

ingly familiar from my New Zealand years. The debate about rationing keeps intensifying as more and more evidence of a crisis in the NHS piles up, and there are major worries about the effects of competitive factors on the more vulnerable patients. Since the government has adopted the spending limits of its predecessor, the gap between demand and resources is certainly going to widen in the next two years. It seems that those of us in Bioethics must do our little bit by making justice in health care our major concern, offering our services (such as they are) to whoever wants them. Certainly the majority of my speaking engagements in my first year here have been on the rationing issue, and the first major educational event, of my new Centre will be an international symposium on Rights and Rationing, to be held in April 1999. Perhaps, if nothing else, we will gain a better understanding of why we can't solve the problems! But, again, from the government side the message is of hope. Just last week I heard a speech from a senior person in the NHS Executive (a doctor) who said that for the first time for many years he saw a government which was genuinely concerned to tackle the fundamental problems of the health of the nation. As the government reorganises GP fundholding in the next few months, and sets new targets for health authorities, we shall see how much is glow and how much realistic expectation for a better future in health care ...

As I end this first letter from Britain, I would like all my New Zealand colleagues and friends to know how much I and my family miss them. Although Britain is a better place than it was, New Zealand is the hardest place to leave. In many ways this has been a very successful year for me. I have set up a new Centre with an increasing staff and with several successful grant applications, and I have just begun my term as President of the International Association of Bioethics. In Britain, too, there is the friendship and stimulation of many colleagues, just as in New Zealand. But big parts of the Campbells never boarded that flight back to Britain, and we are in no hurry to leave! As Don Evans takes over the Centre, I am sure a great new time of development lies ahead and we wish Ann and him every success. They should know that, even though some Scottish and American ghosts may be lingering, they are very friendly ghosts!

Book Review

Title: Medical Ethics (1997)

Authors: Campbell A, Charlesworth M, Gillett G and Jones G.

Publisher: Oxford University Press, Auckland.

Reviewer: Emeritus Professor Miles Little,
Centre for Values, Ethics and the Law in Medicine,
University of Sydney

This admirable book is, as its preface says, a 'revision and major expansion' of the original *Practical Medical Ethics* by Campbell, Gillett and Jones.¹ Max Charlesworth has joined the original team for this edition, which is larger, more comprehensive and contemporary. Despite the increase in length from just over 150 pages to just over 200 pages, the authors have in no way sacrificed clarity or accessibility. The book is divided into three sections on the foundations of medical ethics, clinical ethics and medicine and society.

The introductory material on foundations is clear and logical. It provides a perfectly adequate but simple account of the value systems on which a medical ethic might be constructed. We have become so used to seeing almost exclusive stress being laid upon principle-based ethics in medicine, that this return to underlying values is particularly welcome. Philosophers will not find new bases set out for medical ethics, but that is not the intent of the book. Medical students and practitioners, however, will learn much about theory and application.

The chapter on the healing ethos reveals that the authors have sympathies with Aristotle in reminding health care workers of their essential direction toward patient welfare. The Antipodean origins of the book is reflected in the discussion of health care ethics, which examines Maori and Aboriginal Australian issues with particular clarity and perceptivity. This is in no way a parochial discussion. On the contrary, by calmly confronting and examining the issues, the authors make a significant contribution toward raising the consciousness of a new generation of medical students to the broader issues of ethics in pluralist societies.

The section on the status of the human body is particularly well done, in a way that is uncommon in ethical texts. It is written with objectivity, but also with great cultural and anthropological sensitivity. It deals not only with the problems posed by dissecting cadavers, but ranges over such issues as disposal of ancient human remains and the morality of using unethical experiments (such as those recorded by the Nazis in the camps) as sources of useful knowledge. No doubt these concerns reflect in part the interests of Professor Jones. It would be difficult to cover them better even in a longer section.

Reflecting contemporary preoccupations, there is a thorough treatment of issues in medical genetics, including examinations of the implications of the human genome project, genetic screening, gene therapy, cloning and patenting of genetic material. There is not much on the issue of ownership of genetic material found in the tissues of individuals or communities, and patenting is dealt with briefly. It is likely that these will become increasingly important. Indeed, patenting has already become a contentious matter, the subject of a joint statement by the Clinical Genetics Society, the Clinical Molecular Genetics Society and the Genetic Nurses and Social Workers Association in the United Kingdom in late 1993 and much discussion since. There remain major differences in view between the various parties involved in genetic research and clinical genetic manipulation, and I suspect that this section in particular will grow and change in subsequent editions.

Reproduction technology, embryo research and 'in-utero-ethics' are all treated at appropriate length. The authors offer a fair and reasoned examination of the well-known work of Singer and Wells on the 'thingness'

rather than 'humanness' of the embryo to six weeks.² I was surprised not to find an examination of the ethical implications of dealing with 'sub-standard' potential parents (with drug addiction or criminal records, for example) who claim rights to in-vitro fertilisation. This category of claim is not uncommon in Australia, and raises numerous ethical issues. The sections on the rights of the child and the child as a moral agent are excellent.

AIDS, psychiatry and aging get special chapters, once again reflecting the authors' commitment to contemporaneity. So do end-of-life issues and euthanasia. Euthanasia is particularly well covered, sensitively and with balance. This section appears to have been written before the Northern Territory legislation in Australia. The resulting national turmoil has demonstrated clearly how confused people are about the issue.

The book's third section on medicine and society includes chapters on research ethics, justice and health care, and health, law and ethics. It is entirely refreshing to see that ethicists are beginning to deal realistically with the vexed question of economic and managerial indications for medical decision making. Doctors and other health care workers have grown up with an understanding that 'nature' provided the indications and justifications for medical understanding and treatment of disease and illness. Now they must consciously add 'socio-economic' dimensions to their decisions. The book confronts some of these matters, by a basic analysis of the underlying problems of equity and distribution justice. Surprisingly, there is no examination of the moral difficulties inherent in the proposed New Zealand points system, which seems likely to determine who will be admitted to public hospitals and who will not. Perhaps we will hear more in later editions.

In the last chapter on ethics and law, it is refreshing to see that the relationship between morality and law is so clearly defined. More familiar to medical readers will be medico-legal texts written by lawyers that touch on morality. The focus of decision-making differs between ethics and the law, and there are real differences between the two. The creation of a law (regarding abortion or euthanasia) may produce moral

conflicts because the moral sense originates within, the morally responsible individual, while the law demands courses of action on pain of sanction. This book, however, rightly reinforces the message that the doctor who acts on the basis of soundly informed moral choice is more likely to be able to defend his actions in court - if, alas, it comes to that.

This book was excellent in its first edition, before its radical revision. It has, I think, become better. To me, it is the best text on medical ethics available for medical students and for practitioners who want to be educated in ethics. It has been written with clarity, sensitivity, relevance and balance.

Are there any glaring omissions? I think there are very few, but my perception of them probably reflects my own commitments and biases rather than the detection of serious shortcomings. The Dunedin Bioethics Research Centre has been pioneering in teaching what it calls 'narrative ethics', an ethics generated by narratives told by the participants in teaching sessions. Narrative ethics seems to me to be close to Habermas's discourse ethics,³ and I am surprised that Habermas rates no mention. Discourse ethics, briefly, recognises the need to generate ethical principles by informed and principled discussion. It replaces the Kantian categorical imperative with an imperative that is generated by discourse, by sufficient agreement after a process of dialectic. This strand of ethical thinking, which has been assimilated by the communitarians, seems to me to deserve some examination, whether it is found to be faulty or not.

Similarly, I thought that there could have been a more profound examination of rights and duties. New Zealand is, after all, pioneering a Code of Rights for Consumers of Health and Disability Services, so that there is presumably a strong commitment to concepts of rights and duties. Given that background, a more extended critique of the complex ways in which duties enmesh with one another to guarantee rights would have been welcome. Perhaps there could also have been some profit in examining W D Ross's concept of *prima facie* duties and rights,⁴ because that particular treatment of them seems to me to resonate with the realities of

health care. It could also have been helpful to see how these concepts were supported by a deeper analysis of the grounds of professional ethics generally, as set out by Daryl Koehn.⁵

These are minor criticisms, and they do not detract from what is a truly outstanding book. We can only hope for regular updated editions, from the same authors, for their qualities of erudition, lightness of touch and uniform comprehensibility are rare and invaluable. Let us hope that Professor Campbell's departure to Bristol will not break up this successful group.

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