

The author concludes with the admission that: "I have been forced quite dramatically to re-think what kinds of moral arguments must be brought to bear on questions of rationing and institutional design. I now think we must pay much more attention to problems of fair process and to refinements of democratic theory." It is likely that many of those who read this book will find themselves questioning their own views on these important questions.

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## **Bioethics: an Introduction to the History, Method and Practice**

Edited by Nancy S Jecker, Albert R Jonsen and Robert A Pearlman, Sudbury MA, Jones and Bartlett, 1997, .416 pages, £31.25 pb

This collection of forty-seven essays, divided into three distinct sections, covers the historical development of bioethics, its methods of analysis and the application of these methods in health care settings. The bulk of this material has already been published in journals over the past fifteen years, but the three editors of this textbook - who have experience in teaching bioethics at all levels - maintain that this particular combination covers the much neglected history of the field and offers a comprehensive explanation of the methodologies used to analyse ethical issues as well as the techniques for applying ethical analysis in the various settings where health care is practised.

The opening section, on the history of bioethics, covers the moral questions raised by the "new biology" and includes discussions on transplant surgery, experimentation on human subjects, patient consent, and dilemmas in relation to euthanasia, non-intervention, and the prolongation of life. The actual emergence of bioethics as a discipline is charted in essays by Daniel Callaghan, K Danner Clouser, and Stephen Toulmin. In the second section, which covers the methods employed by bioethicists, such as Singer, Beauchamp and Childress, there is a distinction drawn between deductive and inductive approaches

and critiques of both are appended. This section also includes a variety of papers on empirical studies and there is a final subsection which addresses cultural assumptions in bioethical analysis. Of interest here is Fox and Swazey's comparison between medical ethics in the US and China.

The third section, relating to the practice of bioethics, covers the role of hospital ethics committees and the training of ethical consultants. There is also a subsection on clinical policy development, with selections from published official documents on child abuse as well as the Patient Self Determination Act from the US, and selections from the President's Commission on Deciding to Forego Life-Sustaining Treatment, as well as from the California Natural Death Act. This section also includes statements from professional associations, such as the American Medical Association's position on the ethical implications of the AIDS crisis, and a statement from the American Academy of Neurology on aspects of the care and management of persistent vegetative state (PVS) patients. A final subsection evaluates cultural assumptions in the practice of bioethics with particular reference to race, gender and class.

This is a valuable teaching aid which could become an essential course-book for postgraduate courses in all aspects of health care ethics.

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## **Birth to Death. Science and Bioethics**

Edited by David C Thomasma and Thomasine Kushner, Cambridge, Cambridge University Press, 1996, xvi + 382 pages, £40.00, \$54.95 hb, £14.95, \$19.95 pb

In this extremely well-documented educational overview the authors trace current challenges to our values posed by biological discoveries in science and medicine before birth, through genetics, to our deaths, sometimes despite medical technology. These current challenges are collected in sections, most of which have three chapters. Each section combines a sketch of the most recent advances in the particular field, namely, advances in genetics, reproductive technologies, children and women in health care, transplantation, aging, prolonging life, care of the dying, euthanasia and

physician-assisted suicide, humans research subjects, using animals research, and finally the environment. Each of these short sketches about scientific advances - most of which have been made during this century - is followed by ethical commentaries. Sometimes these commentaries represent opposing views, sometimes they reflect complementary issues. Only the most fundamental disagreements are highlighted.

This book is useful for educational purposes in that it gives an overview both the most recent developments in science and medicine, and the most essential ethical reflections. Reflections concerning limiting access to health care and the allocation of scarce resources are remarkably absent. This illustrates, however, the very strong emphasis on micro-ethics and bioethical problems, linked with the technological revolution in medicine and medical science. The educational usefulness of the book is enhanced by the editors' very useful summaries at the beginning of each chapter, and suggestions for further reading at the end of the chapters.

This educational emphasis may give the impression of a work that contains nothing new for the experts; fortunately this is not the case. It is clear that the editors invited the most renowned experts and that they commissioned all the chapters as fresh contributions. There is only one exception to this, namely the contribution of Leon Kass on Why doctors must not kill. This overview is therefore even interesting and challenging for those who have long experience in bioethics and of progress in medical science.

Examples of some of the challenging topics in this book are: the capabilities of science and medicine in forging a good society (D Callahan); the need for reproductive technologies to "measure up" to assisting people with disabilities in their reproductive powers (A R Jonsen); the acceptability of a market economy for organs (K Sells); the usefulness of the four principles analytic framework as method of analyzing ethical issues in transplantation (R Gillon); the case for financial incentives to relieve shortage of organs (J F Blumstein); practical guidelines for dealing with dementia as part of a philosophy of care (S Post); views on quantitative and qualitative medical utility (N Jecker and L J Schneiderman); the evolution of ethical principles governing research on human subjects (H

Wigodsky and S K Hoppe); the need to adjust the structuring of research review (C R MacKay), and the awareness of communal and ecological values (A Dobson).

Through the issues explored by these authors, the vastness of the field of bioethics is apparent. The editors end by describing the major tasks in the area of bioethics for the twenty-first century. They stress the need to educate health professionals in dealing with ambiguity. Medicine should turn to the exploration and development of values so that health professionals will be better able to cope with the dilemmas they encounter.

Throughout the book there is a consistent call for a different kind of ethics, since in the authors' view, most of medical ethics has until now developed from the concept of autonomy and utility. One of the very interesting suggestions they make is that a communitarian ethics is required by our advancing knowledge. Despite the considerable success of these methodologies, a new ethics is especially called for by the myriad challenges biological and medical developments have created. This concern is present throughout this work and it is therefore a reflective and stimulating book which makes a significant contribution to the process of educating the next generation.

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## The Need for Healthcare

Rod Sheaff, London, Routledge, 1996, ix+228 pages, £45.00 hb, £13.99 pb.

A few pages from the end of his book it occurs to Rod Sheaff that the reader may say: "All very well, but is this really ethics?" (page 207, emphasis in original). The answer from this reader was that most of it had certainly not been ethics, but that there was no good reason why it should have been. However, while no doubt the Routledge cover classification of "Applied ethics/Moral philosophy" will send it to its natural readership well enough, "Applied philosophy" would certainly be a more accurate label. Nor is this a trivial matter. To squeeze a work of this kind into the narrower category helps to perpetuate

the error of thinking that where our interest in a problem is ultimately practical, the relevant philosophical contribution must be explicitly ethical. But of course this is not so; our practical judgments may rest in part on misconceptions in such regions as metaphysics or the philosophy of mind as well as on those in philosophical ethics. Anyone interested in ethics must at some time look beyond it.

Sheaff's book is quite densely written and remarkably comprehensive for its size, moving from the detailed conceptual analysis of needs, by way of the roles of health care workers, to an excellent short defence of the economics of public over private health care provision. Certainly the main programme of the book is a good one: to take a concept that is in regular ordinary use as the criterion for providing health care, to try to achieve a better understanding of it than is immediately given by unreflective usage, and to see how much can be done before we have to introduce our moral judgments. Thus, while it seems often to be assumed that the identification of someone's need is at the same time the identification of an imperative for others to help, Sheaff reminds us that this is not necessarily so. We tend to forget that if people are to act wrongly, they invariably need the means to do so. Sheaff therefore takes as fundamental the non-moral idea of need as involving a lack which, in the context of (say) B's drives, gives B a reason for action. If we attribute a need to B we thereby assert the existence for B of a reason for action, but only sometimes do we also assert that there is any more general sense (moral or otherwise) in which B ought to get what is needed and that others should endorse this claim.

However, Sheaff does not wish to restrict the concept of need to a straightforward correlation with drives, but rather holds that drives are subject to critical scrutiny before we use them as the basis for attributing needs. The scrutiny is said to be prudential rather than moral and is in essence a form of maximising rationality, seeking to maximise drive satisfaction while taking account of such things as the kind of drive under consideration, its urgency, its compatibility with other drives, and of course any factual error as to the conditions of its satisfaction. The compatibility requirement is perhaps the most controversial, since it appears to have the odd (though perfectly coherent) implication that I cannot need to be in two

places at once. That is, for Sheaff the resolution of such a conflict is not a matter of discovering which is the greater of two needs, but of discovering which is really the need. There is space just to raise a deeper problem, that of whether a conception of rationality that includes a substantive hierarchy of drives, giving (for example) priority to survival, can really confine itself to the descriptive and prudential. Some people, for all we can tell, wish to endanger their lives by refusing food; yet they lack, as we might naturally say, a good enough reason for so doing. In making our judgment of individuals' drives, though, it is not clear that we can avoid this appeal to the value we place on life if we say that they are imprudent or irrational in overturning our ranking. This, of course, is not to express scepticism about the hierarchy itself, but only about its nature.

Once the idea of needs has been established, the argument proceeds by using it to define health: in brief, as "the painless exercise of a person's natural capacities . . . to obtain and consume the satisfiers of her needs" (page 70). Arguably, given the asymptomatic stages of many serious diseases, this kind of account defines feeling healthy rather than being so, but Sheaff's approach generates a particularly interesting discussion of mental illness. The account naturally resists the medicalisation of drives, however regrettable or objectionable others may find them, and looks instead for those failures of cognition and rationality that seriously impede the satisfaction of needs. Since, reasonably enough, he insists that needs are to be attributed on an individual basis, deep questions are quite rightly raised here concerning precisely when we can or cannot assert that people are impeded in this way, other than when they say so.

The subject of ethics appears explicitly only in the brief concluding chapter and consists mainly of a warning against supposing that the moral is logically derivable from the prudential; thus those approaching this book in the hope of a treatise on ethics risk disappointment. Fortunately they also risk becoming immersed in an occasionally difficult but invariably rewarding study of the ideas that are fundamental to understanding health care.

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