second world war. Although a Nazi, he refused to experiment on helpless human guinea pigs, saying this was a price he would never pay for the realisation of his dreams. Those in the UK who seek to change the law to allow experimentation on patients with mental incapacity, without their consent, would do well to follow his example. This is a particularly fraught area of medical ethics, and any such research should only be done if it is likely to be of some benefit to the patient.

Another fascinating chapter is about the development of anaesthetics. An English clergyman, and accomplished chemist, Joseph Priestley, prepared pure oxygen and nitrous oxide back in 1774. Then he inspired Dr Thomas Beddoes to found the Medical Pneumatic Institution, and Humphrey Davy was appointed first director. Davy tried nitrous oxide on himself and discovered its analgesic properties, but doctors ignored his findings for 40 years.

People lived dangerously in the past but the lack of regulation enabled inspired individuals to explore their creativity in freedom. There are many stories of courage and daring in the book, not least of that of Dr Frederick Prescott of Burroughs Welcome, who in 1944 consented to be the human guinea pig for curare.

There are nuggets of interest to medical ethicists in the book, but you have to discover them for yourself. It is not primarily a book about medical ethics. Some eloquent quotes come from Dr Stephen Elek, once professor of bacteriology at St George's Hospital, London. He said: “If anything goes wrong and the skid row bum dies, and the experimenter has not done it on himself, he is liable for murder. It’s as simple as that. A man is entitled to risk his own life. He is not entitled to risk somebody else’s”.

In the final chapter, Altman looks at what motivates people to experiment on themselves. He also considers the limitations of self-experimentation. He stresses that the risk of performing an unethical human experiment is enormous. Increased attention to the question of who goes first, he argues, would improve the quality of the informed consent process that the Nuremberg Code has made mandatory.

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**Ethics and Values in Health Care Management**


This book aims to present an “up-to-date-analysis of the relationship between ethics and management of the health care services”. This includes a debate about the status of ethics in health care management. In addition it offers studies of health care reform related to value criteria in Poland, France and Greece.

Loughlin produces a spirited attack on the view that an ethic for managers can be constructed. His complex case involves two related arguments. First, that this enterprise is inextricably bound up with demands for rationing which treat socially generated scarcity as natural. Second, that the correct standard for ethical reasoning requires a level of deductive proof which is unavailable to those who treat the present structure of liberal democracies as a given. In conducting his attack he examines arguments, published elsewhere, made by contributors to this volume such as Andrew Wall, former health services manager and author of one of the all too rare books on health care management ethics and Alan Williams, defender of the QALY (Quality Adjusted Life Year). None of the contributors discuss one another’s arguments as presented here. This is a shame as direct engagement amongst the contributors would have given us sharper definition of the issues. The very important points presented by Loughlin that every would-be manager and every philosopher serving on quangos should have to consider, jostle next to his arguments about social policy formation that do not get the adversarial attention they warrant.

Wall presents an accessible run-through of ethical issues a senior manager might come up against including: research, purchasing decisions and termination of active treatment. He notes that managers are not bound by professional discipline, that “anyone can become a health services manager” and that ethics is not synonymous with law. Since Wall has argued that managers should treat patients as bearers of rights and has acted on this in practice, his statement of principles should not be dismissed by Loughlin as so general that “no-one in their right mind could disagree with them.” Utilitarians disagree with Wall at the conceptual level, and local campaigner’s committed to maintaining the value of their property can make it difficult for a manager committed to implementing service plans designed to protect “rights” of people with mental health problems.

Loughlin asserts that role definitions lock managers into organisations and imperatives which cannot accommodate date need. In contrast, Chadwick insists that there are ethical ambiguities endemic to deliberate decision making in any complex society which are distinct from questions about rationing. She shifts discussion from managers to the management function, starting with National Health Service (NHS) goals which give special weight to justice, efficiency and acceptability to users. An approach concerned to maximise the health of the community rather than one to promote the flourishing of individuals appears to fit with these goals. But she notes that the provision of information, the case of genetics services, the requirement understandable with virtue ethics approach, explicitly not chewing population health outcomes.

The three European case studies supply ample evidence of pervasive and non-rational social factors which shape attempts to improve regulation of their health care systems. They treat the strengthening of the management function as essential to giving weight to ethical concerns. The European contributors, along with Loughlin, present a challenge: are managers equipped with the broad, multidisciplinary knowledge base, including humanities and social sciences, to enable them to make their way responsibly through these issues?

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**Informed Consent in Psychiatry: European Perspectives of Ethics, Law and Clinical Practice**

Edited by H Koch, S Reiter-Theil and H Helmchen, Baden-Baden, Nomos Verlagsgesellschaft, 1996, 428 pages, 88DM.
Is an irritating book a good book, or a
bad book? I found this book extremely
irritating, for reasons that I will
explore in greater detail below. On the
plus side, it must be said that an
irritating book is a stimulating read
and this book, which is the proceed-
ings of a workshop to look at national
practice in Europe on informed con-
sent in psychiatry certainly has inter-
esting material in it.

Participants in the workshop (funded by the Biomed 2 Initiative)
present first some data about their
national legislation with regard to
involuntary treatment of mentally ill
patients, and the conditions under
which that could occur. There are
then some attempts to compare and
contrast the different types of legisla-
tion and the apparent thinking behind
them, and the book concludes with
some recommendations. Most of the
presenters at the workshop provided
copies of the relevant legal statues
from their various jurisdictions. You
might think that a lot of legal statutes
don’t make interesting reading, and
on the whole this was true. However,
there were some interesting similari-
ties and differences which are el-
egantly described by Fulford and
Hope in a comparative paper towards
the end of the book.

There was clearly a great deal of
overlap with regards to the conditions
under which individuals might be
deemed to be incompetent, and the
conditions under which they might be
involuntarily admitted to hospital for
assessment and treatment. However,
there was clearly quite a lot of
difference in the way that national
jurisdictions thought about compe-
tence, the assessment of competence
and who should do it, the degrees of
danger (and to whom) which would
justify detention, and the distinction
between assessment and treatment.
Nearly all jurisdictions seemed to jus-
tify detention of patients with a mental
illness (whether competent or not) on
the basis of danger to others. Only
Holland seems to have a reasonably
complex view of what danger might
entail and to address the risk in a
detailed way. It is striking just how lit-
tle analysis of the question of risk and
danger there was within the whole
book itself.

The first irritating thing that I ex-
perienced while reading this book was
that despite the fact that risk and dan-
ger was one of the few areas that men-
tal health legislators agreed on, there
was no clinical or ethical analysis of
what danger and risk represents. This
is highly significant because the dan-
gerousness criterion (however inter-
preted) is the measure that identifies
psychiatrists as being involved in the
regulation of public order. By this
measure, psychiatrists become very
different from other health care pro-
fessionals, and their ethical duties
greatly expand. I find it hard to believe
that psychiatrists, and especially those
with an interest in ethics and moral
philosophy, did not at least question or
discuss the nature of risk, and the role
of psychiatrists as agents of public
order. It might have been helpful and
illuminating to have had a discussion
about the experience of coercion, and
what its clinical relevance might be.
If one was going to do an ethical analy-
sis of involuntary treatment of the
mentally ill, then their views about the
experience of coercion might be rel-
vent. Once again, there is an estab-
lished literature on this subject which
is not quoted. The point of clinical
relevance is that a proportion of
psychiatric patients may have already
experienced coercion in childhood,
and so the question of involuntary
detention may be highly psychologi-
cally salient for them. One author,
Kress, does begin to discuss the ques-
tion of the psychological dimensions
doctor-patient relationships, and
how this might be relevant to ethical
decision making in psychiatry. Other
authors, such as Fulford and Hope,
and Reiter-Theil do offer some ethical
analysis. But on the whole the level of
ethical analysis is pretty thin. In a book
on psychiatric ethics, which cost a lot
of money to produce it is disappoint-
ing to read statements like: “These are
value judgements which cannot be
avoided ... in the end we must choose
that which we think is the right
course”.

However, I was maximally irritated
by the combination of consent to
treatment with consent to research.
I think that it is arguable that these two
domains are different in terms of eth-
ics and conceptual analysis, and
should be treated quite distinctly.
Although one or two authors make
comments, this distinction is never
explored or explained, nor are the
considerable moral implications that
flow from this. One argument must be
that the patient as patient is very
different from the patient as subject or
volunteer in terms of his/her relation-
ship either with a clinician or a
researcher. This is complicated
enough in general medicine, but be-
comes even more complicated in rela-
tion to psychiatry where patients/
research volunteers have diminished
competence to make decisions about
their best interests. There is an estab-
lished literature which has examined
the concerns of mental health profes-
sionals about doing research with
incompetent patients, especially when
that research is of no beneft to the
them. Some of this literature is cited
here and there is a great deal of
discussion. However, I think that by
combining the issues of consent to
research with the issues of consent to
research, the presenters and indeed
the editors are trying to present a sim-
ilarity which does not exist (except
in perhaps rather specialised situa-
tions, such as the use of innovative
treatments). There was an oppor-
tunity here really to get to grips with
an issue which is very potent, particu-
larly in the context of the history of
psychiatry.

A lot of extremely able and interest-
ing people were involved in this work-
shop. From the cited affiliations, it
seems that they were mainly very
experienced clinicians, often with a
background in moral philosophy. I
wonder if the workshop might have
benefited from including legal, or con-
sumer representation, so as to make
sure that the voice of the patient who
may be coerced into having treatment,
or who may be incompetent to give
consent to research, was represented.
The other area that seems to have
been left out is the vexed question of
mentally ill patients who are also
offenders. It might be argued that this
is a specialist area; however, I would
argue very strongly that work with
mentally abnormal offender patients
actually throws these dilemmas about
competence, and benefits such as
public safety, into sharp relief.

Perhaps an irritating book is a good
read. This book certainly made me
think, and contained much of interest.
As the review of the current English
Mental Health Act is presently under
way, this would be a good opportunity
for philosophers, lawyers and clini-
cians to come together to talk about
the ethical dilemmas involved in get-
ting consent from people with mental
illnesses for treatment or research.
These questions are difficult, and are
going to need a high standard of ethi-
cal reasoning. Readers will not get that
quality of reasoning from this book,
but it may be a useful starting point.

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