

# BOOKS

## Palliative Care Ethics: a companion for all specialties (2nd edition)



Fiona Randall  
& RS Downie  
Oxford University Press  
2000  
£21.95 Pb 312pp  
ISBN 0 19 263068 7

This book is written by a Consultant in Palliative Medicine

and a Professor of Moral Philosophy. The first edition was well received, judging by two reprints since publication in 1996, and three new chapters have been added to this edition.

It is remarkable that it does not include a discussion of euthanasia and physician-assisted suicide. Euthanasia is dismissed on the grounds that it 'is not part of palliative care'. As many people are confused in their thinking about both issues, an incisive chapter would have made the whole book more relevant.

The discussion about double effect (an intended good effect with a foreseen risk that bad effects could occur) is also disappointing. Double effect is central to medicine and stems directly from the fact that all treatment carries risks with it. Thus, for the authors to say that double effect is not recognised in law is nonsense.

In the chapter on emotional care, communication skills and counselling are parodied and misrepresented. We are told that compassion and genuine concern is all that is needed, and that training will lead to obstructive non-genuineness. In the preface, for example, it states that, 'There cannot be a specifically professional expertise in emotional care', and furthermore, 'The normal fears, anxieties, regrets, or guilt of human beings facing their death are not appropriate subjects for professional techniques'.

I am writing this from India where palliative care is available for only 3% of the 1.6 million cancer patients who need it annually. I know from world-wide experience that communication skills training releases doctors from avoidance behaviours acquired through their cultural

upbringing and from the innate fear of death present in all people. Only then, are they enabled to be genuinely warm and supportive, and thereby interpret the complex physical and psychological interactions in their patients. Pain, *par excellence*, is a somatopsychic experience, and its evaluation requires the application of both *taught* physical and *taught* psychological examination skills.

The value of the book is further reduced by lack of discussion on the tension between deontology (duty ethics) and consequentialism (the rightness of an action being determined by its consequences). There is, however, frequent reference to 'utility' which is differentiated from social justice (the equitable use of available resources). Reference is also made to the fact that respect for patient autonomy is so out of hand in the USA, that some American commentators maintain that there is an obligation to supply treatment requested by the patient even if the physician considers it to be grossly inappropriate. As is stressed in this book, the middle way is partnership between the patient and professional.

These incredible misunderstandings and misrepresentations place a major question mark over the validity of the whole book. *Palliative Care Ethics* can therefore be recommended only for intellectually robust individuals and should carry a prominent public philosophical health warning.

*Robert Twycross is a Consultant in Palliative Medicine in Oxford*

## Born to Serve



Peggy Burton  
King's Highway Books  
2001  
£ 6.99 Pb 208pp  
ISBN 0 95410150 2

Have you heard of ECHO and OYSTER? I have certainly come to

understand them better through reading this account of the work of Dr James Burton and his wife Peggy, a nurse. Their call to medical work as dedicated Christians led to a demanding spell starting up a new

mission hospital in the then Belgian Congo. The difficulties and dangers are graphically recounted and most doctors would probably find themselves unable to cope with the absence of facilities and equipment that are described. After two terms of service there they had to return to the UK for health reasons, but this gave them the opportunity and experience to pursue support for medical mission.

After a spell in General Practice and running a conference centre they were confronted with an offer of redundant but very useful medical equipment from closing NHS hospitals and the military. There was so much equipment that an organisation was required to arrange its warehousing and dispatch to mission hospitals around the world. We are thus taken through the formation of the Joint Mission Hospital Equipment Board and its enormous growth into a major charity ECHO (Equipment for Charity Hospitals Overseas). ECHO now buys bulk purchases of supplies and organises training workshops for equipment maintenance overseas, in addition to its original work. In earthquakes and other disaster situations their expertise is often called upon to transport supplies to the needy areas.

Retirement age came and Dr Burton had to leave the direction of ECHO to others, but not before his work was acknowledged by the conferral of an OBE. However, there is no retirement from the Lord's service, and the Burtons went on to do a mission locum in Liberia and then raised funds to support Christian work in Eastern Europe. The book goes on to describe the development of OYSTER (One Year's Service To Encourage Recruitment), the Medical Missionary Association (MMA) and HealthServe, a Christian medical resource centre dedicated to mobilising healthcare professionals to serve Christ in the developing world. Dr Burton is currently President of MMA HealthServe.

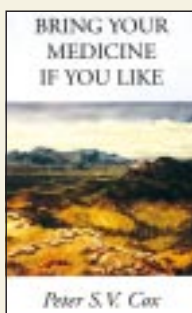
This is a very personal but informative account showing how much dedicated lives can accomplish. It is divided into easy to read chapters and is well illustrated, making it attractive in appearance. It is a challenge to young Christians, especially those with a vocation to any sphere in healthcare, to use their talents to serve Christ. It would be a



helpful gift and should find a place on your Church bookstall or library.

*Arthur Wyatt, formerly Consultant Surgeon, Greenwich, now Medical Adviser MSI Professional Services*

## Bring Your Medicine If You Like



*Peter S V Cox  
E Cox, Oaklea House,  
Leeds 2000  
£9.99 + £1.60 p&p  
Pb 302pp*

This very readable book is about the dusty deserty northern parts of

Uganda and Kenya in the 1960's and 70's. This is where the author, a doctor, spent 22 years of his working life with Liza who travelled out with him; where they were married and brought up their four children. The backdrop is that of a timeless tribal Africa, having to co-exist with the modern ways of the 20th century during the last days of the colonial regime and the coming of independence.

Peter was advised 'Don't write a history – tell the stories'. As he says some stories remain harmless tales but others insist on becoming parables and open a window of comprehension. And like the throw-away illustrations in a learned lecture they are what is retained in the memory. The same is true for the tribal memory with stories told round the campfire.

He claims that much of what resulted from those years did so just because he was there. Professor Maurice King, who wrote the foreword, once did a locum for him. This resulted in a conference at Makerere medical school and from which the seminal book 'Health Care for Developing Countries' was born. Maurice King, the author, and others mentioned in the stories come from the St Thomas' tribe in London.

Peter worked both as a mission and a government doctor in three hospitals. Much of the book is about the lessons, which were learned, aided by an open heart and an open mind. Some of the conclusions drawn concern questions such as 'should we be

here at all?', the debate between a community and a hospital approach to healthcare and whether the cause of an illness was physical, mental or demonic. They are answered or left open with a blend of common sense and Christian conviction. The book is pervaded by a sense of fun. Learning was mutual. The communities he served came to have no doubt that he should be there and were reluctant to see him go. When he first came they had told him he could bring his medicine if he wanted but as for sending a son to school that would be a waste of a good herd boy. In later years he saw many of those who did go to school and did come to share his faith now in positions of leadership. Many were remaining faithful at their work years after he had left. He is very aware of all the others including his family who shared this life with him but this book is about his bit of Africa as he saw it.

*David Clegg is CMF Overseas Support Secretary*

## On dying well – an updated contribution to the euthanasia debate (2nd edition)



*Ed. Stuart Horner  
Church House  
Publishing 2000  
£4.95 Pb 112pp  
ISBN 0 715 16587 9*

I often get the feeling that the Christian church thinks that being 20 years behind

the times is a virtue. It was therefore a pleasant surprise to find that this book by a Church of England working party was not a new publication, but rather an updated edition originally published in 1975.

There are many contributors to this book and its scope is wide, covering moral, theological, medical and legal considerations in the euthanasia debate. It includes the submission from the Church of England to the 1993 House of Lords' Select Committee and an updated bibliography. The material sensitively engages with the complexity of the issues, and is accessible to

both the layperson and health professional.

I found that the sections on moral and theological considerations gave me the most food for thought. The working party wanted to shy away from 'simple or absolute moral conclusions', yet they also stated that, 'To declare it is not always wrong to kill the innocent... would be to deprive the principle of the sanctity which we feel it possesses'. I enjoyed the discussion and found it thought provoking and refreshing, although some might find it to be a typical example of the Church of England taking the middle ground. Proof texts were avoided and a comprehensive biblical framework attempted. While the discussion of the principle of responsibility-based rather than rights-based ethics could have been expanded, the conclusion of the working party was never in doubt: 'The good and simple principle that innocent human life is sacred has influenced profoundly our conviction that the old and the dying should be cared for and consoled, no matter what their condition.'

Is a book published 25 years ago still relevant today? The chapter on medical considerations needs some updating, but, as the introduction rightly observes, it is not the issues that have changed but rather, 'society has moved further down the road of individual autonomy and choice'. What the authors had to say 25 years ago is therefore still vital in today's debate. The saddest thing is that it still needs to be said.

*Jim Paul is an SpR in Palliative Care in London*

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The CMF website is now available on CD-ROM: over 30 back issues of Nucleus and 10 issues of Triple Helix together with ten years of CMF government submissions on ethics, the full set of CMF Files, a year's supply of daily devotions, the Confident Christianity evangelism training course, 'Cyberdoc' web reviews, a quarterly newsround of issues in medical ethics and much more. Most queries can be answered within two or three mouse-clicks from the homepage. To order see the insert.

Palliative care is best for controlling the symptoms in these difficult situations. Even when goals of care are so clear, still there are lots of ethical question. Most common reasons are conflicts in values between physician and patient or patient and his family. There can also be conflict in expectations. Here we have described ethical issues with ethical analysis with few common clinical scenarios to help the reader associate these in their practice.Â Basic knowledge of ethics should be the requirement for all clinicians, more so for people working in an Emergency Department (ED). Though there are lots of venues to get into urgent decision making for life and death, there is nothing like a patient brought by ambulance, alone who is in respiratory failure.