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.

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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.

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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

one person, while on the other, there are seven. The tide is rising, and you only have time to row to one of the rocks and save those on it, before both rocks are engulfed by water, drowning those you are unable to save. The question is, whom do you save, the one or the many?

Many will take the answer to this question to be obvious: *of course you should save the seven.* What troubles the moral theorist is not *whether* the seven should be saved, but the difficulties in offering a cogent explanation of our strong intuitive belief that the right thing to do is to save the seven. Utilitarianism seems to provide the best theoretical account of our intuitions on this matter, but this is more of an anomaly than the norm. Theories that emphasize rights, on the other hand, are well known for avoiding questions about how the significance of numbers is to be explained, in those instances when we intuitively feel they do matter. And when rights theorists do address questions of this sort, they often come up with deeply counter-intuitive answers (like we have more reason to save the one than we do the seven).

There is a poverty of theoretical literature, that does not presuppose a utilitarian framework, on this topic – despite this being a topic that is central to understanding issues concerning the distribution of scarce medical resources. Frances Kamm's magisterial and pioneering study of distribution problems in life and death situations is a seminal work in this area. There can be little doubt that *Morality, Mortality* will quickly become, in debates concerning the sorts of distribution problems that Kamm is concerned with, what Rawls's *A Theory of Justice* is for more general debates about distributive justice. One may not agree with everything in it, but no one interested in the debate can afford not to read it, nor will anyone who reads it find him or herself other than greatly indebted to it.

The book is divided into three principal parts. The first discusses the question of what exactly the evil of death consists in. As Kamm's central questions concern questions of whom should be saved in life and death situations, a discussion of the type of value at stake in these scenarios could not be more appropriate. Too many philosophers discuss distribution questions independently of any concern for the character of the goods whose distribution is under discussion, believing, mistakenly in my view, that the character of the good being distributed makes no difference to what we say about how it should be distributed. Kamm, in her insightful and probing discussion of the disvalue of death, avoids this mistake.

The second section discusses various theoretical explanations as to why we might think that the right thing to do is to save the seven, not the one. This is by far the most technical section of the book, and the most difficult to read. Though the presentation of the arguments ranges between the daunting to, at times, the impenetrable, those who have an interest in how a non-consequentialist might tackle issues concerning the relevance of numbers for moral reasoning would do well to study this section of Kamm's book. Many of her ideas are highly original and exciting, though it is often difficult to see how they fit together as part of a continuous argument.

The third section of the book utilizes the theoretical resources already developed in the first two sections to discuss substantive issues in the distribution of medical resources, particularly questions of organ acquisition and fair-decision procedures for deciding between candidates for organ transplants.

Those whose principal concern is with health care ethics will no doubt find this part of the book the most rewarding. Though, once again, it is far from an easy read, it is rich in detail and insights. Kamm's style makes her arguments at times virtually impossible to follow, but one is nevertheless often struck by the thought that, though her general point is obscure, many of her specific points must certainly be correct, and constitute genuine insights that advance one's own thinking in these matters.

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Fortress NHS: a philosophical review of the National Health Service

David Seedhouse, Chichester, John Wiley and Sons, 1994, 178 pages, £14.95

As a useful aphorism, and one that leads us to the heart of David Seedhouse's stimulating book, we might take his remark (page 9) that while there are many accountants working in the health service 'there are no accountants of health care'. In his view there are none because the purposes of health care are not agreed, not least because the concept of health is itself disputed. Further, Seedhouse claims, even a general account of what we disvalue in illness (his own is in terms of loss of autonomy) will not determine particular decisions in health care (page 122). The message to those in the fortress is that in fact they cannot have determinate principles for solving their problems, but that they can do much better than their present conceptual chaos. The term 'fortress' represents Seedhouse's recognition that greater clarity can be a threat, given the changes that it might encourage.

Much of the book deals with the sources of the chaos. Seedhouse argues that the four principles generally held to provide the basis of the NHS have been given insufficient study and are, as usually understood, mutually incompatible. The first, that all health needs should be met, rightly leads him to an analysis of the concept of need. The analysis is somewhat hectic, with authors quoted and ideas raised, but too little guidance as to what is being carried forward and what discarded. The conclusion, though, that there are no universal needs, but that they are always relative to individual goals, has an important bearing on the question of expertise in the assessment of health care needs. On the second principle, concerning the standard of service, Seedhouse is initially reassuringly critical of current talk of 'quality' care, but unfortunately then seems to endorse this (and worse) usage by using it in his own discussion. It is a section that seems, philosophically, to take this rather vacuous language too seriously.

The discussion of the third principle, that of the right of equal access to NHS services, is rather more challenging. Seedhouse seems to accept the argument (which perhaps needs more exposition) that if health is a separable area of life, different in kind from other goods, and a matter of individual luck, then we should indeed have equal access to health care. He rejects it, though, by denying the premises, something that presumably threatens not just equal access but the whole idea of a public health service at all. (In fact his conclusion is that the principles, when clarified, do indeed suggest the abolition of the