

records a belief that views about life and death have changed over the years but most dramatically in the latter half of the twentieth century.

It is this change, combined with the increased ability of modern medicine to prolong life, that is given as the reason for the current preoccupation with issues surrounding death and dying. This then is the justification put forward for the publication of this volume. The book itself proclaims that it can offer no ready answers, but it is a useful collection of well-written articles which provides a good overview of the area for any reader, whether medical or not.

The book, though, can fairly be said to be primarily directed towards medical practitioners who at the current time and under current law, must most often make the decisions about life and death. Living wills now have legal status and so sometimes incompetent as well as competent patients can have a say. At present their decisions are limited in the main to treatments they will not have rather than those they may think they might like, certainly if those treatments threaten or terminate life. Occasionally the law steps in with guidance. The House of Lords, however, has made it clear that the law is unwilling to interfere with the decisions of doctors. This book discusses why doctors who put forward arguments for the merciful deliverance from suffering experienced by their patients are often accused of "playing god". Ironically, it is less often the case that they are accused of interfering with the will of a god, in whom fewer and fewer people are reported to believe, when they insist on keeping them alive.

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Report of the Working Party on Quality of Life and the Practice of Medicine

Edited by Basil Mitchell and Michael Banner, Oxford, Ian Ramsey Centre, 1995, 68 pages £3.

This report from the Ian Ramsey Centre is the outcome of a process begun in 1985 under which an interdisciplinary group, composed largely

of Oxford practitioners and academics, met to discuss the concept of quality of life. It is aimed at health care professionals, and attempts to speak to those who have misgivings about the concept but who none the less find themselves unavoidably appealing to it in their work.

The report begins by laying out six actual cases (presumably suitably anonymised) which highlight questions the group wants to raise about the notion of quality of life. These include whether it is right to be concerned with quality of life at all; whether quality of life can be measured; if it can, by whom it is to be calculated; whose quality of life is to count; implications for resource allocation, and risks of quality of life assessments. The cases are clearly presented and thought-provoking, and would make useful discussion material for any group, whether composed of professionals or interested lay people.

The discussion of the issues raised in the cases that follows is admirably clear and succinct, and commendably condenses a considerable amount of thinking into a manageable length. In particular the editors are to be congratulated on avoiding a committee-like tone to their discussion, which at all times manages both to be interesting and to attain the journal's high standards of English accessible to any intelligent reader.

The report relies unashamedly on a principle-based approach to its discussion of the issues surrounding the cases, a strategy that will delight or appal according to the reader's personal view of this model of ethics. This exclusively principlist methodology is neither remarked on nor defended by the editors, which perhaps reflects the report's twelve-year gestation period. Begun at a time when the principle-based method held almost undisputed sway in health care ethics, the report now emerges into a world in which the approach is but one among many, and which needs to be defended against alternative methodologies.

The report considers three main principles – non-maleficence, autonomy and beneficence – to which it adds further principles in a supporting role, *viz* fairness, sanctity of life, and veracity and confidentiality. Not unconventionally, these are viewed as being arranged hierarchically, with the duty of non-maleficence trumping patient autonomy, which is in turn regarded as of greater moral weight than the duty of beneficence. This

derivation of the hierarchy of the principles from the dictum *primum non nocere* should ensure a favourable reception for the report at least among its medical audience.

Readers from a background in academic philosophy are likely to be slightly less entranced by the report, not least by virtue of its use of hackneyed illustrations. The example of a strong swimmer passing a drowning man in an otherwise deserted swimming pool may pose the question of supererogatory beneficence clearly, but it flirts with the boundaries of *cliché*. It is also regrettable that the number of references to medical writings is not matched by ones to other philosophical discussions in the area, which means that the reader coming anew to the report would be at a loss to follow up many of the conceptual and ethical issues raised.

The report is extremely useful in bringing together in one place an example of the principle-based approach as applied to quality of life judgments, and thus making a summation of a vast body of literature available to those who might not otherwise have the opportunity to access it. As an excellent survey of thinking on the subject, its value is somewhat lessened not only by the incompleteness of its references, but also by the twelve years that have elapsed between its inception and publication, which means that in places (for instance on the issue of advance directives) it has been overtaken by legal and ethical thinking, but this should not take too much away from what is a valuable review essay of an important area.

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Human Lives: Critical Essays on Consequentialist Bioethics

Edited by David S Oderberg and Jacqueline A Laing, London, Macmillan, 1997, 244 pages, £40.

Consequentialism has had a powerful impact on bioethics: an impact some believe is out of all proportion to its intellectual merits. This book brings together a group of anti-consequentialist essays, with the aim of correcting

what the editors see as a serious imbalance.

The book begins with an essay by Cora Diamond on John Stuart Mill, whom Diamond regards as a non-consequentialist writer in view of his interest in agent-relative factors and in the "tendencies" of actions. In some ways this is an unfortunate choice for an opening chapter: while interesting in content, it is, of all the chapters, the least accessible in style. The chapter is, however, immediately followed by a lively and provocative essay by Nicholas Denyer on the much maligned theory of "absolutism". Denyer draws out some of the more bizarre implications of consequentialism and introduces distinctions needed by non-consequentialist theories between intention and foresight on the one hand, and causing and allowing on the other. He makes the point that while moral absolutism enjoins us to choose "a good" alternative, within moral limits, consequentialism makes the impossible demand that we choose "the best" alternative from an indefinite number of candidates.

Denyer's chapter is followed by three chapters on the moral status of human and non-human animals. Stephen Clark and Tim Chappell take a strong line – some would say, too strong – with regard to respect for the flourishing of non-human animals according to the kind of being they are. Brian Scarlett argues that Peter Singer's view of the status of different kinds of being is, in fact, close to the view held by most of us, except where the concept of "person" is (unhelpfully, in Scarlett's view) brought into play.

Grant Gillett's chapter on the moral status of infants looks at metaphysical and relational factors neglected by consequentialists. Gillett sees a difficulty in approaching the question of child abuse from the perspective of preference utilitarianism: if an infant's value is assigned by the parents, in view of the fact that infants have no desire to live, it may be worse to frustrate the desires of abusive parents by punishment or censure than to kill the child who has, for them, a negative value.

John Cottingham and Lance Simmons, in the following two chapters, look at health as the goal of (or a good internal to) medicine. Can anything count as good medicine – for example, removing the breast of a professional golfer to improve her swing? Cottingham argues that health is the

telos of medicine, that there is such a thing as a healthy member of the human kind, and that what amounts to medical treatment cannot be reinvented at will. Simmons looks at health from the angle of the virtues of the doctor: health is, if not the primary end of medicine, at least a good internal to medicine; to remove a normal breast is, at present, regarded by good doctors as a paramount attack on health and therefore incompatible with the virtues medicine requires.

A highlight of the book is a chapter by J L A Garcia on the part played by intention in the identification and evaluation of human acts. Garcia distinguishes between what we *must* intend to promote our goals and what we are *likely* to intend to promote our goals: we are likely, for example, to intend more than we strictly need so as to ensure that our goals are met. While an action which is not wrong because of what is intended may still be wrong for some other reason, intentions are none the less important in forming the "contents of the heart".

A chapter by Janet Smith looks at the principle of respect for autonomy, which is often found in conjunction both with consequentialism and with moral scepticism. The penultimate chapter by Jacqueline Laing consists of a critique of the work of Singer in particular. Laing makes a number of valuable points, although she is perhaps occasionally too severe. While not, it must be said, a writer of any great consistency, Singer may not be contradicting himself at quite every point which Laing suggests. Laing is, however, entirely justified in emphasising the "practical" aspect of Singer's views: they are not mere theory but have real-life implications for the treatment of flesh-and-blood human beings.

The final chapter, by Laing's co-editor David Oderberg, looks at the right to life as a right which, he argues, cannot be alienated by the subject. Oderberg maintains that even consequentialism recognises at least one inalienable right: the right to maximise utility. With regard to the alienability of rights in general, he observes that we are reluctant to mutilate people or to help them develop addictions, even at their own request. Moreover, we do not, in practice, see the right to life as something the subject can simply alienate: euthanasia is not proposed, even by those who propose it, for all who may request it.

As the editors point out in their introduction, *Human Lives* is far from homogeneous in content, containing quite diverse, though interlocking approaches to bioethics. Not all the chapters are of equal value; all, however, are helpful to some degree. The book as a whole is an unusually rich read; a welcome contribution to the somewhat meagre fare supplied by mainstream bioethics. Both those who are happy and those who are unhappy with dominant approaches to bioethics should read it with some care.

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Death, Dying and Residential Care

Yvonne Shemmings, Aldershot, Hants, Avebury, Ashgate Publishing Ltd, 1996, 116 pages, £30.

This book reports a qualitative study of 20 staff members working in residential homes caring for older people. Its declared aim was to understand the experiences of carers, most of them care assistants, during the later stages of life of the residents. Although the author appears somewhat defensive about her choice of research method, this seemed totally appropriate for her purpose. In fact, the qualitative research approach has now gained sufficient academic credibility to make defensiveness unnecessary.

The study highlights the need to acknowledge the ethical and professional problems of carers in their relationships with the residents who have a brief life prospect. It appeared that dying and death, in spite of their inevitability, were treated as taboo topics not to be discussed. When death occurred attempts were made to conceal it from the other residents. The poignancy of the emotions expressed by care staff demonstrated their tensions and conflicts.

Although this is a small study from which no generalisability can be or is claimed, the book deserves to be read not only by students of the subject area but, most importantly, by managers of residential homes for elderly people.

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