

The archaic Hippocratic maxim "above all do no harm" was the title addressed by the participants: in the categorical form Gillon sought to "con-sign [it] to the history books" (page 37). This message followed von Engelhardt's admirably succinct historical review of bioethics, childhood and paediatrics, and an anthropological challenge from Galli as to the independence of bioethics as a new discipline.

Having reconstructed Hippocrates from the "do no harm" to a "try to be helpful" mode the participants concentrated on paediatric clinical ethics associated with advances in medical technology. Prenatal diagnosis and selective abortion was tackled by Boue, who, in the course of a competent paper, found the striking phrase "yield to mediatiation" for the activity of publicity-seeking researchers who contribute to the formation of an ill-informed but influential vox pop on ethical issues. Versluys discussed the recent report of the Dutch Paediatric Association on the main moral dilemmas concerning the prolongation of life and the hastening of death in perinatal practice. This statement, coming from the only nation in which active euthanasia is openly permitted, is particularly interesting.

Ethical issues arising from the increasing demands for donated organs and tissues needed for the recipients of transplantation therapy got full attention. Lantos argued that "involuntary altruism" is a morally acceptable justification for the harvesting (with appropriate safeguards) from minors of such material. The position in Europe in regard to bone marrow transplantation was well set out in papers from Burgio and Buzzi.

The well-worn topic of research on children was revisited in papers from Garattini (therapeutic trials) and Sereni (general remarks). Absolute objections to the use of children in any research were rejected while the obligation of researchers and research ethical committees to examine closely both the scientific merit and the risk-benefit of paediatric research proposals was commended.

Advances in genetic prediction and in gene therapy raise many ethical dilemmas which impact on children. These fields were looked at by Siegler and Notarangelo and colleagues, whose lucid papers will be of particular value to non-specialists seeking scientific information.

The final section is more general. There is a well ordered statement about

the systematic teaching of bioethics to medical students from Cattorini.

Nordio gave an impressive insight into the thinking of a distinguished academic paediatrician about the special moral and clinical virtues required of a doctor for children. Some ethical principles for the organisation of paediatric services were enumerated by Guzzanti and the final paper by Corbellini described the tensions which arise from new medical knowledge and a bioethics based on "the philosophical background of traditional ethical theories".

The editors conclude that "bioethical problems should be experienced as an extraordinary opportunity for in-depth and clear discussion, starting from tangible problems, between social sciences and medical sciences to promote the development of a culture of reasonableness, responsibility, and solidarity".

The material contained in these proceedings provides some justification for this rather pretentious conclusion.

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## Science and the Quiet Art. Medical Research and Patient Care

David Weatherall, Oxford, Oxford University Press, 1995, 378 pages, £17.99.

In London's National Gallery there is a painting by Titian entitled *An Allegory of Prudence*. It depicts three human heads. Facing the viewer is a bearded man in the prime of life: to his right the profile of an old man, half-hidden in shadow, and to his left the brightly lit profile of a youth, looking away, beyond the picture frame. Beneath each of them is an animal head: the old man is accompanied by a wolf, the central figure by a lion, and the youth by a hunting dog. Over them all is a Latin inscription: "Ex praeterito praesens prudenter agit ni futuro(m) actione(m) deturpet". "From the past the man of today acts prudently so as not to imperil the future".

I was reminded many times of this mysterious painting, especially of the inscription, as I read David Weatherall's book. What he was asked to do by the commissioning editors was to write about himself and his work in a way that would be comprehensible to the non-specialist reader.

What he has produced is a book that is both less and more than this. Less because he has eschewed an intellectual autobiography, though he draws on the experiences of a lifetime spent combining research and clinical practice, and more, because what he has done instead is to raise some fundamental questions about the contribution of science-based medicine to the care of sick people. As a practising doctor his central concern is for his patients, and the book can be read as refutation of the idea that scientific medicine is somehow at odds with humane patient care. Indeed, one of his main contentions is that a practice that is not based on the best available science, limited though this may be in many instances, is an uncaring one.

The result is a substantial volume, packed with ideas and insights, and many a warning about assuming that advances in basic medical science will lead rapidly to improved treatments. The paradox that medicine is an art that "has become harder to practise as knowledge of the ignorance that underlies it has increased" (page 52) is at the heart of his thinking, and his own clinical practice. Doctors have to live with uncertainty, and they - and their patients - have somehow to come to terms with this uncomfortable fact.

In the opening chapters Weatherall examines the roots of medical knowledge and asks how much has been achieved. He claims no originality, but his breadth of view, his feel for the historical material, his stress on the big questions, on epidemiology and the impact of medical advances on populations across the world, make this part of the book well worth reading. The three chapters in Section IV, "The origins of our intractable diseases", bring the reader to the present and its challenges to medical science. They deal in turn with new ways of thinking about disease, including the crucially important mathematical and statistical advances of the last forty years or so; the nature/nurture issue and the significance of aging, and the growth of medical genetics. This is, of course, his own field of research. But while he is confident that the new techniques of molecular and cell biology will lead to a better understanding of the aetiology of disease and its pathologies he does not expect major advances in treatments in the near future, with the partial exception of some single-gene disorders. Basic research is one thing; the development and application of the knowledge gained quite another,

awaiting the coming together of advances in different fields and the clinical experience and insight to see how they might be brought to bear on the treatment of particular diseases. The point is amply illustrated in his historical survey.

Reviewers for this journal are asked to apply an internationally accepted library classification scheme to the books they write about. The scheme has 22 headings, from ethics (philosophical, religious, etc) to animal welfare, and getting on for 100 sub and sub-sub headings. *Science and the Quiet Art* does not fit readily into this kind of a schema. It is not a systematic treatise, still less a textbook. And yet it will be of the greatest value to any student of medicine (and the other clinical professions) or medical ethics. For it is imbued, through and through, with David Weatherall's humanity and concern for sick people. Although it is not an autobiography, the author's personality and humour shine through the pages, not least in his choice of quotations at the chapter headings. Thus for example he quotes Richard Doll on the difference between basic research and development: "A crash programme for the latter may be successful; but for the former it is like trying to make nine women pregnant at once in the hope of getting a baby in a month's time" (Chapter 9, page 268).

At the end of the book he leads his readers back to their patients. He is

concerned about the impact of resource constraints and managerial demands on doctors. Less and less time for each individual patient encourages a reductionist approach, compartmentalising diseases to fit the specialised structure of hospital clinical practice, rather than fostering the seeking out of the root cause of a particular patient's illness. An example from his own experience illustrates the point. Two patients, brother and sister, have an identical defect in the gene that controls haemoglobin production. And yet the girl remains healthy while her brother is always anaemic and often seriously ill. Her continuing good health appears to be adequately explained by another gene, which they do not share, that mitigates the severity of her anaemia. But his pathology remained inexplicable until a more holistic approach – simply sitting and talking to him – uncovered a saga of difficulties at work, financial problems, breakdown of family relationships and so on. Only after several years did it emerge that many of his problems were consequences of a longstanding agoraphobia. David Weatherall's comment on this case expresses in other words the title of his book. "Apart from clinical and pastoral skills, good doctoring requires an ability to cut through many of the unexplained manifestations of disease, ... and hence to get to the core of the problem, knowing when scientific

explanation has failed and simple kindness and empiricism must take over. This is the real art of clinical practice. It comes naturally to some doctors, but others never quite accomplish the difficult transition from the textbook and the lecture hall to practice in the real world" (page 345). This is a book to be read and savoured.

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