

Book reviews

Medicine and Moral Philosophy

Eds Marshall Cohen, Thomas Nagel and Thomas Scanlon
New Jersey, Princeton University Press, 1982, cloth £19.50, paperback £6.00

This collection of fourteen papers is drawn from articles published in *Philosophy and Public Affairs* during the past ten years. The editors have arranged them into four sections, dealing first with conceptual problems concerning the boundaries between health and disease and life and death, and, secondly, with moral issues governing health-care decisions. This section includes topical debates on the use of market mechanisms for the distribution of health resources, recombinant deoxyribonucleic acid (DNA) research, and criteria for the removal of organs for transplantation purposes. The third section deals with medical paternalism and the ethics of withholding information from patients, whilst the final section is devoted to the debate on euthanasia.

This book is so comprehensive in its scope and so rich in content that it is unhelpful to review each paper in a summary fashion. Nevertheless, two papers which express concern with brain-related definitions of human death merit critical attention. In his paper 'Human Being: the Boundaries of the Concept', Lawrence Becker rejects the Harvard definition of brain death on the grounds that it was rigged in order to eliminate legal hazards in 'pulling the plug' on patients who are irreversibly comatose (p45). This is misleading. Although the Harvard definition conflated irreversible coma with brain death the criteria they presented required tests for the death of the brainstem, which meant that at worst some patients who were dead could be classified as irreversibly comatose, but none

who were irreversibly comatose were ever classified as dead. Yet in the face of massive evidence that no patient has ever survived after meeting all of the Harvard criteria, Becker prefers a definition which acknowledges the reversal of death. 'People die', he says, 'but sometimes can be revived' (p46). The revival here is cardio-respiratory system revival, which cannot occur in a ventilated corpse with a dead brainstem. Becker's problems over the reversibility of death indicate a degree of conceptual uncertainty which is widespread in philosophical writings on brain death. This is partly because medical definitions of various stages approaching death, and of death itself, have not been fully appreciated, and partly because philosophers have been generally reluctant to articulate a well-formed definition of death. This was evident in a recent issue of the *Journal of Medical Ethics* when a philosopher was taken to task by a neurologist for opposing attempts to precise the definition of death, and for terminological confusion in his analysis of states approaching death (1).

Confusion over the concept of 'brainstem death' is certainly evident in the paper by Michael Green and Daniel Wikler. For them 'brainstem death' is a state approaching death, not death itself. This conclusion is based on the premise that the brainstem, like other vital organs, can be replaced by an artefact, and that continued ventilation of patients with a dead brainstem is a form of life extension. But this is wholly misleading. The brainstem is irreplaceable. What the respirator and associated medical techniques replace are the functions of the intercostal muscles and the diaphragm; they cannot replace the myriad functions of the brainstem or the rest of the brain (2). Notwithstanding their rejection of brainstem death Green and Wikler go on to articulate a definition of death which is beginning to attract support from philo-

sophers, if not physicians. They define the death of the person in terms of the 'irreversible cessation of upper brain functioning' (p71). The policy consequences of this definition ought to be considered very carefully since they amount to the advocacy of the 'authorised withdrawal of care of the permanently comatose' which for the authors amounts to a 'licensing "letting die" by brain death statute (p74). From the standpoint of a 'whole brain' or 'brainstem' concept of death this could amount to passive euthanasia (3). But there is also a conceptual problem here: if the person is dead after the cessation of upper brain function what are they proposing to let die? If, as one suspects, it is the rest of the body, then it would be helpful if their concept of death were articulated, for on their terms 'the interval during which a brain dead patient can be maintained by artificial life-supports . . . could be extended, perhaps indefinitely' (p54). This confusion between medical facts and science fiction detracts from an otherwise serious attempt to grapple with an urgent problem: how to provide a philosophical account of the concept of death which matches recent scientific developments.

Despite misgivings over these two papers the text as a whole is one of the most impressive collections on moral reasoning about medicine in recent years. Of particular merit were Philippa Foot's now classic essay on euthanasia, and the debate between Kenneth Arrow and Peter Singer on the respective merits of commercial and altruistic means of obtaining blood for medical purposes.

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- (2) The President's commission for the study of ethical problems in medicine and behavioural research. *Defining death – medical, legal and ethical issues in the determination of death*. Washington: 1982: 35.
- (3) Pallis C. *The ABC of brainstem death*. London: British Medical Association, 1983.

Nursing Ethics

Ian E Thompson, Kath M Melia, Kenneth M Boyd
Edinburgh, Churchill Livingstone, 1983
£3.25

There is a widespread assumption that 'medical ethics' is the ethics of the relationships between doctors and their patients. Discussions of 'moral dilemmas in medicine' invariably turn out to be about the problems of doctors, and if other health professions are mentioned at all it is only as background. And yet patients in hospitals rely on nurses for constant care, and in many cases for information on their conditions and prospects. They therefore have moral problems similar to and sometimes more acute than those of doctors. Moreover, they have a set of moral problems which doctors do not have, or do not recognise, namely the problems which doctors create when they regard nurses as having a subservient rather than a different function. This last point is given more force in a period when women's movements clearly affect what is predominantly a female profession. This book, dealing exclusively with the ethics of nursing, is therefore to be welcomed.

The authors are a nurse/sociologist, a philosopher and a theologian. This interdisciplinary approach is a fruitful one. The chapters in the book cover 'becoming and being a nurse', 'responsibility and accountability in nursing', 'moral dilemmas in direct nurse/patient relationships', 'moral dilemmas in nursing groups of patients', 'nurses and society', 'moral decision-making in theory and in practice'. The book is written in a clear, jargon-free style and there are realistic examples. Nurses – and doctors – will certainly benefit from reading it, and its moderate tone will appeal.

Perhaps indeed the possibilities it considers are all too sensible. I should have liked to see some discussion of the more radical issues raised by, say, Illich, more awareness of feminist

movements, and more criticism of the hierarchical structure of nursing and of promotion to desk work. The moral point of view is again moderate to conservative, and sometimes supported by weak arguments. For example (p80): 'We could only properly speak of a "right to suicide" if other people had a corresponding responsibility to assist them to do so'. This argument is based on a confusion between two senses of the term 'right' – a 'liberty' and a 'claim'. Again, the last chapter, on moral philosophy, is much too generalised, and the notes and references to works on moral philosophy will be exceedingly unhelpful or downright incomprehensible to nurse tutors who wish to improve their grasp of moral philosophy. And could none of the three authors be bothered compiling an index? Nevertheless this book has a lot to recommend it.

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Report of the Health Service Commissioner – Selected Investigations

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£8.55

The first point to be stressed is that the cases reported here are 'selected'. One does not wade through pages of utter triviality which must have discouraged readers of some of the early Commissioner's reports. The cases reported here, or at any rate most of them, are worth reading.

The selection has been, wittingly or otherwise, most delicately balanced. The Commissioner usually concludes by upholding, or not upholding, occasionally dismissing, a complaint. I counted 41 complaints upheld, and 40 not upheld or dismissed.

Complaints reported cover a wide range. Non-availability of previous medical history; burns and scalds; unsatisfactory accommodation for a private patient; mishandling of complaints by health authorities and by a Family Practitioner Committee; delay in an accident and emergency department; general nursing care, and time and time again, inadequate communications with relatives.

Few complainants had but one complaint. One had no fewer than 11 and

most had three or four. Few had all their complaints upheld, and few had all dismissed. The vast majority then of these complainants had, in the Commissioner's view, something to complain about.

One complaint alleged inadequate supervision of a known suicide risk. Following a suicide attempt a young woman of 24 had an emergency operation and four days later jumped from a ward window on the fifth floor of the hospital, sustaining injuries which proved fatal. The patient's father complained that he had told the nursing staff and a doctor that his daughter had threatened to jump from a window, despite which she was left unsupervised in a room with no safety catches on the window.

Following what was obviously an exhaustive investigation – no fewer than 17 members of the nursing staff were interviewed – the Commissioner concluded that the patient had been treated with sympathy and concern, and that the father had not mentioned the danger of the window as forcefully as he subsequently believed. Supervision had been adequate. In his final comments the Commissioner made a statement very similar to one I recall being made by Lord Denning in the Court of Appeal, namely that it is almost impossible to prevent a really determined patient from taking his life.

What good does all this do? Well, it illustrates the points which, rightly or wrongly, do upset patients and relatives. The complaint about the suicide was not upheld, but the Commissioner expressed the hope which all will share, that the report would reassure the complainant regarding his daughter's care.

Sometimes an apology, and occasionally a reimbursement is recommended. Sometimes the actions of doctors, nurses and others are referred to in favourable terms – and indeed no longer does this reviewer advise doctors that in dealing with the Commissioner they are on a hiding to nothing.

As to whether justice is achieved – and if it can be by the Commissioner's procedure why do we need civil courts – these are not questions for a review.

The publication should be read by all concerned with patient care, and it doubtless would be read by very many more if it were reasonably priced.

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