ticular cases with which one can enthusiastically agree, or disagree.

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Medical Futility and the Evaluation of Life-sustaining Interventions

Edited by M B Zucker and H D Zucker, Cambridge, Cambridge University Press, 1997, 201 pages, £45 hb, £15.95 pb.

At the American College of Physicians' conference in 1993, it was reported from New York State that of 329 cardiopulmonary resuscitation (CPR) attempts in 307 patients, 65% had taken place in patients terminally ill with AIDS, cancer, stroke or sepsis. This was presented as the result of state legislation. Most of us find this shocking: shocking in its indignity to the dying, shocking in the suffering for patients and families in the temporary "successes", shocking in waste of resources, shocking in its implications of how we view dying.

Cardiopulmonary resuscitation is a particularly stark example of a life-sustaining intervention, for without it death is inevitable. It is a paradigm case and in any book on life-sustaining interventions it rightly occupies a major place. Successful CPR varies according to setting or patient group from around 50% to under 1%. Its success is generally overestimated by both the lay public and by health care professionals, especially nurses. Discussion between patients and their carers is the exception rather than the rule, despite exhortations, guidelines, circulars and legislation; written information fails to bridge this gap in the vast majority of cases. Is there then a point at which CPR should be defined as futile by the doctors and not considered? Do patients have a right to useless or ineffectual interventions? If not, what level of probability defines "useless" or "ineffectual"? If CPR is the starkest example, what about every other intervention of doubtful benefit in societies in which third parties pay? Should you pay for me to have a useless treatment just because I do not know or will not accept its almost certain lack of value? As Murphy remarks in his chapter in this book, if our society cannot deal responsibly with futile interventions we have little hope of dealing with any kind of marginally beneficial care. From one perspective, futility is a special case of a wider debate about rationing.

These themes make up the 16 chapters in this collection. Overall "futility" emerges as a necessary concept, albeit one capable of abuse and needing careful definition. Brody's initial chapter elegantly outlines the arguments on both sides and concludes that notions of professional integrity have a pivotal role. Once we accept that the principles of autonomy and justice cannot produce satisfactory solutions to highly practical problems, the way is cleared for futility judgments to start rather than stop conversations. The remaining chapters embroider Brody's themes, inevitably with some repetition, but never challenging his main thesis. A dissenting chapter would have been welcome: not everyone is happy with "futility" and the debate goes beyond defining and applying it.

Brody's chapter is followed by a personal account by Patricia Brophy of Brophy v New England Sinai Hospital. For a British reader, it is instructive to read this in conjunction with the analysis of the public and press response to the Jaymee Bowen case, in which futility arguments were so confused with economics.[1] The remaining chapters fall into four groups: those considering futility in different groups or settings (intensive care unit, medical wards, nursing homes, children, the old); those on practical aids to conflict resolution (ethics committees, liaison psychiatrists); those on culture, community projects and policies, and those on legal and economic perspectives. Not all are successful in producing a balanced account: seven lines on Islam compared to nearly four times that number on Native American culture (0.8% of the US population) in the chapter on religious attitudes is an example. Sometimes essential factual information could be more clearly separated from the ethical debate. Sometimes the treatment is too superficial: under six pages on alternative medicine and medical futility barely scratches the surface. But the best chapters are very good indeed, contributing perspectives from a wide range of disciplines. Brody's initial chapter is an example of the fine writing that we have come to expect from him; Paris and Poorman contribute an account of conflict between medical judgments and religious beliefs whose implications are wider than the title; Murphy's account of the economics of futile interventions reveals a wisdom that is the fruit of a mature reflection on these issues and not merely an analysis of costs. If these were the highlights for this reviewer, there is much more that is rewarding to study - and none of it over-lengthy. A valuable contribution to a subject of immense practical importance and warmly recommended.

References

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Ethical Dilemmas in Assisted Reproduction

Edited by F Shenfield and C Sureau, New York and Carnforth, Lancashire, Parthenon Publishing Group Ltd, 1997, 96 pages, £39 hb US$65.

This slim but dense volume offers the reader concise discussions on a number of the complex ethical dilemmas presented by assisted reproductive technology.

It is clear that the question of ethics in this field is a moving stream. The reasons why we need an ethical imperative in donor insemination (DI), in in vitro fertilisation (IVF), and in intra-cytoplasmic sperm injection (ICSI), and surrogacy are given. The welfare of the unborn child is widely understood as a matter of the greatest importance. Yet, the needs of the prospective parents cannot be ignored. These ethical values are not those of the medical profession but are based upon the culture of the population they serve; the wide sense of disquiet over the recent birth of a baby to a 60-year-old being an example of the public's close attention to these practices.

The constant progression of scientific techniques in medicine demands that we continuously re-examine all ethical questions. For example, sex selection and pre-implantation diagnosis offer fresh dilemmas, the resolution of which will have as much to do with the culture of the population as with the clinicians' own views - and

that resolution may differ widely from country to country. For example, as the book points out in chapter five, Canadian women of South Asian origin with a cultural bias against female children may obtain a termination of pregnancy in that country, provided that the physician is unaware that this is a sex selection preference. These same women can, and do, cross the border into the USA where a termination of pregnancy due to parents' preference is not an issue. In the UK, it may well be that some ethnic groups might also choose to discriminate against female babies - it is certain that national sentiment would not support them.

This book clearly makes the point about national/cultural differences. It compares and contrasts the legal /ethical positions in the UK with those in France in particular, and in the EU/USA in general. It is noteworthy that some chapters in this book refer to "England". If this is simply a loose way of describing the United Kingdom, then it is merely irritating. But if it is describing English Law, then this lack of clarity could be significant. One of the clearest contrasts is in the approach to surrogacy. In France, it is prohibited - in the UK it is regulated.

This is not to say that all interested parties in the UK are in agreement. Those who feel that France has chosen the better path will be encouraged by the words of Sir Malcolm Macnaughton, former president of the Royal College of Obstetricians and Gynaecologists (RCOG), who in a paper published in the November 1997 issue of the *Journal of the British Fertility Society* wrote: "The Ethical Committee of the International Federation of Obstetrics and Gynaecology had strong reservations about the practice of surrogacy and was concerned that it might violate family values. Children born into situations where their genetic, gestational, and social relationships to their parents are fractured, are at potential risk and would best be served by policies designed to discourage the practice.

"..... all decisions .....should be viewed from the perspective of a child's best interests, even, if necessary, at the expense of the interests of the adult parties".

This book does give space to the views of the "adult parties" or "patients", but only in a short chapter written from a French perspective. It would have been helpful to have had a contribution from a UK patients' association. Furthermore, this brief chapter scarcely touches upon the huge variety of fears, doubts, hopes, and dreams of patients undergoing fertility treatments. Most pertinently, in a book about ethics, this book overlooks the possibility that in their overwhelming desire for a child, the prospective parents may ignore or even knowingly reject the ethical dimensions of the treatment they seek. In such cases, ethical input will only be offered by the medical practitioners closely involved, which makes even more important and urgent the need for a clear and coherent approach to these ethical dilemmas within the medical profession.

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Fragmentation and Consensus: Communitarian and Casuist Bioethics

Mark G Kuczewski, Washington DC, Georgetown University Press, 1997, 177 pages, US $55.00.

The world of medical practice, understood as a socially situated craft, has seemed ideally suited to the resurgence of neo-Aristotelian ethics in the last two decades of this century (and indeed, on some accounts is partly responsible for it). The renewed emphasis on phronesis, ie the use of practical wisdom and judgment in assessing the particular, is widely agreed to be beneficial: where controversy persists, however, is around the need for agreement on human good(s) or the human end(s).

In this interesting and insightful book, Mark Kuczewski maintains that a form of communitarian casuistry which specifically excludes overall agreement as to the human telos provides the best method available for deliberation in bioethics. Principle-based deontologic models of ethics are rejected as failures, representing to him merely the safeguarding of personal preferences, and leading to interminable debate. His emphasis on consensus as the major goal of ethics is clear throughout his writing.

His outline and critique of varying accounts of communitarianism and casuistry are the core of this work, and succeed superbly in demonstrating which problems in post-Enlightenment morality such approaches have attempted to address. He incisively elucidates what he describes as the "whole tradition" model of communitarianism (associated most clearly with Alasdair MacIntyre's more recent writing) with its specific standards of rationality intrinsic to the community's traditions. This he rejects, contrasting it with the "mutual self-discovery" model which attempts to combine the view of humans as both deliberating and social beings, without postulating a shared vision of the good life. Both approaches aim at seeing the moral agent in a situated role in family and society; although Kuczewski is aware of the risks of imposing "shared" values to which even the second approach is prone, he considers that this risk can be met adequately by infusing this model with casuistical methodology. Here, he provides what I consider to be the best critical summary currently available of the origins and method of modern bioethical casuistry, and of its ability (through what he refers to as kinetic taxonomy, ie a changeable understanding of which concepts fit best with each type of case) itself to critique ethical theory. He thus arrives at a specific understanding of communitarianism, in which casuistical methods are an integral part. I believe he demonstrates well that the opposition between the two approaches (the one supposedly relying on a "top-down" application of theory to practice, the other moving "bottom-up" from actual decisions in paradigm cases) is only apparent and never has been real. Casuistry can always be understood as a communitarian ethic: whether in its previous historical guises, or as currently used in medical ethics, it only makes sense against the background of a community's practices and convictions. Kuczewski constantly refers to such concepts as "our society" and "our intuitions": casuistry is merely the paradigm-based working out of these societally developed (and thus arbitrary) convictions.

Unfortunately, in attempting to demonstrate the usefulness of "communitarian casuistry" in clinical medical ethics he is much less convincing. His three examples of supposed problems are, to my mind, poorly chosen and fail to show a conceptual or practical advantage for his approach. In the first two, the attempt is merely to illustrate how his approach provides better justification for the current clinical consensus. In considering respect for advance directives to refuse