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Ethics of Health Care

Laurence R. Tancredi, Editor

National Academy of Sciences, Institute of Medicine. 1974. 313 p., \$6.00 (paper).

The papers of the Academy's Conference on Health Care and Changing Values (27-29 November 1973) are published in this volume. Six sections correspond to the six sectional meetings of the conference: conceptual foundations, governmental decision-making, consumer evaluation of health care, professional values, care settings, and problems of the chronically ill and aged. Medical doctors, ethicists, economists, sociologists, consumer advocates and others participated.

Albert Jonsen and Andre Hellegers set the tone for the discussion by laying out the conceptual foundations for reflection. Traditional medical ethics codes have two components: pragmatic directions (etiquette) and exhortations to virtue (morality). Of these, the latter may be more embarrassing, but is also more important. A theory of virtue is one of the three foundations of any ethical study.

The second foundation is a theory of duty. In medical ethics, as opposed to any other species of ethics, this has centered on the integrity of the human organism and that of the provider/patient relationship; public discussion continues to focus here.

Only since medicine has come to be institutionalized has the need for the third foundation been noticed with some urgency: a theory of the common good. Medical care has ceased to be a

simple matter of the provider/patient relationship. We have begun to appreciate that our actions extend in time and significance beyond the person and problem at hand, to society at large. Commitment of extraordinary technological resources to the care of one person is an expense inevitably undertaken by the entire society . . . because of the structure of health care delivery and funding.

Consequently, Jonsen and Hellegers urge the importance of deepening our reflection on this third pedestal of medical ethics. They disavow any ready answers to the thorny problems that arise in such a discussion. But this must be the advancing edge of our thinking. The ethicist is not one who provides answers; rather he assists in laying out the road map, in finding the paths for adequately dealing with the complex questions.

The nine other essays, and their accompanying commentaries, show concern congruent with the kind of contribution emphasized by Jonsen and Hellegers. They make a valiant effort, but the thinking inevitably seems to gravitate back to familiar territory, namely the physician/patient relationship.

Kenneth Arrow, discussing government decision-making and the preciousness of life, struck this recurring theme early in the con-

ference. When the arguments are laid out, it seems best to opt for maximum freedom of choice in the patient. Among other things, this depends on communicating all the pertinent information and encouraging participation in decision-making. This of course departs from the time-honored tradition of the physician (expert) making the decisions for the patient (client). Here we find a changing theory of duty: our contemporary frame of mind gives high priority to the rights to know and to choose. (Perhaps the paradigmatic area in which this has become evident is genetic counseling.)

John S. Wellington, M.D., provided an acute analysis of the changing values and methods of selection for medical school applicants. He concluded that methods have changed more than values; medical schools still tend to admit those who will maintain the professional *status quo*. There are no revolutions in sight.

Several authors addressed the matter of fee-for-service vs. the health maintenance organizations

(HMO's). They opted almost always for plurality, for keeping both systems operative. Whether this would foster consumer freedom of choice or perpetuate confusion remains to be seen; the question continues to elicit considerable polarization. Senator Edward M. Kennedy has been a vocal critic of the situation in American health care, pressing for congressional involvement in a complete revamping of the system under federal auspices.

For the most part, the essays are well written. A notable exception is that dealing with the chronically ill and aged. Jerome Kaplan's prose is so difficult that his ideas get lost in the reader's frustration.

Ethics of Health Care is a valuable book for its exposition of, and creative thinking about, the important questions it addresses.

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Premeditated Man: Bioethics and the Control of Future Human Life

Richard M. Restak

The Viking Press, New York, 1975, XVIII + 202 p., \$8.95

Is there a common ethical framework that encompasses cloning, psychosurgery, and sperm banking — indeed, that encompasses all areas of biomedical eth-

ics? Restak believes that such a framework consists of the scientist's enormous power to alter the course of social evolution. He believes that the bioethicist