

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 Beddoe 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 that of Dr Frederick Prescott of Burroughs Wellcome, 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

Edited by Souzy Dracopoulou, London, Routledge, 1998, 200 pages, £14.99.

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 the right mind could disagree with them": Utilitarians disagree with Wall at the conceptual level, and local campaigners 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 organisational imperatives which cannot accommodate 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, in the case of genetics services, is a requirement, understandable within a virtue ethics approach, explicitly chewing population health outcomes.

The three European case studies supply ample evidence of pervasive 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, 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, 422 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 proceedings of a workshop to look at national practice in Europe on informed consent in psychiatry certainly has interesting 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 legislation 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 statutes 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 similarities and differences which are elegantly 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 competence, 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 justify 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 little analysis of the question of risk and danger there was within the whole book itself.

The first irritating thing that I experienced while reading this book was that despite the fact that risk and danger was one of the few areas that mental health legislators agreed on, there was no clinical or ethical analysis of what danger and risk represents. This

is highly significant because the dangerousness criterion (however interpreted) 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 professionals, 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 were going to do an ethical analysis of involuntary treatment of the mentally ill, then their views about the experience of coercion might be relevant. Once again, there is an established 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 psychologically salient for them. One author, Kress, does begin to discuss the question of the psychological dimensions of 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 disappointing 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 ethics 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 relationship either with a clinician or a researcher. This is complicated enough in general medicine, but becomes even more complicated in relation to psychiatry where patients/

research volunteers have diminished competence to make decisions about their best interests. There is an established literature which has examined the concerns of mental health professionals about doing research with incompetent patients, especially when that research is of no benefit 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 treatment with the issues of consent to research, the presenters and indeed the editors are trying to present a similarity which does not exist (except in perhaps rather specialised situations, such as the use of innovative treatments). There was an opportunity here really to get to grips with an issue which is very potent, particularly in the context of the history of psychiatry.

A lot of extremely able and interesting people were involved in this workshop. 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 consumer 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 clinicians to come together to talk about the ethical dilemmas involved in getting consent from people with mental illnesses for treatment or research. These questions are difficult, and are going to need a high standard of ethical reasoning. Readers will not get that quality of reasoning from this book, but it may be a useful starting point.

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