

## Book reviews

### Ethical and legal issues in AIDS research

J N Gray, P M Lyons Jr, G B Melton, The Johns Hopkins University Press, Baltimore and London, 1995, 199 pages, £35.00 hard cover, £13.00 soft cover

The title of this book suggests a breadth of subject matter which might result in the reader being a little surprised to find only six chapters, predominantly concentrating on aspects of behavioural research and with an emphasis on the work of lawyers rather than ethicists! But, it must be emphasised that this is a pleasant surprise, in that the book dissects ethical problems drawn from different aspects of research surrounding people with HIV and AIDS, and succinctly summarises the American legal position regarding previous cases, professional guidelines and other rulings, before opening these out to reveal skilfully the wider implication for researchers in other fields.

Indeed, this theme is beautifully put by the writer of the foreword to the book, Steve Morin, who comments about the AIDS epidemic that: 'Like the canary sent into the mine, AIDS has tested the status of our science, our health care systems and our ethics'. The authors of this book do succeed in shedding some light into the darker reaches of this mine, but it is a mine in the United States of America.

However, there is much in this book to interest the non-US reader, especially on issues of confidentiality, the pros and cons of partner notification and the difficulties of ensuring that informed consent is obtained to clinical trials.

This book is recommended to behavioural and clinical researchers whether they are working on HIV/AIDS or not. To pursue the analogy, just because it is an American canary, that does not stop us watching and

learning from its passage through this most difficult of mines.

SIMON BARTON

*Consultant Physician, Department of Genitourinary Medicine, Chelsea and Westminster Healthcare, John Hunter Clinic, St Stephen's Centre, 369 Fulham Road, London SW10 9TH*

### The abuse of women within childcare work

Kieran O'Hagan and Karola Dillenburg, Buckingham, Open University Press, 1995, 218 pages, £37.50 hardcover, £12.99 paperback

This text aims to raise childcare workers' consciousness of the numerous ways in which referral, investigative and adoptive procedures in cases of suspected child abuse may in turn abuse mothers. O'Hagan and Dillenburg remark that they have had to explain what the book's title means to everyone with whom they have discussed their work, 'as though it sounds so bizarre that it must be unreal, or mean something else; a sound indicator of the inadequacy of training' (page 19). The intense scrutiny of single mothers in a political climate which is hostile to them; the 'avoidance' of male partners out of fear of violence or stereotyped assumptions that men play no part in childbearing, even if they are the suspected abusers; the dominance of child protection by male managers and female frontline workers on the edge of burnout – these are a few of the factors which the authors identify as producing the abuse of women within childcare work.

Between them the authors have nearly forty years' experience in the childcare field, with the additional benefit of sufficient time to reflect on the effects of massive legal changes such as the Children Act 1989. Their scepticism about the Act's supposed

emphasis on partnership with parents is entirely justified. One point which they might have added is that although the Act passed through Parliament with an unusual degree of consultation and all-party support, feminist criticism of its potential ill-effects on mothers was almost entirely ignored during the committee stage.

It would be easy to over-use the term 'abuse', and the authors do not entirely escape that trap. However, detailed analysis of anonymised case-material helps to make their case hard-hitting and specific. The main message is certainly one which most childcare workers will find disturbing and alien, and the authors' practical emphasis is strategically central to the book's chances of success in changing practice.

When O'Hagan and Dillenburg stray into ethical and psychological theory, however, the book becomes considerably less convincing. Their criticisms of ethical codes are rather skimpy, and there is a singular unawareness of feminist psychological theory – apart from a brief mention of feminist theory in childcare work on page 45, which sees it as part of the problem rather than part of the solution. The least successful chapter in the book is also the most theoretical: chapter 10, an attempt to re-invent childcare theory from scratch. The chapter is marred by a naive confidence in scientific positivism and unawareness of the literature on the philosophy of social science: the authors are sure that 'Laws of behaviour, like laws of physics or biology, are operating even if they are not fully understood' (page 159).

The book's style is generally clear and simple, perhaps even too much so, to the point of cliché; there is also a slightly patronising tone at times, with the use of phrases such as 'Let's find out'. Standards of proofreading and spelling are not terribly high: for example, 'many abusive actions may escape the moral censor of ethical

codes' (page 20), or the confusion of 'trusting' with 'trustworthy' (page 65). There is also a great deal of generalisation, particularly stereotyped in relation to other cultures. It is simply not accurate to say, as the authors do on page 63, that abortion of female fetuses and murder of baby girls in parts of India is the result of 'a centuries-old tradition, sustained by ceaseless grinding poverty and social convention'. The problem is relatively recent, created not only by new technologies but also by the extension of the formerly upper-class habit of providing large dowries to the status-seeking middle and lower-middle classes. That is what has made girls an expensive liability.

Overall, this is a book which is certainly needed in social work practice, and I hope it succeeds in reaching its principal audience. More academic readers are less likely to find it satisfying.

DONNA DICKENSON

Senior Lecturer, School of Health and Social Welfare, The Open University

## Holding On?

Hazel McHaffie, Cheshire, Books for Midwives Press, 1994, 217 pages, £9.95

*Holding On?*  is a powerful novel about a pre-term infant on the edge of viability and the debate about whether he should be kept alive on life-support. It will make a captivating read for health care professionals and anyone with a more academic interest in this complex subject.

The book is beautifully written. Each character is convincingly portrayed and their individual experience skillfully brought to bear on the ethical dilemma being examined. Hazel McHaffie succeeds in creating a world where the reader is able to empathise with many opposing ethical viewpoints through the lives of those associated with the fictional neonatal unit. The perspectives of the parents, consultant, registrar, junior doctor, staff midwife, nurses, chaplain and social worker are all examined. The writer uses the device of the different 'voices' of the characters to present strong arguments and counterarguments in the debate about continued life-support. The latter is a trait which Gillon (1) believes is 'at the heart of bioethics'. The work therefore deserves to be recognised as a strong contribution to the field of medical ethics. The issues concerning

euthanasia, quality of life, paternalism and rights are all explored. These occur within the context of societal taboos about death, personal experiences of bereavement and infertility, strong religious beliefs and differing personalities. The result is a thought-provoking book that lives in the memory.

The novel is ambitious in its attempt seriously to address so many ethical questions in such a compact and unusual format. Once or twice there is a slightly contrived feel. This occurs both in establishing the characters at the start and in the extent to which so many of them share a personal investment in the question of whether to discontinue life-support. All that is required of the reader is a momentary effort consciously to suspend disbelief, a task that will not be arduous given the quality of the writing. Neither will the effort go unrewarded, given the important insights the novel has to offer.

## Reference

- (1) Gillon R. Editorial – A personal view: Ethics of genetic screening: the first report of the Nuffield Council of Bioethics. *Journal of medical ethics* 1994; 20: 67–68, 92.

ALISON DINES

Department of Nursing Studies, King's College, London

## Healthy respect: ethics in health care (2nd ed)

R S Downie and K C Calman, Oxford, Oxford University Press, 1994, xviii+291 pages, £35.00 hard cover

When the first edition of this book appeared, serious provision of ethics teaching for medical doctors was, in Britain, effectively confined to specialist postgraduate courses. Eight years later, the provision of such teaching at the medical undergraduate level is still a rarity.  *Healthy Respect* , whilst aimed more widely than at clinical students alone, has during that time offered such students and their teachers a distinct, synoptic and concise resource for exploring the moral questions typical of health care practice. It still does, and its second edition is to be welcomed as much for continuing that provision as for the few revisions or enlargements that it contains. The authors' introduction specifies their

overall aim as being to 'contribute to the improvement of the practice of health care' (page 5) and I have no doubt that, given thoughtful use of the book by clinicians in training or in practice, that aim is capable of being realised. I would qualify this opinion only by observing that reflection on moral issues doesn't in itself lead to the taking of better decisions; the outcome of moral reflection is underdetermined by its processes. This is an obvious point, of which the authors are well aware, but which is understated in the book; many of its intended users might be philosophically somewhat innocent, and could in consequence think that the book's specific objectives (page 7) will automatically follow from working through it.

The book is in two parts, of which the first is a preparatory study of some of the constituents of moral and practical reasoning as it concerns health care provision; the second is a sequence of applied studies, covering a familiar range of specific health care contexts, in which the general considerations of Part One are brought to bear. The authors describe Part One as an essay in moral philosophy, but I thought the description misleading and over-ambitious. Rather it is a commendable introduction to how moral values are located amongst other kinds of values, and how they stand in relation to relevant scientific and statistical knowledge and judgment, to the clinician's practical skills, to the bases of logical reasoning and, less convincingly, to a selection of alternative specific value-systems or 'models of man'. Inevitably in a brief work that has so broad a scope, the coverage is uneven, and the level is professedly introductory for the most part. The only dimension in which I found this a real difficulty concerns the too-simple and insufficiently-critical establishment of autonomy as a foundational value, accounting for all the more specific values or 'principles' which the authors consider as defining the moral vocabulary of health care practice. A brief acknowledgement of philosophical (as distinct from the merely credal) alternatives to this approach would resolve this problem. Part One is moreover well-structured, with the possible exception of its last chapter on logical argument which might have been better located earlier on.

Part Two's rationale, applying the understandings and conclusions of Part One to specific problems, is an attractive one, and on its own terms the execution of Part Two broadly