

The Cambridge medical ethics workbook: case studies, commentaries and activities

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The editors of this Cambridge workbook should be congratulated for its success in rendering medical ethics lively, enticing, and user-friendly. Most classics of bio-medical ethics are dry and daunting because they were written by analytical philosophers, who based the discussion on abstract ethics constructs. *Principles of Biomedical Ethics* by Beauchamp and Childress,¹ for instance, divided its chapters into autonomy, non-maleficence, beneficence, justice, and professional-patient relationships.

While these principles are the bread and butter of ethical analysis, most clinicians would appreciate a more practical approach to the topic. There is another genre of bioethics textbooks that base the discussion on classical cases.² While this type of textbook tends to be more readable, they are no more practical than the analytical classics, as most of the famous cases are rarely encountered in daily clinical practice.

The Cambridge Medical Ethics Workbook: Case Studies, Commentaries and Activities successfully overcomes these shortcomings by aligning its chapters along medical problems. Commonly encountered clinical scenarios are used to illustrate how to approach thorny ethical issues. Commentaries on individual cases are also included to help readers understand how ethical issues are theorised in clinical reality. This improved approach to discuss bio-medical ethics is not entirely novel as The Hastings Center Report has previously made a similar attempt.³

Parker and Dickenson, however, should be credited for perfecting this problem-oriented and case-based approach by supplementing the commentaries with guided readings and self-directed activities. The end product is a workbook that can both be read in its own right, and for use in group teaching or open learning.

A wide range of bioethical issues is covered in the workbook. Part I of the book examines how advances in modern medicine creates thorny ethical conundrums that confront both highly technical specialists and ordinary clinicians. By using common clinical problems, the authors make a strong case that not only highly technical specialists or scientists encounter ethical dilemmas. Rather, clinicians are making moral choices and ethical decisions every day in their ward rounds and out-patient clinics, be it a 'not for resuscitation' instruction, patient's refusal of treatment, or medical futility.

The second part of the book examines the tensions embedded in widely acclaimed ethics principles such as vulnerability, truth-telling, autonomy, competence, and confidentiality. The authors choose to illustrate these principles in real-life contexts. By asking questions such as how vulnerable individuals can be protected without rendering medicine paternalistic, or to what extent should the wish for autonomy be respected among patients who may not have full competency, the authors vividly depict the different socio-political, moral, and historical forces that are at stake in ethical decision making.

The last part of the book takes medical ethics to a health policy level. In this era of cost-cutting and efficiency-driven medicine, the authors ask how scarce resources should be distributed. What does equality mean in a real clinical context? Does it simply mean even distribution; and if not, what are the medical, socio-moral, and political criteria that can be resorted to render the health care system more equitable?

This book should entice not only clinicians and health care professionals who have a special interest in bio-medical ethics, but selected chapters will also be useful for postgraduate training in internal medicine, geriatrics, obstetrics and gynaecology, paediatrics, psychiatry and, above all, medical research.

The Cambridge workbook is not a typical workbook, as it does not lead the readers to model answers. Instead, through guided readings and case discussions, the book aims to sensitise health care professionals and their students to ethical issues that are often side-stepped in busy clinical contexts. The greatest merit of this book is its success in helping the reader to appreciate that salient ethical issues are hidden behind what may otherwise look like routine and minor medical decisions.

The guided readings included in the textbook are carefully selected; many can be used as supplementary reading materials in bioethics teaching. The workbook, however, is not designed to be exhaustive. Hence, there are important gaps (eg termination of pregnancy) that the teachers need to address if the book is to be used as the principle textbook for ethics studies. Furthermore, readers should be aware that the book is written with a European audience in mind. Hence, Asian readers may find the legal principles and discussions inapplicable to their local context. In a similar vein, the book has failed to appreciate the tension between

local moral values and global ethics principles, an issue that is particularly pertinent to Asian ethicists and clinicians.

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References

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2. Pence GE. Classic cases in medical ethics: accounts of cases that have shaped medical ethics, with philosophical, legal, and historical backgrounds. 2nd ed. New York: McGraw-Hill; 1995.
3. Crigger BJ, editor. Cases in bioethics: selections from the Hastings Center Report. 3rd ed. New York: St Martin's Press; 1998.

Answers to CME Programme *Hong Kong Medical Journal* August 2002 issue

HKMJ 2002;8:240-4

I. Ten-year experience with liver transplantation at Queen Mary Hospital: retrospective study

A	1. True	2. True	3. False	4. True	
B	1. False	2. True	3. True	4. False	5. False
C	1. True	2. True	3. True	4. True	5. False

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II. Osteoporosis: should there be a screening programme in Hong Kong?

A	1. True	2. False	3. False	4. True	5. True
B	1. False	2. False	3. True	4. False	5. False
C	1. False	2. True	3. False	4. False	5. True