

The 'euthanasia' programme led to the killing of wounded or insane returning servicemen, of foreign workers who were no longer fit for work, of racial minorities in conquered territories – especially the USSR, and finally, to the mass slaughter in the concentration camps.

After the end of World War II, many of the psychiatrists and laymen responsible were known and a few were tried and condemned, but large numbers escaped punishment. The medical profession of their generation does not come out of the story well, since the perpetrators had no difficulty in finding colleagues to certify them 'unfit for trial'.

Burleigh has trawled the massive archive which records the rise of the programme with meticulous scholarship. The quotations from the many participants, particularly from the victims and their relatives, give a clear picture of the atmosphere at the time as well as of the reactions to the ethical arguments, usually clothed in pseudo-scientific or utilitarian jargon. He writes in tones of barely concealed fury at the brazen duplicity of those responsible for a deliberate policy of murder.

The euthanasia debate which is still alive today and, hopefully, being conducted in a more ethical way, will benefit from another look at the German experience, which this book so vividly recaptures. It is a gripping read.

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Doctors, dilemmas, decisions

Ben Essex, London, BMJ Publishing Group, 1994, 301 pages, £22.95.

This book sets out to analyse decision-making in general practice. It is not, as the jacket claims, the first book on the subject. It is, however, an entirely new concept, based on over 200 case histories from the author's experience which pose dilemmas. From these are drawn some 900 'rules' which the author has devised to help in reaching decisions.

The format of the book initially is somewhat daunting and rigid with boxed and tabulated information on every page. However, the case histories, which represent the whole range

of physical, psychological and social pathology of general practice make such compelling reading and provide so vivid a picture of the immense variety that is general practice that the reader is led on despite the complexity of layout. Thus initial reservations about the style of the book are quickly dispelled.

One's first reaction is surprise at being asked to review this book for the *Journal of Medical Ethics* since it seemed to deal more with management and clinical decision-making than with conventional ethical problems. Later, however, the book deals with HIV/AIDS, with confidentiality, compliance, patient autonomy and consent so that ethical dilemma, which is present in even the simplest of cases if it is looked for, was plentiful. Where such problems were spelled out they tended to be dealt with in terms of law and guidelines from bodies such as the Royal College of General Practitioners (RCGP) and the British Medical Association (BMA) rather than from the standpoint of moral philosophy. This was a deficiency and reference to any of the many texts on ethics was noticeably deficient. Indeed, references as a whole were few, with many chapters without any and only that on 'protocols and policies' with any amount. The 'rules', the author claims, were tested through teaching and research, and would be more acceptable had they been called guidelines, for 'rule' implies a rigidity which is rarely applicable to the ever-changing, infinitely variable problems of general practice. Again, with increasing familiarity with the author's reasoning these reservations eased so that on finishing the book I felt I wanted to start reading it all over again.

The author claims justly that this is a book for everyone. Certainly this retired academic found much to be nostalgic about while reading it; for medical teachers preparing for their classes of trainees or students, and above all for those preparing for membership of the RCGP, this book is an excellent method of studying and revising general practice. Originality, almost to the point of idiosyncrasy, makes thought-provoking reading. Well done, Dr Essex and thank you for a very stimulating view of what you rightly describe as 'one of the most intellectually demanding specialities in medicine'.

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Procuring organs by transplant: the debate over non-heart-beating cadaver protocols

Edited by Robert M Arnold, Stuart J Youngner, Renie Schapiro and Carol Mason Spicer, Baltimore and London, Johns Hopkins University Press, 1995, 249 pages, pb.

The nineteen papers in this volume address ethical issues surrounding the procurement of organs from 'non-heart-beating cadaver donors' (NHBCDs). These are patients who have been declared dead by cardiopulmonary criteria rather than neurologic criteria. The main impetus for NHBCD procurement stems from the University of Pittsburgh Medical Center's Protocol of 1993, whose move towards cardiocentric criteria for death was in response to increasing pressure for more organs. The papers in this collection, by doctors and bioethicists who support the protocol, stress benefits associated with increased procurement rates; critics raise ethical questions concerning the motives for shifting the boundary between life and death and raise further doubts concerning psychological and social policy consequences of the move towards cardiocentric criteria for death.

Prior to the widespread acceptance of neurologic criteria for death NHBCDs were the primary source of 'cadaveric' donation. But this method fell into disrepute with the establishment of irreversible loss of brain function as the boundary between life and death. The revival of NHBCDs as organ sources in the late 1980s is bound up with improvements in techniques for the preservation of organs following cardiopulmonary cessation and protocols for 'controlled donation' which allow patients and their families to donate organs after a decision has been implemented to forego life-sustaining treatment. A typical example would involve cessation of heart-beat during an operation, where a prior directive to forego resuscitation was in force, followed by *in situ* cooling of the kidneys and removal of transplantable organs. Protocols which authorise organ removal following cardiac arrest do not address the issue of brain death, and represent an alternative concept of death based on

the need for transplantable organs. Some estimates cited in this collection of essays suggest that the use of brain-injured, but not brain dead, patients would increase the US donor pool by 20 per cent to 25 per cent, whilst in the Netherlands it is said that NHBCDs have raised the procurement of kidneys from 32 to 41 kidneys per million of the population each year. There are eleven active NHBCD programmes in Europe. In the UK NHBCDs are known as 'asystolic donors'. According to two American contributors an NHBCD programme operates in Leicester, England, with the approval of 'the local District Attorney'!

The book is evenly divided between supporters and critics of NHBCD protocols and the latter focus on the 'dead donor rule' or separation principle of transplant ethics, according to which vital organs must only be taken from dead patients; patients must not be killed by the removal of vital organs, and care for living patients should not be compromised by the needs of organ recipients. According to the Pittsburgh Protocol, criteria for death are met by evidence of absence of pulse pressure and two minutes of ventricular fibrillation, asystole, or electromagnetic disassociation. Critics insist that two minutes of pulselessness is an inadequate guarantee that auto-resuscitation will not occur and express reservations concerning the initiation of procedures to excise organs from patients with continuing brain function.

Opponents of brain death have asked whether the donors are really dead when evidence of irreversible loss of brain function has been demonstrated despite residual heart function. Now opponents of cardio-centric definitions of death may ask similar questions concerning donors with warm bodies and possibly healthy brains. One thing is certain: two minutes of pulseless apnoea in the operating theatre would not fulfil criteria for brainstem death. The Pittsburgh Protocol thus initiates a radical choice between two very distinct concepts of death.

As yet there has been little or no public discussion of NHBCDs and no media events comparable to the notorious BBC Panorama programme on brain death in 1983. But there is an urgent need for a full debate about organ removal after elective withdrawal of therapy and a firm commitment that guidelines which protect the dying are not discarded in favour of

policies to increase the donor pool. This volume makes an excellent contribution to that debate.

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Bioethics for the people by the people

Darryl R J Macer, Christchurch, New Zealand and Tsukuba, Japan, Eubios Ethics Institute, Japan, 1994, 452 pages, £15.00 sc.

This book consists in part of a survey of attitudes amongst a wider public than health care professionals and specialist bioethicists. It was conducted to discover what 'ordinary' people think bioethics is about, and what they regard the central issues as being. More than 6,000 questionnaires were returned from ten countries in 1993, and the book, to some extent, summarises the findings. It stems from a firm belief held by Darryl Macer that bioethics should not be the treasured possession of the professionals, nor of the Western world. Hence he adds to his own name on the cover, and through the book: 'with contributions from some friends, and from the people'.

It makes fascinating reading insofar as the material makes sense, but some of the time one suspects that the meaning of words is taken so differently between certain different cultures that some of the answers may not be comparable. That aside, this is an important attempt to give a picture of different attitudes. But an attempt is all it is. What one misses is true analysis. We get some moderately undigested data, and lots of diagrams to show variation. We also get a series of drawings produced by different country groups, and a series of answers to the questions simply reproduced. Though I am sure it is interesting to see how Macer and his colleagues conducted their survey, in fact it would be more useful to have less raw data, and more real analysis.

But that analysis is very difficult to do. Nevertheless, Macer demonstrates a general reluctance in all societies surveyed to allow the patenting of life, particularly of human genes, as well as high approval for gene therapy. There was also a split – usually within

country groups – on eugenics, and a demonstrable general attitude of more shame and blame for the birth of a handicapped child in Asia than in Western societies.

Most of this is not news. Though it is important to understand what the main issues are which make people concerned in the bioethical field, one can often acquire that knowledge, at least in general, from reading the press of the country concerned. In Britain, for instance, there is concern about some of the more unusual aspects of IVF, but general admiration for the fact that we license and control centres performing such techniques. In fact, we know that from the media and from Parliament, though neither may be wholly representative of the people.

That element of consideration of the issues, by viewing the press and the political process, is sadly missing from Macer's book, as are other aspects of analysis, and true comparison between cultures. So, although this is a brave attempt, the work itself is not constructed to be readable, approachable, or even very useful in more than general terms for finding out what views, and deeply held cultural attitudes, exist in countries other than one's own. We need another volume, of analysis and comment, before we get a true picture.

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Moral matters: ethical issues in medicine and the life sciences

Arthur Caplan, New York, John Wiley and Sons, 1995, 198 pages, £12.50 sc, \$19.95.

The ninety-four essays included in this volume began their lives as newspaper articles. Nearly all of them first appeared, in the past few years, in the *St Paul Pioneer Press*, a newspaper based in St Paul, Minnesota. They were written by Arthur Caplan, Director of the Center for Bioethics, and Trustee Professor of Bioethics at the University of Pennsylvania. In his foreword, George D Lundberg, editor of *The Journal of the American Medical Association* rates Caplan 'in everyone's top five list of gurus in the American ethics mafia'. In Lundberg's estimation, 'Art Caplan is the ideal person to