuller moral analysis than we are offered. But these are minor points. Cantor writes clearly and avoids excessive repetition. I warmly recommend his book.

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