Book reviews

Medical Ethics
Edited by R S Downie, Aldershot, Hants, Dartmouth, 1996, 495 pages, £80 (ht).

Students and other scholars have reason to be grateful to editors who bring together a collection of 40 “important and influential essays” (which is how the series editor describes the contents of the various volumes in the International Research Library of Philosophy) and present them, with an erudite introduction, in a single volume. Professor Downie may of course receive less public recognition of this debt of gratitude because the presentation of photographic reproductions of the original papers is bound to tempt less scrupulous students to cite the original reference as if they had taken the trouble to track it down themselves, rather than acknowledging the editorial contribution. However, students are only likely to take advantage of Downie’s efforts if their library has purchased a copy of the book: at £80 it is unlikely to find its way into many individual owners’ hands.

Edited collections of this type must be difficult to produce and leave their editors hostages to fortune in many ways. This volume does indeed present many important and influential papers and to assemble them in this way is to provide an interesting view of the field of medical ethics from 1973 to 1995 (the dates, respectively, of the earliest and most recent contributions). It is, however, by definition, only one view of a complex and multifaceted discipline and inevitably invites comment as much for what has been omitted as for what is included. This is in part a reflection of the editor’s approach to the subject, but also no doubt an indication of the topics within the discipline that have received the most attention from authors. A starting point therefore might be to consider whether, while it is one person’s choice, it is nevertheless a good or useful choice and the response must be on the whole that it is. The range is broad and few readers are likely to find everything to suit their purpose or to be to their taste, but an advantage of the edited collection is that each contribution has already been through the peer review process and appeared in a refereed journal. There should be nothing here of poor quality.

The book is divided into eight sections. Part one deals with methods of medical ethics and contains ten papers. These cover topics such as American moralism, principilism, casuistry, and the care-cure divide. The section ends with three papers on the hermeneutic approach, which would be of interest to a wider audience in the qualitative health research field. Part two covers medical technology and the beginning of life (seven papers); the clinical trial/animals/gene manipulation (four papers); psychiatry (four papers); limited resources (three papers); health/public health (three papers), and torture (two papers). The difficulties of covering such a broad area and the limitations of the availability of literature are immediately apparent. In the section on medical technology and the beginning of life, Brenda Almond’s paper starts with a general consideration of medical technology but goes on to deal with issues of genetic manipulation and embryo research, while the other papers deal with in vitro fertilisation, surrogacy and abortion. There is thus no coverage of the many other areas in which advances in technology are raising ethical questions. We also see here the difficulties posed by the speed of development of technology. Even if we accept this section as being about technologies to do with the beginning of life rather than any other technologies, the most recent publication dates from 1991 and an awful lot has happened in the intervening seven years: there is nothing, for example, on cloning. The only paper to deal with organ donation comes under the heading of limited resources and if by “medical technology” we mean technology in its widest sense one would have hoped for some discussion of the activities of the pharmaceutical industry and of different approaches to anaesthesia, quite apart from more obvious hard technologies such as telemedicine and the electronic patient record.

The only reference to research ethics comes in the section headed “The clinical trial/animals/gene manipulation”, with a critique of the clinical trial from Hellman and Hellman and Freedman’s discussion of equipoise. There is nothing, for example, on the work of the ethical review committee. Chapters 33-38 deal with scarce resources and with health and public health, but the observer of the United Kingdom and wider European health care systems will find little here apart from Harris’s 1987 discussion of QALYs (Quality Adjusted Life Years). Seventeen years of the introduction of market forces and competition into health care has perhaps not yet generated ethical commentary suitable for a collection of this kind, which may be more of a criticism of the discipline than of the book.

To turn to more general issues, the structure and content of this book seem to encapsulate some of the difficulties of “medical” ethics. In his introduction Downie suggests that medical ethics “is often called bioethics or health care ethics” but some critics might wish to make distinctions between these three concepts. Charlton, in his editorial on public health medicine (Chapter 38 in Downie’s collection) suggests that “medical ethics are generally considered to be that moral code which regulates the clinical relationship”, which he clearly sees as “the doctor-patient relationship”. If medical ethics and health care ethics are synonymous one might have expected a broader coverage of health
A Good Death: Conversations with East Londoners


The management of bereavement forms a cornerstone of general practice. Not only does it give the doctor the opportunity to be a true family physician but it also allows the practice of the art, as opposed to the science, of medicine.

The practice of the care of the dying is an opportunity to safeguard the physical, emotional and spiritual needs of the dying person. It is during this phase that the doctor-patient relationship may undergo significant development. As a result, the doctor may become part of the extended family and, following the death of the patient, one of the grieving, especially if the relationship with the deceased was memorable or special in some particular way.

Michael Young and Lesley Cullen have written a book that helps us all understand the lives of people as they approach death. Written for both patients and professionals, it informs without hectoring, and suggests improvements in medical and nursing education. Each chapter has an extensive and contemporary bibliography for those wishing to study the subject in greater depth. The authors interviewed fourteen cancer patients and their carers from London’s East End over an extended period. The chapters were developed from the themes elucidated using qualitative research techniques and include many relevant ethical considerations. They make the point that cancer usually provides a slow death; patients have time in which to grieve themselves over their loss of health. Their bodies let them down. Just as in health we take our body for granted, so with cancer there is the rumination over the body letting us down. The patients were the experts who shared their experiences with the authors.

This book teaches us that listening to terminally ill patients becomes an education in itself. They have their own narratives to tell. It helps them, and us, to make sense of life and death so that doctoring can become a maturing experience. The role of the medical and nursing professions is to explain, treat and cure where appropriate. Where this is impossible, our role should be in caring, communicating and easing.

Doctors are criticised for their lack of communication skills. Although I felt this was stereotyping, the authors do make the point that times are changing. As we approach the end of the 20th century and enter the new millennium, they agree that more time spent in talking with patients is time well spent; but in a chronically under-funded health service, doctors, as a resource, are in short supply. Time is therefore limited. Patients pay for this by fear, lack of knowledge and apparent lack of caring.

The book also explores the common communicating technique of “telling relatives” and shows how this damages relationships within the family. Doctors would do well to read the chapter on “The doctor”. It should be compulsory reading for all professionals who deal with the dying. Not only is consumerism guiding us into new relationships with patients and drawing us away from benign, and not so benign, paternalism, but also new knowledge allows us to consider the moral points which have previously supported our behaviours. Things are beginning to change; new and continuing research is challenging old attitudes and beliefs. As our knowledge of reality improves, so we can base our practice on better evidence.

The chapter on euthanasia is well written. The arguments both for and against are debated with reference to contemporary thinkers. The rule of “double effect” is described. These concepts are once again in the news. The authors make a plea that the common law approach by many doctors needs to be more fully discussed and debated by experts and legislators.

The chapter on bereavement is a good review of the subject. The authors make the important point that a “good death” may result in a “poor bereavement”. Because of the interdependency of some relationships, the survivor may have significant difficulty in coming to terms with the new reality. Some of their subjects remained grief-stricken for more than fourteen months following the death of a spouse. As professionals we need to be accepting of the uniqueness of each patient and allow each of them time to readjust. For some there will be no readjustment!

Mention is made of folk beliefs and the afterlife. Such beliefs have been held for millennia. They help the bereaved to make some sense, and gain control, of the reality of death.

The book ends on a philosophical note. What are we to make of death and bereavement? Although the person dies, something remains. We have memories, beliefs and concepts but we do not usually have a strong community in which to embed these ideas. Many of us remain virtually alone in our feelings, apart from friends and neighbours. Community is something much grander which has deteriorated over time. But we also leave genes which, as they replicate themselves, could conceivably survive for thousands of years. This sustains us in our understanding of an afterlife, which, stripped of its religious overtones, can be said to form a scientific reality.

Although rather verbose, this book should be read by nurses and doctors who see and treat the dying and bereaved. It challenges us to consider our own educational needs and assists those of us in general practice education to rise to the challenge of providing relevant, evidence-based learning.

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