

handing over all sorts of rights to others (as in the case of surgery) if we think the consequence is some *good*. If this is granted, the question then is: can our own death constitute a good? I see no reason why not if a reduction of suffering can count as a good.

Another interesting point (page 74) raised by Callahan is that physicians, in engaging in PAS, are stepping outside their normal areas of competence and license. In the cases of PAS physicians are being asked to address not a medical problem, but a problem of life, that of dying. The answer is that this boundary has never been very clear, and to rule out anything addressing a problem of life would make much of psychiatry dubious. Perhaps it is. But more damagingly one might reflect as follows. True, dying itself is not an illness, but then breaking one's leg is not illness, or accidentally blinding oneself. They are in a sense problems of life. It might be said that the question here is promoting *health*, but it seems a mis-description to say that having an untreated blind eye is a case of unhealthiness. If you go around for long enough you are probably going to injure yourself. However long is the time in between, if you are born, you are going to end up dying. Should the condition of dying be addressed by physicians? I am not sure why not unless we are going to eliminate other things physicians routinely do. In any case the question of whether *physicians* should perform these acts may be a red herring; again, we could license a special group of people to do it. This may look odd, or even frightening. But it must be borne in mind that if assisted suicide became common, informal social mechanisms would arise - rather as they have in the case of birth and marriage - which simply because of the illegality or rarity of assisted suicide at present cannot exist.

This is a fine book. It is, as I say, well balanced. Physicians for whom philosophical discussion can seem too abstract will read it with profit.

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## Practical Reasoning in Bioethics

James F Childress, Bloomington, Indiana University Press, 1997, 386 pages, £33.50, (hb).

This collection of sixteen essays covers Childress's work in bioethics since the 1970s. Most of the material here has been previously published but there are substantial revisions, updates and responses to criticism. This revision has resulted in a book with a coherent structure, not just a collection of essays. The central theme is the principles approach to bioethics which is clarified, defended, and modified in the present text. Childress's approach, which is frequently described as "principlism", found expression in earlier books, such as *The Principles of Bio-medical Ethics*, co-authored with Tom Beauchamp.

The substantive perspective of these essays, says Childress, is that of "liberal communitarianism", which is "founded on a strong presumption in favour of respect for personal autonomy" (page xi). However, Childress insists that this principle can "sometimes be overridden for the sake of communal goods" (page xi).

The book is organised into five sections which break down as follows. Part One outlines the principles approach and defends one particular version against critics, including casuists, feminists, narrativists and virtuosists. Critics of principlism have often argued that the centrality of metaphor, analogy and symbolism, in health care discourse is incompatible with a principles approach. But Childress disagrees, and in the early essays he demonstrates how metaphorical discourse can exist in close relation with principles and rules derived from them. The metaphor of warfare, for example, can be instructive in understanding conceptions of what should be done in health care; note how it determines priorities and depicts the role of the health care professional in our society. Likewise, analogies - such as those often drawn between the holocaust and proposals for the withholding of some forms of life-prolonging therapy - can either illuminate or distort moral discourse according to the manner in which they are employed. The conclusion that is drawn from Childress's analysis of metaphorical and analogical reasoning is that it is valuable when conducted within a framework of principles and rules.

The second part focuses on the principle of autonomy, its implications and limitations, with essays on regulations in nursing homes, the provision of information to cancer patients, and the debate on mandatory HIV screening and testing, where metaphors of the "war" against AIDS are frequently

cited in support of proposals to curtail individual autonomy.

Three essays in Part Three are concerned with the termination of life-sustaining treatment, with particular reference to the debate over the withdrawal of nutrition and hydration from certain categories of patients. The issues highlighted in Part Four include the debate on the allocation of health care and decisions concerning criteria for selective treatment. Two essays on intensive care and organ transplantation offer a comprehensive account of the principles approach in applied bioethics. One essay on the right to health care in a democratic society is particularly critical of the American failure to organise a comprehensive health care system. In Part Five the issue of transplant ethics is re-visited, and Childress assesses criteria for obtaining organs, the notion of human body parts as property, and proposals for a commercial market in organs. The final essay touches on some of the broader issues related to transplantation and research on fetal tissue.

This is a valuable clarification, re-statement and defence of principlism as an approach to applied ethics. It is strongly recommended to many teachers of bioethics who may have misled their students regarding principlism with the use of diagrams purporting to sketch the relationship between theories, principles, rules, and particular moral judgments. The overhead projector may be a useful teaching aid but simplified diagrams are no substitute for the complexities of moral inquiry.

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## Do We Still Need Doctors?

John Lantos, New York/London, Routledge, 1997, 214 pages, £17.99.

John Lantos is a paediatrician, teacher and bioethicist at the University of Chicago. In this book he explores the past, present and future roles of doctors as we face the millennium and beyond. Richly interwoven with personal and professional anecdotes, case histories, literary examples and moral arguments, this is an intensely personal, thoughtful and thought-provoking book. The issues, dilemmas