

Clinical Ethics

A R Jonsen, M Siegler and W J Winslade
West Drayton, Collier Macmillan,
1982, £14.

The subtitle of this book, which was first published in the United States, is 'A Practical Approach to Ethical Decisions in Clinical Medicine' and the authors are a philosopher, a clinician and a lawyer. The reader is given the benefit of a consensus, as it were, after the authors have discussed each problem amongst themselves. The book is crisp and short but there is an excellent bibliography and as well as a table of contents there is a 'locator' which is very helpful and there is good cross-referencing. These aids are important because instead of the more conventional arrangement of chapters by subject there are only four chapters: Indications for medical intervention; Patient preferences; Quality of life, and External factors. As the authors indicate in the introduction these titles are taken from philosophical literature and based on the 'Principle of beneficence behind indications for medical intervention, the principle of autonomy behind patient preferences and some form of Utilitarianism behind quality of life and external factors'. This grouping may seem awkward to the clinician but all the practical problems of day-to-day decisions are readily found and helpfully discussed. By 'clinical ethics' the authors mean 'the identification, analysis and resolution of moral problems that arise in the care of a particular patient'. The book, which fits readily into the pocket of a white coat, is intended primarily for doctors, but it will also be helpful to medical students and to nurses. Although written for a readership in the United States, it is entirely relevant to the scene in other countries and the bibliography is international.

The case histories are numerous, varied and succinct. The comments provoke thought and do not attempt to lay down dogmatically the appropriate course of action. The authors stress the very close links which should exist between the ethics component and the clinical care component for each patient. One of the authors, Siegler, has described elsewhere (*Medical Ethics and Medical Education*. Geneva; Council for International Organisation of Medical Sciences, CIOMS: 1981: 196-206) a model for the practice and teaching of clinical ethics. He emphasises that it is the clinician who can best understand the medical moral issues as problems

within the context of the clinical situation. He goes on to describe his programme in clinical ethics which runs concurrently with a one-month attachment to the acute general medical unit. During the month the group of ten students meets three times a week for clinical ethics. The meetings are held in a conference room within the medical unit. They are inter-disciplinary and are led by a senior member of staff of the medical unit. A student presents the ethical aspects of a case currently in the unit and discussion follows. This arrangement emphasises the integration of ethics into clinical care. This is the approach which pervades *Clinical Ethics* and the reader feels he is taking part in such an interdisciplinary discussion on a great variety of day-to-day problems.

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A Christian Framework for Medical Ethics

C Gordon Scorer
London, Christian Medical Fellowship
Publications, 1980, 50p.

This is indeed a quart into a pint pot. In the course of a mere 14 pages Scorer mentions various themes. He discusses the power and responsibility of the doctor, which entails that medical ethics is vital, going far beyond medical etiquette. Another of his themes is the challenge to traditional ethics (which, one infers from what he writes, has been of an individualist kind, focusing on the one-to-one doctor-patient relationship) by team work; by increasingly well informed patients who may well demand their *rights*; by new, profound, and sometimes insoluble ethical problems arising from new medical technologies and their cost, and by the increasing control over the doctor not only by his professional organisations but by the State. He argues that an ethical system is required which is consistent and comprehensive, but not legalistic. That is to be found in the Ten Commandments and Christ's expansion of them. A series of particular ethical problems are also mentioned - truth, confidentiality, consent, euthanasia, abortion, Artificial Insemination by a Donor (AID), and contraceptives for immature teenagers. The contribution of Christians to the medical profession is to stand for sound learning and to

warn against covetousness. Love is their mainspring; and this may mean choosing between two evils. It certainly means avoiding sentimentality or moralism.

Scorer was joint editor of a book in 1979 on moral-decision making in medicine, and there is clearly much experience behind what he writes. Here he has attempted the impossible. If it is intended as a general survey to whet the appetite he should have indicated its limitations. For instance there is no hint of the problems which inevitably arise in the intermediate steps needed in moving from the Bible to particular contemporary decisions in the medical or any other field; nor is there any hint of problems when he urges his readers to press for 'sound legislation which will support Christian values rather than undermine them'. Here again agreement on details will raise problems among Christians themselves, apart from those of living in a plural society. The tone is admirably eirenic, as one would expect from one who refers four times to the thought of William Temple.

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Triage and Justice

Gerald R Winslow
Berkeley, Los Angeles & London,
University of California Press, 1982,
£15.00.

Triage, the practice of screening patients in order to determine their priority for treatment, has long been a familiar aspect of military and emergency medicine. The word 'triage', according to the author of this valuable new book, first entered English with reference to the grading of agricultural products and later, during World War I, acquired its medical meaning. Put simply, the practice is based on what Winslow identifies as the principles of medical neediness and medical success: those who need treatment in order to survive are given priority over those who will recover without treatment and those who, even with treatment, will probably die. Triage has also been governed by what Winslow terms the principles of conservation and of immediate usefulness: lower priority, that is, may be given to patients whose survival requires resources, including time, sufficiently great to keep alive at least