

book reviews

Bioethics and the humanities: attitudes and perceptions

By Robin Downie and Jane Macnaughton. Taylor and Francis, Abingdon 2007. 208 pp. £27.99.

It really is of importance, not only what men do, but also what manner of men they are that do it.

John Stuart Mill, 1859¹

The authors of this interesting book put forward the idea that students are 'trained' to be doctors rather than being 'educated in medicine'. Yet students need to acquire humane attitudes to make humane judgments, as the late Sir Douglas Black wrote in reviewing an earlier book by the same authors.² Sir David Weatherall has also addressed these issues in his book *Science and the quiet art*,³ while the late Professor John Malins (previously Linacre Fellow at the Royal College of Physicians (RCP)) described the necessity for reading to make 'the sort of doctor whom we would like to consult as patient or colleague'.⁴ In an earlier generation, William Osler suggested that 'the modern scientific man' should be saturated with the Bible, Plato, Horace, Shakespeare and Milton.⁵ In the USA, the journal *Literature and Medicine* is entirely devoted to the role of humanities in relation to clinical practice, and the RCP has also published a book entitled *Medical Humanities*.⁶ Many American medical schools and some in the UK now have departments of medical humanities.

The principal theme of *Bioethics and the humanities* is to examine the premise that inclusion of humanities in the medical curriculum can so broaden the education of doctors that it has a beneficial effect on the relationship between doctors and patients by altering perceptions and attitudes: the authors describe this as the 'supplementary' function of studying humanities. They point out that these studies also contribute to the 'critical' examination of bioethical arguments and assumptions, thus enhancing the understanding of the bioethical regulatory functions of clinical practice.

There are chapters on moral philosophy (describing the philosophical basis of medical ethics); on epistemology and logic (including definitions of health and disease, and a discussion on understanding qualitative research); on political philosophy and bioethics (examining issues around public health); on medical half-truths (describing changing ideas of professionalism, special relationships with patients, problems from consumerism and ideas on quality of life); and one on the importance of literature (including comments on the skills of letter writing, and a critique of the concept of the narrative history which can 'obscure as much as it can illuminate'). They are all enlivened by descriptions of real situations together with quotations from widely diverse literary sources. For example, the authors point out that attempts to define 'health' may lead to a distortion of human values 'by forcing one ideal of the good life on us':

*Better to hunt in fields, for health unbought
Than fee the doctor for a nauseous draught.
The wise, for cure, on exercise depend;
God never made his work, for man to mend.*

(John Dryden (1631–1700))

The penultimate chapter brings us back to earth, describing studies undertaken in Glasgow to examine the reality of introducing the humanities into medical education. We learn that compulsory courses were unsuccessful; that voluntary courses succeeded, and in time, participants formed a club outside the curriculum; and that humanities introduced as an examinable special study module (jointly with the Department of Philosophy) was felt to be a successful addition to the curriculum, although final research and evaluation is still awaited.

This book is valuable for doctors who wish to enhance their understanding of the philosophical basis of medical ethics, and for those interested in introducing humanities into medical education, and it has an extensive bibliography. Well-balanced arguments are generally presented with clarity, although it is not light bedtime reading, and throughout there is an irritating habit of enumerating arguments – 'first...second...third...'.⁷

Our authors remind us that the role of studying the humanities is a continuous process enhancing education of medical students, though not appropriate for all. They observe that 'to be educated is not to have arrived; it is to travel with a different view'. I always found it easy to teach students how to take a medical history, but reminded them that its interpretation comes only with years of experience, in other words, by travelling 'with a different view'. So will study of humanities make better doctors, or is good doctoring largely an innate personal quality as many believe?

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References

- 1 Mill JS. On liberty (1859). In: Warnock M (ed), *Utilitarianism*. Glasgow: Collins, 1962:188.
- 2 Black D. Book review. *J R Coll Physicians Lond* 2000;34:401.
- 3 Weatherall D. *Science and the quiet art*. Oxford: Oxford University Press, 1995.
- 4 Malins JM. The novels that I enjoy most. *BMJ* 1985;290:384–5.
- 5 Osler W. Books and men. In: *Aequanimitas*. London: HK Lewis & Co Ltd, 1926:219–25.
- 6 Kirklin D, Richardson R. *Medical humanities*. London: Royal College of Physicians, 2001.

Portrait of the brain

By Adam Zeman. Yale University Press, New Haven 2007. 256 pp. \$27.50.

Adam Zeman, whose earlier excellent book on consciousness achieved considerable approval from the neuroscientific community, has entered the field of Oliver Sacks, bringing to an understanding of the brain and how it may work through case histories largely or totally gathered from his own experience.

He takes us on a journey from the molecular molecules of DNA to