of incompetence. What would an unwanted infant demand if it were competent and informed? This is a pretty restrictive test. Few of us want to be poisoned or decapitated, even when facing a difficult future. (If I read him aright, Dr Heifetz argues in favour of possibly lethal fetal experimentation, on the ground that an unwanted fetus which was shortly going to be poisoned etc by a doctor would have nothing to lose and in the circumstances, as a friendly fellow, would willingly give the go-ahead (page 190-4).

In regard to abortion, Dr Heifetz could have reached his usefully permissive teaching in another way, making use of his framework. Why doesn’t he tell us that a fetus or indeed a born baby cannot be harmed by being killed (despite his casual assumption that this is possible) (pages 192-3). It is hard to see the point of defining harm as he does if he is not prepared to put the definition to good use.

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The Quality of Death: Euthanasia in Australia

Edited by Lynda Burns and Ian Hunt, Centre for Applied Philosophy, Flinders University, Adelaide, Australia, 1996, 113 pages, A$12.00 + P&P.

In 1996, the Legislative Assembly of Australia’s Northern Territory (representing less than two per cent of the nation’s population) en-acted provisions for medically assisted euthanasia. However, the national parliament overrode the legislation a few months later. These are matters of passion and controversy. It is alleged that “euthanasia is commonly practised” by doctors in Australia (although the reliability of the survey evidence on that point has been queried); the topic commands front pages of the tabloids and opinion polls are said to reveal that more than 75 per cent of Australians think “we give our dogs a kinder death” than the unassisted, drawn-out death allowed to the un-euthanised.

The Quality of Death includes presentations from the kind of meeting to which up to 300 people will make night-time journeys across cities, plus some more considered pieces on philosophical and legal issues surrounding the practice of, and arguments for and against, euthanasia. It raises, incidentally, some interesting issues about the way bioethics is done.

Brian Stoffell is a capable philosopher and a good teacher, able to excite students on the history of ideas about the meaning of death and the character of human reactions to it. His piece for the evening audience of 300, slightly amended here, begins with a distinction between controversies (the exchange of controvertible or contestable claims about a matter), debates (in which “people are expected to ... disagree heartily”) and discussions (in which people concentrate sincerely on sorting out the relevant questions). The bulk of his chapter is an attack on the apparent inconsistencies of those who argue against assisted suicide or euthanasia on deontological grounds. It is an attack which is easy to make: of course “killing is wrong”, as a blanket prescription, runs up against cases where life may seem not worth sustaining; of course people whose life seems to have lost any content worth sustaining remain the people whose autonomy we would have asserted the day before the content evaporated. Having said those things, however, not everything has been said about dying and human experience.

Roger Hunt is a caring palliative physician with a strong, even crusading, view that euthanasia is a proper part of the repertoire of hospice care. He has published descriptive studies of changes in the place of death of Australians and some of that social analysis appears briefly and rather scrappily in his chapter on “Clinical, Ethical and Legal Aspects of Euthanasia”. Hunt also hops into the potentially silly side of religiously-driven defences of the life-at-any-price variety, but his account of his opponents is not fair, in conventional scholarly terms, and utilitarians who are dubious about euthanasia might complain about his treatment of them, too.

Alnis Vedig gives a short account of “Euthanasia in Hospitals” with the brisk medical pragmatism of the head of an intensive care unit, making the cases a bit more punchy than the otherwise similar studies which abound in textbooks on bioethics. Vedig does not mount a strong argument but he does make the telling observation that: “The extent of suffering, if one is doomed and likely to be removed from the lottery of continued life-sustaining therapy, will be influenced by ... quality of life issues, presence of advocates ... and, in many hospitals, the availability of critical care beds, etc - certainly not just medical assessment of the odds of a successful outcome.”

Margaret O’tolowski’s substantial chapter on “Active Voluntary Euthanasia: A Legal Perspective” gives up-to-date information on what the law is and how it is applied in Australia, the United States, the United Kingdom and the Netherlands. She argues, in the process, that the law should be reformed “to end the legal and moral danger posed by the gap between what doctors do in practice and what they are permitted to do in law.” Her conclusion touches upon what some regard as an important middle way in the politics of euthanasia: “By ... reforming the law to permit medical assistance in dying in carefully controlled circumstances, there is, in the long run, far greater opportunity to regulate the practice and safeguard the interests of both patients and doctors than if these practices are hidden.”

Grant Gillett is a New Zealand neurosurgeon who publishes a good deal on bioethics, with an emphasis on the phenomenology of moral judgment. His chapter here, on “The Pause and Euthanasia Law Reform”, elaborates his experience of the moment in a judgment to withdraw treatment when “the sheer importance of what one was deciding about caused a hesitation in the decision”. He uses phenomenological approaches and language drawn from virtue ethics, which is currently a significant minority position in Australian bioethics. One appeal of that approach, in Gillett’s hands, is that it makes room for the notion of proportionality which a good casuist would use in conjunction with distinctions such as killing and letting die, ordinary and extra-ordinary means or double effect.

Stoffell and Hunt, by comparison with Gillett, seem to skate over that nuanced approach in haste to assert that the autonomy of the dying person trumps all other values. If we allow that analytical philosophy can easily demonstrate the logical silliness of distinctions such as killing and letting die or ordinary and extra-ordinary means, are the people who use those distinctions wrong or merely using
unapproved clothes to cover their ontological discomfort in the face of death? Analytical philosophers may think ontological discomfort of no significance in such matters: political philosophers are conscious that the discomfort fuels the controversies and debates which Stoffell wants to reduce to discussions.

Vedig's and Otlowski's chapters do recognise the multitude of social values and political processes which are caught up in the assertion of individual autonomy in death as a dominant value. To that extent, they open the door to Gutmann and Thompson's arguments for approaches to bioethics which acknowledge the importance of collective decisions, of altruism, of the need to live together even when there are moral gulfs between us.1 Looking through that door, I would incline to suggesting that my students bypass The Quality of Death and prepare themselves for the Australian debate about euthanasia by studying the synthesis of social description and philosophical analysis which Batin achieves in her essays on The Least Worth Death.2

References

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News and notes

12th World AIDS Conference

The 12th World AIDS Conference, Bridging the Gap, will be held in Geneva, Switzerland from June 28 to July 3, 1998.

The conference is arranged around four "tracks": Track A covers Basic science, Track B, Clinical science and care, Track C, Epidemiology, prevention and public health and Track D, Social and behavioural science.

For further information please contact: Congrex Sweden AB, AIDS 98, PO Box 5619, Linnegatan 89A, SE-114 86, Stockholm, Sweden. Telephone: +46 8 459 6600; fax: +46 8 661 8155. E-mail: aids98registration@congrex.se. WorldWideWeb: http://www.aids98.ch

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News and notes

Ethical research in maternity care

A Charter for Ethical Research in Maternity Care has been drawn up by the Association for Improvements in the Maternity Services and the National Childbirth Trust. Research, says the charter, should be undertaken with women, not on women and researchers should involve women in the planning of studies and should include user representatives early in that process.

A two-stage, information and consent process is called for: “Wherever possible, women should be given information well in advance of being asked for their consent to participate. Informed consent should be sought as close to randomisation/treatment as possible.”

For a copy of the charter please contact either the Association for Improvements in the Maternity Services, 40 Kingswood Avenue, London NW6 6LS (0181) 960 5585 or the National Childbirth Trust, Alexandra House, Oldham Terrace, Acton, London W3 6NH, (0181) 992 2626.