

## Book reviews

### Dictionary of Medical Ethics

Edited by A S Duncan, G R Dunstan and R B Welbourn  
London.  
Darton, Longman & Todd, 1977.

For whom is a dictionary such as this written? That is the question one usually asks oneself with some impatience when one looks at dictionaries etc. and, I suppose, especially if one has consulted it in vain. In this case the answer is given very clearly by the editors in their introduction. 'Members of the medical and allied professions', they say, 'and students in these disciplines require rapid access to a brief but authoritative statement on this or that subject which has moral or ethical implications. Sometimes they also require key references to the literature for deeper study of the subject and for the sources of research and philosophical thinking in relation to the particular topic. The entries and bibliographies are designed to supply this need' (p.v). They go on, however, to say that they have in mind the needs of the wider public - the general public as well as the caring professions. Let me say at once that not only are the editors to be congratulated on their eminently sensible and shall I say catholic vision of medicine and the problems of health but they and their contributors are to be warmly commended for their skill in producing what is on the whole, a book that is both brief and lucid, informative and yet remarkably free of jargon. The teaching of medical ethics will be much helped - more especially in those few places where attention is given to this increasingly important collection of problems as a matter of general ethical import rather than vocational training. There are those who are daunted by the excellent but massive work of such different moralists as Bernard Haring and Paul Ramsey for whom this volume will be a godsend. However, for

readers of this journal more precise information and evaluation is required. Perhaps the easiest way of indicating the range of coverage is to say that there can be few aspects of medical practice which are neglected whether these be technical matters of medical science, legal issues or questions of the attitude and conduct of the practitioner. Thus any greenhorn who is in any doubt about the law relating to the certification of death will find the relevant article a helpful and authoritative guide. An even better example is the article on cancer where there is a beautiful synthesis of various kinds of information and guidance. Against the background of medical and statistical information some wise comments are made about the questions relating to the treatment of cancer not merely as a matter of deciding the hoary but no less difficult problem 'To tell or not to tell?' but as the more subtle issue of competence to practise. This leads to the insistence that the cancer patient is vulnerable and therefore in need of protection from exploitation. Another point about the range is the inclusion of many articles on rather *recherché* yet ethically significant topics - e.g. Buddhism, Hindu medicine and Shinto. In describing these as *recherché* what I mean to say is that none is the kind of topic for the elucidation of which one would expect a dictionary such as this would be primarily designed. Yet it needs but a moment's reflection to see that as religions these are issues of very definite ethical import and furthermore in our so-called pluralist society these are of increasingly passing concern. One of the most useful features of the volume as regards its range is the inclusion of so much factual information. Subjects such as the EEC, Health Councils or the Funding of Research are expounded briefly and clearly in a way that will be of great benefit to the general public whose concern with problems of medical ethics tends to be more

practical and immediate than theoretical and speculative. Thus the volume seems to me to display an excellent combination of historical perspective and ethical concern.

It is impossible to offer even a brief evaluation of any representative sample of the articles and one is reduced inevitably to discussing just any sample. It is, I suppose, equally inevitable that one of the articles which impressed one most was the excellent entry on Christianity. Bishop Habgood writes very economically and relevantly showing the historical connection between Christianity and medicine before trying to define the patterns of its attitudes to medical ethics. He points out the classical philosophical roots of the doctrine of Natural Law which he sees as the basis of Roman Catholic ethics and suspicion of which he sees as characterising Protestant Ethics. It might seem churlish to query this admittedly rough and ready distinction when it so obviously reflects the attitude of so much twentieth century Protestant ethics; but it is important to emphasise that not only was there a significant attempt by the Bishop's predecessor, Ian Ramsey, to resuscitate the concept of Natural Law but that even in the ethics of Brunner and others the concept has an important role inasmuch as there is appeal to the doctrine of creation, and not merely to a soteriology. Indeed Dr Habgood himself speaks most suggestively of what one may call the attitudinal significance of the belief in creation and I think that what I want to emphasise is that there are some metaphysical implications which have important ethical significance. Similarly one of the most interesting and illuminating ideas I gleaned from the volume was the philosophical character of medical ethics. It is by no means clear what constitutes medical ethics and since, as I have said, there is increasing academic interest in the subject it is important to see that this is not

merely some collection of problems with no homogeneity beyond their common reference to medical etiquette and the ethos of practice. The articles on abortion, euthanasia attitudes to death, terminal care, suicide, contraception, health care systems and the right to strike can be seen as illustrating the general points that matters of life and death constitute an area of philosophically speculative interest where metaphysics jostles with ethics for the position of primary concern. How to define the life of a fetus or the rightness of enabling a person to hasten his own death in order to terminate suffering or the justifiability of suicide – these are problems the resolution of which demand the same work of philosophical clarification of the concept of life and of the morality of certain actions which in an obvious and natural sense have to do with life and death. A different but equally important lesson which comes out very clearly is that in medical ethics the moral questions as such cannot be discussed without a good deal of purely empirical investigation. This is where the combination of information and guidance of which I have already spoken makes this volume so valuable.

It will instantly be recognised that where ethics spills over into politics it is very difficult to produce appropriate articles for a dictionary. It is not surprising that one should find the brevity of the entry on the NHS startling and the discussion of the right to strike disappointing. The absence of bias is perhaps in both cases as much a weakness as a strength. However, in both cases there are very substantial moral questions some of which, it is true, are discussed in the longer valuable entry on State Health Service. Yet I am not at all sure that Sir George Godber is right when he says that there is no serious challenge in Britain today to the right of all to health care and the duty of the state to provide it. My point is in no sense a party political one but the more fundamental moral point that there are some half-formed moral principles lurking in the background of much popular thinking, – on the part of both the public and the medical profession – on this whole business of the admittedly unsatisfactory state of our unique heritage in the NHS. However, this final quasi-discordant note will,

I hope, point the harmony of my comments and so make this review a proper and acceptable paean of praise.

J HEYWOOD THOMAS

### **Intimations of quality: ante-mortem and post-mortem diagnoses**

H A Waldrow and Lorna Vickenstaff  
Nuffield Provincial Hospitals Trust,  
paperback £1.50.

This little book teaches a salutary lesson about the continuing uncertainty of medical knowledge. We have lately tended to neglect the post-mortem, feeling increasingly confident that clinicians can be sure of their diagnoses now that they have the support of a battery of laboratory investigations. The national autopsy rate has fallen to the region of 25 per cent and doctors are naturally disinclined to request post-mortems from bereaved relatives if they are convinced that the correct decisions were made before the patient's death.

The authors of this study had noted disturbing discrepancies between the judgements of clinicians and pathologists regarding the causes of death in Birmingham teaching hospitals. They set up a prospective investigation over 15 months with co-operative specialists in the West Midlands and found that ante-mortem and post-mortem diagnoses differed in one quarter of the cases which came to autopsy. In a further quarter there was partial disagreement between the doctors who had been responsible for the patient's care and the pathologists who subsequently scrutinised their bodies.

These results sound alarming. They are investigated by the fact that the errors mainly occurred in old people who had many different pathologies and in whom prior knowledge of the precise causes of death would not have modified survival prospects. However, in 8 per cent of the total sample it was possible that another treatment could have altered the outcome. Since it is the elderly who are most likely to die at home and since autopsies are generally a sequel to hospital deaths the range of error may in fact be greater than this study demonstrated.

But the shadows of the dead do not merely brood over the fate of

individual living patients. These findings also cast doubt on the quality of data which epidemiologists like to regard as relatively reliable. Mortality statistics, unlike morbidity figures, are routinely collected and go to make up our picture of the predominating diseases in society. If the causes of death as entered on certificates are mistaken then the incidence and prevalence rates derived from them for various diseases become uncertain. This study showed, for instance, that pulmonary embolism was being seriously underestimated as a contributory cause of death, to such an extent that the supposed prevalence of this condition, on clinical grounds, was only half its real rate.

The authors plead for more autopsies, on a representative sample of all hospital deaths. But, no humane purpose will be served by such a policy unless it leads to agonising reappraisals by the responsible clinicians and the candid acknowledgement of such mistakes as are uncovered. The improved accuracy of mortality data could, however, alter assessments of the changing pattern of disease and assist towards their elucidation.

UNA MACLEAN

### **A Fortunate Man; the story of a country doctor**

John Berger and Jean Mohr  
Writers & Readers Publishing Co-operative, London, 1976.

A biographical essay by John Berger accompanied by photographs by Jean Mohr would not just be like any other book, and the Writers and Readers Publishing Co-operative is to be congratulated for bringing it to us again. The range and scope of the questions it raises are enormous and anyone interested in medicine should study it very carefully.

A committed Marxist, Berger is a didactic writer who seeks to elucidate and communicate to us ways of looking at the world. The central problem for him is the meaning and value of human life, and in this age of the disintegration of meaning it is salutary to have someone prepared to diagnose the causes of this terrifying malaise in our society and indicate means of combating the virus that is undermining the creative powers of our people. '... they have learned