previous work by Professor Dilman and others. The book offers a conceptually coherent account of insight and change appropriate to all forms of insight-orientated psychotherapy. It also offers an interesting contribution to the ethical understanding of what takes place in these therapies.

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Casebook on the Termination of Life-sustaining Treatment in the Care of the Dying

Edited by Cynthia B Cohen, 160 pages, Bloomington and Indianapolis, USA, $25 hbk, $10.95 pbk, Indiana University Press, 1988.

The authors of fast-selling paperbacks have one thing in common – they are all excellent storytellers. Knowledge of the practice of medicine is best learnt by reading patients' case-histories. There has been a need for a book on medical ethics based on real case-stories which can help junior and senior hospice or hospital staff as well as general practitioners in making decisions about the termination of life-sustaining treatment with dignity, thus making the end of life for a sufferer from a terminal illness as peaceful, painless and humane as possible. Dr Cohen, who is a philosophy teacher at Hahnemann University Medical School at Villanova University and also a lawyer, has fulfilled this need admirably. She is certainly a good storyteller. However, best-sellers are not always non-controversial and this book, like many other books on ethics, has many debatable points, especially when it deals with the issue of the right to stop medical treatment for patients, knowing that this may mean their death.

An interesting style is adopted in this book. There are 26 case histories. Each case history is preceded by a moral dilemma for example, should economic considerations play a role in choices made by health professionals? Every case history is based on an actual situation then some relevant questions are posed for example, how and when diverse treatment modalities including respirators, blood transfusions, antibiotics and analgesics should or should not be used in that particular case. A commentary by a member of the Hastings Center research group then takes us through the maze of rational morality, highlighting the questions raised by each case, providing an ethical framework to answer them, suggesting a line of action that is within the range of American as well as English medicolegal systems, and surprisingly still leaving scope for discussion. The scenario is that of a classroom – a lot is said informatively, concisely, interestingly, and within a short period of time – and the cases are designed to illuminate some ethical, medical, legal, and psychological contours of a particular dilemma.

The first chapter goes straight into the depth of rational morality and discusses the most hotly debated questions: When should a person be pronounced dead? Who should make these decisions – doctors and nurses, judges, the government, ethical committees, or patients and their families? Each chapter then takes a different angle and looks at the roles that are played or should be played by patients, families, physicians, nurses, lawyers, and health care administrators.

One chapter deals with the question of capacity and makes it clear that unless there is irresolvable disagreement between the physician, patient and surrogate about either the patient's capacity or the treatment alternative chosen, including the option of no life-sustaining treatment, there is no necessity for further consultation with an ethical committee or adjudication by the courts. However, resorting to these bodies in general should be reserved for cases where serious conflict or uncertainty persists about how to proceed.

There are chapters on moral dilemmas based on convictions such as: 'But he never told me not to', 'Was she ready to die', 'I have lived long enough', 'Life versus religious liberty', 'No patient of mine will ever starve to death', 'No place else to go', 'Trapped in the system', and 'When is patient care not cost-worthy?'. These are very educational. When is life worthwhile and when to call it a day? The author, supported by twenty-three commentators, has succeeded in answering this sixty-four-thousand dollar question and has yet left room for further discussion.

I recommend this American book to readers who are in the front-line in the care of dying patients – doctors and other health professionals in hospices, hospitals, and general practice – throughout the Western world.

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International Medical Malpractice Law

Dieter Giesen, 923 pages, Tubingen, Dordrecht, Boston, London, DM380.00, hbk, JCB Mohr (Paul Siebeck) and Martinus Nijhoff, 1988.

There are, and probably always will be, conflicting values between the law and medical ethics. Indeed, neither the law nor medical ethics are, or are likely to become, wholly indisputable or clear, let alone compatible with each other.

The medical profession have largely arrogated decisions to themselves, and the courts have largely not interfered, at least until now. The law has tended to limp or lag behind new developments, such as IVF and all its implications. Medical science and technology have developed very quickly, creating their own demand, creating new fashions, and medical ethics has also tended to limp and lag behind. If we can create embryos where we could not do so before, why not do so? If we can experiment on embryos where we could not do it before, why not do so? Research and science and technology are very important, they represent progress, do they not? They improve our quality of life, do they not? Or do they? We are in danger of unthinking capitulation to technology. Suppose the anaesthetist watches the machine monitor and not the patient, and does not see the warning signs on the patient?

Society, through Parliament, ought to face up to these issues, and not just pusillanimously do nothing and leave it all to the medical profession and the judiciary.

The patient is today much more aware, much more concerned about disclosure and autonomy, much more willing to sue, especially the seemingly faceless health department or hospital authority or medical professional body or insurers. However, the patient daring to sue faces considerable difficulties, such as getting disclosure, getting experts, and overcoming the burden of proof.