Book reviews

Philosophical Issues in Nursing


Steven Edwards's collection provides a welcome addition to the under-explored area of philosophical issues in nursing. It is recommended as a well-founded introduction to this novel area for undergraduate and postgraduate students in nursing and other interested parties.

The work is written by a range of authors with backgrounds in philosophy, nursing, or both, all of whom are involved in nurse education. The volume ambitiously spans enquiry in the areas of ontology and epistemology with one paper engaging in value-enquiry or ethics. A slightly disjointed feel to the various contributions is ameliorated to some degree by the summaries which precede each chapter. These are helpfully written by the editor to guide the reader through the book. Whilst no prior philosophical expertise is assumed the text succeeds in avoiding over-simplification.

The opening section of the collection examines nursing practice and knowledge. A fascinating paper by Joan Liaschenko discusses various types of nursing knowledge, including knowledge of how to get things done, knowledge of patient experience and knowledge of the limits of medicine. Large portions of this knowledge Liaschenko claims are invisible and silenced. Keith Cash's chapter proposes a conception of nursing as a practice. He relates this understanding to the problem of reaching a widely agreed theory of nursing. Cash proposes the merits of some of the traditional virtues that have united nursing. Although the latter suggestion is somewhat preliminary in nature it provides a useful starting point for further work. A well-written contribution by Trevor Hussey examines the concept of change and its application to nursing. Hussey proposes a Lamarckian model of evolutionary change as being of greatest utility when considering, for example, theory development. A conceptual analysis of holism is undertaken by Simon Woods. This well-signposted chapter explodes some of the myths underpinning the rhetoric of holism in nursing. Positivism as a method in nursing research is discussed by the editor, Steven Edwards. Although this chapter centres on debates which will be familiar to nurse researchers the cogency of the paper has much to recommend it. In a dense chapter which utilises some helpful illustrations Edward Lepper discusses the feasibility of arriving at a credible theory of mind, from four differing perspectives: nursing, science, common sense and philosophy. Drawing upon the work of Heidegger and Dreyfus, Stephen Horrocks proposes a radical approach to curricula in nursing in which the practical world would be seen as more fundamental than the theoretical world. Janet Holt provides a powerful exposé of many philosophies in nursing. Despite their popularity the vast majority of these many philosophies do not match up to the rigour necessitated by a critical evaluation of assumptions and arguments. In a wide-ranging chapter Paul Dawson ambitiously, and with a considerable degree of success, addresses the nature of the self. Philip Ross reaches some very different conclusions concerning the nature of the self when he discusses compulsory treatment. Ross's work provides an interesting response to the anti-psychiatry movement.

Philosophical Issues in Nursing illuminates the novel partnership that is emerging between nursing and philosophy. This disparate collection provides a useful point of departure in this burgeoning area of enquiry.

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MRC Guidelines for Good Clinical Practice in Clinical Trials


The background to the publication of this very helpful, well and clearly written book (one of the Medical Research Council [MRC] series) is the publication of the European ICH Harmonised Tripartite Guidelines for GCP in 1996; knowledge of some well publicised (and perhaps some less well known) lapses of ethical probity in clinical trials; the perceived need for public accountability in public corporations; and the fact that the clinical trials supported by the MRC cover fields far wider than the drug products licensing ambit of the European guidelines.

The draft was circulating for comment amongst MRC-supported groups, and has now been published following revision.

The randomised controlled trial is accepted as the basis for the paper; human research without controlled trials is to be the subject of another paper under current preparation.

The aims of the guidelines are to deal with the difficult job of balancing concurrently and without loss the elements of the ethical clinical care and safety of trial participants, the
Assisted Reproductive Technologies: Analysis and Recommendations for Public Policy


Assisted Reproductive Technologies (ARTs) include in vitro fertilisation (IVF) and artificial insemination (AI). They raise similar moral, ethical and legal issues throughout the world. What procedures should be permitted - and who should have access to them? Should ART be limited to married couples or should single and gay people be admitted to IVF programmes? Should they be limited to using their own gametes or should donor gametes and embryos be allowed? Should embryos be frozen if that increases the likelihood of a successful pregnancy? Should fetal reduction (the killing of embryos in utero) be permitted in multiple pregnancies to increase the chance of survival for some of the embryos? Should children born from donated gametes or embryos in ART be entitled to know their biological parents? Should research be permitted on embryos - and in what circumstances? All of these questions - and many others in a similar vein - are extensively discussed in this report.

The New York State Task Force on Life and the Law was created in 1985 to recommend policy for New York state in the form of legislation, regulation, public education or other measures. Medical advances on which it has advised to date include the determination of death, the withholding and withdrawal of life-sustaining treatment, organ transplantation and ARTs. Six of its recommendations for legislation or regulation have been enacted in New York state. For this reason alone, this report is likely to be influential, at least in the United States.

For readers in the United States or elsewhere, whether medical or other experts or general readers, the report will be informative and stimulating. It is written in a readily accessible style with summaries of submissions made by many and diverse people during the task force’s consultation process - infertile couples, participants in ART programmes, support groups of various types, ART practitioners, representatives of religious groups and the general public. The range of views that