Book reviews

Ethics in Emergency Medicine (2nd ed)


Major ethical dilemmas are fortunately relatively infrequent in the day-to-day running of accident and emergency departments which, although moving towards increasing shop-floor involvement of senior staff, are still predominantly serviced by junior doctors – Senior House Officers (SHOs). More minor problems, usually involving concerns regarding confidentiality and informed consent are much more common and often influenced by the nursing staff’s understanding of custom and practice within the department.

This book, though written for the American market is a useful source of reference and guidance. Intended for a wide audience of those working in the pre-hospital and emergency setting, it addresses issues that affect paramedics, nurses and managers as well as medical staff. This is reflected in the contributors, of whom there are 72, over half of whom are from clinical rather than purely legal, ethical or philosophical backgrounds.

Divided essentially into three sections the book includes an introductory section, an extensive section dealing with case histories and relevant commentaries and a final section dealing with ethical statements pertaining to the various professional groups at whom the book is aimed.

The introductory section gives an overview of the particular difficulties that ethical issues cause in the emergency environment, highlighting the limited information, lack of time and urgency of action, which may lead to decision-making being more fraught. The chapters on the approach to ethical problems was the most valuable and practically oriented, giving appropriate advice as to how a sensible and workable decision may be reached, even given the constraints of the inadequate time for information-gathering, reflection and discussion. The basic premise of this section is that a sound ethical decision can be made from basic principles and a simple method for doing this is clearly laid out.

The section containing cases and commentaries, would, I imagine, be used as an occasional reference but may be dipped into to consider the interesting cases that are presented. I was unclear as to whether the cases were real or hypothetical. Real cases with real outcomes would have added credibility. Some of the commentaries were unnecessarily detailed and wordy and some lacked sound practical advice – for example, where the decision is made to undertake detention, investigation and treatment against the patient’s will. Implementation is always the real problem and this particular issue was not addressed. Despite the differences between the British and American legal systems and indeed between different laws in different states, this section remains of interest to those working in the UK, particularly to senior staff in accident and emergency. Hopefully the book will be used to plan guidelines for the various scenarios that might present, rather than (as would probably be the case) being consulted in retrospect to see whether the decision made was justifiable!

The final section may have been included for completeness but is generally irrelevant to British practice.

In conclusion I find this a useful, interesting and handy-sized volume which sets out important principles, provides stimulating reading, and could be effectively used to produce workable guidelines in an emergency department in this country. The meaty middle section is best dipped into, as a tendency to over-lengthy discussion might prove tedious.

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Cancer Wars – How Politics Shapes What We Know and Don’t Know about Cancer


I found reviewing this book an exacting task. It is densely packed with facts and passionate argument. Dr Proctor obviously feels deeply on the subject and has some important things to say but the detail can sometimes obscure them.

The book sets out to explore why cancer rates are rising in spite of massive spending on research into the disease. Dr Proctor calls his book “the political history of cancer” (he is a Professor of the History of Science at Pennsylvania State University). He feels that political action will provide an answer to the problem of cancer (although cancer is not one illness).

His first chapter looks at early conceptions about cancer, he then examines the life and times of two “20th century advocates of the environmentalist view of cancer”, and provides very readable accounts of the public lives and deeds of Wilhelm Hueper and Rachel Carson. Ethical issues loomed large for both these courageous individuals and a common thread begins to appear in these sections, i.e. the power of big industry and governments to suppress unwanted knowledge. The pressure that was put on doctors and scientists, who were sometimes employed by
large corporations, to hide unwanted facts is quite frightening. It seems all too likely that it continues today. For example, Hupeuer began to investigate the health hazards of uranium mining but when he tried to present his findings at a scientific meeting the Atomic Energy Commission’s director of biology and medicine instructed the National Cancer Institute to “delete all references in his paper to the hazards of uranium mining”. He at first complied, under protest, but then found another way to make his findings public. He was censured and attempts to subvert his work continued. The case is well made in uranium mining that political and big business interests were allowed to hide the connection between this industry and cancer – it was thought to be in the national interest to keep production unaffected during the Cold War. The lie continued until recently, with possibly hundreds of workers dying unnecessarily, with compensation denied. Other industries are reviewed, and other evidence presented that vested interests can prevent life-saving information reaching the public domain.

The question of tobacco is examined in depth. There is no doubt that in universities in the “tobacco states” of the USA medical research harmful to the cause of the industry (ie greater sales) is hard to continue and sometimes publication of results is prevented – these institutions are to some extent dependent on funding from these large local employers. Clinton was expected to lose Kansas in the most recent election because of his tough action on smoking. Dr Proctor asks why it is acceptable to put pressure on Third World countries that export cocaine and other drugs but promote cigarette exports from the USA as if they were just another commodity. These dilemmas are very current, as shown by the recent debate over academic institutions taking money from tobacco firms, or the whole sorry story of official responses to BSE.

Dr Proctor argues that we will not “conquer cancer” until we have a concerted approach to its prevention, embracing politics, medical science and industry. The financial and professional interests of all these groups must be subsumed in any effective war against the disease. Dr Proctor is a pro sympathiser and this is where my reservations lie – his own personal position is so clear that I do feel concern that evidence contrary to his own theory is given less weight than it often deserves. He often quotes figures for numbers of lives that would be saved if various pollutants could be entirely removed from the environment, but it is not always clear how they are calculated. (He does quote Richard Peto as a respected sceptic of the “thousands of lives possibly saved” idea except where tobacco is concerned). It is a book that needs close attention and effort and has obviously been carefully researched – but I found it hard to identify the kernel of his argument. I will accept that “writing checks to scientists is only one of several ways to combat cancer” but even if it is true that “cancer is a largely preventable disease” the research into a dietary contribution and changes in personal habits necessary to confirm and enact dietary theories, for example, will take many decades to bring about. Society will demand something in the meantime. In the 1950s Hodgkin’s disease killed most sufferers very quickly, now in the majority of people, it can be cured. We have not come far down the road preventing it but have made enormous strides in our ability to cure. Even in the most common solid tumours, where a cure is still extremely uncommon, the extent of good life possible after diagnosis has been greatly extended. This matters to an individual – this book is largely about populations.

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Euthanasia: Death, Dying and the Medical Duty


This book prides itself on not including a specific section on ethics: many of the chapters draw on the current philosophical debates on issues around death and dying. The focus of this new volume is very much on practical decisions which must be made by doctors and other health professionals. Its aim is towards action rather than theory. However, it is clear from the broad range of perspectives reflected by this book that the whole topic is plagued by controversy and practical decisions are far from straightforward.

The contributions come from a wide variety of disciplines including medicine, theology, sociology and law and are made by both academics and practitioners in these fields. Each chapter presents a self-contained argument, although when taken together they provide an excellent overview of current arguments being discussed in this area. As such the book can be read in part or as a whole and would provide a good starting place for someone considering questions to do with death for the first time. The expertise revealed by the writers however, ensures that this book will also be of interest to experienced practitioners wanting to top-up on recent debate.

As well as talking rather hypothetically about what could or ought to happen, Brazier’s chapter on the legal position is very much about what the law currently permits. He discusses whether there is or ought to be a right to life and also whether or how a right to death might be constructed. McCall Smith talks in more detail about the practical application of the law in the UK by reference to actual cases. Comment is also made on what happens in some European and foreign jurisdictions. This approach combining theory with practical is typical of the chapters provided by the medical contributors.

The more medical chapters tend to concentrate on the particular issues arising from a practice area. The first half of the book is thus given to discussion of problems arising out of availability, continuance, refusal of withdrawal of treatment for patients who are old, young, not necessarily ill or severely disabled or in intensive care. Although securely based in a specialty, of course, a large number of these issues arise of interest to all the medical areas and touch upon the core questions. Gilbert argues that good palliative care can offer a remarkable quality of life and the opportunity for patients to sort out problems with family and friends which can ease the grieving process. He suggests that the availability of some form of euthanasia might have consequences which extend far beyond the life of one patient.

The now well established debate between the quality or sanctity of life inevitably is touched upon by many of the arguments put forward. Various religious positions are discussed from the perspectives towards life and death of, amongst others, Christianity, Buddhism and historiography.

The chapter on the historical approach, like that on the sociological,