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

Fiona Randall
@ RS Dozie
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 communication skills and counselling are not recognised in law is nonsense. 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 transport supplies to the needy areas. After a spell in General Practice and...
concern questions such as ‘should we be open mind. Some of the conclusions drawn learned, aided by an open heart and an open mind. Some of the conclusions drawn concern questions such as ‘should we be

he 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.

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

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

The CMF Website on CD-ROM

£3 (Special Offer)

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.