

book reviews

Philosophy for medicine: applications in a clinical context

Edited by Martyn Evans, Pekka Louhiala and Raimo Puustinen. Radcliffe Medical Press, Oxford 2004. 157pp. £21.95.

The message of this book is that those who teach medicine and those who treat patients should examine their own preconceptions, philosophy and, in particular, attitudes. Do we give sufficient importance to interpersonal relationships? Are we sufficiently aware of the cultural assumptions or the feelings of guilt or shame that may influence a patient's reactions? In this technological age, are we sensitive enough to questions of ethics or morality – or philosophy – that arise in our approach to modern dilemmas concerning abortion, cloning, informed consent, involuntary treatment, surrogate motherhood, euthanasia, and even rationing?

The editors begin with Socrates' comment that 'the unexamined life is not worth living'. Clinical examination, they say, is not enough without some insight into the life of the doctor and the patient and, indeed, into life itself. Medicine cannot confine itself to science alone, because the relationship between patient and doctor – and the doctor's approach to diagnosis and treatment – can have a powerful influence on the outcome. A surgeon or an intensivist may view a patient's body as a biological object but there is a philosophical difference between a technician searching for a cure and a doctor aiming at personal healing and recovery. A surgeon's target could be a patient's herniated intervertebral disc, but a psychiatrist dealing with the associated back pain might be more concerned with the anxiety and depression that it provokes.

The older physician's immediate response might well be that these aspects already form an important part of a medical student's training. It must be admitted however that we live at a time when trust in doctors has fallen and the number of people who turn to alternative forms of medicine has increased dramatically. There must therefore be doubts, either about the educational process or about the way medicine is practised. Why do so many members of the public look for alternatives? Is it that alternative forms of treatment such as homoeopathy and reflexology provide the time and the opportunity to develop relationships, confidence, trust and mutual understanding? While a general practitioner may have less than ten minutes for a patient, a homoeopathist may consider that a first interview should take an hour or more. Is this an area in which conventional doctors find it hard to compete? Are these considerations taught adequately in our medical schools, and are such problems remediable within the pressurised constraints of our health service? Is a receptive attitude and the time given to the patient a key factor that helps to explain the popularity of so many, very disparate forms of alternative medicine?

The authors – coming as they do from Wales, Finland, South Korea and America – raise a further point. This is that it cannot be enough to adopt the cultural assumptions common in Europe

and America, that medicine is a 'good science'. Indeed, cultural differences which loomed large in the traditions of medical philosophy in the ancient world still continue in our world today. A rational, scientific, and for that matter a wholly personal approach may be superior in many respects to the influence of intuition and the more collective culture found in other parts of the world, but the fears and anxieties that people entertain also need to be respected, not only in the interest of good doctoring but because there are religious and other ill-defined influences from culture, whether from Confucianism, Taoism, Buddhism, shamanism or yin/yang dualism, which can affect a patient's confidence and resilience.

As so often in medicine, it is easier to identify a problem than to find a solution. Defining the problem is, however, a good start. This book does not claim to be a philosophical textbook but it does contribute to the discussion.

MAURICE LESSOF
*Emeritus Professor of Medicine,
Guy's and St Thomas' Hospital, London*

The life and death of smallpox

By Ian and Jenifer Glynn. Profile Books, London 2004. 288pp. £17.99.

Despite the huge amounts written about smallpox it is surprisingly difficult to gain an overall view. Many accounts are partisan – either hagiographies of Jenner or attacks on him – and others treat of only one or other aspect of the subject. What was needed was a well-balanced account doing full justice to both scientific and historical aspects of a complex story. Here it is at last.

After reviewing evidence from myths and mummies, with the usual baffling difficulty of deciding what diseases, in our terms, ancient authors were describing, we come to Rhazes, the Persian physician and philosopher who famously distinguished smallpox from measles. His treatment included detailed instructions about diet, reminiscent of articles written by enthusiastic herbalists in the Sunday supplements today. One of the most persistent of the early attempts to treat smallpox was the 'red treatment', the belief that the disease could be alleviated by the use of red objects such as clothing or bed hangings, and by food and drink with red ingredients. The red treatment spread round the world and, astonishingly, only faded from view at the beginning of the twentieth century.

The age of exploration saw smallpox revealed in its full horror in the New World, to which it had been introduced, but also in the Old World where it was already endemic. Its ravages in England are well documented, with whole families wiped out and royal successions changed. Then came inoculation, what we now call variolation. This had long been employed by folk practitioners in many parts of the world, and the Royal Society was receiving reports about it early