

the protocol as such and implementing the research locally. They propose that such a split is possible and give details of the solution to the difficulties multi-location researchers face. Their solution, which is the one which the authors designed on behalf of the Department of Health in 1992, involves three tiers of review: national (scientific review) regional and local. These proposals have been supplanted by more recent ones from the Chief Medical Officer; however, there are definite echoes of the original Swansea ideas in what is now to be implemented.

Finally there is a rather nice chapter which looks at some options for future development, including the possibility of research ethics committees being put on a statutory basis; research ethics committees beginning to consider the economic implications of innovation; the development of hospital (practice) ethics committees, and finally the ethical review of health policy.

This is a useful book, and I would happily recommend it to anyone who sits on a research ethics committee, or who is thinking of sitting on one, and also to anyone who conducts research on humans. Donald Evans and Martyn Evans have provided us with a good addition to our libraries, and one which is made all the more enjoyable for the witty quotations throughout the book.

CLAIRE FOSTER

*Centre of Medical Law and Ethics,  
King's College, London*

## Society's Choices – Social and Ethical Decision Making in Biomedicine

Edited by R E Bulger, E M Bobby  
and H V Fineburg, Washington DC,  
National Academy Press, 1995,  
£48.95

It is said that you cannot judge a book by its cover. Certainly this is true for the British reader of *Society's Choices*. It has the appearance of a weighty and scholarly study of the general principles of social and ethical decision-making in biomedicine. In fact it is the report of a committee commissioned to look at the specific problem of what structures should exist in the USA to address bioethical issues, published together with its background papers.

Such a report in the United Kingdom would be published in the sober livery of HMSO or similar bodies. It is the well-recognised ethnocentricity of American thinking, as well as the attractive and lively cover, which conceals this from the casual browser. In most of its five hundred pages it is assumed that this is solely a problem for the USA, and that a solution for that society is the only one for consideration.

The book analyses the role of various interest groups, of forces such as religious belief, and the various commissions and task forces which have addressed both specific issues and had more general remits over bioethical matters. Apart from a brief review of French, Danish and UK approaches, and one more detailed French case study in the background papers, the issues are, however, discussed entirely in the context of American institutions and social forces. An account of the role of the judiciary, the executive and the legislature in formulating health policy, for instance, considers only US examples. The role of these institutions in societies such as the countries of the European Union, where their constitutional relationships are very different, is not examined.

The book is thus of considerable value to anyone who is interested in the mechanisms by which bioethical issues have been addressed in the USA. In view of the importance of American thought in the development of bioethics, more people working in other societies may find this useful than its parochial character may suggest. Readers who are not American citizens will, however, find it hard to see its relevance to their very different social institutions. An exception to this general statement is a remarkable background paper on trust and honesty in science by Steven Shapin. This is a valuable contribution to the growing argument that virtue and shared moral values are an essential ingredient in any functioning social enterprise; an argument which has been advanced by moral philosophers such as MacIntyre and Midgley. For most bioethicists however, this is a book to refer to as background to understanding American institutions and political processes rather than to study as a contribution to developing their own.

PETER D TOON

*GP, Hackney,  
London*

## Making Sense of Advance Directives (2nd ed)

Nancy King, Washington DC,  
Georgetown University Press, 1996,  
286 pages, £15.90/US\$19.95.

What did Richard Nixon and Jacky Onassis have most in common? Both died in mid-1994 in the same New York hospital but according to Nancy King, the thing which caught public attention about both deaths was the hospital's compliance with their "living wills", which refused treatment. These so fascinated the public that the hospital switchboard was jammed for days with enquiries about "choice in dying". Beyond the American health system, however, the notion of people documenting in advance how medical decisions should be made at the end of their lives barely impinges on public consciousness. For the world at large, the level of fear of over-treatment is swamped by greater anxiety about getting too little – or inequitable access to – health care. Nor have comparable public figures, such as the Queen or Mrs Thatcher, displayed the same assiduity as the former US president in giving a lead in such advance planning. Could it be that Americans are simply less fearful of contemplating death . . . less thanatophobic than the rest of us?

On the contrary, one of the doubtlessly unintended themes of Nancy King's book is the contrast between the lukewarm public commitment to advance directives and the strong theoretical support for them from ethicists and law-makers. The book, which updates the 1991 version of the same title, seeks to convince clinicians and patients that they should give more serious attention to living wills. For, despite the publicity boost of the Nixon/Onassis demises, a dozen high-profile legal cases from Quinlan in 1976 to Cruzan in 1994, a plethora of books and articles (King lists over 200 reference titles), 89 federal acts on this issue and legislation requiring health facilities to promote advance directives in order to receive Medicare and Medicaid dollars, less than twenty per cent of Americans actually have one. This reluctance to think ahead about future mental incapacity and death spurs the author to suggest that "we could perhaps force a flowering of foresight" by legislating