

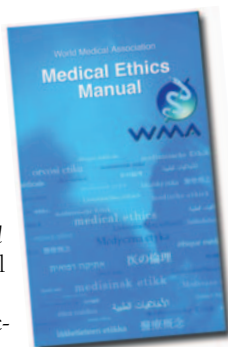
An introduction to medical ethics

Medical ethics manual. John R Williams. Ferney-Voltaire, France: World Medical Association, 2005 (134 pp, no charge, free download available at www.wma.net). ISBN 92 990028 1 9.

THE WORLD MEDICAL ASSOCIATION (WMA) has been active in promoting ethical standards in medicine for over 50 years, with notable publications including the Declarations of Geneva and Helsinki. With the *Medical ethics manual*, the WMA turns its attention to the practical ethical issues facing medical students and physicians.

Despite its brevity, the Manual presents a fair introduction to medical ethics together with an argument for its inclusion in medical education. Three core values of compassion, competence and autonomy are identified in the first chapter, reflecting a general shift away from the “four principles” approach in medical ethics. Interestingly, the value of “autonomy” described here refers to both physician and patient autonomy.

The three central chapters describe physicians’ relationships with patients, society and colleagues, respectively. The chapter on patients contains standard medical ethics fare: confidentiality, informed consent, incompetent patients, and issues at the beginning and end of life. Euthanasia and assisted suicide are condemned as unethical, while abortion is left to “individual conviction and conscience”.



The chapters on society and colleagues discuss a range of issues including resource allocation, public and global health and the evolving role of doctors in the health care team. The international orientation of the WMA is reflected in sections on human rights, professional duties (such as avoiding participation in torture), and the need for countries to educate their own doctors rather than securing them from less advantaged places. Research ethics are covered in a brief but comprehensive discussion.

Each chapter begins with a set of objectives. These are overly ambitious at times (for example, “deal with the ethical issues involved in allocating scarce medical resources”), but will be helpful for teaching, as will the case studies. The appendices contain a somewhat idiosyncratic glossary as well as various resources. The listed Internet resources are disappointing and do not reflect the nature and scope of current web offerings.

I enjoyed reading the Manual; this attractively presented, pocket-sized text is a useful introduction to ethics for students. The emphases upon relationships, public health and the global context are particularly welcome.

Wendy A Rogers

Associate Professor of Medical Ethics and Health Law
Flinders University, Adelaide, SA

Doctors in Western literature

The doctor in literature: satisfaction or resentment? Solomon Posen. Oxford: Radcliffe Publishing, 2005 (ix + 298 pp, \$73.00). ISBN 1 85775 609 6.

THE DOCTOR IN LITERATURE is physician–author Solomon Posen’s take on how the doctor, as received by patient and society, is represented in Western literature. It is the first of four volumes in the same vein, the others examining the doctor’s personal life, medical career choices, and selected issues such as physician–nurse interactions, abortion, male and female doctors, and sexual fantasies and encounters.

Described as a reference guide highlighting 1500 passages from over 600 texts (virtually all available in English), this volume is compiled from Posen’s lifetime of reading with an eye toward literary portraits of physicians. He has identified eleven facets of the physician–patient–society encounter and organised the book around these, with chapters addressing, for example, physician fees, the doctor’s time, bedside manner, emotional distance between doctor and patient, and litigation, as played out by medical characters in literature across the ages.

This is not an anthology, for excerpts from literature frequently run but a sentence or two and serve Posen’s points rather than those of cited texts’ authors. Nor is it an annotated bibliography of literature depicting doctors, or even the index that the author suggests medical scholars need, for references are embedded in



Posen’s assertions and one must go to endnotes for full information.

While documenting “astonishing” constancy in physician–patient relations over two and a half millennia (eg, patients like doctors who are willing to help, society resents doctors’ fees), Posen’s conclusions may be over-engineered. Having excluded texts that employ allegory or symbolism or that portray doctors who traffic in metaphor (psychiatrists, he says) or dark arts or who misbehave as criminals or clowns, he chiefly cites works in which doctors exhibit what he terms “recognizable medical behavior.” His readings of fictional doctors who meet his criteria are straightforward but sometimes sufficiently colored by his own lenses as to miss authors’ satire or social criticism.

As a result, Posen’s composite view of medical practice is inherently conservative, and his typical doctor — even more than society’s — is white, male, paternalistic and active rather than contemplative, irreligious, devoted more to profession than family, socially powerful, and resentful of political or institutional control. More historically and culturally nuanced aspects and ethical tensions of the doctor–patient–society triad tend to go unaddressed here, even though many of the cited literary works do take them on.

Marcia D Childress

Director, Program of Humanities in Medicine
University of Virginia School of Medicine
Charlottesville, VA, USA