

Book reviews

Current Opinions of the Judicial Council of the American Medical Association

American Medical Association, Chicago (£2.28) \$4.00 plus (85p) \$1.50 postage and handling

This pamphlet contains, first, a brief history of 'codes' of medical ethics from Hammurabi (c 2500 BC) to the last revision of the AMA Principles of Medical Ethics in 1980; then the seven Principles themselves; then the Opinions of the Judicial Council of the AMA; and lastly the constitution, bylaws and rules of the council itself. If comparison is invited with the BMA's *Handbook of Medical Ethics*, the American document is by far the more clearly ordered and the more businesslike.

The document is, first, clear. The Principles relate practice, as in the Hippocratic tradition, to the three centres of obligation, the patient, the profession and the wider community. The introduction to the Opinions distinguishes three uses of the term 'ethical' to refer to matters involving moral principle, professional usages or etiquette, and matters of professional policy in themselves morally indifferent. Professional discipline and the processes of public law are also distinguished. The issues which commonly we call 'moral' are treated together in one section – Opinions on Social Issues, in alphabetical order from abortion to unnecessary services. Scarce resources are to be allocated according to likelihood of successful outcome or long-term benefit, not according to social worth. Donors for AID should be 'screened' as well as 'selected', to 'control' the transmission of infectious and genetic disorders. In clinical investigations, proxy consent is allowed for legally incapable subjects,

minors and the mentally incompetent, even for non-therapeutic procedures (Helsinki, part III); and a caution is inserted against 'the overuse of institutionalised persons' (which means, presumably, people in institutions like prisons, hospitals and universities) as 'an unfair distribution of research risks'. Prominent in the guidelines on fetal research are references to 'a legally authorised representative of the fetus' who is to act 'in the best interests of the fetus'; the implications of this for the attribution of legal personality to the fetus would be interesting to pursue. In terminal illness the physician 'should not intentionally cause death'.

We have now reached page 9, From now on, while losing nothing in clarity, the Opinions become businesslike. The remaining sections govern professional custom and usage, and policy *vis à vis* the public, the law and the media. The moralist reading these sections feels himself to be something of a *voyeur* looking at what he ought not to. One legitimate interest of any profession is the corporate maintenance of its social status and economic reward. It would seem to an outsider that the assumption underlying sections three to nine of these Opinions is that the medical profession in the USA has to guard itself strenuously against the infecting of this interest by the invasive forces of a commercial society: the temptations to over-reaching, exploitation both within the system and outside it, and the commercialisation of professional opportunity must be very strong if such explicit defences are erected against them. Perhaps the document has been published – it is not confidential to the profession or to members of the AMA – to give assurance that the profession is aware of present danger, and is armed to meet it.

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The Diseases of Civilisation

Brian Inglis
Hodder and Stoughton, London
£10.95

In this, his latest attack on orthodox medical practice, Brian Inglis's main theme is that the trumpeted successes of modern medicine and surgery are not so great as most of us assume. He re-echoes the warnings sounded by René Dubos and more recently by Ivan Illich that Western medicine, based on mechanistic theories of disease, has not only produced a spate of iatrogenic disorders but is also incapable of reducing the impact of heart disease, cancer, and mental illness which are now the main plagues of developed countries and which are beginning to spread to the Third World.

In reviewing the means by which doctors now handle these problems he recounts the not inconsiderable evidence of the psychosomatic basis of these and other less prevalent diseases, pointing out that doctors almost completely ignore this aspect and ostracise their colleagues who emphasise it. His condemnation of modern therapeutics seems almost unanswerable, but the informed reader will see how biased and often inaccurate his story is. There is scarcely a mention of the enormous power of modern medicine to prevent or postpone disability and to relieve pain. Thus, by his account, anti-hypertensive drugs are useless and usually harmful; but he overlooks the dramatic control of the previously fatal malignant hypertension. He quotes the US evidence that tolbutamide and insulin failed to benefit, and even shortened the lives of, diabetics without pointing out that this trial was concerned only with late onset diabetes and is irrelevant to the tens of thousands of early onset diabetics who would have died within a few years

without insulin but who now enjoy decades of active life.

But what has all this got to do with medical ethics? Well, if Inglis's accusations are justified we are a pretty amoral lot. He suspects that we deliberately neglect our patients' psycho-social problems because of an erroneous mechanistic theory of specific aetiology of disease. He claims we refuse to allow them to be more responsible for their own treatment, and also that we impose a sense of blame on them when we diagnose a psychogenic basis for any illness. Furthermore, we collaborate with the drug industry in the promotion and misuse of endless new varieties of potentially harmful drugs, trying them out as if our patients were guinea pigs. Our ethical committees he dismisses as ineffective: our controlled trials are pseudo-scientific and unreliable, (largely because of inconsistencies in trials of psychotropic drugs and ECT). Our increasing specialisation encourages competition for ever more elaborate equipment for diagnosis and treatment when we should be spending more time in understanding our patients' 'real' problems as whole people and not just as disordered machines. All this evil inevitably rubs off on medical students so that our sins are self-propagating.

Readers of Ian Kennedy's Reith lectures and the controversy that they engendered in volume 7 of this journal (pp 173-211) will recognise that even if Inglis's attack is exaggerated there is some truth underlying it. Many doctors who read this book may agree that they need to improve their understanding of their patients, but they will be irritated and annoyed, as I was, by the lack of any mention of all that is good and beneficial in modern scientific medical and surgical practice. They will also be disappointed if they reach the final chapter, 'The Way Ahead', for they will find no clear signposts to show how the psycho-social problems which cause disease may be alleviated. Nor will they agree to full recognition of practitioners of 'Fringe medicine', nor to lay control of research funds to channel them away from the useless projects of, for instance, cancer experts. The final plea that we should 'achieve a better understanding of ourselves through a liberation of instincts long dormant, and where necessary a change in our lifestyles' is not one on which action can readily be taken or success achieved.

Despite its bias, omissions and inaccuracies I found this book did present a challenge with an ethical component to

which the rising generation of doctors may pay more attention than their teachers are likely to pay.

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Treating The Troublesome

Council for Science and Society Report,
London
£2.50

The Council for Science and Society was formed in 1973 with the object of 'promoting the study of, and research into, the social effects of science and technology, and of disseminating the results thereof to the public'. This report, produced by a working party convened by David Sullivan QC, describes techniques of treatment currently used to modify behaviour or personality and examines the ethical problems of giving such treatments, with or without consent.

The ten members of the working party are to be congratulated on producing a literate and lucid report which reflects the application of much liberal and humane thought to a most difficult problem: when should treatment be compulsory? They prepare the ground for approaching this question by starting with an informative and balanced section on the physical and psychological techniques of treatment that are available.

A section on places of confinement rightly draws attention to the extreme pressures on the four special hospitals and on the prison service, pressures which inevitably push the management of mentally ill offenders in an authoritarian and restrictive direction, where there is a greater risk of professional ethics being stretched by the exigencies of administering grossly under-staffed institutions. The pressures might be reduced if the Regional Health Authorities could be persuaded to provide the 'medium security' units they have been instructed and funded to provide. This working party also makes the recommendation (p 48) 'that a small number of well-equipped prison hospitals should be designated as mental hospitals, so that prisoners could be detained there under a Mental Health Act certificate'.

The money spent on the prison service and on the mentally ill of all categories needs to be greatly increased

if any appreciable impact is going to be made on the problem of recidivism and anti-social mental disorder. Society behaves like an ostrich, trying to shut away and ignore the troublesome patient, a course of action which is not only inhumane but, in the long run, more expensive than tackling the problem.

Ideally, professional ethical codes provide a safeguard against the abuse of treatment without consent. But not all professions have codes that are as rigorously enforced as that of the medical profession. Psychologists, for example, are expected to observe the code of practice of the British Psychological Society, but even if transgression leads to expulsion from the society a psychologist could still continue to practise. A similar situation exists for social workers and psychotherapists, although the statutory registration of psychotherapists has been actively discussed for some years and may well soon become a reality. The report also makes the valid point (p 26) 'that in Britain ethical education, which of course is difficult in that it is not a matter of didactic (*sic*) tuition but the fostering of an approach, is the exception rather than the rule in medical schools and post-graduate courses'.

The Mental Health Act of 1959 contains safeguards, and the Butler Committee of 1975 recommended further safeguards, some endorsed in the Mental Health (Amendment) Bill 1981, but not, at the time of writing, yet enacted. This working party makes a number of additional proposals, two being important in my view. Firstly, it proposes that as well as obtaining a professional second opinion whenever there is any doubt about the correct diagnosis or appropriate treatment, a lay second opinion should be obtained whenever (p 44) 'there is an important defect in the patient's understanding, or in his competence or freedom to give consent. What is needed in such cases is an opinion from someone who can represent the patient's interests, but who is not subject to his disabilities'. How closely this ideal could be approached remains to be seen. Secondly, it proposes a voluntary rather than compulsory system of maintaining safeguards, arguing that a compulsory system would be cumbersome and bureaucratic and would entail (p 45) 'the possibility of an effective veto over a clinician's freedom to treat his patient as he thinks best'.

It is a pity that the working party does not give some clinical examples to make