

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

versus selfish individualism; the fetus versus the woman.

Too many competing interests - perspectives on the self and the world, biological and psychological data, ideas about gender, moral and religious theories - all confront each other in the maze beneath the abortion question. It is to the credit of this CD-ROM, which comes from the Center for the Advancement of Applied Ethics at Carnegie Mellon University, that it confronts just about all these aspects and invites its users to test their own beliefs against them.

Its most valuable section is its case histories. With the aid of short video clips - none more than a minute - we are gradually able to explore the reasoning behind individual abortion decisions. There are categories of abortion dilemma - congenital abnormality, rape, contraceptive failure, teenage pregnancy. Where there are couples, the man concerned is there too: we see him and hear him, explaining how he feels about the issues. And after each clip the user is asked questions which focus largely on the ethics of the case. It's not virtual reality counselling, and giving answers is optional. The software allows you to skip the procedure if you wish. But the questions prompt an examination of your own attitudes and prejudices (we all have them).

I looked in detail at the case histories on congenital abnormality. In my experience this is an area where medical professionals have not acquitted themselves very well. Doctors tend to assume that it is self-evident that the birth of a baby with disabilities is a tragedy which should be avoided, if the technology is there to do so. Researchers have consistently reported the effect that this assumption has had on the way doctors deal with women facing tests for abnormalities or women with "bad" results. With cuts in welfare budgets and social support lurking in the background, many women find the whole procedure of being tested and counselled more akin to duress than to "choice". The context of decision making makes refusal to undergo tests seem wanton and even reckless.

The first case looks at a couple, mother aged 35, with one child, facing the possibility of Down's. They agree to an Alpha-fetoprotein (AFP) test, which indicates a probability that Down's is present. They ponder the case for amniocentesis. They have no moral objection to abortion but the woman feels very reluctant to undergo

a late abortion. Eventually the decision to terminate hinges on the impact that a child with Down's would have on the family. "Life is tough enough, without that" they say. The unfolding of the story had me clicking eagerly on to see what happened - the outcome was not hinted at. Along the way the text questioned me: "This process [prenatal testing] costs about \$3,000. What financial and social support do you think ought to be available for decisions of this kind?" In other words who should pick up the tab - the question that lurks increasingly close to the surface in this area where public policy and private conscience meet. I was also directed to work out what I thought about the father's role - how much should his views count in the final decision. It was a very good, complex example, identifying clearly the ambivalence which surrounds so many abortion decisions, but which does not invalidate them.

The second case concerned a couple with religious scruples who refused prenatal testing because to them abortion was abhorrent. They also already had a family - one more would strain the budget. "Things work out", commented the woman. "Is economic welfare morally relevant" to abortion decisions, demanded the programme.

The case histories were the CD-ROM's richest offering, summing up the untidy complexities and highlighting the welter of responsibilities and issues which are weighed in the balance. The rest I found disappointingly scant - a brief note on historical perspectives, reminding us that views on abortion are not immutable, and a paltry three paragraphs on abortion in America today, mainly about the activities of the "moral majority" and the other campaigners. Similarly the sections on legal issues, philosophical arguments, and religious perspectives, all left me wanting more.

Would this have worked better as a book? As someone who prefers carrier pigeons to the fax or the e-mail, this encounter with the CD-ROM, was a frustrating and cumbersome affair. But it is a personal view. The authors envisage their publication as a teaching aid, although more typically it would be used by individual students as a study resource. In a world of increasing specialisation, where counselling is more and more hived off by doctors to specialists, I found myself hoping that this programme would play its part in attracting doctors to see abortion as a valued part of their work. It is easy for doctors to spurn abortion

as a distasteful, boring, even degrading aspect of their work. (Obviously they thought that it might entail wearing a bullet-proof vest and make normal life impossible does not attract many applicants either.) The average age of doctors willing to carry out abortions in the United States is over 50 years old. Dermatology is unarguably a safe option, young doctors reason to themselves.

The CD-ROM title calls abortion "social controversy". It pays due respect to the views of those who are "abortion-resistant", the rather curious-sounding term it uses to describe those who oppose abortion. I think it suffers from being very much too parochial. Like so many people in the United States, the authors seem to think that nothing of value can be gleaned by looking beyond that nation's borders. A section on the consequences of making abortion illegal restricting it severely, as has been done so dramatically in Poland since the end of communism, is surely an important part of helping people find their own moral stance on the abortion question "in America today".

JANET HADFIELD

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The Human Rights, Ethical and Moral Dimensions of Health Care

Edited by Pierre Cueur, Jean-Pierre Massue, Strasbourg, Council of Europe Publishing, 1998, 486 pages, £30.00.

With the explosive increase in the scope of medicine and biomedical research in recent decades, often a step ahead of international law and ethical debate, a comprehensive text with advice for clinicians and patients covering all conceivable ethical dilemmas which might be met, should be welcomed. We are told that this book seeks to promote the aims of the Council of Europe and give guidance to health workers seeing cases and teaching medical ethics and that it is a shortened version of a very full study. *The Doctor and Human Rights*, commissioned by the Council of Europe. However, the book unfortunately does not fulfil its promise. Much seems to have been lost in the shortening.

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