
Book reviews

Pricing Life—Why It’s Time for Health Care Rationing

Peter A Ubel, Cambridge, MA, The MIT Press, 2000, 208 pages, £15.50.

Pricing Life is an extremely timely and stimulating book. The debate about health care rationing has now been running for several decades but there are still people who publicly deny that rationing of health care has to take place, or that health care rationing could be ethically justifiable. In many countries we have also had politicians who have refused to allow the “R” word to pass their lips. In this well written, and very direct book Peter Ubel decisively shows that rationing is an inevitable feature of modern medicine and that it is not something that health care administrators and economists force doctors to perform against their better judgment. Deciding who should have access to treatment has always been a part of the doctor’s work. Ubel’s analysis of the phenomenon of bedside rationing is incisive and definitive. Anyone who will still deny that rationing does and must take place after having read this section can only be in bad faith.

The book would have been a valuable contribution to the literature even if it had only contained the analysis of the necessity and ubiquity of rationing in health care. But it also contains a second part which reviews and discusses the current knowledge about how the public view health care rationing and how they would distribute health care resources. Ubel is well known for his own work in this field and the book gives a very comprehensive and useful critical overview. It is explained what the main findings are, but also that these findings are context-sensitive and sensitive to the framing of questions. For the health care ethicist this is perhaps the most

important part of the book. In the literature one can at times find categorical statements about the attitudes of the public—of the type: “Everyone prefers to give resources to the young and not the very old”—but often these statements have no other basis than the philosopher’s own musings in his or her armchair, or the views of his or her friends. Ubel’s book shows that such categorical statements are most often wide of the mark and that the public’s views are much more nuanced. In doing so he also shows why empirical studies in this area are important, as well as their limitations.

In this part of the book he also discusses how various forms of preferences, for example concerning age groups or justice can be incorporated into QALY-type measures.

Ubel does not present a new philosophical approach to justice, but he does show just how much work still has to be done before our well-known theories about justice can give determinate answers to the question of how scarce resources should be rationed in the health care system.

I can recommend this book without reservation. It should be read not only by health care ethicists but by doctors, health care administrators and, perhaps especially, by health care politicians.

It is written in an American context but there is an explicit recognition that there are many other health care systems than the American, and that some of them might even have features that are superior to the American system. Its conclusions are therefore easily transferable beyond the American context.

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An Ethics Casebook for Hospitals: Practical Approaches to Everyday Cases

Mark G Kuczewski and Rosa Lynn B Pinkus, Washington DC, Georgetown University Press, 1999, 219 pages, £17.25, \$23.95.

In spite of the stress on evidence and audit, clinicians still talk to each other mostly about cases, especially when there are difficulties. So when they come to consider problems in medical ethics, the focus is on case presentation too. However learned the participants, ethical analysis in medicine without cases feels like an egg without salt. Yet the oddity remains that case discussion is often done very badly; new tales are thrown in on a “me too” basis without any apparent questioning about why a second one will help when we haven’t got far down the road on sorting out the first. It’s not surprising therefore that some still dismiss these discussions as “mere anecdote”, or that there is a continuing critical literature (initiated in part in this journal) about the use and value of the genre itself. This ambivalence must be part of the explanation as to why, among the burgeoning of books on medical ethics, published collections of cases well analysed are still rare. This is therefore a welcome addition to the landscape.

It has many features which commend it. These are real cases, culled from the daily life of ordinary hospitals, not academic centres: so they ring bells as being important and common situations. The authors express some of the discomfort here: such cases can’t always be neatly categorised, and they express a “day-to-day moral struggle”, but they do contain many of the bread and butter issues of our discipline, often articulated but still in a sense unresolved. The cases here are

fleshed out with their particular difficulties, and so (although there are references to key articles), the major signposts of medical ethics seem to be of less use than is often thought in sorting out what to do. As a consequence, the authors speculate on different possible endings. There is a bibliography, readings being helpfully connected to the cases.

But of course as with insurance cover or a long term relationship it's in the details where disappointment may lurk. It's sad, for instance, given the important work published elsewhere, to find that the references are almost entirely from America. But being over-text, over-made and over here is not the main problem. To this reviewer the punches are still too flabby, the objectivity not sharp enough. It still reads too often like clinicians speaking to clinician friends. Other voices don't seem properly heard or satisfactorily amplified. Take one case, called "Caring for the indecisive patient", as an example. This turns out to be about a patient with an ischaemic foot who after admission was found to have widespread and incurable cancer. In spite of an expressed wish for quality of life in her last days, when her ischaemia progresses she is advised to have an amputation and agrees, but then refuses several other interventions and says she wishes to die quietly. Fascinating staff responses are presented but not discussed. The husband has alcohol on his breath, and so it is assumed by nurses and social workers that "he might not have the patient's best interest at heart". (His wife who came in with a sore foot is now near death and he's not supposed to have a drink before he comes in to see her?) The physician is concerned that "reimbursement for hospital days would be denied if no treatment was given" . . . and thinks there was a "significant risk that increased narcotics for pain would 'do her in'": he didn't go to the team meeting to discuss her care. We don't need to go on. There are well known attitudes represented here that, in part at least, concern the ethics committee. They worry that if they are too critical of a doctor's care that doctor might not bring future cases to the ethics committee. Understandable, and they all have to meet at PTA gatherings or on the golf course, but that doesn't surely prevent a robust analysis in a *book*, where issues not personalities are to the fore. To the reader, this poor woman seems shocked by the discoveries, and caught in transition, but not indecisive. She

did a great deal better than Hamlet at making up her mind in difficult circumstances: her tragedy lay in what was beyond her control. This book reminds me of a comment on a close friend's essay at school on religion, the friend being a parson's child: "Could do better, seeing who you are".

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Promoting Healthy Behavior: How Much Freedom? Whose Responsibility?

Edited by Daniel Callahan, Washington DC, Georgetown University Press, 2000, 186 pages, £32.50.

When my family and I were hiking in northern New York state we got lost. I waved down a passing car and inside I could just about, through the haze of purple cigarette smoke, make out a couple of very obese people in the car; they looked like mother and son. They very kindly agreed to take us to our car, several miles away, and during the journey I asked them what had brought them to this remote mountain road. "We come here once a week to draw water from a mountain stream", said the elderly woman. "Most people round here don't know how to keep healthy", she and her son opined almost in unison.

This experience, for me, captured many of the attitudes those of us in the West have towards health, health promotion, and disease prevention. This cameo shows how difficult it is to change unhealthy behaviour. Persuading people to give up smoking and reduce weight is more of a challenge than persuading them of the health-giving qualities of mountain spring water. In the West, and in particular in the United States of America, individuals are preoccupied with their health in ways not envisaged fifty years ago. In addition to recognising that we should take greater personal responsibility for our health we are acutely aware, also, of how the behaviour of others can affect our health. And it is in this realm, between the "right" to be free from state interference and lead one's life as one sees fit and the "right" to be unencumbered by unnecessary threats to one's wellbeing, where tensions arise. These tensions can be seen to play out in the realm of passive smoking, for

example. The bans on indoor smoking in prisons in Vermont (and the subsequent lifting of these bans because of a thriving black market) and the US Supreme Court's decision that exposure of prisoners to tobacco smoke violates the eighth amendment (the right to freedom from cruel and unusual punishment) highlight Beck's "risk society" in ways which are sometimes difficult to navigate ethically.

This excellent book, the result of a two-year research project conducted by the Hastings Center and the Stanford University Center for Biomedical Ethics, collects together a series of essays that reflect upon ethical, political and cultural issues surrounding the promotion of healthy behaviour. Perhaps not surprisingly, therefore, given the authors' North American origins, the book takes a US perspective. Although health promotion and disease prevention terms are used on occasion interchangeably with the promotion of healthy behaviour it is the latter, as the book's title suggests, that the collection focuses upon. This is interesting in itself and illustrates something of the strictures placed upon those in the US who ally social justice to public health. Ronald Labonte and Ann Robertson, the two non-US-based contributors, each provide papers which add breadth to the book and are superb. Meredith Minkler and Beverly Ovrebo have also produced impressive chapters, which highlight with clarity the ethical dilemmas which arise when trying to balance individual and societal needs and responsibilities. Ovrebo notes that: "While the debates are old, what is new is the context within which these debates are occurring" and it is these changing circumstances which make the book so interesting.

The collection has, in my opinion, failed in two areas. Firstly, although the ethical and social tensions in changing behaviour are described well, little space is given to potential solutions. These, of course, are political. But if collections such as this are to have a lasting impact then they must provide argued political solutions. This is a lot to ask of a book but if an ocean liner of the magnitude of the American body politic is to change course it needs all the help it can get. Secondly, the health promotion consequences of the unravelling of the human genetic code are insufficiently explored. Over the next twenty years or so the knowledge which arises from this project will transform the ethical

debates regarding the promotion of healthy behaviour.

More than a quarter of a century after Marc Lalonde drew attention to the individual as an important focus for intervention to control risk factors for ill health, this book provides a timely reminder that changing behaviour continues to be politically, culturally and ethically challenging.

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Bioethics: an Anthology

Edited by Helga Kuhse and Peter Singer, Oxford and Malden, Blackwell, 1999, 600 pages, £18.99/\$39.85 (sc) £60/\$74.95 (hc).

It has often been remarked that developments in science and technology proceed at a pace which far outstrips efforts to understand or control them. This clearly applies in the field of bioethics. Scarcely a day goes by without the newspapers being filled with the latest genetics scare story or medical controversy. So Blackwell's latest anthology is certainly a book whose time has come. The question really is not whether it will find a market, for there are many, both students and professionals, who will find this tome an invaluable reference, but whether the editors have managed to strike a suitable balance between their own, avowedly utilitarian approach, and approaches of those who place a greater emphasis on notions of rights and duties.

Kuhse and Singer introduce their admirably comprehensive collection by noting that we humans owe a duty

not just to other humans—but to the “biosphere”, and that applied ethics is rooted in a need (as argued by R M Hare) to find general rules and principles which can then be applied universally. The anthology follows the same pattern as their earlier and popular *Companion to Bioethics*, yet allows additional space for papers on topics where the “Companion” was weak, particularly debates surrounding new reproductive technologies.

The anthology is grouped into eleven main categories. Part one, Before birth, deals with abortion, including Judith Jarvis Thomson's famous violinist in need of a loan of a woman's life-support system. Part two, Issues in reproduction, looks at IVF, “Dolly” the sheep's experience and fertility treatment. A very brief piece by Hope, Lockwood and Lockwood, uses the rather fatuous claim that it is (almost) always better to exist than not to exist, to argue that IVF treatment should be made available without judgment as to the suitability or otherwise of the would-be parents. Jennifer Jackson argues that because “a century ago” life expectancy was 47 for women and no one objected to motherhood being embarked upon by women in their late 20s, no one should object to women twenty years off the current life expectancy figure at age 58 being aided in conception—apparently unaware of the statistical irrelevance of that figure of 47 years.

Part three deals with The new genetics and includes an article by Nicolas Agar on Liberal eugenics and an appeal for Hippocratic non-directive counselling by Beno Muller-Hill. Part four, Life and death issues, starts with Jonathan Glover's piece, The sanctity of life, reproduced from his book, *Causing Death and Saving Lives* (Penguin 1990) with its chilling reminder of the I G

Farben chemical company's memo to the camp at Auschwitz: “Received the order of 150 women. Despite their emaciated condition, they were found satisfactory. We shall keep you posted on developments concerning the experiment ... the tests were made. All subjects died. We shall contact you shortly on the subject of a new load.” But what does Glover make of his historical survey? “Given the company of the right people, I would be glad of the chance to sample a few million years and see how it went.”

This section on life and death issues is the heart of the anthology and includes among twenty selections, no fewer than three of which are the editors' own contributions: Kuhse on the “myth” that letting die is not equivalent to intentionally causing death, her article on “Why killing is not always worse—and sometimes better—than letting die”, and Singer's piece, Is the sanctity of life ethic terminally ill?, which cites the case of Tony Bland.

Parts five and six look more briefly at resources and organ donation, whilst parts seven and eight offer some thoughts on experimentation with, in a significant choice of sequence!, human subjects and animals.

Finally, contributions on issues in the practice of health care such as truth-telling and consent, conclude the volume along with four papers on ethicists and ethics committees, to the effect that, as Dan Brock puts it, professional philosophers of health care ethics are a bad thing, whilst occasional academic visits into the arena, by those whose primary interests remain outside, are best.

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