
Book reviews

Should Health Screening Be Private?

Jim Thornton, London, Institute of Economic Affairs, 1999, 65 pages, £5.

Jim Thornton gives us in this book a range of arguments *against* the state funding of nearly all adult health-related screening programmes but *for* most screening programmes for children and the handicapped. He justifies the first on the basis of consumers being the best judges of their health preferences and adult screening being largely ineffective. He justifies the second on the basis of the belief that neonatal and childhood screening is more effective and that the state has a duty to decide on behalf of those who are not competent to assert their own rights. He is a practising obstetrician and gynaecologist involved in prenatal and cervical cancer screening.

The first two chapters introduce the subject of screening and discuss some ethical principles that may be used to justify the state funding of screening programmes. These deal with health needs, equity and the correction of failures of free market mechanisms. Existing and proposed screening programmes for adults and children are considered one by one and a conclusion drawn as to whether each is justified. Some general arguments against state funding of health care are considered in less detail.

The author draws our attention to the limited effectiveness of many adult screening programmes at preventing disease and the actual harm some may do. Screening is likened to a lottery in which large numbers of healthy people pay a small price, in terms of inconvenience and medical intervention, against the small probability that they will prevent an important future illness in themselves. Screening programmes may also harm those who have contracted the target condition

by increasing the social stigma attached to it.

Like many of us, when faced with complicated real policies, the author adopts a mixture of ethical perspectives rather than applying one, such as free market mechanisms based on subjective valuations of utility, and taking it to its logical conclusions. He does not always alert the reader, when he is changing perspective or, to the implications of following his chosen argument further than the point at which he has stopped. For example, one of the disadvantages of state funding that is identified is the restriction of liberty arising from taxation. This is argued strongly as the state infringing personal property rights. However, screening the homeless for tuberculosis is justified in the author's view since "many are mentally disabled in one way or another, so the state is justified in overriding their preferences". Since rights appear central to many of the conclusions drawn the subject could have usefully been considered at greater length than is the case.

The book's 65 pages are not arduous but are thought-provoking and cover useful ground. At five pounds that felt to me like good value for money.

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Psychiatric Ethics

S Bloch, P Chodoff, S Agreen,
Oxford, Oxford University Press,
1999, 531 pages, £65 (hb) £34.50 (pb).

When receiving this book to review, I was irresistibly reminded of those advertisements for washing powders, which are described as "new and improved". Drs Bloch and Chodoff have made an important contribution to the literature on medical ethics

since the first edition of their book was published in 1981. As conceptual and practical thinking has developed in mental health services, so the ethical dilemmas too have multiplied; and so one might expect a new and improved edition of *Psychiatric Ethics* to address these.

A welcome addition is the chapter by Fulford, who has written extensively in the area of the conceptual aspects of mental disorder and their implications for ethics. This might have been an appropriate starting chapter, and many of the chapters could have done with similar conceptual analyses, aimed at trying to get at the heart of the real ethical tensions. For example, in the chapter on confidentiality, there seemed to me to be little attention to the discussion of principles or concepts underlying the dilemmas, although there was detailed information about all the possible situations in which psychiatrists can breach confidentiality.

Another valuable addition is a chapter by Glenn Gabbard about boundary crossings and violation in psychiatry. This is an area which is well discussed in the American psychiatric literature and is shamefully neglected in mental health practice in this country. This neglect may reflect a lack of a code of ethics for psychiatrists in the UK: their American and Australian counterparts do not suffer from such a lack. In chapter 6, Bloch describes the development and use of ethical codes, and the difficulties and advantages thereof. Although there is always a danger that such codes will be reified into something unhelpful, the experience of Australian and American colleagues seems to be that they can assist in ethical decision making.

One advantage of having a code of ethics as part of a professional identity may be to keep the question of ethical practice to the fore in daily clinical discourse. Otherwise there is a danger that ethics in psychiatry, and particularly ethical violations in psychiatric

practice, may tend to become focused on extreme cases and located outside the daily world. A good example of this is given in chapter 10. George Reich's chapter on the Use and abuse of psychiatric diagnosis reviews the history of the misuse of psychiatric diagnosis in the Soviet Union, but makes absolutely no mention of the potential misuse of diagnostic labels (whether wittingly or unwittingly) in other settings common to Western psychiatry; such as in relation to women and individuals from ethnic minority groups.

There is much to provoke, stimulate and admire in this book. I wish that I could have written Jeremy Holme's chapter on Ethical issues in psychotherapy which sensitively and thoughtfully outlines the practical issues of consent and confidentiality in psychotherapeutic practice. Merskey's chapter about brain treatments is typically provocative; for example, making a link between brain surgery and cosmetic surgery. Here again I felt the lack of a conceptual analysis, particularly in relation to the connection between brain and mind; this weakened the chapter. I accept that it would be impossible to review the literature on the connection between mind and brain in a single chapter, but some discussion of the different views might have been relevant in relation to the discussion on the merits or otherwise of psychosurgery.

As in previous editions, I found the chapter on research frustrating. What I missed was an analysis of the question of competence to consent to an interaction, or experience, which is essentially altruistic and for other people's benefit. There could have been a very interesting discussion of what it is to be competent to be altruistic at any time, and whether in fact this is quite a sophisticated capacity, including as it does the capacity to gamble (as would certainly be true in many placebo trials of new medication). The ethical problems of research ethic committees really require a whole chapter in themselves; possibly for the 4th edition? Other possible contributions for future editions include the views of users of psychiatric services, more discussion about the ethic of care in psychiatry and psychotherapy; and perhaps a chapter on virtue ethics in relation to professional boundaries and boundary keeping.

These criticisms should be taken as an indication of the edition's capacity to stimulate thought about difficult issues. Everyone who bought earlier

editions can benefit from buying the newest one. Although the editors have focused on ethical issues in psychiatry, this book is, none the less, a useful book for other mental health professionals to refer to. I can safely say that the new edition of *Psychiatric Ethics* is definitely improved and would make a valuable addition to any library, whether personal or professional.

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Ethics and Community in the Health Care Professions

Edited by Michael Parker, London
and New York, Routledge, 1999,
207+ix pages, £14.99 (pb).

This is the latest contribution to the excellent series on professional ethics issued by Routledge under the general editorship of Ruth Chadwick. The origin of the collection was a three-day conference at Blackpool organised by Michael Parker and Ruth Chadwick for health care professionals, social workers and ethicists on ethics and community. Some of the chapters in the collection were papers read at that conference, while others were prepared specially for this volume. The contributors are predominantly philosophers, but there are also essays from a health service manager, a senior doctor and a mental health service user. Most of the contributors are British, but there are contributors from Finland, the Netherlands, Canada and the United States. Areas of the health and social services covered include genetic counselling, mental health, care of the elderly and health services policy and management generally.

Given that most health care ethics tends to be individual-centred, if not frankly individualistic, and that group allegiances (membership of families and social, cultural or economic groups) are often treated as if they were necessarily distorting or irrational factors in decision making, the topic of health care and communities has been somewhat marginal in recent

medical ethics. Exceptions have been within feminist scholarship (with its general focus on relationships and solidarity) and in mental health (where the theorists, users, and practitioners have been debating the merits of care in community or institutional settings for many years). The recognition that individuals come in groups, and have bonds and affinities that are not always merely elective, can only benefit thought and action in health care ethics. But this recognition should be cautious.

Community affiliation has been a powerful device in "identity politics" since at least the 1960s, in the women's, black and gay liberation movements. The language of community has now become very widespread, perhaps to the point of banality (the "intelligence community", anyone?) Its political significance is very complex, linking as much to conservatism, nationalism and cultural exclusivity as to claims for liberty, equal treatment and respect, and social solidarity. Many readers of this book may also reflect on the dramatically various readings of Hegel, the father of communitarianism, that have dominated political thought in Europe, from Marx to Habermas on the left, and from Bismarck to Oakeshott and Fukuyama on the right. This diversity of thought suggests that whatever else communitarianism may offer, it won't make health care ethics easier to do, or create more consensus about method or policy, than the currently dominant liberal individualism!

The opening chapter by Michael Parker very nicely sets the stage, discussing the relative strengths and weaknesses of communitarianism and liberalism as theories of ethics, and as positions within political philosophy. The most important contribution of this book as a whole is the reinsertion of health care ethics within political philosophy, a tendency that could usefully be followed through elsewhere in the field. His reservations about the usability of communitarian and liberal models tend to be borne out by the other authors. Of particular interest are those papers, notably those by Vivien Lindow, Chris Heginbotham and Donna Dickenson, which point out the rhetorical significance of appeals to community as a norm, especially in the absence of effective communities in fact. All the contributions are of a high standard of scholarship, and as a whole the collection is to be commended. Some of the papers have a weakness in that they offer only

a redescription of some well-known problems, and do not suggest practical improvement in policy. For example, it can help us as philosophers to know why relationships are important and not secondary to individual wellbeing, but it hardly clarifies matters for the family trying to decide about nursing home care with and for their ailing grandparent. Perhaps the debate is mis-conceived: communitarians argue that liberals are systematically blind to relationships, to everyone's cost; and liberals argue that communitarians are unable to offer public reasons for their choices, to everyone's cost. As Michael Parker argues in his paper, what we really need is a better theory and practice of public reason.

The contributions to this book are uniformly clear and well written. They are readable and will be stimulating to health care professionals and to philosophers and policy-makers. The collection hangs together as a book better than most such volumes and can be read from beginning to end with profit. It would be a useful textbook for a course on ethical issues in community and health care.

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Human cloning

Edited by James Humber and Robert Almeder, New Jersey, Humana Press, 1998, 224 pages, \$44.50 (hb).

This book is one of many published since the successful cloning of Dolly reported in *Nature* in February 1997, and gives a specific American view of ethical and legal aspects of the issues raised concerning applications to the human.

Unavoidably, the chapters are of different quality, and it sometimes takes a while to fathom the angle from which the problem is seen. Thus, for those of us not cogniscent of the whole American scene, and as some names are more known on the other side of the Atlantic than others, it would be useful to have a synopsis of the various contributors' positions or at least departments. This is obviously a job which the editors might have tackled. As no general overview of the book is provided either, each chapter will be analysed in turn.

The first chapter by Klugman and Murray is a good read, summarising the folklore about cloning, although I

declare my prejudice when references are taken from newspapers rather than scientific publication originals. This is perhaps why the scientific achievement of the Dolly experiment is totally overlooked by the author, as reflected in the statement: "this is a story of technology, not science". Most scientists would argue quite the opposite, as there are high hopes that we will learn much from this experiment and others with similar techniques, as well as for its use in non-reproductive cloning. One may wonder what historical ethics is, and why the most interesting argument of the "machine model" in reproduction is not at all elaborated upon. Finally, and unfortunately in the current political climate, the terms eugenics and genocide are used very loosely and interchangeably.

Annas's chapter is concisely clear and powerful in his usual manner, especially when he makes the point that cloning is replication, not reproduction. There are some irritating editing errors, for instance "to" instead of "two", which is rather important in the context. But the most important point, from a legal perspective, is emphatically made: that there is a lack of framework, legal or otherwise, in reproduction, which is a specific US problem. This leads to the suggestion of the creation of an agency, like our UK Human Fertilisation and Embryology Authority, to oversee IRBs.

Tooley concentrates on two subjects: first, cloning as an organ bank, an esoteric if not impossible endeavour—but one is accustomed to read this kind of theoretical intellectual challenge from this author. This allows him an interesting discussion on the clone and (its?, his/her?) lack of capacity for consciousness, and to ask the question whether creating (it?) would thus be morally wrong. Having written with the same powerful imagery about abortion, Tooley asserts that objections to the use of spare-organ banking from a clone are as unsound as those made to the obtaining of organs from a patient in PVS, a challenging view which revolves again around the capacity for consciousness. As for reproductive cloning, he argues against any objection there by branding psychological disquiet concerning the deed as a sin of irrationality, thus choosing to ignore that part of us being human has as much to do with our psyche and feelings as with our rationality. Nevertheless, in spite of Tooley's stance, which is arguably a narcissistic commodification of the

future child by creating a being with desired characteristics, this chapter is a challenging read.

The chapter on religion by Heller is also interesting, if not original in its statement that moral intuitions rather than moral arguments only mean that faith or dogma cannot be argued with. The differences between Christian and Jewish and Muslim traditions are well explained, as are the difficulties linked to the dignity concept and the lack of explanation of this concept provided by its relationship to unique identity and objectifying.

Finally we have an analysis from the point of view of American liberalism. The author of this chapter, H O Tiefel, exposes different appraisals of the link between the individual and the community (or society to use a more European term), centring around approaches of liberalism and the notions of individual person, privacy and liberty. I found the striking common-sense attitude of this author refreshing, especially when he asks: "what would be the point 'of reproductive cloning' if we did not wish to create sameness".

All in all this book is an interesting addition to the many articles and publications on this feat of science which has challenged our vision of reproduction and its meaning.

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Drug Use in Assisted Suicide and Euthanasia

Edited by Margaret P Battin and Arthur G Lipman, New York, Pharmaceutical Products Press, 1996, 360 pages, US\$36.00.

Drug Use in Assisted Suicide and Euthanasia provides a detailed and comprehensive examination of the issues surrounding end-of-life decision making, with a specific focus on the central role often played by death-hastening drugs. The papers in this volume address issues about the use of drugs in actively bringing about death, giving accounts of current practice, both legal and other than legal.

In the introduction to this volume Margaret Battin and Arthur Lipman point out that in the discussion of assisted suicide and euthanasia drugs are often an unrecognised centrepiece.

For those seeking a peaceful and dignified assisted death, it is usually assumed that drugs will be the most appropriate means to this end. In many areas of the world policy is becoming more sympathetic to the tolerance of assisted suicide and euthanasia (this volume is particularly concerned with the Oregon Death with Dignity Act 1994). However, the ethical and pragmatic issues surrounding such practices remain largely unresolved.

This volume takes on the onerous task of addressing the empirical, ethical and legal issues surrounding the use of drugs in actively bringing about death. The papers it contains provide a wide variety of viewpoints on this complex area, from personal accounts of individual experience to more formal legal and medical analysis of these issues. The volume attempts to answer ethical and legal questions such as: Is providing a lethal drug the same as killing? Do the terminally ill have a right to decide when and how they die? Does providing information about drugs violate ethical, legal or professional obligations of physicians, pharmacists, nurses, family members, and others who might be involved?

We expect disagreement regarding the answers to these ethical and legal questions surrounding assisted death, but interestingly and somewhat alarmingly, the evidence provided in this volume suggests that there is also little agreement as to the type and dose of drug to be used for this purpose. Barbara Insley Crouch, for instance, in her paper "Toxicological issues with drugs used to end life" claims that there are no good scientific data available to identify the type and dose of a drug that can be relied on to produce a pain-free and gentle death. She argues that "euthanasia recipes" that

appear in publications like Derek Humphries's *Final Exit*, while effective for some patients, may fail for others and serve only to intensify suffering.

Stephen Jamison, in his moving and illuminating paper, "When drugs fail: assisted deaths and not-so-lethal drugs" continues this theme, with evidence taken from interviews with family members, partners and friends who participated in 140 cases of assisted death. Jamison provides harrowing accounts of those caring for the terminally ill patient having to resort to desperate measures when drugs used to hasten death fail, including suffocation using plastic bags and pillows and injecting air to induce heart failure. In one such example Jamison describes the case of a terminally ill patient who persuaded a doctor to help her die. He provided liquid morphine which was injected into a heart catheter. However, a number of hours later the patient remained alive and after a subsequent attempt to end her life by injecting a large dose of insulin failed, the doctor resorted to repeatedly injecting air to induce heart failure. Instead of being a planned and dignified end to a life this patient's death was described by a family member as "nightmarish, horrific, how this process seemed to keep on and on. But it finally worked and she passed on".

Drugs are used routinely to end the lives of the terminally ill. A careful investigation of these practices must be undertaken if such harrowing cases are to be avoided. If drug-assisted death is deemed ethically and/or legally permissible, then pragmatic issues, including finding effective and reliable means to peaceful death, must be addressed. Measures must be taken to ensure that if such practices are permitted, they do not result in increased suffering. Investigations

must be undertaken which increase understanding of the type and amount of drugs needed to hasten death and this information must be made available to those who need it, physicians and patients alike.

This volume provides a valuable resource for all those involved in decisions about ending a life. Whatever your views of assisted suicide and euthanasia you will find this book informative, balanced and thought-provoking. The main message of the book is a powerful one: that we should not ignore this widespread practice but open up the debate on assisted suicide and euthanasia so that the positions we take on the subject are well informed and considered. This volume does much towards achieving this aim.

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