

## Book reviews

### **The Nazi doctors and the Nuremberg Code: human rights in human experimentation**

Edited by George J Annas and Michael A Grodin, New York, Oxford University Press, 1992, 371 pages, £25.00

Those involved in medical research on humans and its regulation take, from time to time, a hurried look back at the dark and fearful days of the Third Reich, wondering whether the activities of today bear any resemblance at all to those of the physicians working in Hitler's Germany. Most of us have insufficient knowledge of the details of what went on, and have thought too little about the justifications that were given at the famous doctors' trial at Nuremberg, to be able to make a sound comparison (or contrast). The arguments remain hazy yet the spectre of Nazi-style activities is frequently raised. This laudable collection of essays does much to dispel the confusion and put the whole episode in a proper perspective for those of us who need to know.

It is divided into three sections: the first looks at the involvement of physicians as a professional group in the sinister intentions of the Nazi social and racial policy. The evidence (some of which is relatively new) indicates there was a great involvement. Far from being forced to comply with Nazi laws on sterilization, euthanasia and the notorious Nuremberg laws, physicians were instrumental in their conception, planning and administration. Robert N Proctor, the author of the first of the essays on this subject, muses: 'Given the effort to destroy entire peoples, and given the medical complicity in Nazi racial crime, it is hardly surprising that physicians attempted to exploit concentration

camp inmates as subjects in human experimentation'.

There follows a first-hand account of some of the Nazi experimentation by a surviving 'Mengele twin'. Having described the horror, Eva Mozes-Kor then questions whether the Nazi doctors were wrong because of the physical harm they did or wrong because of the violation of human dignity by treating the twins merely as a means. She concludes that the real crime was in the latter – the total lack of respect for their autonomy.

The second section consists of source documents of the Nuremberg Trial, providing a fascinating account of the accusations, justifications and judgments.

Michael A Grodin in 'Historical Origins of the Nuremberg Code', sets the code in the context of the Nuremberg trials. He shows that although its form and content, in particular the primacy of informed consent, were in response to the particular circumstances, it is still of relevance today. Its sources are many: the writings of Percival, Beaumont and Bernard; early German guidelines on human experimentation were considered. Andrew Ivy and Leo Alexander were the primary compilers; their memo to the judges was mostly but not entirely used, and the judges added notes of their own.

The final section analyses the role the code has today in international and US law and in medical ethics. The consent principle, of such primary importance in the code, is relegated to ninth place in the Helsinki Declaration, which has taken the place of the Nuremberg Code as the universally accepted code governing medical research. One essay discusses ethical relativism and imperialism, and makes a case for moral progress. Another questions the use of analogies to the Holocaust in contemporary ethical debates. A third looks at editorial responsibility, and the additional check on ethical standards which can

be provided by the editors of academic journals. A fourth looks at the effect that AIDS activists have had on assumptions about what is good medical research. In conclusion the two editors ask what the next appropriate step should be, and propose that the United Nations should establish a mechanism for the more adequate control of research.

In all, this volume of essays is well worth reading.

CLAIRE GILBERT FOSTER  
*Centre of Medical Law and Ethics,  
King's College, London*

### **If I were a rich man could I buy a pancreas?**

Arthur L Caplan, Bloomington and Indianapolis, Indiana University Press, 1993, 348 pages, £25

In this wide-ranging collection of essays in applied ethics Arthur L Caplan examines the moral issues involved in human and animal experimentation, new ethical problems in reproduction and genetics, the human genome project, problems arising out of policies for the procurement and allocation of organs, clinical issues in therapy for the elderly, chronic illness, and the moral issues raised by the increasing costs of health care. The title essay is an important contribution to the current debate over organ procurement and contains a damning attack on the inequities of the US system of organ allocation. There is also a useful assessment of the impact of living wills and other advance directives in the US which could be instructive to the current debate over living wills in the UK. According to Caplan living wills have failed to protect autonomy, are unpopular with patients and medical staff (less than ten per cent of the US population

have either a living will or a durable power of attorney) and are frequently mistrusted as gimmicks to reduce the cost of health care.

The essays are clearly written, free from philosophical jargon, and the author frankly admits that they are not based upon a rockbed moral theory or meta-ethical foundation. There are obvious merits in this non-foundational and pragmatic approach: the author is free from the dogmatic belief that what can solve a problem in one area must also be capable of solving problems in other areas. For Caplan there is no Holy Grail for medical ethics. Nevertheless, he is not without a method: the aim of the ethicist, he says, is to identify and determine the nature of the problem, to pinpoint its source, and to see whether it is possible and desirable to do something about it.

Aside from the many practical issues addressed here Caplan makes an important contribution to the debate about whether applied ethics can play an effective role in health care. There is a growing backlash against philosophical experts in medical ethics and Caplan is concerned to pinpoint the source of resentment among health care professionals. In many respects, he observes, the moral theorist plays a diversionary role in ethical decision-making; it is, for example, far easier to employ moral philosophers to theorize on the ethics of allocating scarce resources than to ask health-workers and patients to accept the fact that society is unwilling to fund resources for those who are in need. One of the main problems with applied ethics, says Caplan, is the commitment to 'the engineering model', which presumes that a body of knowledge about ethics can be employed in medical settings by the deduction of conclusions from theories, analysing the process of deduction, and then applying ethical theories to medicine in an impartial, disinterested, and value-free manner. This methodology once dominated the philosophy of the natural and social sciences and it is puzzling why it has taken hold in applied ethics when it has been so forcibly discredited in the philosophy of science. Why applied ethics has become the final rest home for the nomological-deductive model of explanation is a project worthy of serious study.

This book is strongly recommended as a useful and pragmatic contribution to the philosophy of health care, which calls for a reassessment of the

relationship between philosophy and medical practice and addresses numerous ethical problems which have recently come to the forefront of public concern.

DAVID LAMB

*Department of Bioethics,  
University of Birmingham*

## **New horizons in the philosophy of science**

Edited by David Lamb, London, Avebury, 1992, 191 pages, £30.00

This is a collection of articles committed to challenging current orthodoxies in the philosophy of science. In the first, Richard F Kitchener maintains that mainstream philosophy of science is intrinsically 'positivist', a dirty word in anyone's mouth these days. He makes a number of fairly astute criticisms of the narrow focus of much of the work in this field, and urges that philosophers should draw on metaphysics, on ethics, on sociology, and a greater knowledge of science to make a more radical and significant contribution. As David Lamb's introduction stresses, the articles in this book are intended to be examples of just such a radical and ambitious approach.

Given this build-up, Lamb's own contribution is unexpectedly traditional in approach. In 'Death: the final frontier', he argues cogently that we ought to regard irreversible damage to the brainstem as the sole criterion of death. This has ethical consequences, such as how we regard certain terminations of treatment. If a patient's brainstem is dead, and the ventilator is subsequently switched off, then it is wrong to say that 'life support has been disconnected'. Doctors have just chosen not to continue treating a dead body. This is a good example of how philosophy can contribute to the way we think about medical practice.

E K Ledermann uses case studies to argue that a 'mechanistic-scientific' approach to treatment is inadequate. A 'holistic' approach, which acknowledges and influences the personal feelings and circumstances of the patient, is to be preferred to treatment that views the patient as one would a damaged machine. It is difficult to disagree with this claim; it is surely right to suggest that there are psychological factors involved in both the causes and the best treatments of many ailments. What is hard to believe is that

many doctors disagree. We are told that 'Patients seek treatment from doctors who follow either mechanistic-scientific or holistic principles'. Do doctors really fall so neatly into one camp or the other?

Lucy Frith's article, 'Sociobiology, ethics and human nature', might give us some reason to think that a mechanistic view, not just of illness, but of human affairs in general requires examination. Her excellent article reviews the arguments for sociobiology, the view that all human behaviour is genetically encoded. She shows just how far some philosophers are willing to take this view, and provides a sustained critique both of this strong view and of a weaker version which allows some environmental influences.

In 'A sociological perspective on disease', Kevin White attacks 'empiricist' and 'normative' analyses of disease. He points out that what we classify as a disease is greatly affected by our social attitudes. Someone can cease to be 'diseased' simply through a change in attitudes; for example, certain sexual predilections were once thought of as diseases. This is a good point to make, even if we are not entirely convinced that there is a conflict between 'empiricist' and 'sociological' analyses. If a person has cancer then there is a fact of the matter as to what is happening in his or her body (empirical), and we choose to call this a disease (sociological). Nonetheless, White provides a good discussion of the sociological issues.

The rest of the book is devoted to general issues in the philosophy of science, such as the 'evolutionary paradigm' and the nature of scientific knowledge. This is a useful reference text; most of the ten articles provide general reviews of available literature on the different questions they tackle.

MICHAEL GAYLARD  
*Darwin College, Cambridge*

## **Morality, mortality vol 1: death and whom to save from it**

F M Kamm, Oxford, Oxford University Press, 1993, viii + 344 pages, £35 (cloth)

Imagine yourself in a row boat, equidistant from two large rock outcrops. On the first rock, there is only