

Book reviews

The Handbook of Medical Ethics

The British Medical Association.
BMA, London 1980. £3.
(£1 to Members).

Evolution is a splendid theory to live with, if only because there is no one to feel embarrassed if we appear ungrateful sometimes for what has evolved. Revision is a different process: someone has to do it: and if a committee does it, several faces may redden if a reviewer is unkind. This Handbook, for general publication, has grown out of the 1974 BMA pamphlet entitled *Medical Ethics*, issued to members only. The revision, in several stages, has been the work of a Committee of the BMA. While addressed to a new present, its shape and structure are largely those of its past.

After the (*sic*) History of Medical Ethics, in two pages, the work is in 11 sections, grouped under three heads: relationships between doctors and individuals; relationships between doctors and groups; and etiquette, professional discipline, the law and codes of practice. There follows a bibliography, grouped under seven subject headings – and even more conspicuous for the extent of its reliance on articles in the *Journal of medical ethics* than for its omissions – and an index. The index is a necessary guide to reading, for it is sometimes hard to discern in the text any logic in the sequence of topics discussed.

Chapter 4 in the first section is headed Research in Human Subjects. There is no structural division to distinguish the ethics of 'therapeutic' from those of 'non-therapeutic' research, as outlined in the Helsinki declaration. The distinction is recognised only incidentally and implicitly in a sentence referring to prisoners (4.7). Research on children is discussed (4.6) without any reference to the question whether the investigation planned is for the child's benefit or not – an issue of greater topical importance in this country than research on prisoners. After this comes a chapter headed 'Ethical dilemmas'. The dilemmas discussed are screening, abortion, severely malformed infants,

AID, genetic counselling and investigation, euthanasia, brain death, tissue transplantation, artificial feeding, suicide attempts, reduction of service to patients and allocation of resources. The last two subjects, issues of politics in which the BMA and the Government are in perennial conflict, occupy 13 paragraphs, leaving only 29 for the other 10 topics. The depth of treatment given to any of them may therefore be guessed at. For severely malformed infants the doctors 'must find a just and humane solution for the infant and the family', but no criteria are offered for deciding what it is. The paragraph on AID is saved from triviality by its insistence on the doctor's professional duty as distinct from his merely offering the services of a technician. In the discussion of the taking of bone marrow for transplant from a child, discomfort is mentioned but not risk. No help is given to clarity in the euthanasia debate by canonising the terms 'active' and 'passive', as is done here – they by-pass the whole question of appropriate management; and the affirmation of the annual representative meeting of 1977 that 'the position of medical practitioners who are in conscience opposed to euthanasia must be fully protected . . .' makes one wonder where, in the BMA, the ethical presumption lies: are the conscientious objectors a minority who need special protection? Or may we still presume the *normality* of a professional rejection of the killing of patients, from which only a minority deviate?

The discussion of artificial feeding betrays a similar ethical confusion. The Declaration of Tokyo is properly quoted as forbidding, with due qualification, the forcible feeding of prisoners (and Home Office regulations might have been quoted to the same effect). The comment is then added (5.27), "The ethics of forcible feeding may be regarded as a special case of the much discussed question of 'the right to die'." This is morally and legally dubious. The principle infringed by forcible feeding is surely that of consent: forcible feeding is a medical intervention without consent, that is, an assault; and

from this the prisoner has the right to the protection of professional ethics and of the law.

Chapter 6, on The Doctor and Other Groups, is generally better than its equivalent in the 1974 pamphlet. Nurses have three paragraphs – they do not occur in the index in 1974; and as for the clergy, 'active collaboration' 'can be of great value' now; in 1974 there was only 'no ethical reason' why doctors and the clergy should not co-operate. Chapter 7, on The Doctor and the State, is new, and takes account of the Directives concerning the free movement of doctors within the EEC countries. It has also an important piece, based on the Declaration of Tokyo, on the participation of doctors in torture and degrading treatment or punishment.

The grouping of the final chapters under the heading Etiquette, Professional Discipline, the Law and Codes of Practice is unfortunate: it overrides the essential difference between the etiquette of a profession, necessary as that is, and the ethics of its practice as set out in the codes. The etiquette is necessary to the internal life of the profession, the conduct of its courtesies, the preservation of its corporate identity and standing, its protection from improper competition, invasion by commercial or partial interests and other threats to its integrity. The ethics, as set out in the Hippocratic Oath and the Declarations, concern the fundamental liberties of men as men and their protection in times of their vulnerability – as vulnerable we all are when we put ourselves into the hands of our doctors, whether as patients or as subjects for research. Although the inclusion of these Declarations under the heading of etiquette is a strategic error, the collection is useful in itself. Would that it were complete: the Declaration of Hawaii, 1977, on the misuse of psychiatry, is omitted. Nearly six pages, on the other hand, are given to a national code of conduct published by the Canadian Medical Association, much of it platitudinous; this *space* might have had better use in clarifying some of the ethical issues dismissed summarily in chapter five.

The reviewer regrets the asperity of his criticisms. Let it be granted that the handbook is not written for pedants like himself. It is written for busy men. There is the more need, therefore, for the arrangement to be logical and readily understood, and for language to be clear and without ambiguity. (What is meant, for instance, by the sentence in 2.2, that a Family Practitioner Committee 'has the power to assign a patient to a doctor whether he agrees or not'? Who is *he*, the doctor or the patient?) The Handbook is now on public sale, and we would wish it well if it can bridge the gap, in understanding and confidence, which seems to be widening, between the profession and the public. Fortunately it does not stand alone: indeed, the literature of medical ethics may soon call for the pruning knife. And when shall we move on to the next step, to educate the lay public in the ethics of patient practice? There is a mutuality of expectation in ethics; so far, we seem to ignore it.

G R DUNSTAN

The Ethics of Resource Allocation in Health Care

K M Boyd
Edinburgh University Press, pp 152,
£5.00.

In the confident 'sixties it seemed to many people that social scientists had the tools to approach and solve social problems as though they were technical problems. Reductionist analysis of a social problem by econometricians and other social scientists would, it appeared, provide the solutions to problems such as the inner cities or the cycle of deprivation or resource allocation. Government and the development of public services were to be conducted with management tools, even the metaphor implied social engineering such as planned programme budgeting, and difficult decisions were to be made by cost-benefit analysis and cost-effectiveness studies. This rational, engineering, approach failed because the problems which these techniques were used to solve were of a different nature from the problems experienced by the Ford Motor Company or Glacier Metal for which they had been developed. There were certain similarities but the problems of the public services had an ethical dimension which the problems of industry lacked.

As this is increasingly appreciated the ethical aspects of resource allocation are

once more receiving proper attention and this book will make a useful contribution to the debate. It is an expression – neither the term 'record', nor 'summary', nor 'report' is adequate – of the thoughts of a group of 14 people, comprising both health professionals and lay members, which debated this issue for two years under the aegis of the Edinburgh Medical Group. I use the word 'expression' because my impression is that the editor, who was the Group's Research Fellow in 1975, has managed to write a synthesis not only of what was said and concluded but of what was felt and implied by the members of the discussion group: a rare achievement.

There are five chapters. The first sets out the problem, listing the options facing health service managers, and summarises two principal theories of distributive justice – utilitarianism and John Rawl's theory. The second is a record of the group's consideration of certain issues, to illustrate their way of working and their principal conclusions. The third chapter sets the issues in a historical perspective and the fourth complements this by looking at the issues from four perspectives – 'ecological and epidemiological', typified by McKeown; 'clinical'; 'administrative', a very pragmatic and business-like perspective; and an 'egalitarian', or socialist perspective. The final chapter attempts to summarise the tension which exists between the technical and political approaches to resource allocation. The book also has two long appendices on health econometrics and on decision making in the NHS in Scotland.

I would have liked much more discussion on the conclusion on 'which there was least agreement' – that the order of priorities for resource allocation should be prevention then cure and finally rehabilitation. I would also have liked to see a greater proportion of the book devoted to a consideration of the comparison of different client groups, for example the comparison of the needs of old people with the needs of those who are mentally ill.

The reader who seeks answers will be disappointed because the book does not give any answers. What it does do, and perhaps all that it is possible for any book to do, is to pose the right questions. It emphasises the moral dimension of decision making and the fact that moral enquiry has an essential part to play in the political or professional approach to resource allocation.

This is a very useful book.

J A MUIR GRAY

Encyclopedia of Bioethics
Warren T Reich (Editor-in-Chief)
Macmillan and Free Press 1978.
4 Vols pp 1,800, \$200

How can one possibly review a four volume work containing 315 separate articles? Inevitably any assessment must be in terms of overall impression together with a somewhat random sampling of specific contributions. An encyclopedia is, after all, essentially a work of reference to be turned to at times of need. The test of its usefulness must be the extent to which it seems likely to fulfil the needs of various groups interested in 'bioethics' (a term defined in the Editor's Introduction as 'the systematic study, in the light of moral values and principles, of human conduct in the area of the life sciences and health care').

The first overall impression given by this work is lavishness in production. Large, clear type, high quality paper and excellent binding make the Encyclopedia into a durable and easily read reference work. Having decided on such an expensive production, the publishers are to be complimented on their attention to detail. (For example, the volumes lie open flat, allowing a quick reference to different pages.) A second immediate impression is that this work has been planned primarily with an American readership in mind. The term 'bioethics' conveyed this at once, of course, but, in addition, the editorship, consisting of one editor-in-chief and five associate editors, is exclusively American. Admittedly such a complex undertaking could hardly have been completed so quickly without this national concentration and the strong Editorial Advisory Board does contain 18 members from other countries. Nevertheless, there is a danger that the sudden flowering of writing and research in this subject area in the USA may exert an undue influence on the language and theoretical development of bioethics in the rest of the world. An example of this danger may be found in the remarkably comprehensive section on the history of medical ethics (130 pages of text, spanning the history in primitive societies, Near and Middle East and Africa, South and East Asia, Europe and the Americas). Although the editors have brought together a commendably wide range of authors in the African, Asian, and Near and Middle East sections they rely to a surprising extent on American scholars in the section on the European and American

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