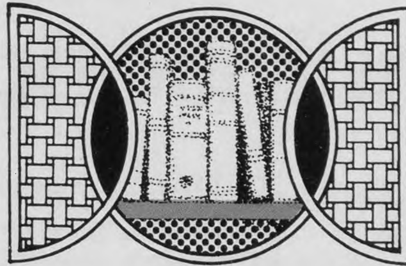
Book Reviews



Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine. *Albert R. Jonsen, Mark Siegler, William J. Winslade. The Macmillan Company, New York, 1982, 187 pp., $15.95 (paper).*

Like psychosocial issues, ethical issues are often considered secondary to decision making in medicine: The physician first identifies the disease process and decides how to treat it, and then considers, if time permits, the social and ethical problems this decision may present. *Clinical Ethics* represents an attempt—a risky one—to introduce ethical considerations directly into the decision-making process: to bring ethics not only into the hospital but right to the bedside.

To do this, the authors, one philosopher, one physician, and one lawyer, have distilled the considerations of medical ethics into a single, clear, compact, careful, and portable little volume. It has virtues, but, paradoxically, it also has vices.

Accurately described in the preface as a "remarkably complete primer of clinical ethics," the book deals with the principal problems of bioethics in a clinical setting. These problems include, to list only a few, issues in the care of the dying and the quality of life, such as withholding and terminating treatment, no-code-orders, brain death, "death with dignity," euthanasia, and suicide; issues in patient autonomy, including legal rights to self-determination, informed consent, truthful disclosure, refusal of treatment, and competency; and issues involving external factors that have bearing on clinical treatment, such as the role of the patient's family, financial costs, scarce and poorly allocated resources, and the use of patients in research and teaching. In each, the question addressed is this: What ought the clinician do in a case of this sort? In each, case examples are used to demonstrate typical clinical problems that may arise. In most of these cases, the authors, after a systematic examination of the ethical principles involved, sometimes together with relevant legal considerations, reach a conclusion about what the physician may or should do. This conclusion is then offered as "counsel" in the resolution of the particular problem addressed.

There are some flaws in this book, both in content and in mechanics of presentation. Although the prose of the volume is in general admirably clear, an exception is the series of gratuitous and quite confusing acronyms used to introduce models of disease and treatment. There are several somewhat misleading claims: for instance, the discussion of a breast cancer case appears to assert that "the physician's best treatment" (p 74) would be a radical mastectomy, and thus seems to overlook the very lively scientific controversy over breast cancer treatment strategies that has raged during the recent several years. The section on suicide is particularly thin, asserting simply that physicians should refrain from assistance in suicide, thus overlooking the compelling moral arguments made by patients' rights groups for voluntary euthanasia and physician-assisted suicide in terminal illness. Even the references and recommendations for further reading, although fairly extensive, are not entirely easy to use: they are grouped by topic at the end of each chapter, but without a general index. Finally, there are omissions from what is usually regarded as the corpus of medical-ethics literature: There is virtually no discussion, for instance, of issues involving genetic counseling, abortion, or neonatal infanticide.

But these flaws do not yet identify that paradox which is the major problem with the volume. The very features that make it accessible for clinical use—its clarity and avoidance of philosophical jargon, its brevity and efficiency in presentation, its carefully and systematically encapsulated information—are also features that invite misuse. This volume seems to suggest that clinical ethics is a science, like pathophysiology, by implying that ethics consists in information and solutions that can be condensed into easily accessible form. Clinical ethics does not involve a set of facts or an assemblage of solutions; it is a set of *problems,* and that is what the format of this work seems to belie. Indeed, it conjures up visions of the resident who, while making rounds on the ward with a copy of *Clinical Ethics* in his laboratory coat pocket, finds (as he will on page 121) that it is "ethically permissible" to refrain from treating pneumonia in an uncommunicative 94-year-old man, but "ethically obligatory" to provide a respirator and dialysis for a 44-year-old

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ACTIFED-C®
EXPECTORANT Ⓒ V

INDICATIONS: Based on a review of this drug by the National Academy of Sciences — National Research Council and/or other information, FDA has classified the indications as follows:
"Lacking substantial evidence of effectiveness as a fixed combination." For the symptomatic relief of cough in conditions such as: the common cold, acute bronchitis, allergic asthma, bronchiolitis, croup, emphysema, tracheobronchitis.
Final classification of the less-than-effective indications requires further investigation.

CONTRAINDICATIONS:
Use in Newborn or Premature Infants: This drug should *not* be used in newborn or premature infants.

Use in Nursing Mothers: Because of the higher risk of antihistamines, codeine and sympathomimetic amines for infants generally and for newborn and premature in particular, Actifed-C Expectorant therapy is contraindicated in nursing mothers.

***Use in Lower Respiratory Disease:* Antihistamines *should NOT* be used to treat lower respiratory tract symptoms including asthma.**

Actifed-C Expectorant is also contraindicated in the following conditions:

Hypersensitivity to: 1) triprolidine hydrochloride and other antihistamines of similar chemical structure; 2) sympathomimetic amines including pseudoephedrine; and/or 3) any of the other ingredients.

Monoamine oxidase inhibitor therapy (see Drug Interactions Section).

WARNINGS: Actifed-C Expectorant should be used with considerable caution in patients with:

Increased intraocular pressure (Narrow angle glaucoma)
Stenosing peptic ulcer
Pyloroduodenal obstruction
Symptomatic prostatic hypertrophy
Bladder neck obstruction
Hypertension
Diabetes mellitus
Ischemic heart disease
Hyperthyroidism

Sympathomimetics may produce central nervous system stimulation with convulsions or cardiovascular collapse with accompanying hypotension.

Codeine can produce drug dependence of the morphine type, and therefore has the potential of being abused.

Use in Children: As in adults, the combination of an antihistamine and sympathomimetic amine can elicit either mild stimulation or mild sedation in children.

While it is difficult to predict the result of an *overdosage* of a combination of triprolidine, pseudoephedrine, and codeine the following is known about the individual components:

In infants and children especially, antihistamine in overdosage may cause hallucination, convulsion or death. Large doses of pseudoephedrine are known to cause weakness, lightheadedness, nausea and/or vomiting. An overdosage of codeine may cause CNS depression with muscular twitching and convulsion, weakness, disturbed vision, dyspnea, respiratory depression, collapse and coma.

Use in Pregnancy: Experience with this drug in pregnant women is inadequate to determine whether there exists a potential for harm to the developing fetus.

Use with CNS Depressants: Triprolidine and codeine phosphate have additive effects with alcohol and other CNS depressants (hypnotics, sedatives, tranquilizers, etc.)

Use in Activities Requiring Mental Alertness: Patients should be warned about engaging in activities requiring mental alertness such as driving a car or operating appliances, machinery, etc.

Use in the Elderly (approximately 60 years or older): Antihistamines are more likely to cause dizziness, sedation and hypotension in elderly patients. Overdosages of sympathomimetics in this age group may cause hallucinations, convulsions, CNS depression, and death.

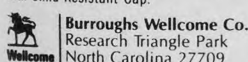
PRECAUTIONS: Actifed-C Expectorant should be used with caution in patients with: history of bronchial asthma, increased intraocular pressure, hyperthyroidism, cardiovascular disease, hypertension.

DRUG INTERACTIONS: MAO inhibitors prolong and intensify the anticholinergic (drying) effects of antihistamines and overall effects of sympathomimetics. Sympathomimetics may reduce the antihypertensive effects of methyldopa, decamylamine, reserpine, and veratrum alkaloids.
The CNS depressant effect of tripolidine hydrochloride and codeine phosphate may be additive with that of other CNS depressants.

ADVERSE REACTIONS:
1. *General:* Urticaria, drug rash, anaphylactic shock, photosensitivity, excessive perspiration, chills, dryness of mouth, nose and throat.
2. *Cardiovascular System:* Hypotension, headache, palpitations, tachycardia, extrasystoles.
3. *Hematologic System:* Hemolytic anemia, thrombocytopenia, agranulocytosis.
4. *Nervous System:* Sedation, sleepiness, dizziness, disturbed coordination, fatigue, confusion, restlessness, excitation, nervousness, tremor, irritability, insomnia, euphoria, paresthesias, blurred vision, diplopia, vertigo, tinnitus, acute labyrinthitis, hysteria, neuritis, convulsions, CNS depression, hallucination.
5. *G.I. System:* Epigastric distress, anorexia, nausea, vomiting, diarrhea, constipation.
6. *G.U. System:* Urinary frequency, difficult urination, urinary retention, early menses.
7. *Respiratory System:* Thickening of bronchial secretions, tightness of chest and wheezing, nasal stuffiness.

NOTE: Guaifenesin has been shown to produce a color interference with certain clinical laboratory determinations of 5-hydroxyindoleacetic acid (5-HIAA) and vanillylmandelic acid (VMA).

HOW SUPPLIED: Bottles of 1 pint, 1 gallon and 4 oz Unit of Use Bottle with Child Resistant Cap.



Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

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woman who, with a long history of scleroderma, is suffering multiple amputations of the extremities, pneumonia, and renal failure. Such cases are rarely so simple.

This liability to misuse is in part a product of the book's brevity, reference format, and misleading cover; it is also a product of the principle-asserting method of analysis used in discussing issues together with the practice of offering answers about what to do in specific clinical cases. This method does not seem to encourage thinking, but may instead encourage the accepting of these answers as authoritative. In a word, it tries to make medical ethics problems easy; the reader is supplied with a series of judgments, rather than being forced to reach them himself.

In fairness to the authors, however, they urge repeatedly that ethics is not a rigid system, that they are not offering answers, but counsel ("in the tradition of medical consultation"), that decisions require clinical discretion, and that "insecurity and discomfort and even terror are entirely appropriate emotions" the clinician may experience in some situations. Their introduction is a sensitive, intelligent, and morally responsible, although brief, discussion of the perils of condensation and systematization of so complex and subtle a field as medical ethics.

Furthermore, the authors' ethical judgments and the principles to which they appeal are responsible at least to the extent that they are in concert with most of mainstream medical ethics literature of the day. First, for instance, patient autonomy is emphasized, even when the patient's preferences and values conflict with those of the physician; the paternalism that has characterized much of medical practice in the past is rejected. Second, the physician's primary duties are asserted to be owed to the patient, not to research, to teaching, or to the physician or medical institution. Third, the obligation to preserve human biological life is held to be overrideable by various other considerations, including patients' preferences, quality-of-life considerations, and poor prognoses. Fourth, while the law may reflect ethical principles—say, with respect to informed consent, refusal of treatment, or physician's obligations—the law is not held to be determinative of these principles, and the physician's duty to act in an ethically responsible way is held to take priority over conformity to law. Finally, it is also clear that for these authors, Kantian principles of respect for persons take precedence in most situations over purely utilitarian considerations, although no principles are slavishly followed.

Despite the praise its authors can be accorded for attempting the difficult task of creating this book, the book itself presents its own "moral problem." Ought it be judged by the kinds of abuses its format invites, or ought it be praised for the responsible decisions it may make possible, if intelligently used? In the tradition of medical consultation, we suggest using this book only with thought and care.

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Dermatology for the House Officer. *Peter J. Lynch. Williams & Wilkins, Baltimore and London, 1982, 277 pp., $9.95 (paper).*

The apparently endless production of concise "pocket" books on specialty subjects for the young graduate would suggest that it is either too difficult a task or that few

Patients want to hear from their primary care physicians more often — according to the results of a recent survey

We asked patients how they felt about receiving a newsletter from their physicians which contained brief articles about some of the more recent discoveries and advancements in the field of medicine, explained how best to use the services of their family doctor, and offered practical tips to improve their own and their family's health.

90% of those surveyed were ready to receive a regular newsletter from their physicians. In fact, almost 80% not only were ready but expressed great enthusiasm with such comments as these...

- I would be favorably impressed and would feel he was thinking about me.
- It would be like the old days when doctors really cared.
- Good — it would be the voice of authority.
- I'd be very pleased. I'd have **much** more respect.
- I would have respect for him if he took the time to do that.

Respect was an important issue with more than half of the respondents who stated they would have more respect for their physician if he took the time to send them a newsletter on a regular basis.

For complete survey results and information on a special newsletter, "For Your Health," specifically designed for primary care physicians to send to their patients on a regular basis complete coupon at right.

FP184

Yes. I am interested in how patients feel about their family physician. Please send:

- ☐ Complete survey results and newsletter information
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Potomac, MD. 20854

such texts exist to meet the needs of the learner. It was with this bias that I approached this new book on dermatology, but I have to admit that Lynch may have produced an exception. His approach incorporates two laudable features. First, he does not attempt to include every skin disease, but rather concentrates on those seen most often in the office or those rendered important by their "seriousness, contagiousness or treatability." Second (and I think this is the key to the textbook's attraction), stating that most textbooks group diseases with a common etiology and therefore to use them one ". . . must already know the diagnosis," Lynch has structured much of his text around ten morphologic groups (eg, vesiculobullous, skin-colored papules and nodules; and inflammatory papules and nodules), providing a refreshing approach to the problem-solving of skin diseases.

In addition to the content relating to skin diseases and a diagnostic approach to them, the book has chapters on basic principles (eg, therapeutics, basic diagnostic, and therapeutic procedures), with appendices detailing references for further in-depth reading.

The author's justification for the absence of colored photographs is price and the availability of skin disease atlases. Personally, I have found atlases of limited value and would not feel that a lack of such photographs detracts from the excellence of the book, which combines detailed and practical information with a style that remains fresh and readable throughout.

I would recommend this book without reservation to medical students and family practice residents and believe that family physicians would also find it a worthwhile investment.

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