being measured, and possibly regulated, according to a yardstick which they see as self-validating and oppressive.

The position of the United Kingdom government on the regulation of complementary medicine has been described as one of “benevolent neutrality”. There is an interesting discussion in this book of how this policy has been translated into a legislative response. In some cases it has led to professionalisation and greater regulation - producing, for example, statutory regulation of chiropractic. The authors point out that this is probably inevitable, in the case of activities that can do real harm, but they are concerned that in respect of other therapies there may be a tendency to choose a professional model in order to secure privilege. The law, Stone and Mathews suggest, is fundamentally ill-suited to deal with most complementary therapies, which are best regulated by ethical principles voluntarily endorsed by practitioners who would regulate qualifications and conduct. Such a scheme always leaves room for the charlatans and the fraudsters – who could practise outside the registered bodies - but one might wonder whether these are an inevitable feature of freedom of choice. In a highly regulated world, the opportunities for risk or harm are diminished, but so too are the opportunities for experimentation or for individual self-fulfilment. Paternalism may have a legitimate role, but it is a very small role which must be watched with great caution. On this point, it is interesting that the authors see the political danger for complementary medicine as emanating to a great extent from the European Union. There are certainly those within that structure who would like to regulate and harmonise a wide range of targets, and if there is a real threat to freedom of choice in health matters it might well prove to come from that quarter.

This is an excellent, scholarly work which contains a great deal of useful information on the legal and ethical aspects of an increasingly important subject. It should start an interesting debate on issues which have not previously been given their due in medical ethics and medical law.

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The Treatment of Ethics in a Swedish Government Commission on Gene Technology


The starting point of this study is the fact that “scientists have often stated, in popular contexts such as media interviews, that biotechnology ‘demands’ that ethical matters be considered. Politicians have also expressed this view” (page 1). The authors of this report “wanted to have a closer look at the alleged ‘need’ for ethics. What needs have appeared? What does cognition about and attitudes towards ethics look like? What role is ethics supposed to play, and what role has it hitherto played in Sweden?” (page 1). The study focuses on a white paper from a Swedish government commission. It is a book with the title Genteknik – en utmaning (Gene technology – a challenge) (– Statens Offentiga Utredningar, Swedish official commission – SOU 1992:82). The central source for the study is this white paper (SOU 1992:82) and besides that unpublished papers connected to the white paper. A few interviews have also been done with some key persons, experts on the commission. The interviewees were regarded mainly as informants.

The use of official commissions in Sweden by the government is very common and the purpose is to provide a basis for legislation. The commission on gene technology was set up to consider several problems and the main focus of this study is: ethical principles for what should be permitted and forbidden in the use of gene technology. The commission decided not to deal with gene technology and human beings. That subject had already been treated in a white paper in 1984.

Three of the experts on the commission were ethicists and one of them had formulated a certain kind of ethical analysis as a basis for decision-making. This was to help the members of the commission to question their spontaneous moral views in favour of more reflective views. The scheme presented was “embraced by the commission, but in a very vague way”, and it was used “but in a very rudimentary way” (page 11). The commission also dealt with values in a normative way, but it was “limited and rudimentary and the choice of the value basis seems to have been very arbitrary” (page 12). The authors of the report give some examples of this and conclude by saying: “Presumably, the belief – or hope – of the commission was that people with the ‘right’ attitudes do not perform morally wrong acts. The commission seems to have resorted to a motive oriented ethics” (page 13).

The commission often returned to two principles: the doctrine of environmental protection and the reverence for life principle. They did not explain why. It seems the commission had used various different principles, but they nowhere state why they preferred the principles they used. The commission focused on moral issues but when they tried to make ethical reflections based on moral problems they seemed to be groping in the dark. The suggestions the commission made did not follow from the premises contained in the value base they had, arbitrarily, chosen. The only philosophy mentioned in the white paper was Immanuel Kant, but the authors state in the report thought it would have been interesting to see not only Kant’s views applied, but also the views of some modern philosophers. To conclude, the authors are very critical of how the commission treated the ethical aspects of gene technology.

An interesting question is of course why the ethical aspects were treated in this amateurish way despite the fact that the commission had three ethicists as experts to help them. The chapter in the white paper about ethics was written by one of the secretaries who had no background in either ethical or philosophical studies. And there does not seem to have been much discussion between the ethicists and the members of the commission. Then what did the ethicists contribute? One of them “talked mostly about forms and procedures for obtaining reasonable ethical decisions”. Another “talked about values”. And the third one “seems to have said very little at all” (page 22).

None of them made any objections to the commission’s conclusions in the white paper and the representatives for the government were very satisfied with the white paper and stated that “ethics had been seriously considered” (page 24).

Reasonable questions then, after reading this report, are whether there is...
a need for serious ethical discussions, and for ethicists on commissions of this kind and in a public-policy context. This report had two aims, one explicit and one implicit: the first was to investigate how ethical issues were treated in a government commission and the second was to point out the importance of letting ethicists take part in public-policy contexts as experts. The case this report investigated showed that the ethicists' work was not very helpful, but still the authors conclude that there is a need for ethicists in a public-policy context and they also present four possible tasks for ethicists.

Politicians often talk today about ethics, but it is sometimes difficult to understand what they really mean. Therefore it is important to investigate whether this talk is serious or if it is merely talk. One way of doing this is to do what is done in this report and examine a public-policy paper on how ethics is treated. The authors found a great discrepancy between the opinion of the government representatives and the result of the philosophical investigation of the white paper. That is an important finding which hopefully may result in a better understanding, amongst politicians and officials, of what ethics really is about and what philosophical investigation can contribute.

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Regulating Medical Work: Formal and Informal Controls


In recent years, the right of the medical profession to regulate itself has been challenged both by commentators, and by changes in the context in which doctors work, for instance, the increased focus on the resource implications of clinical decision-making brought about by the National Health Service (NHS) reforms of 1990. Regulating Medical Work seeks to contribute to the debate on professional regulation by providing a critical overview of the various methods by which the work of doctors is regulated, examining both controls from within the profession and controls from outside, and assessing their impact in practice.

The authors adopt a broad definition of regulation, taking the term to mean any form of control over behaviour. They emphasise from the outset that their interest encompasses not only formal rules and structures, such as the disciplinary jurisdiction of the General Medical Council, but also informal scrutiny, such as criticism by colleagues. In addition to providing a general theoretical background, the opening chapter introduces the reader to some of the socio-legal literature on compliance with formal rules in order to emphasise that the operation of formal rules in practice depends on a large extent on the attitudes and behaviour of the parties to the process. Those charged with enforcing rules may choose from a variety of strategies in order to achieve compliance; colleagues may be reluctant to "inform" on one another; and the rules may be only one factor among many influencing the doctors they purport to regulate.

Chapters 2 and 3 examine external "watchdog" bodies, such as the Audit Commission, the Health Advisory Service and the Health Service Commissioner. Chapters 4 and 5 assess medical self-regulation through the formal procedures of the General Medical Council, and through other techniques, such as medical audit. Chapter 6 looks at the NHS reforms of 1990 and their impact on medical work through the involvement of doctors in management and of managers in questioning medical work. The remaining chapters introduce the lay person's or patient's perspective, looking at ways in which lay people can challenge experts (for example by invoking legal rules protecting patient autonomy or involvement in user groups) and finally, at ways in which patients can voice their grievances through medical negligence litigation and complaints procedures.

Overall, the authors conclude that what they term the "web" of regulation has been growing, and while they note that excessive regulation can be counter-productive, the general tone of the book favours a further tightening of its threads. In particular, the medical profession still retains substantial control over the way in which it is regulated, and although external controls have increased, the authors doubt their efficacy. However, as the authors admit, in some circumstances expertise is required in order to judge a professional's conduct. This expertise can only come from within the profession, instantly raising the suspicion that professionals are protecting one another. This problem admits of no easy solution, although it can be mitigated by efforts on the part of the profession to show that it does take self-regulation seriously. Regulating Medical Work makes an important contribution to the current debate on this issue.

The book will also be of interest to academics and others for the research agenda it sets out. It is at its best in areas in which the regulatory techniques discussed have been the subject of empirical research. The chapter on complaints procedures is a case in point, in which reference is made to a number of informative case studies, some conducted by the authors themselves. In other areas, the authors find that their aim of evaluating the impact of a technique is frustrated or hampered by the lack of research data on which to base conclusions. The gaps range from the basic and obvious, such as the lack of information on whether complainants to the Health Service Commissioner are satisfied with the redress they receive, to the more complex, such as the question of the extent to which medical negligence actions have "ripple effects" on other doctors. It is to be hoped that the research community will rise to the challenge.

Finally, the book should also satisfy its intended audience of health service managers, who will find it an accessible and thought-provoking guide to the otherwise impenetrable complex of techniques by which medical work is regulated.

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Euthanasia Examined: Ethical, Clinical and Legal Perspectives


One of the great difficulties with any discussion of euthanasia is that it is difficult to find any middle ground.