Book reviews

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 126]. In Britain, one of the most coherent and integrated educational responses to such findings has been made by the Oxford Practice Skills Project. With the publication of its manual there is no longer any residual excuse for claiming that these skills are relatively unimportant, or that they cannot be taught and assessed, or that formal provision for such teaching and assessment in the medical curriculum is unnecessary.

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 reproductive medicine, anger and aggression in patients and their relatives, working with children, and health care rationing are the subjects of further sections. There is a helpful chapter on teaching communication skills and another on examination and assessment. Appendices deal with teaching methods and resources, and supply other useful material including suggestions about how to introduce a course into the curriculum.

The authors’ advice on this last topic is particularly valuable. It is the fruit of intelligent planning, patient persuading, and sensitivity to the idiosyncracies 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 its...
Reproductive Technology and Rights

Edited by James M Humber and Robert F Almeder, Totowa, New Jersey, Humana Press, 1995, 168 pages, $44.50 hb.

Fathers should not be legally required to provide child support. Infertile couples have no basic right to medical assistance in reproduction. Killing two fetuses in a quadruplet pregnancy is morally justifiable. A pregnant woman who knows her fetus is seriously disabled has a duty to abort it.

These provocative proposals illustrate the challenge, topicality and occasional novelty of the eight philosophical and ethical essays in the thirteenth annual volume of *Biomedical Ethics Reviews*. It is divided into three parts, dealing respectively with abortion, *in vitro* fertilisation (IVF) and handicapped fetuses and children.

In the first part, Stephen Hales and James Humber debate the alleged inconsistency between three philosophical assertions: (1) Women have an unqualified right to abortion; (2) Men and women have equal rights and duties; (3) Men have an absolute duty to support their children once born. Hales argues in “Abortion and fathers’ rights”, that because a woman’s right to abortion is a right to avoid duties (of child care), and because a father cannot for biological reasons have the same right to avoid duties, the statements are inconsistent and the father should not be legally required to provide child support.

Humber responds, in a chapter entitled “Maternity, paternity and equality” that “once a woman becomes pregnant, an immediate inequality is created between her and her sex partner” (page 36). The mother’s duty, if the child is born, far exceeds the father’s obligation to contribute financial resources; she must provide for “everything else that the child requires”: night feeds, potty training, cooking, cleaning etc (page 38). The right to choose abortion is her means to reinstate equality: “[W]e must treat unequal [women and men] unequally if we are to satisfy the demands of justice” (page 37). But, replies Hales, in “More on fathers’ rights”, these “burdens of childbearing . . . are not properly considered harms or burdens at all . . . [The mother] freely chose the consequences of childbearing . . . ” (page 47).

The second part focuses on *in vitro* fertilisation. Under the chapter heading “Ethical considerations in the multiplication of human embryos”, Kathleen Ganss Gibson and Joe Massey examine ethical issues in the use of *blastomere separation* (splitting a 2-, 4- or 8-cell embryo to produce two identical embryos) and *cloning* (replacing the nucleus of an egg with another embryonic nucleus) in IVF treatment and embryo research. The physical risks to the embryo are far greater in the latter but one’s conclusions will be “dramatically different” if the embryo is, or is not, “perceived as a human being” (page 68).

Leonard Weber considers resource issues in relation to IVF and argues that infertile couples have no basic right to medical assistance for reproduction (“*In Vitro* fertilisation and the just use of health care resources”). People may have the same negative rights (“a right to be left alone”), he says, but “it is something quite different to claim that we all have a basic right to medical treatment or technology simply because we think it would meet our needs or wants” (page 76). “A just health care system” must consider not only need or benefit but also “alternative uses of resources” (page 78). Becoming a parent is not necessary to “meet basic human needs” (page 84) so it is not unjust to limit access to those who can gain maximum benefit, namely (according to Canadian “evidence-based medicine”) women with blocked fallopian tubes (page 87).

Walter Glannon assesses the morality of fetal reduction in a multiple pregnancy (“The morality of selective termination”). He argues that it is morally permissible on consequentialist grounds to reduce the number of fetuses in a multiple pregnancy. Multiple pregnancies present increased risks for mother and child and “fetal reduction by two in quadruplet pregnancies is the most viable way to minimise complications and to thereby ensure a reasonable quality of life for the pregnant woman and the two fetuses who are brought to term” (page 97). Consequentialism provides a better ethical guide than the “deontological intuitions concerning the loss of potential and actual lives” (page 93) of “virtue theorists, moral pluralists and proponents of the Sanctity of Life Principle” (page 97).

The third part of this book contains two essays linked by the theme of handicap. The first focuses on fetal abnormality. Bambi Robinson (“On a woman’s obligation to have an abortion”) states that a woman who knows she is pregnant with a fetus that has a serious problem, such as Tay Sachs disease, has an obligation to abort it. “[The] baby will know little other than pain or suffering until its death” (page 116) and it is wrong to deliberately inflict protracted suffering on a sentient being. Second, the emotional and physical costs to the parents are less in the case of a second trimester abortion than in bringing such a seriously impaired child into the world” (page 116), she says.

The final essay concerns children born with a handicap, in this case dyslexia. Richard Hull (“The just claims of dyslexic children”) puts forward arguments based on John Rawls’ Original Position for parents of handicapped children seeking to gain resources for their child. Although “the basic idea of fairness here is equal distribution of liberties and of economic goods . . . Rawls recognises that . . . those whose needs are greater may be better served by unequal distributions” (page 143).

This brief summary indicates the