

Qadeer I, Sen K, Nayar KR, editors. Public Health and the Poverty of Reforms: The South Asian Predicament. New Delhi: Sage Publications; 2001. 547 pages; ISBN 0-7619-9158-8 (US-Hb), 81-7036-988-6 (India-Hb); price: US\$65.00

Field of medicine: Public health.

Format: Hardcover book.

Audience: Physicians and administrators in public health, policy-makers, sociologists, medical historians, professionals involved in the fields of economics and social welfare.

Purpose: To explore the impact of Structural Adjustment Policies on primary health care in South Asia and provide an overview of the health sector in that region in the global context. Structural Adjustment Policies are economic policies which countries must follow in order to qualify for new World Bank and International Monetary Fund loans and help them make debt repayments on the older debts owed to commercial banks, governments and the World Bank. Although Structural Adjustment Policies are designed for individual countries, they have common guiding principles and features, which include export-led growth, privatisation and liberalisation, and the efficiency of the free market. Structural Adjustment Policies generally require countries to devalue their currencies against the dollar, lift import and export restrictions, balance their budgets and not overspend, and remove price controls and state subsidies, thus often resulting in deep cuts in programs like education and health and social care.

Content: This book is a collection of writings by concerned scholars, public health practitioners, administrators, policy-makers, clinicians, and activists in the field of public health in their countries. The book is divided into six sections. The first section deals with the interrelationship between politics, economics, and development of health systems in the South Asia region. The second part brings evidence on package of reforms that were introduced and their impact on the needs of the people. It also provides multi-dimensional critique of current thinking in the field of public health. The third part analyzes the content of and directions in which the privatization and reform of health sector in India developed under Structural Adjustment Policies. The special emphasis in this part is put on the changes in the approach to both programs and financing. In the fourth part, the authors discuss the experience with decentralization in the provision of services. The fifth part introduces dilemmas that face public health practitioners in their

practice. It also deals with the impact of social, economic, political, demographic, and ecological changes on specific diseases in the South Asia region. The final part presents case studies of community-based social development and employment programs.

Highlights: The book addresses multiple dimensions of public health, from its conceptual and theoretical basis to its history, financing, service delivery, planning processes, organizational issues, and therapeutic aspects. It puts in contrast the South Asian experience with that of European countries and sets out the differences in the implementation of health care reforms. The book provides an interesting description of the period in India when health reforms brought public health to disaster but were nevertheless continued – a period of Indian medical history that should never be repeated. It also reminds the reader what a valuable asset a good health is for the well being of individuals as well as whole nations. It warns that reforms do not always insure an improvement in the health care system and can even aggravate the existing and introduce new problems into the health sector.

Limitations: Writings published in the book are the papers presented at International Conference on Impact of Structural Adjustment Programmes on Health in South Asia, held in New Delhi, 1997. Papers vary in readability, depending of the author. Also, it would be useful if some longer papers contained a summary to help the reader in choosing papers of personal interest.

Related readings: Books dealing with such issues in a broader context that might be useful are Leon and Walt's *Poverty, inequality and health: an international perspective* (Oxford: Oxford University Press, 2001), *Poverty, development and health policy* by Brian Abel-Smith and Alicra Leiserson (Geneva: World Health Organisation, 1978), *Social determinants of health* by Michael Marmot and Richard Wilkinson (Oxford, New York: Oxford University Press, 1999), and *Medicines, health and the poor world* by David Taylor (London: Office of Health Economics, 1982).

Marta Čivljak

Parker M, Dickenson D. The Cambridge Medical Ethics Workbook. Cambridge: University Press; 2001. 359 pages; ISBN 0 521 78301 1; price: GBP 29.95

Field of medicine: Medical ethics.

Format: Hardcover book.

Audience: Health care professionals of all profiles, medical students, medical high school students, teachers at medical schools, lawyers.

Purpose: To educate the reader about key issues in medical ethics and offer guidance to their solutions by abiding by ethical principles, the social position of the profession, and interests of patients as well as physicians.

Content: What should the purpose of medicine be when treatment is no longer possible? What is better for the patient: what we, health care professionals, want and are able to do, or what the patient wants and expects? How far can health professionals go: when to consider a person as a patient who needs care, and when to respect his or her wishes or decisions? What if the patient, ie, a child or mentally ill or senile person, is not capable of making the right choice? Who should then decide for the patient, his family or the medical staff, or neither? What is the legal responsibility of those involved in solving actual ethical problems?

However hard it may be to find the answers to a series of ethical questions that arise from medical practice, it is even harder to deal with the health care professionals who are certain of their own infallibility. It is difficult to recognize where to stop and when to give up, because the limits between our conviction that we are doing good and the real ethical judgment are not clear. Medical ethics is swiftly becoming one of the main components in the education of health care professionals of all profiles. As a teacher, I wonder how should we point out to young medical students the ethical questions they will unavoidably have to deal with in their everyday medical practice? How to encourage students to ponder on ethical problems, search for the solutions, and how to help them in finding their own correct way in the slippery field of medical ethics?

As a member of the Ethics Committee of the Zagreb University Medical School, I am faced with the following issues: What is considered medical research? What are the ethical implications of research methods? What are the results and what are the harms done by medical research? The answers to most of these questions are to be found in this book.

It is actually a handbook using a problem-solving approach. First, a review of a case is offered, then follows an actual example from the practice, and then expert articles and comments, activities to which the

reader is guided, and suggestions for additional reading. However, in contrast to other handbooks, the cases here are depicted in different ways, depending on the role of a health care professional. This is what makes the book appropriate for health care professionals of all profiles, medical students, and nurses, as well as those encountering medical ethics for the first time.

The cases described are the examples from the practice of health care professionals from the European Union, USA, and Australia, and the articles and comments were written by health care professionals, ethical professionals, and lawyers, who participated in many *European Biomedical Ethics Practitioners Education Project* workshops.

The first part of the book, *Ethical issues raised by developments in modern medicine* (End of life decision-making, Genetic testing, Medical research), deals with the key ethical subjects that arise from the technological development of medicine, such as when and how to give up the efforts in treating the patient, what comes out of genetic testing, the use of genetic information in clinical practice, as well as the questions that surface in the field of reproductive technology. In medical research, the ethical issues are presented to those who found the research, those who organize it, the clinics who sign up their patients, and those who take part in the research as subjects.

The second part, *Vulnerability, truth-telling, competence and confidentiality* (Long-term care, Mental health, Children and young people), besides dealing with ethical issues considering especially vulnerable patient groups (those needing long-term care, the mentally ill, and children and young people), discusses for the first time the medical staff taking care of such patients as a vulnerable group from the standpoint of medical ethics.

The third part, *Broader issues in medical ethics* (Resource allocation, Thinking about ethics: autonomy and patient choice), presents practical questions about solving ethical problems: the distribution of responsibility and the independence of the patient and his choice.

The book has two appendixes. *Study guide for teachers* leads the teachers through the topics in medical ethics and suggests the problem-solving teaching method. *The UK core curriculum* was created by the teachers of medical ethics and law in the UK and it combines medical ethics and law, but since the book had already been in the process of publishing, the

headings of the core topics are different but their contents are not. The book offers the following core topics: 1) Informed consent and refusal of treatment; 2) The clinical relationship- truthfulness, trust and good communication; 3) Confidentiality and good clinical practice; 4) Medical research; 5) Human reproduction; 6) The "new genetics"; 7) Children; 8) Mental disorders and disabilities; 9) Life, death, dying and killing; 10) Vulnerabilities created by the duties of doctors and medical students; 11) Resource allocation; and 12) Rights. The coordination of the book with *the UK core curriculum* is a good example on how to use it in education on medical ethics by following one's own ethical codes.

Highlights: The book guides us through main, essential topics of medical ethics elaborated so as to suit the reader's goals, building on prior experience. Medical ethics should be taught simultaneously with other medical material, not as an isolated subject. The development of medical profession and science must follow the ethical principles. The process of harmonizing the ethical, the social, and the medical is constant, and that is the most valuable aspect in this book. It prepares us to cope with the future challenges of medical ethics. The book may always serve as a reference to experts, professionals, and every individual interested in continuous medical education

and self-education, or just to a lay reader interested in the issues of medical ethics.

Limitations: Medical ethics does not support ready-made solutions or rules. In the process of ethical decision-making the ways of making exceptions to the general rules cannot *be given*, they are *to be developed*. In each example, it is necessary to conciliate individual and general, professional and social interests. It is difficult to imagine a serious book on medical ethics, which could overcome this limitation. The use of ethical rules in medicine sometimes provokes serious doubts and inner conflicts.

Related reading: The book that helps with developing the code of medical ethics by harmonizing the legislature with medical practice and research is the *Ethics Codes in Medicine-Foundation and Achievements of Codifications since 1947* (Tröhler and Reiter-Teil, editors. Ashgate, 1998). The book *Practical Decision Making in Health Care Ethics: Cases and Concepts* (Devettere: Georgetown University Press, 2000) will enable the teachers of medical ethics to raise the awareness of ethical issues among medical students. That is the great advantage of *The Cambridge Medical Ethics Workbook*: it unites the learning, the teaching, and the creation of the system of medical ethics.

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