

Moreover, it is clear that prisoners were free to refuse participation with no adverse consequences and still sought to participate. Consent was deficient, protocols were deficient. But the modern era of controlled trials began only a few years before the Holmesburg experience and the steps necessary to minimise abuse were developing in parallel in the civilian society. (*The Economist* noted in October 1998 that publication of the first randomised controlled trial occurred in 1948 - streptomycin usage in tuberculosis.)

In summary, this is a useful and provocative study. It would have been better if the author had been less overtly biased and had better studied the concurrent evolution in human experimental studies outside of prison. Two more issues warrant attention. First, I find human experimentation necessary, despite its hazards while Hornblum asserts that "progress is optional" (page 244). Secondly, in his passionate distaste for the Holmesburg Prison experiments, Hornblum diminishes the horrors suffered in the camps of the Axis powers and I find that offensive.

## References

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## Welfare in America: How Social science Fails the Poor

William M Epstein, Madison,  
Wisconsin Press, 267 pages, £35.95  
(hb) £15.95 (sc).

The title of William Epstein's book suggests that the author's primary purpose is a moral one; to call social scientists to account for failing the poor. Yet it is hard to detect any coherent moral framework or even political philosophy from which he has derived a duty to the poor as a necessary part of the professional ethic of

social scientists. He simply takes it for granted. Furthermore, readers concerned with medical ethics will find the book a double disappointment. Despite the promise on the back cover that the analysis of welfare policy will include "effective health care", health issues are only tangentially touched on. Even the one passing reference to Medicaid, as absorbing half of all welfare expenditure, is made in the course of establishing Epstein's opening argument that the rhetoric of the welfare debate focuses disproportionately on one narrow area - poverty - which accounts for a mere ten per cent of the total welfare budget. The curious intensity of popular and political concern with what is a minor slice of public spending forms the backdrop to the argument of the book.

The main body of the volume is a detailed and damning critique of the research of recent decades on poverty and certain associated problems (specified in consecutive chapters as family structures and intergenerational dependency; work and worklessness; training programmes for welfare recipients, and the role of personal social services in policies to combat poverty). There then follows a final chapter advocating an as yet untried policy of "generosity" which starts from the premise that the author has demonstrated the total failure of the research process to establish a rational basis for choosing between existing policy strategies. At this point it becomes clear that the foregoing critique of welfare research is simply an oversized legitimating prologue to a polemical climax in which the need for a radical and expensive programme of social and cultural engineering is proposed in passionately vague terms.

Epstein places his critique of welfare research within an analysis of the ideological nexus out of which both research and policy emerge. He distinguishes two main theoretical positions, the conservative and the liberal. The former tends to locate the cause of poverty in the moral or "characterological" deficiencies of individuals and broadly favours market solutions. The latter is inclined to see the causes of poverty as lying in institutional defects and to advocate state intervention. So far, so unremarkable. He goes on, however, to claim that research in the social sciences has signally failed to provide scientific verification of either set of assumptions but has acted as the legitimating vehicle of "mythic beliefs" which then masquerade as factual propositions.

The research and policy processes both fail for related reasons. Sociologists themselves exist within the "constituency" of one or the other set of theoretical assumptions. Their research typically seeks to verify the preferred presumptions or to falsify those of their opponents, but it fails to employ sufficient scientific rigour because the researchers have acquiesced in a series of constraints which undermine the adequacy and rationality of their procedures. Prominent among these unchallenged axioms is the need for fiscal restraint.

In the first place this sets arbitrary limits on the cost of research and then tempts researchers to take methodological short cuts - for example, the failure to use genuine randomised controlled trials - which is often compounded by researcher bias and practices embodying "limited rationality" all of which result in an inability to develop adequate tests of causation. The imperative of fiscal prudence also drives the policy process to seek out low cost welfare solutions.

Epstein believes that these conditions have produced an increased consensus between conservatives and liberals that the core objective of welfare policy should be "social efficiency" and that any policy must be shown to have an immediate, positive impact on social cohesion and economic productivity without even short term disruptive consequences. In these circumstances the liberal camp has lost confidence in expensive institutional interventions and modified its proposals to supplement tentative and cheap forms of "social engineering" with minimal gestures of help through personal social services for "hard cases". Above all, both sides have converged on work as the solution to social ills.

In the detailed critique of specific research and its relation to policy development Epstein's anatomisation of ideological processes largely gives way to a perspective composed of equal parts of a positivistic research methodology of impossible purity and a functionalist model of society which is not only curiously at odds with the framing argument about ideological conflict but which has at its heart an oddly old-fashioned and un-nuanced concept of socialisation as a learning process pure and simple. The sociology of the book is thus mildly schizophrenic and detached from the author's apparently *sui generis* ethical stance - after functionalism, notoriously, has been

deployed by other writers to justify the existence of the poor.

In his peroration Epstein argues from (mostly unstated) first principles that substantially (but unspecifically) increased welfare expenditure ought to be deployed in order to redress "cultural poverty" and to integrate the poor into the basic institutions of American life - "healthy families, communities, schools, workplaces and the other essential institutions", (page 231) - apparently unconcerned that the central project of the social sciences since the 1960s has been to demonstrate just how bitterly contested are the very concepts he takes for granted such as "cultural poverty", "healthy" institutions and "the common good".

There is no doubt about Epstein's sincere conviction. But having pronounced a plague upon both the warring houses of poverty research, unfortunately he can offer a no more "rational" and no less "mythical" justification for his own "option for the poor" than those he has dismissed. The problem of poverty, as he wryly comments, remains polemical after all.

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## Getting Doctors to Listen

Edited by Philip J Boyle, Washington, Georgetown University Press, 1998, 249 pages, US\$45/£34.95 (hc).

This book starts from the premise that there is massive variation in medical practice. Some of this variation must be inherent to the practice of medicine but some may represent unacceptable variation from good practice. With the ever-increasing amount of evidence being produced how can doctors be encouraged to use this information in their clinical practice? This book focuses on the problems facing both those producing and synthesising evidence. It is estimated that there are twenty kilograms of guidelines in every family practitioner's office. The book also addresses the use of guidelines by the practitioners.

The book is written mainly from the American perspective. It describes the formation of the Agency for Health Care Policy and Research (AHCPR). This organisation was responsible for some of the major guidelines produced in the United States. The book

describes in detail the positive and negative aspects of some of these guidelines. It then deals in detail with this process of guideline production, using the example of otitis media with effusion.

This is where the book becomes more interesting, describing how the backgrounds of the individuals and their skills in epidemiology (or lack of skills) often introduced a potential for bias in these guidelines. The next step after this was to address the role of research in answering clinical questions. If the process of developing guidelines threw up unanswered questions what type of research would answer this? More importantly would clinicians and the public believe it and then would they use it? Both these questions are followed by an interesting debate about the difference between the belief that a certain procedure will work and the development of evidence showing that the positive and negative effects of that procedure may not lead to clinical benefit. The authors then investigate the use of hormone replacement therapy and present some interesting facts about its potential effects. Why should so many people be encouraged to use medication when the effects are not clearly known? This is contrasted with other treatments of more immediate clinical benefit such as clot-busting agents in acute myocardial infarction and asks why there is a lack of use of this therapy. At what stage and why does clinical practice change? Not surprisingly there was no one short answer to this question. An example used to describe some of these issues was that of intensive (and life-threatening) chemotherapy for metastatic breast carcinoma.

The last section, sadly, is not as conclusive as might be expected from reading the middle section. It describes the epidemiological issues involved in research and some questions to do with the validity of research. Finally the book starts to deal with the rather obvious problem of how a clinician deals with the evidence while taking into account the background and current health and social status of the patient. The author never suggests that this approach is novel. This is just as well. The Royal College of General Practitioners has spent the last 20 years advocating the approach of addressing the illness in the patient who is part of a society, rather than the purely disease-orientated approach.

It is necessary that the health beliefs of the patient be taken into account

whilst at the same time appreciating his/her social and medical background. Helping the patient to understand the implications of the various choices is then part of the medical process. This is one of the major educational aims of the vocational training scheme for general practitioners in this country.

Throughout the book there is a hint of awareness of the underlying discussion about value judgements made by health professionals and the advancement of medical science. A case is put forward for separating the effects of medicine and its benefits, although the authors then acknowledge that the benefits of medicine are fundamentally not knowable by medical science. So at the end of the book I know more about the process of drawing up guidelines, more about the practice of medicine, but am still left with many unanswered questions. I was never quite clear that the book had focused enough on addressing specific issues. Although I was not expecting answers to the questions posed I did expect a bit more debate and clarity.

Unlikely to be one for my bookshelf. More likely to be looked at in the library.

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## The Issue of Abortion in America: An Exploration of Social Controversy

R Cavalier, P Covey, E Style and A Thompson, London, Routledge, 1998, CD-ROM, £40.

For some the abortion question is simple - kill or let kill. So it must seem to the person who last year shot Dr Slepian, who worked in a United States abortion clinic and whose name has now been added to the roll-call of doctors and clinic workers who have been killed or maimed by the violent fanatics of the fundamentalist fringe.

The debate on abortion is often scarcely more sophisticated. Even to describe the slanderous cacophony which passes for dialogue, at least in the public eye, as a debate at all, is to distort the language to breaking point. The perspectives on abortion are chasms apart - there is almost no perceptible common ground. It's a battle of slogans: life versus murder; motherhood versus infanticide; family values