

the scope and value of some of these discussions. However, there are two issues which are explored in some detail. Under the heading 'The Public's Right to Know' he considers the implications of the 1972 Nelson hearings – Senate hearings which explored the extent of public dissemination of information about the risks of the Pill – and the media coverage of these hearings. He concludes that it is reasonable to link the public's right to know to the freedom of the press as long as this 'does not license the media to disseminate important information – especially that of a complex technical nature – irresponsibly and with little appreciation of the consequences'. Unfortunately he makes no suggestions about how such control of the media could be achieved!

Djerassi suggests that it was as a direct result of the Nelson hearings that all Pill packs (in Britain as well as in the US) now contain inserts specifying the Pill's side-effects. While applauding the principle of package inserts for all drugs, he rightly questions 'whether the legalistic manner in which the negative side-effects of the Pill are described in order to protect the manufacturer against possible liability is a helpful way to convey important information'.

The other issue runs right through the book – that is, how to balance the need to produce new contraceptive methods as rapidly as possible against the demand for the utmost safety. In Djerassi's view, the greater power of the Food and Drugs Administration (FDA), the development of consumer groups and an increasing fear of litigation have led to a shift in this balance, particularly in the US, such that the emphasis on safety has not only slowed down the development of new contraceptives but has made it increasingly unlikely that industries will consider even investing in any new development with so little prospect of profit. Clearly there is a need for government-funded (including internationally-based) research and fortunately some other countries are more willing to consider this than the US. According to Djerassi up till 1979 the US had still not contributed funds to the World Health Organisation's birth control programme.

Although Djerassi makes suggestions to encourage further research and innovation in the US, he does not claim that he can solve the basic dilemma of 'how to balance innovation with risk?'. Yet his own priority is clear and he states this as the reason for writing the book. 'In birth control, time is the most expen-

sive commodity' and we do not have an unlimited amount of time.

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Social Work with Undervalued Groups

Ruth Wilkes
London, Tavistock Publications
£8.50 (paperback £3.75)

Ruth Wilkes, in *Social Work with Undervalued Groups*, has made a stimulating and challenging contribution to the debate about values in social work, a subject which she believes is all too often neglected in favour of discussions about aims and methods.

Her thesis is that by making sociology and psychology rather than moral philosophy the underpinning of social work training we have shifted social work from its central value of concern for the individual, whoever he or she may be, towards a profession which manages and controls people's lives and fits them into the socially defined values of our time.

She examines two different justifications in moral philosophy for interfering in people's lives – notions of positive and negative freedom. Positive freedom is concerned with the realisation of one's 'true' self and justifies interference in the lives of others for their own good and for the good of society. Negative freedom is freedom from interference or freedom to do whatever you choose: interference in the lives of others is only justified in order to prevent harm to others or for self-protection.

Social work has unquestioningly adopted a base of positive freedom aiming as it does to do good and to perfect Man and society. Ruth Wilkes believes that social work should be based rather on a notion of negative freedom, that it should aim to avoid harm. She believes that the social worker should strive *less* to perfect methods and techniques which go to make the worker a more effective and purposeful manager and controller of people's lives, and *more* to understand the pain and suffering of each individual, to be receptive to his or her particular experience and to respond creatively with love, compassion and openmindedness.

We are asked to shift from the current

analytic, empiricist approach to a meta-physical one. This approach goes beyond what can be explained by social conditioning or socially created values and norms to seeing each human being as unique and infinitely resourceful in his search for harmony both within himself and with the natural order.

I can recommend Ruth Wilkes' brave and personal challenge to social work to all those involved in it, but steeped in a positivist way of thinking as most of us are, it is not an easy book to read. It takes a leap of faith to embrace the metaphysical approach.

The author seems to suggest that social work is on the wrong track. However, I believe that it is possible to develop social work in Social Service Departments (which do undoubtedly encourage a managerial approach), and at the same time develop more intuitive and creative forms of work in these and other agencies. With the development of specialties there is more and more interest in the old, the mentally and physically handicapped, and the sick and dying, all of whom the author believes are undervalued in current practice.

The book is a timely reminder of our limited power in the face of the sadness of others, of the need to see and use strengths in others, and of the need not to believe that in social work we can control other people's lives.

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Rights and Responsibilities in Modern Medicine

Ed Marc D Basson
New York, Allan R Liss, Inc
£15.00 DM66.00

This book is the second volume in a series on ethics, humanism and medicine, and it consists of the proceedings of the 1979–1980 conferences of those topics held at the University of Michigan, Ann Arbor. The participants at the conferences came from a variety of disciplines, such as various branches of medicine, law, theology, philosophy and veterinary medicine, and it is a tribute to them and their editor that their disciplines provide backgrounds rather

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than obtrusive foregrounds to the discussions. Each session of the conferences consisted of a general introduction to the topic, the statement of a case for discussion, contributions from two participants, and a summary of the results of discussion at the session. The topics dealt with were: the right to health care; life and death decisions in the neo-natal intensive care unit; animal rights and animal experimentation; informed consent in medical treatment; the refusal to sterilise; cost effectiveness and patient welfare; rational suicide, and government funding for elective abortions. The papers are all clear, readable and helpful at a practical level, and the introductions and summaries provide useful signposting to any reader lacking the time or patience to pick his or her way through the intricacies of philosophical argument. The moral outlooks of the participants vary as well as their disciplinary backgrounds. However, there is always an attempt to be fair to opposing views. For example, Professor Stanley Hauerwas, writing on suicide from the point of view of a professor of theology at the University of Notre Dame, avoids the slogans that might be expected from that position and offers a humane and balanced analysis.

The contributions vary in standard, as is obviously to be expected, but they are consistently controversial, and suitable for use with medical or nursing students. It is indeed a feature of the conferences that there is a large student involvement in the discussion. The editor himself, Marc D Basson, is described as 'currently a fourth-year medical student at the University of Michigan', and was the Director of the Committee on Ethics, Humanism, and Medicine at the time when this volume was produced. Another medical student participant, Rachel Lipson, was the committee's Programme Director. These are obviously exceptional students even by American standards, but there is no doubt that in Britain medical educators have been slow to see the need for systematic discussion and teaching in ethics. The view still prevails that if a doctor knows enough facts ethical problems will go away and that it is the business of medical education to provide these facts. This volume brings out clearly that ethical problems remain despite the facts, and that American medical education at least, is aware of this.

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Medical Ethics and Medical Education

Eds Z Bankowski and J Corvera
Bernardelli
Geneva, The Council for International
Organisations of Medical Science
£6.00 from Her Majesty's Stationery
Office

The Council for International Organisations of Medical Science (CIOMS) is an international non-governmental scientific organisation established jointly by the United Nations Educational, Scientific and Cultural Organisation (Unesco) and the World Health Organisation (WHO) in 1949. CIOMS holds annually a round table conference (usually on subjects related to ethics) and the proceedings are published. The present volume is a record of the 14th conference which was held in Mexico City in 1980 and at which there were nearly 80 participants, mostly doctors but some philosophers, administrators and others. The conference consisted of four sessions: the first two constituted an ethical review of clinical research; the third was entitled Medical Ethics in Medical Education and the fourth Medical Education and Government. The title of the book (and indeed of the conference) is therefore misleading. Readers seeking observations on the relationship between ethics and medical education will be disappointed to find only one session on that subject. On the other hand, readers interested in the ethics of human experimentation will find much of interest but might miss the articles if they rely on the title.

The book consists of 20 papers, mostly in English with summaries in Spanish but a few in Spanish with English summaries. The 38 pages of discussion clearly cannot do justice to the participation, formal and informal, of all those attending. That being so, and the papers being on such diverse subjects there would be an argument for each of the opening papers to be published separately in an appropriate journal rather than for a volume of proceedings to be prepared. To say this is not to detract from the value and interest of the papers which are very readable: most of them offer new slants and some, new material, on subjects of perennial interest.

The tone of the sessions on ethical issues in human experimentation is set by a provocative paper by Dr J Ladd, Professor of Philosophy at Brown University, Providence, USA. His theme is that 'ethical aspects of human experimentation are dependent on the con-

text' and that there is 'no special set of ethical principles that apply specifically and uniquely to human experimentation as distinct from other human activities'. He goes on to discuss certain confusions such as the moral and the legal aspects of informed consent and he lays stress on the relationship between experimental subjects and those who stand to benefit. There follows an interesting account by Dr R Levine of Yale of the value and limitations of ethical review committees. Further papers take specific examples to illustrate the problems of experimentation: gastroenterology, and here the emphasis is on the new invasive diagnostic procedures; children, and here there is a quotation from as recently as 1900 when the researcher found that animals were too expensive and so used orphanage children instead!, and women. These sessions on human experimentation are drawn together by a paper from Dr John Dunne of WHO who presents new provisional guidelines especially appropriate to developing countries. These were welcomed by the conference.

In the session on medical ethics in medical education Dr Edmund Pellegrino highlights the recent prominence given in medical education in the USA to humanities teaching. He discusses the best time for the teaching of ethics and the role of different teachers. He emphasises that 'teaching programmes rarely survive unless a substantial intellectual base is constantly added through research'. Dr Mark Siegler of the University of Chicago much prefers the term 'clinical ethics' to 'biomedical ethics' and emphasises the importance of focusing on issues that confront the doctor in day-to-day practice. He arranges a month's programme in clinical ethics to run concurrently with internal medicine and at 90-minute sessions three times a week a student presents for discussion the ethical aspects of a current case.

The session on medical education and government is interesting but the papers are virtually unrelated to ethics. A good attempt is made in the final discussion session to tie the whole conference together.

The book is to be recommended for its constituent parts rather than as a cohesive volume. Alfred Gellhorn, the chairman of these round table conferences, is to be congratulated on the topics chosen and on the high standard of the speakers invited.

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