sions, then it might have been interesting for her to find out more about the feelings and thoughts of those professionals in relation to their patients; to try and understand how it is that they come to have these attitudes which fail their patients. Otherwise one is forced into a somewhat adversarial position, which as Dunn rightly suggests is not a way to address a complex dilemma.

References

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A Question of Choice. Bioethical Reflections on a Spiritual Response to the Technological Imperative


This book reports a study set within the discipline of bioethics which explored one Australian hospice's response to death and dying, using the post-modern notions of discourse and power.

Although at first sight the title is a trifle unwieldy and there is some repetition in parts of the text, the book offers a refreshing and timely challenge to the predominance of the medical model in care of the dying in our Westernised society.

The researcher takes up the challenge of combining post-modern theory with applied research. McGrath challenges the traditional biomedical model of palliative care with its physiological, technologised, reductionist approach to death and dying and resultant bioethical dilemmas. She explores an alternative way of responding to the dying in the form of the Karuna Hospice Service (KHS), a Buddhist community-based hospice organisation situated in Windsor, Brisbane, Australia.

Through non-directive open-ended interviews with 15 subjects who are or have been involved with KHS she first of all describes the different approach to terminal care offered by KHS, with its emphasis on patient and family choice, acceptance of difference, Taoist response to power, "will to care" and holism.

She describes how a spiritual discourse emerged as one of the most important differences between the KHS and mainstream medicine. This discourse was central to KHS's difference and became the main focus of the research. In sharp contrast to the biomedical discourse with its emphasis on power, status, profit and income, the spiritual discourse or "gentle spirituality" was described as providing "the discursive space and a subjectivity which creates, supports and attracts spiritual ways of seeing and acting which can offer some resistance to the dehumanising aspects of biomedicine's demands" (page 164). McGrath describes how this spiritual discourse not only accounted for the KHS's difference but allowed it to: maintain its vision and values in spite of pressure from external organisations; be effective in attracting like-minded individuals, and resist mainstream bureaucratisation and professionalism both at organisational level and at the grass roots level of patient care.

The author acknowledges that the findings of the study are not generalisable and that the service provided by KHS is not suited to everyone. She simply offers KHS as an alternative approach to caring for the dying.

The researcher goes on to explore the implications of her research for bioethics. She addresses two main bioethical issues: the question of how to respond to increasing bioethical dilemmas arising from medicalised "high-tech" responses to death and dying; and rationalism and how this influences our perception of end-of-life issues and bioethical debate.

McGrath holds that bioethical dilemmas, such as the right to refuse treatment and when to cease artificial life support, arise directly from a medicalised technologised response to care of the dying. She challenges the assumption that biomedicine is the only way to respond to death and dying, offering the KHS response as a refreshing alternative.

She criticises the discipline of principlism (ie "disciplined reflection on moral intuitions and moral choices"), as too theoretical and unrealistic and for ignoring issues of human emotions and power. She takes this criticism further, choosing to explore other ways of arriving at ethical insights using post-modern notions of discourse, power and subjectivity. She steps out of the biomedical discourse completely and into KHS holistic spiritual discourse, which she presents as one example of an alternative response to the dying, and which, she claims, avoids many of the problems that biomedical reflection tries to address. Instead of applying principles to ethical dilemmas, the KHS responds at a deeper level, choosing to empower individuals and their loved ones by encouraging autonomous choice; engage ethically with the individual; serve others, and accept and support the individual in a non-judgmental manner.

In the final chapter the author points out the dearth of research on spirituality in health care. She acknowledges the difficulty in investigating this topic and holds that to do so, using scientific epistemologies which are based in the physical sciences, is inadequate. She expresses the need for an "expanded science" and presents the post-modern approach she adopted as one example of an "expanded science".

The book will be more easily digested by those with a knowledge and understanding of post-modern theory, although for those with a less detailed knowledge an adequate description is given, with useful summaries, in most chapters. The book is for all those with an interest in and/or involved in caring for the dying, should especially be welcomed by professionals working in hospices. In particular the book should be read by professionals caring for the dying in hospitals or nursing homes, for whom it should present a special challenge.

References

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