

**EBM — a moral imperative**

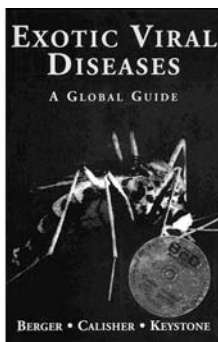
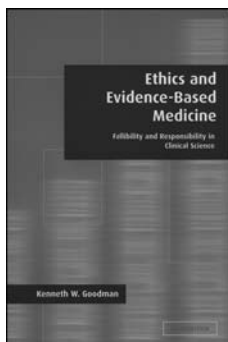
Ethics and evidence-based medicine. Fallibility and responsibility in clinical science. Kenneth W Goodman. Cambridge: Cambridge University Press, 2003 (xii + 168 pp, \$69.95). ISBN 0 521 79653 9.

GOODMAN EXPLORES THE LINKS between scientific knowledge, clinical practice and ethics in this well-written and enthusiastic book. The main argument of the book is that practitioners are constantly faced with clinical decisions characterised by uncertainty — decisions with serious implications for patients. This uncertainty about the right course of action can be reduced through the use of evidence, making it morally blameworthy not to use evidence. For Goodman, an uninformed practitioner is a negligent practitioner, whose patients are “no longer seeing a physician, but visiting a museum”.

A series of well-informed chapters engage with some of the major criticisms of evidence-based medicine (EBM). Issues such as flawed research, redundant publishing, publication bias, and the shortcomings of research synthesis are tackled squarely. Despite these problems, argues Goodman, the use of research is well founded both conceptually and practically, creating the imperative to improve the quality of research production and synthesis rather than abandon EBM. The only weakness in his reasoning is the lack of evidence that using EBM leads to better patient outcomes, or discussion of how this might be demonstrated.

The author’s expertise in philosophy and computing are evident in the discussion of ethical issues raised by internet use in research, for data collection and for recruiting. As well as a chapter on clinical EBM and guidelines, the relationship between policy and evidence is explored through three case studies, providing concrete examples of the promises and problems of evidence-based public health.

Overall, this is a thoughtful and sympathetic exploration of the moral imperative to use EBM. The detailed analyses are supplemented with practical suggestions, making the book of interest to academics and practitioners alike. This is a valuable early contribution on the ethics of EBM; no doubt further contributions will engage with some of the wider ethical issues that were beyond the scope of this text.



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**World of exotic diseases**

Exotic viral diseases. A global guide. Stephen A Berger, Charles H Calisher, Jay S Keystone. Hamilton, Ontario: B C Decker, 2003 (xii + 252 pp + CD-ROM, \$71.50). ISBN 1 55009 205 7.

SEVERE ACUTE RESPIRATORY Syndrome (SARS)\* didn't make it into *Exotic viral diseases*, but every other exotic virus that might confound a healthcare worker did. This is the first

clinical summary of the wide range of viral agents that have been dramatised in the media over past decades — and many have killed their fair share of healthcare workers. Many clinicians in North America would have found it convenient to have this succinct reference on hand when dealing, for the first time, with West Nile virus. Many clinicians in Australia will find it similarly valuable when confronted with a case that could be Murray Valley encephalitis, Japanese encephalitis, dengue fever, or something entirely different.

The presentation and style are user friendly, with viruses in alphabetical order and appendices covering sample collection and diagnosis. Many of the graphs supporting the text are useful, although they would make an epidemiologist cringe — they are often presented as bar charts where histograms would have been better, or as hybrids of the two.

Coverage is up-to-date and comprehensive, and the authors fulfil their aim of summarising the vast body of material in this field in a handy, pocket-sized volume. Information on each virus is given under headings broadly covering agent, reservoir, and vector; clinical presentation and diagnosis; and geographic distribution and further reading.

The almost total absence of treatment suggestions will be disappointing to a clinician. For example, under dengue haemorrhagic fever (DHF) the only treatment suggestion is “Typical therapy: symptomatic.” This would not be helpful to a house surgeon using the book to diagnose his or her first case of DHF. I make this point because two of the three authors are professors of medicine, yet *Exotic viral diseases* offers far fewer clinical insights than the public health based “bible” of communicable disease, *Control of communicable diseases manual* (by J Chin, Washington: American Public Health Association, 2000). *Exotic viral diseases* costs about \$70 for 252 pages, compared with Chin at \$100 for 624 pages. Most healthcare workers would consider Chin better value, and a more useful book, although the technologically minded virologist might find the mini-disk included with *Exotic Viral Diseases* appealing.

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\* An addendum with a brief description of SARS, written early in the outbreak, was received after the book was reviewed. □

**Children’s health: the big picture**

Children in the new millennium. Environmental impact on health. Geneva: World Health Organization, 2002 (vi + 141 pp, \$24.90). ISBN 92 807 2065 1.

ON WORLD HEALTH DAY 2003, the World Health Organization called for “concerted action to protect three of our greatest assets: children, the environment and health”<sup>1</sup>. Dr Gro Harlem Brundtland, stated: “The biggest threats to children’s health lurk in the places that should be safest — home, school and community. Every year, over 5 million

children aged 0–14 die, mainly in the developing world, from diseases related to their environments”.

*Children in the new millennium. Environmental impact on health* presents these issues with disturbing clarity. The volume can be downloaded free from [www.who.int](http://www.who.int) and this site also contains a link to the Healthy Environments for Children Alliance ([www.who.int/heca/en/](http://www.who.int/heca/en/)). In just 141 pages we are presented with a depressingly pervasive summary of the key environment issues of our day, and children, especially poor children, suffer a disproportionate burden of this litany:

- Unsafe drinking water — two thirds of the world will live in “water-stressed” conditions by 2025.
- Poor hygiene and sanitation — diarrhoeal diseases have killed more children in 10 years than has armed conflict in 50 years.
- Catastrophic degradation of lands and fisheries — nearly 1 billion of us depend on fish for protein.
- Indoor and outdoor air pollution.
- Toxic chemicals — lifelong exposure to pesticides often starts in the womb.
- Warming habitats that favour insect vectors of killers such as malaria and dengue.

This compendium of facts will be useful to teachers of public or environmental health. For each environmental threat the authors summarise proven remedies that can be applied at household, community, national and international levels. I would have liked more detail on the nitty gritty of negotiating multilateral environmental agreements, which must represent our best hope for their implementation. Most sobering is the realisation that nearly all of these harmful legacies bestowed on our children have their origins in human society — conflict, inequality, or our excessive and wasteful consumption.

**Christopher J Morgan**

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The organisation of this collection is anachronistic and this provides a clue to its strengths and weaknesses. It begins with a historical review of transplantation and then considers a series of ethical issues raised by transplantation, including threats to identity, xenotransplantation, brain death, rights and duties, the media, conflict between individual benefit and the “common good”, and the appropriate limits of transplantation. The remaining sections cover transplantation practices in Europe, including religious perspectives. While the division of chapters according to national boundaries may seem of little relevance to non-European readers, the format actually provides tangible local exempla of many of the topical issues in transplantation, including presumed consent, cultural determinants of organ donation and organ commerce.

The section dealing with religion and transplantation is excellent in its philosophical depth and practical clarity. The book discusses organ donation and transplantation in terms of issues relevant to Christianity, Buddhism, Islam and Judaism. This is invaluable and often lacking in other texts.

As with all multi-authored works there is some unevenness in the contributions. A practitioner, not a patient, wrote the chapter called “Patients’ perspective” (a problem common to many medical texts), and several chapters lack references for further reading. Perhaps the weakest of the contributions is the chapter entitled “Agnostic ethics”, which is almost completely lacking in logical and philosophical substance.

This book does not provide a comprehensive coverage of the ethics of transplantation, but it does provide a fascinating overview of the ethical, cultural and sociopolitical context of transplantation using examples from contemporary European practice. It is written in an engaging and accessible style that will be of interest both to the professional and the lay reader.

**Ian H Kerridge**

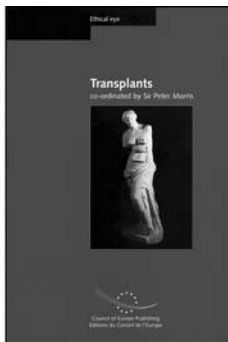

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1. [www.who.int/mediacentre/statements/2003/statement6/en/](http://www.who.int/mediacentre/statements/2003/statement6/en/) (accessed Apr 2003). □

## Engaging transplantation ethics

Ethical eye: *Transplants*. Peter Morris (Editor). Strasbourg: Council of Europe, 2003 (258 pp, \$38.10). ISBN 92 871 4779 5.

THROUGH ITS *Ethical eye* series, the Council of Europe has addressed a number of recent developments in science and technology, including cloning and the human genome. The series aims to outline the ethical issues relating to each topic and to make these topics accessible to as wide an audience as possible. The most recent volume, edited by the eminent transplant surgeon Sir Peter Morris, addresses the ethics of solid organ transplantation.

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