What Price Mental Health? The Ethics and Politics of Setting Priorities

Edited by Philip J Boyle and Daniel Callahan, Washington DC, Georgetown University Press, 1995, 243 pages, £34.95

This is an American book. It is part of a series on ethical issues in medicine and emanates from the Hastings Center. Necessarily, therefore, the historical, social and political material with which the themes of the book are illustrated belong to a set of traditions quite different from those in the UK. What, however, is highlighted by this contrast with the historical, social and political background to health care in the UK, is the universal nature of the ethical issues underlying the distribution of health care resources.

There is nothing new about the taking of decisions over the allocation of health care resources in general or the allocation of resources to mental illness in particular. The first part of this book describes, from a historical perspective, the various forces which have implicitly or explicitly led to determining the level of provision of those resources which have traditionally been allocated. The second part looks at particular recent examples of where the process has been explicit (Oregon), and not publicly overt (New York).

Against this background, in the third part of the book there is a discussion of the issues which have to be faced in any decision-taking process. In the first essay in part III, Daniel Callahan rejects the attempts at pseudo-objectification of health needs as exemplified by the Quality Adjusted Life Year approach. He does this on the grounds that such approaches necessarily involve questions of value (in this instance – how the quality of life is to be determined) or produce absurd results (as for example in the approach adopted in Oregon where the straightening of crooked teeth was ranked above the treatment of Hodgkin’s lymphoma) which then have to be corrected by the application of value judgments that the system was intended to avoid. Attention is drawn here, as elsewhere, to the problems of balancing resources between physical and mental illness (a dichotomy which it is argued has no basis outside prejudice), between mild (for example neurotic) and severe (for example schizophrenic) illness and between acute and chronic illness. In establishing such balances it is argued that there is no escape from “(1) stimulating public debate on some seemingly intractable and moral puzzles generated by rank-ordering efforts and in (2) creating a procedural method that will provoke a lively and perennial dialectical struggle between facts and data, on the one hand, and values and preferences, on the other”. Whatever approach is adopted there is always going to be what is called “an ideological point of departure” which can be made the subject of explicit statement and scrutiny.

As an example of the kind of discussion which might be held, consideration is given to the evaluation of “suffering”, relief of which must be the goal of any health care system. It is argued that “Our prima facie duty is towards those whose suffering is the greatest, but other considerations can lead us to qualify and limit that duty, overcoming or modifying the initial bias. Thus, if we have made a minimally decent effort to help those whose suffering is the most severe, we could then be justified in diverting additionally available resources to those who are not so badly off, even if those same resources might marginally improve the worst off. We can judge our efforts by asking whether the balance we have struck does in fact honour the initial bias, without allowing it to wholly trump all other claims”.

Further essays in part III deal again with the need to avoid separation between mental and physical health in the allocation of priorities, the problems of striking a balance between democratisation of any decision-taking process and the need for
AIDS and the Public Debate

Editor-in-chief Caroline Hannaway, Amsterdam, IOS Press, 1995, 216 pages, £60.00

At first glance, *AIDS and the Public Debate* looks not unlike many other slim, expensive portmanteau collections of articles concerned with the history and medical sociology of AIDS. It is not. For between its covers one may find a series of papers written for the most part in an admirably off-the-cuff manner by several of the most important figures in the development of social and medical research policy-making in the United States, where more than half a million cases of AIDS have already been diagnosed.

Whilst this is not a book of specialist medical ethics, it provides much valuable information concerning the ethical and other dimensions which have led to such varied and uneven patterns of the incidence and prevalence of HIV and AIDS. The courageous former Surgeon General of the United States, C Everett Koop, explains his laconically how he was officially out of touch with inner US government discussions of the epidemic for three and a half years after the announcement of the first cases in 1981. President Reagan was unable to utter the “A word” in public until April 1987, with consequences that are only too tragically apparent in American statistics – and human suffering.

Whilst there are no articles specifically concerned with the ethics of clinical trials, many contributors have important things to say about this important area. For example, the Director of the US National Institute of Allergy and Infectious Diseases (NIAID), Anthony S Fauci, describes from the inside the interactions between community-based AIDS activists and the leading institutions regulating American research policy-making. He concludes that after an early initial stage of confrontation, activists became an “invaluable resource” in developing better protocols, that were also more “user-friendly” for people living with HIV or AIDS. He also notes that the establishment of the parallel track mechanisms, pioneered by activists and scientists, had the great benefit of sustaining the necessary, rigorous testing process of new potential treatment drugs, whilst not forcing people into clinical trials against their will. In a similar vein the President of the Vaccine Division of Merck and Co inc describes in some detail the emergence of an inter-company collaborative ethos within the US pharmaceutical industry.

Whilst it is widely fashionable amongst some commentators to make lurid analogies between AIDS and the great plagues of world history, the distinguished medical historian Allan M Brandt goes out of his way to highlight the specificities of AIDS in the twentieth century – notably at least in relation to ongoing debates about language and other forms of reporting and representation, observing that debates on such topics are not simply about abstract semantics, but have real political significance in relation both to public perceptions and concrete policy-making. Like several other contributors, his analysis goes some way to explaining why demonstrably effective HIV/AIDS prevention measures have themselves been so widely prevented, rather than to the transmission of HIV.

Sadly the non-American writing about the international consequences of AIDS are of a uniformly lower level of analysis and significance. Indeed, it is very noticeable that the French and British contributions almost entirely lack any awareness of AIDS as an *epidemic*, that is, as a large-scale human disaster. Thus Anne Marie Moulin restricts her analysis to the familiar and widely reported French scandal whereby 2,000 people, half of them haemophiliacs, were infected through blood and blood products. Yet we learn nothing whatsoever of the way tens of thousands of cases of HIV infection in France related to the continuing governmental inability and/or refusal to respond to the desperate needs of injecting drug users, prisoners, and homosexuals.

Writing of the voluntary sector's response in the UK, medical historian Virginia Berridge displays a similar innocence in relation to the direct consequences of government policies in *increasing* HIV transmission amongst those at greatest risk, namely gay men. She writes unpersuasively of a supposed “gay liberation agenda” at