

of the state in the regulation of health-related behaviour, and the benefits and dangers of community-centred prioritisation of health need.

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The Healer's Calling

Daniel P Sulmasy, New York, Paulist Press, 1997, 129 pages, \$11.95.

At a time when - in Britain, certainly - there is a move away from organised religion and church affiliation, here is a book which explores at some depth what the author calls "A spirituality for physicians and other health care professionals".

Daniel Sulmasy, who is Assistant Professor of Medicine and Director of the Center for Clinical Bioethics at Georgetown Medical Center, Washington DC, is also a Franciscan, and through what he writes in *The Healer's Calling* he seeks for "where God is to be found in the experience of being ill and of being healers".

Starting with the premise that "there is a hunger for things spiritual in our world today", he goes on in the course of the book to look at the ways in which personal spirituality - and by this he means straightforwardly "a description of one's relationship with God" - influences and affects the attitudes and practice of health care professionals. In an increasingly litigious society, and at a time when medicine is capable of doing more for patients, the author claims that "it is not enough to live for one's craft alone", contending that healing requires a very real focus on the humanity of each and every patient. This he claims is equally as important as technical knowledge and clinical competence. He invites readers to remember what it was that brought them into health care work in the beginning, suggesting that their initial passion and interest in other human beings and their desire to put their own gifts and skills at the disposal of others may have become somewhat blunted through experience. Yet, to remember and re-connect with that initial, original enthusiasm and passion and commitment to and for others would be of great help and benefit in the practice of health care today.

The author's chapter headings whet the reader's interest further, after the opening one on "Spirituality and the health care professional", in which I think there would be general agree-

ment with his view that health care professionals - and although he is referring to the American scene, is it not also perhaps true here in Britain also - are no longer just satisfied with what they do. Sulmasy claims that they are looking for something "other", something deeper than the fulfilment of daily procedures and techniques, something more deeply satisfying, something which meets and satisfies our deepest longings. Whether that "something" is so readily found by all of us and finds expression only, and in specifically, religious form is a question worth raising. It may well be that for some people, to do their job well, to use their skills and knowledge in the best way possible, may suffice, may be enough, may indeed satisfy!

Another chapter, entitled "Medicine, love and the art of being uncertain", raises many real issues about how the health care worker deals with being in the position of not knowing, of not being certain about something, particularly in relation to diagnoses and treatment. He contends that in the face of uncertainty and doubt specific qualities and virtues like "practical wisdom, patience and courage" are just as important if not more so than anything else. The author goes on to say that "clinicians need to be better at being human if they are to be better clinicians". Quoting Paul Ramsey he reminds us that "The function of medicine is not to relieve the human condition of the human condition". It is more about dealing and living with it.

In his chapter on "God-talk at the bedside" our attention is focused on how many health care professionals veer away from open reference to the religious practice and belief of patients. Is it because we feel it is a subject "too private" or too personal for us to raise at the bedside, or indeed anywhere else, with patients? Yet there are other matters - just as private and just as personal - that doctors and nurses will easily raise and enquire about as part of a proper and genuine caring for the patient. In my opinion, the author is right to acknowledge that the patient's beliefs and religious observance have a valid and not insignificant role in the overall care offered to the individual. He goes on to offer some practical suggestions and hints on communication with patients on spiritual matters, a topic which is quietly forgotten by many in the caring professions.

The writer states that "A series of reflections on spirituality in health care would seem radically incomplete with-

out some direct discussion of suffering". He attempts to deal with this. Here Sulmasy does not try to give any facile or glib answers to what suffering is or to the why of its existence. Rather he acknowledges it as a common reality and he also acknowledges the fact that clinicians and health care workers are "involved firsthand in this fact every day". He goes on to look at the role that health care professionals are required to play in the face of such suffering.

Throughout this book the writer raises many questions and issues with which Christians involved in health care will be familiar. Whether one always agrees with what is written is perhaps not so important as the fact that the issues and questions are brought to us for fresh thought and debate. Much of what he says is stimulating and challenging. It is, in many ways a book that calls us to look at the deeper motivations and influences behind what we do in the work of caring for others, and invites us, indeed exhorts us, to be as fully human as we can be in our relationships with others, and especially with our patients. How much of ourselves, and just how much of our faith we share with others in what that do not impose, but which respect the freedom of the spiritual outlook of the patient, requires careful consideration. But for those who wish to look at or develop their own spirituality in relation to their work in the health care field, *The Healer's Calling* is a good starting point and worth reading.

In the penultimate chapter Sulmasy states: "Holiness is not about being perfect. It is about the courage to acknowledge imperfection. It is about the courage to act in the face of imperfection. It is about the courage to be less than superhuman and yet more than the irredeemable, dismal, rational maximizer of self-interest that some philosophers and some economists say represents the reality of all that human beings can ever be. It is the call to this kind of holiness that I want to urge upon health care professionals today. To be a wounded healer is to be this kind of doctor or nurse. Holy, not by virtue of any saccharine practices of hypocritical pretension towards perfection. But holy by virtue of honesty. Holy by virtue of courage. Here. Now. In the stuff of it.... To quote the gospel of Luke, the physician evangelist 'Physician, heal yourself' (Luke 2:23). For until we recognise that we are in need of healing ourselves and recognise in the weakness of our patients weakness not unlike our own, we will never be very good healers."

Dismiss this thought, or accept it, Sulmasy certainly makes us examine ourselves, and what we do, and how we do it, and keeps the spiritual dimension of health care a live issue!

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The Health Care Ethics Committee Experience

Edited by Stuart F Spicker, Malabar, Kreiger Publishing Company, 1998, 452 pages, US\$ 59.50.

This book comprises a selection of papers originally published in the journal *Healthcare Ethics Committee Forum* (HEC Forum). Its stated aim is to provide a coherent introduction to the everyday work and problems faced by healthcare ethics committees (HECs). With the emergence of a small number of hospital ethics committees in the UK and Europe, and the likelihood of more developing, this publication is timely. The book is divided into ten sections although issues tend to overlap between sections. The initial sections focus on general considerations in setting up a committee and differing visions of HECs. The concept of the healing dimension of an HEC in providing a forum for dialogue and mutual respect together with an ability to articulate moral values, thus allowing resolution of ethical conflict, is specifically addressed here but is a recurring theme throughout the book. A paper by Sichel argues that the ethics of care espoused by Gilligan and Noddings may be a better basis for HEC deliberations than the traditional ethical theories of rights and justice. Cushman argues that the HEC's role is to ensure that clinical decision making is congruent with generally accepted bioethical principles, offering a more formulaic approach than that suggested by the other writers in this section. Blake proposes that the hospital should be viewed as a moral community with the HEC being responsible for "exploring and articulating those boundaries of conduct that define the moral character of the hospital".

The education and case review functions of HECs are considered in separate sections. Papers in the education section focus on the role of HECs

in self-education for committee members and education of hospital staff. A role for the committee in education of the wider community is also considered. Practical suggestions for developing education programmes based on the experiences of several HECs are offered. Rawlins and Bradley present their findings of a clear difference between physicians and nurses in their perceptions of an HEC's role and their preferred method of ethics education, an important, if not entirely surprising, factor that will need to be addressed by any HEC education strategy. Case review by HECs is allotted two sections. Is this a reflection of its perceived importance? Ross argues that by using a committee to review ethically difficult cases the hospital communicates its commitment to the creation of an ethical community. Loewy suggests a role for both ethics committee and ethics consultant in case reviews, illustrated by his personal experience as an ethics consultant and member of an ethics committee. Glaser and Miller suggest that the goal of HECs should be to enable all professionals in the hospital to shoulder their ethical responsibilities and resolve ethical dilemmas by effective case conferencing. Case review by the committee would then be used to influence policy development and not to resolve individual cases. A number of issues pertinent to case review by HECs are discussed, including the role of patients and family members and whether a committee should make binding decisions.

Individual members of HECs discuss their roles in one section. The comments of the community member on the frustration of dealing with the effect of institutional dynamics on implementation of HEC policy guidelines are illuminating. The legal aspects of HECs are considered. A discussion on whether HECs should ever provide advice contrary to the law is in the form of two papers, one arguing for and one arguing against the motion, a format which is used effectively in several sections of the book.

The later sections consider the extension of the HEC's role into new areas such as hospital administration, long term care facilities and the community. Should HECs consider the ethics of business decisions taken by the hospital managers or contribute to management policy? Other models of addressing the issue of ethical concerns in the administration of the hospital are considered, including devel-

oping a separate corporate ethics committee. How are HECs developing outside hospitals? Alternative models for the structure and functioning of HECs in different environments are considered. Meece describes a cooperative model which draws members from all long term care institutions in Sonoma County, California and which has been able to develop guidelines on "Do Not Resuscitate" orders and informed consent which have been implemented across the county. Wilson describes a community bioethics committee which is separate from health care institutions and open to all citizens for support and information on bioethics issues.

The final section looks to the future. The effect on HEC deliberations of the need for cost containment in health care is considered, with the suggestion that this will entail a shift in priority from the principle of autonomy to that of justice. The possible role of HECs in setting legally recognised standards of medical practice and influencing legislation is also raised.

This collection of papers provides a thought-provoking and useful overview of the development of HECs in the US. Many of the authors use examples of cases to illustrate their argument, which adds interest. Only one paper mentions the need for evaluation of HECs and there is no debate on the intrinsic value of HECs. Some of the discussion may not be relevant to readers outside the US but I would recommend this book as essential reading for anyone considering setting up a healthcare ethics committee and for those interested in the practicalities of incorporating theoretical medical ethics into clinical care.

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Ethics, Computing and Medicine: Informatics and the Transformation of Health Care

Edited by Kenneth W Goodman, Cambridge, Cambridge University Press, 1998, 180 pages, £15.95 (sc) (US\$24.95), £45.00 (hb) (US\$64.95).

This collection of eight articles, the majority of which are published here