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BOOK REVIEW

British Medical Association: 1988, *Philosophy & Practice of Medical Ethics*, B.M.A., London, 94 pp. plus appendices, etc., £9.50 (paper).

Handbooks of medical ethics serve to put a little flesh on the bare bones of a professional code that is necessarily brief. Indeed, in its previous incarnations (1980 and 1984) this is just what the British Medical Association's *Handbook* sought to do. The latest edition, retitled *Philosophy & Practice of Medical Ethics*, has a more ambitious aim: "... to set out the arguments and counter-arguments which lead either to universally accepted ethical principles or to consensus views" (p. iii, emphasis added). Reading this book Americans will discover how well they have been served by books with similar titles. Unfortunately, the B.M.A.'s attempt fails. "Unfortunately", because there is a real need in Britain for thoughtful discussion of these issues, and especially for one that can reach Britain's doctors. For despite the work of the London Medical Group, and its progeny around the country, and of the efforts of the Institute of Medical Ethics and its *Journal*, doctors and their patients are very rarely exposed to principled arguments concerning issues such as the status of the fetus, informed consent and treatment decisions, human experimentation, or the allocation of N.H.S. resources (all topics mentioned in the B.M.A. book). Indeed, neglect of foundational issues might be considered characteristically British: thus the 1984 Warnock Report of the Inquiry into Human Fertilisation intentionally limited itself to "practical proposals capable of implementation" (#1.9), and the 1988 Butler-Sloss Report of the Inquiry into Child Abuse chose not to "receive evidence, and has not addressed, some difficult and complex questions [including] specifically the nature of abuse and abusers ..." (III, #19).

Philosophy & Practice consists of 94 pages of text (plus a 40-page appendix of ethical codes and statements) divided among sixteen

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The Journal of Medicine and Philosophy 14: 709-710, 1989.
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chapters. After a chapter of background, part one considers doctor-patient relationships (The Social Contract, Confidentiality, and Consent for Treatment), and part two the relationships between doctors and others (the State, the European Community, and the commercial employer). Part three considers medical etiquette (Professional Behaviour, the News Media, Accepting Gifts, Establishing a Practice, and Intraprofessional Relationships); part four, public issues (Resource Allocation, and Research) and issues continuing to perplex (some expected, e.g., A.I. and I.V.F., severely malformed children, A.I.D.S. screening, and euthanasia; and some unexpected, e.g., Jehovah's Witnesses, doctors' strikes). The bibliography is principally taken from the 1980 *Handbook*.

The book's authors wish to distinguish between what they see as *ethical* ("currently acceptable and proper to the group of which the reader is a part", presumably with the medical profession as "the group") and what they see as *moral* ("which requires the reader to view the problem in relation to an authority which the reader accepts personally, even in opposition to other members of the same profession"). In doing so they demonstrate how "acceptable and proper" medical paternalism still is for the B.M.A. Thus we read that confidential information should be disclosed if to do so is in the patient's interest and to seek his consent would be medically undesirable (p. 21); that doctors should make the decision as to whether the provision of contraception is in the best interests of a mentally mature, under-16 girl (p. 31); that patients may be – not must be – informed that a clinical trial is in progress (p. 76); that the doctor must decide whether the risk of disease for an adult Jehovah's Witness outweighs the risk of treatment without blood transfusion (p. 82); and that it is the doctor who is responsible for the initiation or the withholding of treatment in the best interests of a severely malformed child (p. 84). There is little or no attempt in this book to show by "argument and counterargument" that these instructions ought to be followed, or to suggest how the thoughtful doctor ought to proceed when patients have contrary views of what ought to be done. The book, in other words, fails to live up to its title and address the philosophy. It would have been better to leave its earlier title alone or, better still, to call it *B.M.A. Recommendations for Medical Practice*. For that is what it really is.