

treatment if permanently disabled, he has an issue where ready support from all, and no theory, is available. The advance directive demanding all possible treatment regardless of estimated chance of recovery represents a much more problematic case, and one where it is hard to see communitarian respect for the socially based, narrative continuity of human life being able to provide any decisive help. In the second problem, he restricts his analysis to justifying the role of close family members in medical decision making by an adult, competent patient. He makes clear that the process of informing and consenting is an ongoing voyage of discovery by patients, their care-givers, and their intimate associates (family and friends) in the light of changing circumstances and uncertain results, which fits very well with his "mutual self-discovery" approach. What is not clear, however, is how such an understanding differs from any but the most impoverished principle-based or individual rights model. His third example is that of a comatose young man whose Jehovah's Witness mother claims would refuse blood transfusions, but who has not recently been active in the religious community and who carries no advance directive wallet card. Here, Kuczewski admits he cannot resolve the conflict between casuist and communitarian approaches. Furthermore, his emphasis on the person's narrative identity as his/her legacy leads him to a level of support for the mother's decision which is based more on the family's interpretation of that legacy, than any knowledge of the patient or appreciation of his interests. Here I find his arguments deeply unpersuasive.

While acknowledging that a community of some sort is indispensable for all human beings, and that its many beneficial effects are clear, we must not lose sight of how its prejudices and assumptions can harm individuals. Deciding what is a just and merciful community, given our current institutions and understanding, is a complex issue which requires a great deal more attention than how to explicate and justify areas of current moral consensus. The aim of providing an account of human beings which accepts both their individualism and their situation in concrete ways of life is only partially met by this book. But it is an important step forward in its account of the development of some neo-Aristotelian approaches in medical ethics, and will be an invaluable resource even for those who, like

myself, reject the author's central thesis, and seek to employ both abstract conceptions of inclusive universal principles, as well as careful judgment in their application to actual cases.

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Ethics of Psychiatry

R E M Edwards, New York,
Prometheus Books, 1997, 550 pages,
£23.00.

Any anthology is likely to have its idiosyncrasies, and this is not necessarily a bad thing. R E M Edwards has collected together 31 essays which address, in different ways, and with different views, some of the commonest ethical dilemmas in psychiatry. The essays are divided into seven sections, each with a useful introduction, and an equally useful list of papers for further reading. One of the strengths of the book is the presentation of the original texts, often appropriately shortened or edited for simpler reading. Reading an author's original arguments is valuable for students, because both the weaknesses and coherence of his or her arguments are easier to read than accounts by either detractors or apologists.

It is thought-provoking to consider which papers one would choose if compiling a similar book (remembering that Edwards co-ordinates a teaching programme in medical ethics, for which this book is designed to be a core text). Edwards's established views about rationality and mental illness clearly influence the tone of the introductions, the choice of papers, and the book's construction in total. The first section addresses conceptual issues in mental health, and especially the evaluative aspect of diagnosis. Here we find classic essays by Szasz and Edwards. The second section contains essays which demonstrate the limitations of the medical model in psychiatry; for example in relation to issues of gender, and erotic object choice. Other sections consider the duties of psychotherapists, and the question of civil commitment. Refreshingly, there is a section about forensic psychiatric dilemmas, although nothing about the involvement of psychiatrists in the death penalty process, which is curious given the emphasis on US law.

The bias I detect is an emphasis on mental illness as a lack of rationality, and rationality itself defined very cognitively. The chief criterion of mental health which is presented is that of a somewhat individualistic and atomistic autonomy. Clearly this vision of autonomy has an evaluative component built in. The concept of autonomy is itself an area of ethical debate in mental illness, precisely because, whatever incapacity mental illness causes, it surely has a direct impact on both the patient's capacity to be autonomous, and his or her experience of being autonomous. Further, in cases where mental illness is chronic (which is perhaps the more common situation), the patient's experience and capacity for autonomy will be bound up with his dependency relationships with his carers, both professional and personal. The traditional medical ethical view of autonomy may therefore be inappropriate.

What I also missed from this otherwise stimulating book was a section about the duties of psychiatrists generally. It might be illuminating to consider whether the duties of psychotherapists differ from the duties of more general psychiatrists. There is real uncertainty about the extent to which psychiatrists might have duties to third parties, and American lawyers and psychiatrists have experience of this; consider this quote from one of Szasz's papers: "Tomorrow's psychiatrists will be the gatekeepers of their community". Is this view tenable today, and in what circumstances? Where do the views of users' groups fit in relation to this view? These, and many other questions seem to me to be proper for a book looking at the ethical dilemmas in daily psychiatric practice.

In the final essay, Appelbaum suggests that, as a therapeutic strategy, deinstitutionalisation has had some unpleasant side effects. It has forced psychiatrists (both in the USA and the UK) to choose between two roles, both of which give rise to ethical tensions. The first role is as identifier and treater of mental illness; the second is that of public protector. The reality is that most psychiatrists carry both roles, and hastily change hats, depending on the situation, and the political wind, while trying to keep both hats in mind (so to speak). Edwards's choice of papers doesn't give much sense of how awful this can be to do. What his book does do is provide a solid introduction to some of

the issues, using original texts. As a core text for students, it is to be recommended. Those readers looking for a richer analysis will have to look elsewhere.

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Confinements: Fertility and Infertility in Contemporary Culture

H Michie and N R Kahn,
New Brunswick, New Jersey and
London, Rutgers University Press,
1997, 187 pages, US\$50 hb,
US\$17.95 sc.

The first word in the title of this book conveys the main message, that women (in this case American women) are confined to stereotypes in matters relating to fertility, whether "natural" with its natural outcome of delivery, often of course in the US the "unnatural" outcome of delivery by caesarean section; or matters of infertility, with the artificiality of the fertility investigations and treatments which one of the authors experienced.

The plan and purpose is an analytical framework of the female encounters with the power of the carers and gurus who write books and pamphlets supposed to enlighten both the "naturally" pregnant and the infertility sufferer. The decision to turn what was going to be a survey of opinions from infertility sufferers into a "cultural narrative", part of a "reproductive cultural narrative", does not offer, unfortunately, the opportunity to fulfil the promised plan: the exercise becomes descriptive rather than analytical.

The book feels (and I use the word "feel" intentionally as analysis is lacking) very like an attack on the lack of autonomy of women in both situa-

tions, as women try "to resist the authority that wrenches from them the possibility of choice". It professes to "look at the class status of advice and the moment when it becomes coercion".

A very interesting field indeed, straddling the fields of sociology, politics and the law (as in the matter of crack-addicted women who are imprisoned for the welfare of the future child), but especially firmly based on ethics, with the paternalism/autonomy debate between carers and women seen as central. Unfortunately, there is an assumption that such a debate, indeed, such a struggle is taking place: it is vividly described as such: "the patient is also prevented from seeing" whilst the doctor has the power of seeing almost everything through a "Foucauldian panopticon". The struggle is even more finely placed, with reference to a different kind of confinement, to a practical imprisonment through lack of knowledge, in what seems to be a very dire situation - total deprivation of liberty and autonomy.

But nowhere is there an analysis of the class status of advice. Examples are given of information targeted at women stereotyped as middle-class, but there are no counter-examples of advice given, for instance, to poorer women attending a state hospital. The counter-example is, instead, centred around the exceptional cases of drug-addicted women, who may be subjected to prosecution in order to protect their fetuses. This matter has been the subject of much academic debate already (by Bonnie Steinbock for instance, to name but one American author well versed in ethical analysis), and to a more fruitful end.¹

What is missing is an obvious link running through all the chapters, a thread of logic, especially the analysis of the conflict, potential only, one hopes in most cases, between women who may have to surrender part of their autonomy when pregnant or trying to become pregnant. Obviously if

this is their choice it hardly classifies an infringement of autonomy, but the book's argument that that choice is hardly ever made by women because they are submitted to biased and infantilising advice and literature is not substantiated.

Even in the chapter entitled Autonomy, control and fertility there is no analysis of the concept of autonomy within this very specific context, which is indeed replete with possible dilemmas. The narrative approach has taken over and been found wanting in terms of actual understanding. Those interested in narrative, and a particular American vision at that, will be interested by the book: those looking for ethical arguments will be frustrated.

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- 1 Steinbock B. The "feto-parental conflict". In Sureau C, Shenfield F, eds. *Ethical aspects of assisted reproduction*. Paris: John Libbey Eurotext, 1995.

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