

# book reviews

## The philosophy of palliative care – critique and reconstruction

Fiona Randall and RS Downie. Oxford University Press, Oxford 2006. 256 pp. £29.95.

This book was written by a consultant in palliative care and an emeritus professor of moral philosophy. I am no philosopher and found the text hard work which is a pity, since the book is thought provoking and deserves a wider audience within palliative care than I suspect it will achieve.

The book is divided into three sections. The first likens Dame Cicely Saunders' vision of palliative care to the ancient Greek Asklepiian tradition (where emphasis was placed on the attention paid by the physician to the individual patient, with change coming from within the patient) and contrasts it with the Hippocratic tradition (which focused on discovering patterns of symptoms and diagnoses, leading to treatments which were applicable to all patients). The authors regret the increasing dominance of Hippocratic evidence-based medicine and the exclusion of the Asklepiian tradition with its focus on the 'attention which should be given to each patient with their story, and their own values'.

The authors discuss quality of life (and how ridiculous it is to make a quantitative assessment of what is, by its very nature, a qualitative experience), patient autonomy and dignity. When the philosopher Immanuel Kant first described autonomy, it meant the ability to exercise self-restraint in choices that affect others. Consumerism, the rise of human rights and the patient-centred approach of today's NHS have profoundly affected our view of autonomy, truth telling, consent and dignity. As one who feels we have wrongly given 'autonomy' precedence over 'beneficence', 'non-maleficence' and 'equity' in ethical matters, I found myself agreeing with many of the authors' views.

The place of relatives within a palliative care philosophy is also discussed. The authors feel that too often professionals give relatives equal rights to patients with regards to information-sharing, preferred place of care and measures which may prolong or shorten the dying phase. This is contrary to my own experience – I would be interested to know how the authors would deal with a desperate patient who demands that their physically and emotionally exhausted relatives continue to care for them at home.

The second section covers some common ethical issues in palliative care, such as withholding or withdrawing life-prolonging treatments; introducing treatments which may hasten death; distinguishing between killing, euthanasia and 'letting the patient die'; and considering patients' and professionals' responsibilities in making these decisions. The ethics of cardio-pulmonary resuscitation in patients with terminal illness are discussed, as is the difficulty that advance statements may cause for physicians when the new Mental Capacity Act comes into force in 2007.

Many palliative care professionals will find the next chapter gives them hypertension. Fundamentally the authors feel that palliative

care has no responsibility to attempt to modify psychosocial and spiritual problems of patients, let alone those of their families. The authors state that formal assessment of such problems is often intrusive and may be harmful to the mental well-being of patients, families and staff themselves. Neither the close personal relationship advocated by some researchers, nor the detached 'counselling relationship' is favoured by the authors. Instead the professional should give the patient Asklepiian attention and forget the 'tricks' learned on communication skills courses. This is termed 'friendly professional interest' – an attitude of close listening from a warm, interested and encouraging professional which may help the patient understand the meaning of his illness. Interestingly, the references cited to support this approach seem to be as poorly evidenced as some of the approaches already dismissed by the authors.

The final chapter of this section shows that 'needs assessments' do not always reflect what aspects of care deserve top priority and that demonstrating the cost-effectiveness so loved by the NHS is almost impossible in palliative care. Finally, the authors recommend that all patients with a terminal illness should have access to palliative care provided by generalists, leaving more complex problems to specialist palliative care.

The authors then present their vision for how palliative care should develop – a much quicker task than demolishing what has gone before. The authors suggest increasing Asklepiian attention to the patient while still providing good quality symptom control. They make suggestions as to how staff can help the patient maintain 'honest hope'. Finally, the authors also look at how we can train the staff to provide such care.

This book makes a number of excellent points but they are hidden among a lot of philosophical argument. If you are interested in philosophy or ethics as applied to palliative care, then this is a book you will enjoy. If you work in palliative care, prepare to be incensed and challenged.

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## Binge Britain: alcohol and the national response

Moira Plant and Martin Plant. Oxford University Press, Oxford 2006. 208pp. £19.95.

This book by two of our national experts on alcohol misuse provides a thoroughly good read that can be tackled cover to cover or dipped into for its wealth of data and references. It is certainly timely, as binge drinking is rarely out of the media spotlight. The authors admit at the start that 'binge' is an ambiguous and sometimes unhelpful term but one we are stuck with so we just have to get used to it – to some it conveys a behaviour, often with destructive intent, to others it means exceeding an arbitrary limit within a set time period. For most people it means simply becoming intoxicated, and it is but one mirror of the UK's increasing alcohol problem.

While shocking in respect of the facts reported, *Binge Britain* never goes beyond the evidence and maintains a commendable balance. The first chapter is an excellent review of the history of alcohol consumption in the UK. This is traced back to before the Roman invasion of 43 AD and followed through to the present time. Legislation is not a new approach to curb public drunkenness and