Book reviews

In That Case
Alastair Campbell and Roger Higgs
London, Darton Longman & Todd
in association with the Journal of Medical Ethics
£4.50

In this book the authors attempt to display some moral choices faced by patients and health care professionals. The technique used is based on an extended case conference which covers the life story of a 16-year-old unmarried mother with tendencies to incest, suicide and baby battering; the upheaval in her family, and the contours of the health care team.

Seven chapters describe the crises in Angie’s decline, and in discussion after each chapter the authors attempt to identify what went wrong, and how it could have been prevented. The story is told racyly and entertainingly; but in the discussions the authors revert to that opaque dialect, hybridised from sociology and psychiatry, which some health care professionals adopt when talking to each other. The book suffers as a result, since a full appreciation of the complexities of the case demands more precise descriptions, the avoidance of jargon, and a good deal less rambling. Inverted commas abound, inadequately substituting for definitions: ‘tender loving care’, ‘whole person medicine’, ‘detective game’ (the last being used to mean the process of achieving a diagnosis, I think). Not surprisingly, (given the authors’ standpoint) specialists, particularly surgeons, are assumed not to be capable of specialising in the treatment of one particular human disease and considering at the same time the health and feelings of the whole person to whom the diseased tissue belongs. In this, the book re-kindles the flames of anti-reductionism in medical training first lit by Kennedy in his Reith Lectures. When will an informed answer to this most unjust criticism appear?

But having said all this, the book is penetrable, indeed readable, and many valuable messages emerge which will be useful to students, some doctors, and, of course, social workers, and anyone who relishes practical exercises in the ethics of health care. Most of the problems, true to life, arise from human failure in the attendants rather than the patient, in the poverty of the services rather than poverty in the home, and in the failure of doctors to perceive rather than the failure of patients to express. Doctor-patient interfaces are examined, and the nature of the resultant relationships is analysed constructively. Hoary old chestnuts get their deserved criticism (student-teaching ward rounds, when improperly managed, can cause havoc amongst patients — when will we learn?) and the bad habits of health visitors and psychiatrists are highlighted honestly.

Happily this book does not supply too many answers, or too much advice. The appendices contain many illuminating references to case material for discussion and thought, the reader being asked to work out his own attitude to some ethical conundrums for himself. Some big problems and paradoxes are illuminated for the unawares, for instance: How can cold objectivity (necessary for good management) co-exist with sympathy (necessary for good relations) in the same individual? And: When a social problem is analysed by two experts from two different standpoints the answers may be contradictory. These are home-truths for many of us, but refreshingly presented. Although little insight is given into the methodology of health administration (that would require a text-book), this little paperback makes you think, and in doing so promotes sensitivity and forward thinking, two qualities most urgently needed in the jungle of a poverty-striken welfare state.

ROBERT SELLS
Royal Liverpool Hospital

Moral Thinking: Its Levels, Method and Point
R M Hare
Oxford, Oxford University Press
£11.00 (paperback £3.95)

The first part of Professor Hare’s new book distinguishes two levels of moral judgment: the intuitive, on which we apply the moral principles of our upbringing, sometimes, because of social and technological change (not least in the medical area), obtaining unpalatable or conflicting results; and the critical, on which, Hare argues, we should use a sort of utilitarian method, taking all facts and preferences into account, in order to discover the principles of action genuinely most appropriate to our situation. Features of morality as ordinarily understood (eg that the preferences of the virtuous and the vicious should not have equal weight), which are disregarded at the critical level, can be shown to be in place at the intuitive. The same line is taken in Part II about particularities, rights and justice, which it is often alleged utilitarianism cannot accommodate.

Part II explains the critical method. The moral agent is committed by a moral judgment’s universalizability (that what is right or obligatory for one must be so for anybody identically situated) to giving equal weight to his own and others’ preferences. This sets a complex problem of working out the balance of preferences when many people are involved. Hare’s solution is, in effect, to represent others’ preferences as preferences the agent would have if he or she were in their situations. This is to reduce the problem of interpersonal comparisons to that of intrapersonal ones, which we all somehow seem to cope with in our everyday lives.

I suspect some readers will find this unconvincing – the more so, perhaps, if
they are unacquainted with the work of games theorists and welfare economists. Hare, however, shows himself well aware of the difficulties; and there is great force in his contention that they face all moralists who attach any importance to doing social good or preventing social harm, and not just utilitarians.

Part III seeks to show why we should go in for critical thinking, conceding that there is no logically compelling argument against the amoralist, but endorsing a probable argument in prudence against bringing up children to be such. It is further argued that it is logically impossible for there to be a consistent, non-utilitarian fanatic. Here, as throughout, it is maintained that critical moral reasoning is both philosophically justified in terms of the concept of moral judgments as universalizable prescriptions and capable of directing ideally acute, sensitive, fully-informed people to rational solutions to practical questions. Actual human beings, of course, fall short; but rational solutions remain possible in principle.

Hare is unquestionably the most influential British moral philosopher of the last 30 years. His book will inevitably be of immense interest to fellow philosophical practitioners, who will want to see how he has qualified and developed his views. Hare, however, clearly hopes to reach a wider public, feeling that ‘unless some way is found of talking about [urgent practical issues] rationally and with hope of agreement, violence will finally engulf the world’. I am sure that an understanding of the present book would greatly improve public discussion; but I fear that it may not exert the wide direct influence that it should. Hare is an exceptionally careful thinker and a clear-headed writer; but his book is not wholly accessible to the lay reader. It comes across as a report on work in progress, shaped as often as not by the objections of critics, and compressed by a notable reluctance to bore the reader by repetition of other writings or extended discussion of matters not central to the main argument. These intuitions have merit; but critical thought should convince the author that he could do good by expressing himself at greater length and in a more relaxed and less argumentative manner. He acknowledges debts to Kant and Mill. I think he could surpass the rigour of the former in a work as widely readable as the *Utilitarianism* or *Liberty* of the latter.

PROFESSOR R F ATKINSON
*Department of Philosophy*
*The University of Exeter*

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**Justice and Health Care**


The dominant emphasis in medical ethics during the last decade has been on specific moral problems of individual or small group decision-making. Analysis has concentrated on issues such as abortion, fetal research, care of the terminally ill, drug abuse and organ transplantation etc. The objective has been to articulate and assess the parameters for moral decision-making in these specific contexts of medical care. Insofar as bioethicists have stressed analysis of these ‘micro’ issues, there has been a corresponding lack of sustained analysis of the institutional character of medicine and health care provision – the ‘macro’ structure within which the micro issues arise. The Shelp volume attempts to correct the imbalance of focus by 1) examining the health care institutions within which micro problems arise; 2) investigating the larger array of institutions of which the health care sector is only one part. Key concepts examined throughout the volume are those of ‘justice’, ‘right’, and their relevant application to the domain of health care. But justice and rights considerations can only be clarified by examining various theories in terms of which certain claims about justice and rights are made and by means of which these claims can be defended. Without at least an implicit ethical theory or a theory of justice, certain questions cannot be coherently asked much less answered.

Such questions include: Is there a right to health care? What does such a right mean and imply with respect to an array of other basic rights we try to defend? What is the content of a right to health care? Are we claiming a right to free provision of medical care in crisis situations of disease and this for all members of society in an equal way or do we also include under the umbrella of this ‘right’ free access to the full range of technological provisions in medicine including such items as human in vitro fertilisation, heart transplants and cosmetic surgery (to name only a few of the procedures available which many would consider non-essential under a right to health care)? The parameters of rights claims are not self-evident and the essays in this volume show no presumption that their analyses offer final resolutions of these complex questions. They do, however, highlight some of the essential questions that would need to be asked in order to come to some plausible view as to the resolution.

Another question concerns the socio-economic and ethical issue of priorities. The priority question arises at two levels: the priority of health care relative to other goods and needs, and the order of priority of various forms of health care. While the issue of priorities is complex in terms of theoretical considerations it is no less so at the level of practical decision-making in any society faced with limited economic resources. Thus a third question, which asks about the justice or injustice of current health care systems, is a question which presupposes that we opt for a theory of justice that can argue for or against a universal right to health care and likewise provide a basis for defending priority decisions. It is not surprising, then, that the present volume on justice and health care will be considered as weak or as strong as are the theories of justice proposed to defend the various claims both at the micro and macro level of health care allocations.

**The Rights of Doctors and Nurses and Allied Health Professionals**

G J Annas, L H Glantz and B F Katz New York, Avon Books $3.95

Doctors and nurses might be forgiven for believing that they have obligations and other people have rights so it was with some surprise that I received this book for review. My surprise was heightened when I saw that the cover described it as an ‘American Civil Liberties Union Handbook’. The book was suggested following one on the rights of hospital patients by one of the authors and from time to time the impression is given that the authors are more at home speaking of a doctor's