

Book reviews

Causing Death and Saving Lives
Jonathan Glover
(Pp 327, £1.25)
Penguin Books, Harmondsworth,
Middlesex, 1977.

Jonathan Glover's book is an excellent example of the way in which moral philosophy can illuminate, and be illuminated by, practical problems. After a brief introduction on the scope and limits of moral argument, Glover examines the basic ideas to which appeal is often made in discussions of the morality of killing. He begins his examination by making a distinction between *direct* objections to killing, which relate to the person killed, and side-effects, relating to the effect on others of killing him. Glover rejects the view that human life as such, or even human consciousness as such, are sacred in themselves, and instead defends the theses that it is wrong to destroy *worthwhile* human life and to go against the desire of particular individuals to go on living. This view implies that consideration of the *consequences* should play a dominant role in taking decisions about killing. Glover is happy with this implication, and rejects two doctrines, often invoked in these contexts, which would make the connexion between the morality of an act and its consequences more indirect: 'double effect', which rests on a distinction between intended and foreseen consequences, and the doctrine that acts with bad consequences are always worse than omissions with the same consequences. The chapter against the latter doctrine is especially powerful, concluding that if omission can be as blameworthy as actions, our failure to save lives (for example by contributing to famine relief) may be in the same league as murder. Glover ends this section by reminding us that he has mainly been considering direct objections to killing. In most cases there would also be many objections resting on side-effects; but there are exceptional cases where

the effects on others of killing someone would be *good*, and there is then the problem of balancing direct and indirect considerations.

Glover then applies this general theory to a series of controversies about the morality of killing, of which the most relevant to medicine are those concerning abortion, infanticide and euthanasia. It is difficult in this brief space to do justice to the complexity and sensitivity of the discussions, especially as some of the most telling material is in the quotations. I will try to illustrate Glover's method with reference to the discussion of abortion, which is particularly full, with two chapters discussing respectively the attempt to lay down a boundary point at which a fetus becomes a person and the attempt to depict abortion as something to which women have some kind of right. Glover's own view, based on his general principles, is that abortion is in itself on a level with contraception (the differences concern effects on people other than the fetus or potential fetus). Since the fetus cannot be said to have a desire to go on living, the relevant principle is that concerning worthwhile human life. In terms of this principle both contraception and abortion are justifiable to avoid the consequence of producing a life which is not worthwhile either because the child is not wanted or because it will be severely handicapped. In the latter case it is argued that there may indeed be a *duty* to have an abortion, though Glover does not crudely *equate* physical handicap with lack of a worthwhile life, and includes a sensitive discussion of the relationship between the two.

In all Glover's arguments there is considerable detail and complexity, but he is always lucid and never gives the feeling that he is embarking on logic-chopping unrelated to the real moral issues. He also manages to be impassioned without ever becoming strident – a rare feat in this kind of sphere. I am sure many

readers will remain unconvinced by the book's basic assumptions, but I think that all doctors (and all moral philosophers) could gain much from studying it with the care it deserves.

ELIZABETH TELFER

La Responsabilité Médicale (5th Edn)

Jean Penneau
(Pp 342)
Sirey, Paris, 1977.

This French book examines an important area of medical law, namely, medical liability. More specifically it provides an exposition and discussion of some of the legal obligations and liabilities which attach to members of the medical profession in carrying out their day-to-day work. It should be said that the author, M Jean Penneau, is ideally qualified to speak on the subject of medical liability: he has not only practised medicine for 20 years; he also possesses a doctorate in law.

The book is divided into two parts: Part I deals with some of the traditional aspects of medical liability. Accordingly, as one would expect, a fairly full discussion is given of the circumstances in which a doctor may find himself civilly liable in damages for acts of omission and commission resulting in harm to his patient. Here, and indeed throughout the book, the author makes excellent use of reported court cases (of which there seem to be not a few) to illustrate and support his statements. Consideration is also given to a doctor's potential liabilities under the criminal law. In this regard it is interesting to note that under Article 63 of the French Penal Code it is a crime in certain circumstances (punishable by fine/imprisonment) for any person to fail to give assistance to somebody in danger, provided such assistance is possible and '*sans risque pour lui ou pour les tiers*'. The relevance of this provision to a doctor who refused to go to a

dangerously ill person is fairly obvious. Similarly, under Article 378 of the Code it is a crime, except in certain defined situations, for a doctor to disclose confidential information acquired during the course of his work. Other criminal liabilities examined include those which can arise from the practices of organ transplants, human experimentation, and abortion.

Part 2 of the book is given to discussing new aspects of medical liability which have resulted from the fact that the performance of the medical act has tended increasingly to become a collective activity – unlike days gone by when it tended more often to be effected by an individual doctor. This collective activity is epitomized today in the hospital surgical team where surgeon, anaesthetist, and others work conjointly in treating the patient. What are the liabilities of the surgical team to the patient? If the anaesthetist makes a mistake during the operation, is he personally liable to the patient therefore? Or is the surgeon, as head of the team, accountable for his anaesthetist's mistake? Or are they collectively liable? The author analyses such questions and, at the same time, discusses whether the traditional solutions to problems of medical liability may have to be reconsidered and amended to accommodate these situations where the medical act is collective rather than individual in nature.

All in all, this is an eminently readable book. However, because of the peculiarities of French law, it will not be of great practical assistance to the British doctor or lawyer.

DAVID LESSELS

Birth

A film produced and directed by Helen Brew with a commentary by Dr R D Laing.

16mm, colour with combined optical sound track. Distributed by Concord Films Council Ltd, Ipswich, 1977.

Childbearing today is safer than ever before, and so why do we hear so much complaint and criticism about obstetric services from those being cared for? This film explains why people are dissatisfied with modern obstetric care. The film tells us that women having babies are being treated in a uniform and insensitive manner so that they lose their identity, are treated like children rather than adults, and are deprived of the peaks of experience that contribute so much to the creation of new relationships. As birth creates at least three new relationships – between mother and child, between father and child and between mother and father – disruptive influences at this time are especially serious in their effects and to be deplored.

Even if obstetricians and midwives are correct in all their modern practices, even if the film were wrong to ask the questions that it does, and even if the film is regarded as emotive and biased, at the very least it demonstrates the gap in understanding between the professionals and childbearing people. When lay people ask questions, the response of the profession is too often defensive. But, how are people to understand, if they cannot ask questions or get them answered? If those seeking information can neither get nor understand the answers, who is to blame? Dr Laing's commentary to the film asks many questions of obstetricians and midwives, which

in my opinion are entirely valid and demand answers.

I find the film beautiful and moving, because it allows women to speak for themselves and especially with their eyes and faces. Those who criticise the production of the film do so in defence of their own attitudes thereby revealing them for what they are. If the sound-track magnifies the harsh and strident noises of modern obstetric care, if the pictures emphasise the indignity of obstetric procedures, is this not how they seem to the woman giving birth? In which case, the sights and sounds presented represent truth and should make us more sensitive.

When the London Medical Group showed this film, it attracted one of the largest audiences that it has ever had for an evening meeting. The film had to be shown a second time for the sake of those waiting outside. The discussion that followed the film showed how it successfully provoked and challenged those present. But it is sad that apart from myself, I do not recognise a single obstetrician in the audience. Perhaps it is too provocative and challenging? Fortunately, medical students, other lay nurses and physiotherapists, and more important still women and men having babies have not ignored the film.

If people continue to ask questions perhaps some day obstetricians and midwives will question themselves rather than ignore the problems, or persist in defending what they are doing with inadequate paternalistic answers.

PETER J HUNTINGFORD