no rules of insanity”. The book, in other words, does not offer a general theory or responsibility in terms of which we can judge how far individuals may or may not be exonerated from responsibility in certain circumstances. Rather, the philosophical approach is like that of Wittgenstein in the sense that the stress is on particularities rather than generalities. “There is little that one can usefully say about the responsibility of mentally ill persons as a class.” On the other hand Elliott does attempt a taxonomy of mental disorders and relates moral responsibility to these types of mental disorder and to the specific circumstances of individual cases. The moral taxonomy of mental disorders is derived from the (broadly Aristotelian) conceptual framework. Aristotle recognised two types of excuses – ignorance and compulsion. Derivatively, Elliott argues that insanity pleas have generally focused on two sorts of tests – cognitive and volitional. In other words, some disorders, such as schizophrenia, affect a person’s beliefs or other cognitive abilities, and depressions, and others, such as kleptomania and some psychosexual disorders, affect desires. This leaves the “trouble spots” of personality disorders and, notoriously, the psychopath, who fall outside the usual categories. These categories merit and receive detailed discussion.

Elliott stresses that he is concerned with moral as distinct from legal responsibility. Nevertheless, the book does discuss various legal rules, rulings and cases, thus relating moral and legal responsibility. This is helpful for those, psychiatrists, lawyers and public-policy makers, who must take the actual decisions which philosophers discuss. The book is a model of applied philosophy in the best sense. It is philosophy in the best sense first in that the arguments used show an awareness of the central thinking on responsibility from Aristotle through to John Mackie’s “straight rule of responsibility”, and secondly in that the analysis of responsibility is linked to some of the main themes of philosophy, such as the relationship between action and the self or the nature of personal identity. It is “applied” in that it shows detailed knowledge of the first-order psychiatric and legal literature (as he says “the devil is in the detail”) and also recommends ways of seeing this, often confusing, literature. No doubt the fact that Elliott is qualified in medicine as well as philosophy has enabled him to penetrate the dense jungle of writing on this topic, but what he emerges with is a clear, and clearly written, guide which can be strongly recommended.

R S DOWNIE
Department of Philosophy,
Glasgow University

The Patient in the Family: an Ethics of Medicine and Families


When discussing with medical students the role of families in treatment decisions for incompetent patients, the students’ main concern is that families might have nasty motives. But when I ask students to imagine that someone close to them is ill, and incompetent, they feel that they are in a better position to know what is best for their relative than are the professionals.

Hilde and James Nelson have written a stimulating and important book which seeks to redress the neglect which families have received in modern discussions of bioethics. They start from the assertion that the two most important institutions which provide care for sick people are medicine, and the family. “Increasingly” they write, “these two systems of care are rubbing each other the wrong way” (page ix).

Nelson and Nelson take issue with the extreme individualism of much of modern bioethics. The ethics of autonomy have evolved in the context of political philosophy as a means of protecting the individual from unwarranted outside interference. In the context of modern medical ethics respect for autonomy can emphasise the need for the individual to be protected against interference from the family. Hence the view of the family which medical students so readily adopt. But for most people most of the time families are a support, and this is particularly the case when one of their members is sick.

Nelson and Nelson use this simple insight to develop a bioethics which is refreshingly distinct from the common emphasis on autonomy. But they go further than this. They argue that the importance of families, in the medical context, is not simply that they are providers of care. This would be to see families as of only instrumental value in relation to the sick patient. They write: “the fact that family members can make decisions for us when we are very ill is really beside the point; we want them there not for what they can do for us but because they love us” (page 52). They develop their arguments through what they call “stars to steer by”. They write: “But if all the things we value can’t be seen as instances of some one master value or neatly ranked in one Great Chain of Being, then moral life becomes much less a matter of calculation and more a matter of navigation, of trying to steer a prudent course among independent and sometimes incompatible values” (page 73). There are seven of these stars:

1. Family members aren’t replaceable by similar (or better) qualified people;
2. Family members are stuck with each other;
3. The need for intimacy produces responsibilities;
4. Causing someone to exist produces responsibilities;
5. Virtues are learned at our mothers’ (and fathers’) knees;
6. Families are ongoing stories;
7. In families, motives matter a lot.

Nelson and Nelson explain the use of the seven stars through extensive examples from both non-medical and medical settings. For example, at one point they discuss whether parents should try and find care givers “wiser and richer than they, to give their child the best possible upbringing”. They dismiss this obligation saying that: “the point is not that our children get the best possible upbringing, but that they get the good of being brought up by us” (their italics). They then go on to consider proxy decision-making. They argue that I might, for example, want my wife to act as my proxy not simply because she is the person most likely to make the decision which is in my best interests but simply because I want the decision to be made by her. Nelson and Nelson see this as an example of the first “star”: “family members aren’t replaceable by similar (or better) qualified people”.

This book has considerable range. In addition to discussions of consent and decision-making, it covers in some detail our responsibilities to the elderly, assisted reproduction, and distributive justice. The strength of
of the “guiding stars” lies in their richness and their ability to bring new insights to medical ethics through analogy with non-medical settings. Their weakness is their vagueness. In the chapter on assisted reproduction this weakness is most apparent. In this chapter the authors make assertions without argument and with a lack of insight into when an issue requires conceptual analysis and when it requires empirical data. For example, some men do not have sufficiently healthy sperm to father a child. For couples for whom the man has this problem artificial insemination using sperm from a donor can be of immense value. The question of how families created by this means develop, and how the parents and children feel, is primarily a matter for empirical sociological study. Nelson and Nelson, however, dismiss artificial insemination on the basis of a crude analogy. They write: "(artificial insemination) deliberately severs the genetic strand of fatherhood from the nurturing and identity-forging strands, thereby perpetuating an ancient pattern in our culture of permitting men to impregnate women and then walk away" (page 162).

The Patient in the Family is a well-written and continually stimulating book which I would strongly recommend to all those who feel that our modern obsession with the individual patient has led to excessive marginalisation of the role of families in health care.

TONY HOPE
Editorial Associate,
Journal of Medical Ethics

Bioethics in High Schools in Australia, Japan and New Zealand


During 1993 the authors of this book conducted an “international bioethics education survey” (page 1) amongst biology and social studies teachers in secondary schools in Australia, Japan and New Zealand. The book, written in English to page 125 and thereafter in Japanese, consists of a report of this survey.

It is published by the Eubios Ethics Institute (Tsukuba Science City, Japan) which is “a nonprofit group that aims to stimulate the discussion of ethical issues, and how we may use new technology in ways consistent with ‘good life’” (page ii). For this group, “bioethics” means the study of ethical issues arising from human involvement with life, and could be called simply the ‘love of life’” (page 1).

In general, the purpose of the survey was to establish the extent to which teachers discuss in class “the social, ethical and/or environmental issues associated with applications of the scientific developments” (page 5), viz pesticides, in vitro fertilisation, prenatal diagnosis, biological pest control, eugenics, computers, biotechnology, nuclear power, AIDS, human gene therapy, fibre optics, bioethics and genetic engineering in plants, micro-organisms and animals (taken from table 2 page 5).

The book gives every detail of the research. Samples were not entirely random, particularly in Australia where private schools were over-represented. Response rates were higher for biology teachers (40% Japan, 48% Australia and 55% New Zealand; total number=1,017) than they were for social studies teachers (27%, 22% and 26% respectively; total number=593). Pages 46–118 give every word of every response from every open-ended question by every respondent.

In reporting the results of qualitative research it is often helpful and interesting to see some verbatim quotes from subjects, but to be presented with columns and columns of responses to open questions consisting of “don’t know”, “need more teaching materials”, “students need to be made aware” etc is simply tedious. Altogether this is a poorly digested piece of research. It would have benefited from being summarised as a formal paper for an edited journal.

All of which is disappointing because the topic is important. Like most medical schools around the world we have a longitudinal integrated course in medical ethics. For the past ten years this has culminated in interdisciplinary problem-oriented symposia for fifth-year students. Even more now than in the past, we reach the end of these sessions with students saying they do not wish to make decisions in medical ethics without further guidance from society as a whole. Public debate is urgently required on some of the most pressing issues in medical ethics and bioethics.

Such debate would require more education in bioethics at every level. From the point of view of cognitive development students are equipped from their early teens onwards to tackle the complex questions involved. Teachers report that their students are often more interested in the ethics of, for example, in vitro reproduction than they are in the technical aspects.

Educating future citizens to take an active role in the debate seems an entirely worthy goal. Surveying teachers in different countries was probably a necessary first step. So it is unfortunate that the research undertaken by this team was not better presented. It could have made a valuable contribution. As it is it may serve to raise awareness of the issues, but little more.

VALERIE J GRANT

Department of Psychiatry and
Behavioural Science,
Faculty of Medicine and
Health Sciences,
University of Auckland, Auckland,
New Zealand.

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