work in community-based HIV education for gay men, and confidently regards the Terrence Higgins Trust as a gay organisation – a description which the THT has consistently rejected since the mid-1980s. There is no sense here at all of AIDS as an issue of the greatest urgency, or of the extraordinary difficulties that have continuously faced those trying to develop effective and humane education in Britain for the constituency which continues to make up 80% of the AIDS mortality figures. AIDS and the Public Debate would thus have been a stronger book had the commissioning editors attempted to balance articles by US medical scientists with voices from American non-government community organisations, rather than an arbitrary coda of non-Americans, whose work adds little to our understanding of AIDS outside the USA, and tends to blur the focus of an otherwise valuable anthology.

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Nursing Ethics. A Principle-based Approach

Steven D Edwards, London,

The intention stated by Steven Edwards is to produce a text on a principle-based approach to nursing ethics, comparable to the standard text on medical ethics by Beauchamp and Childress,1 which is less dense and therefore more accessible to students of ethics. He has succeeded admirably in these aims.

The approach, the principles themselves, and potential conflicts, as detailed by Beauchamp and Childress, are discussed. The text is well written; the discussion is lucid and orderly, rendering the work accessible to those with no previous knowledge of ethics. Arguments are clearly laid out, with easily identifiable premises and logical conclusions. In this regard, the text would be very useful to students learning the use of argument in health care ethics. Although the author uses scenarios specific to nursing, many of these would be very familiar to junior medical staff – patients refusing treatment, the demands of the service requiring unpaid extra work, violence from patients and so on.

The contemporary challenges to “principle-ism” in nursing ethics have been summarised, the author concentrating on the approach developed from the work of Gilligan and Noddings, loosely referred to as a “care-based” approach. It is not entirely clear from the text that this challenge is not confined to nursing; there has been considerable debate about the merits of a principle-based approach over the past few years, the entire issue of the April 1990 Journal of Medicine and Philosophy providing a contemporary critique of bioethics. Clouser and Gert2 (cited in the bibliography of the textbook) in this issue argue that “principles”, as they are currently applied, serve purely as checklists of unrelated considerations, with no unifying theory within which to ground and relate these. To my mind, this is a serious charge against principle-ism, which any defence needs to acknowledge and take account of. It may be that the author felt this inappropriate to the target audience, but a brief outline of the wider context of this debate would have been helpful.

Additionally, Gilligan’s thinking appears to have been misrepresented. Gilligan is said to have identified a focus on care in the moral thinking of females, “distinct from, and superior to, an allegedly male mode of thinking. . . .” (page 132). My own understanding is that Gilligan3 herself claims that it is distinct, but not superior – mature individuals need to consider the voices of both care and justice. Neither does she claim that the care focus is exclusive to the thinking of females.

These reservations aside, the discussion of the care-based challenge as described here is thoughtful and well argued, the author concluding that principles can be applied in a manner which is “infused with care” (page 155). Further, in upholding a commitment to the primacy of the principles, he does not shrink from pointing out that there may be costs involved in so doing.

The author concludes the work by using the principle-based approach to consider the questions “what actions can be described as supererogatory”, and “are nurses required to perform these”. This is, I think, the first time I have seen this issue treated in this way in nursing ethics writing, and the discussion is timely in the light of the current climate within the UK health care service. Again, much of the discussion would be meaningful to other health care professionals.

Overall, this is very worthwhile book to have on hand for those involved in teaching ethics to health care professionals, and a particularly useful textbook for students of nursing ethics.

References

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Of Life and Death. An Australian Guide to Catholic Bioethics


Dr Elizabeth Hepburn makes it clear in the preface to this book that readers need no specialist theological or philosophical studies, since it is not meant to be a comprehensive or scholarly work. It is, however, a valuable manual and a resource book of substance for teachers and nurse educators who would like to know the teaching of the Catholic Church on a wide range of controversial life and death issues in a reader-friendly form. The bulk of the book represents a development from lecture notes on ten biomedical topics given to student nurses.

Part one of the book begins with a brief and clear account of the main moral principles used for decision-making in biomedical ethics – justice, autonomy, beneficence and non-maleficence. She gives a balanced
critique of ethical theories that rely too heavily on the proportion of benefits over harms or on inelastic moral rules. She accepts the valid contributions of feminist philosophers but the framework of her own moral thinking is provided by the principles of Catholic moral theology and teaching. These give importance to divinely established ends or purposes which can be discovered in human nature by reason and may be discerned from the scriptures. The main concepts and principles from the tradition are explained – the divine gift of life, the importance of the human body in relation to the dignity of the human person, and personal autonomy, together with the meaning and application of the distinction between “ordinary” and “extraordinary” means of treatment in biomedical/ethical decision-making. The meaning of human sexuality in the Christian tradition is expounded before discussing human infertility and its causes. She insists that the principles of social ethics and solidarity need to be employed in medical ethics to counter our cultural bias towards individualism.

Part two adequately covers the ten topics referred to above – euthanasia, organ transplantation, human experimentation and research, the manipulation of genes, assisted reproductive technologies, surrogacy, contraception, abortion, HIV/AIDS and resource allocation. For each of these chapters the relevant scientific, medical and historical information is given from Australian and overseas sources before a clear moral evaluation is made in the light of Church teaching. Important features of the book are a glossary of scientific and technical terms and an appendix with interesting timelines indicating significant events in the historical development of each of the topics covered in part two of the book. Another appendix gives the text of the Northern Territory of Australia Rights of the Terminally Ill Act 1995.

The author rightly agrees that moral analysis must give attention to the particular before moral judgments are made. Likewise she holds that intention is crucial for a proper moral evaluation of human acts. Her analysis of the moral distinction between killing and allowing to die is sound. She rightly admits the cessation of eating and drinking may be appropriate for one in a dying state. She believes the artificial provision of food and water should generally be considered sustenance rather than therapy and so ought not to be denied as part of normal nursing and palliative care. She rightly holds that the withdrawal of artificial nutrition and hydration with the intention of causing or hastening death is immoral.

I believe the book would have made a greater contribution if it had discussed whether there was a duty to maintain artificial nutrition and hydration in the case of a person in a permanent vegetative state. It is far from obvious that the intention to withdraw artificial nutrition and hydration in such cases entails an intention to cause or hasten death. It could very well represent an unwillingness to prolong life by the unwaranted use of artificial nutrition and hydration for one locked into a pathologically induced fatal condition of being unable to swallow or drink. It could also represent a wish to allocate scarce resources to where the needs are greater. It is a pity the author did not apply the logic of her own views on the importance of intention to this contemporary and unresolved bioethical dilemma in Catholic teaching. This is surprising since Pope John Paul II in Evangelium Vitae redefined euthanasia as “an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering”. According to this definition, there can be no euthanasia without an intention to cause death. Her treatment of contraception would have been much improved had the author followed her pattern of answering the common counter-arguments she raised in the chapter.

This book is to be recommended not only to the author’s intended readership – teachers and nurse educators – but also to interested and informed lay readers. I was surprised by her statement on page 144 that this reviewer did “not venture an opinion on the consequent moral status of the zygote earlier than fourteen days”. I would like to say that I do believe human life should be respected from conception.

References

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The Oxford Practice Skills Course Manual


A need for teaching in ethics, law and communication skills is now recognised by the General Medical Council and by most medical schools in the United Kingdom. Empirical work has shown (a) that "dissatisfaction among patients with the performance of doctors is by and large not in technical/scientific aspects but in their practice skills", (b) that "students' sensitivity tends to decline in a conventional medical course", and (c) that "education can change attitudes, awareness and practice both immediately . . . and long term" [page 120]. In Britain, one of the most coherent, well-organized and integrated educational responses to such findings has been made by the Oxford Practice Skills Project. With the publication of its manual there is now no longer any residual excuse for not teaching medical ethics, including bioethics, medical law, and medical/surgical communication properly. The authors of this book have contributed to such an education of students and doctors.

The central sections of the manual describe the aims, structure, methods and content of the practice skills seminars developed by the Oxford Medical School Project. The seminars include a general introduction to medical ethics and law, and to issues related to resuscitation, confidentiality and consent. Ethical issues related to the management of critically ill patients, including patients with AIDS, are thoroughly discussed. The authors introduce the legal principles of medical negligence in the UK and the influence of the legal system on practice. The legal aspects of consent and communication are also covered.

The authors' advice on the last topic is particularly valuable. It is the fruit of intelligent planning, patient persuading, and sensitivity to the idiosyncrasies of medical school culture. Most of what is included in the Oxford manual could easily be adapted for use in other medical schools. As a core curriculum in ethics, law and communication