
The relationship between philosophical ethics and medical practice weighed heavily on my mind after reading this book. As I worked my way through the chapters, I found myself constantly recalling something that Frances Kamm once said when asked about the practical value of ethics:

…people come to philosophy for practical guidance, certainly in bioethics. We now even have philosophers on medical wards, wearing beepers, who get asked by doctors ‘Come advise me whether I should pull the plug on this person’s ventilator’. I have never done that. I tried teaching at the medical school at NYU, but they were more interested in answers to specific real-life cases and I was more interested in theoretical issues that related to questions of practical import.”

Kamm’s comment reveals certain tensions inherent in the discipline of medical ethics. In particular, tensions between the drive for theoretical sophistication and purity, on the one hand, and the drive for practical significance on the other. Academic monographs, of course, tend toward the former, while textbooks arguably tend toward the latter. But the tensions are always present and there is an important question as to whether ethics can, in the words of James Rachels, provide the answers for which people are looking.

The book under review manifests these tensions rather exquisitely. Ostensibly, this is a textbook which aims to be of great practical significance. Written for healthcare professionals dealing with end-of-life care, the book is structured around eight modules, dealing with a range of practical topics such as “The Ethics of Breaking Bad News” and “The Ethics of Managing Pain”. One imagines the goal therefore must be to equip medical centres, hospitals and hospices with their own “philosophers with beepers”, ready, able and willing to advise on all manner of end-of-life care decisions. But one would be wrong, for this book does not aim to provide direct guidance to healthcare professionals. Instead, it aims “not to tell people what to do, but to offer tools for thinking about difficult problems” (14). Pedagogically speaking, this is an appropriate aim. And the educational philosophy behind the book specifically proclaims that the job of ethics and ethicists is to negotiate disagreements, not to resolve uncertainty (14). But one is left wondering whether this would be satisfying to the students participating in these modules. Would they be pleased to learn that there are arguments for and against breaking bad news to patients (81-105) and the decision of whether to inform a patient will depend on how one weighs competing ethical considerations? Would they, like Kamm’s students back in NYU, not long for answers to real-life cases?

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But these are meta-concerns — concerns about how medical ethics relates to medical practice — they should not be thought to impugn the book as whole. Embraced on its own terms, it is largely successful, providing the reader with a thoughtful introduction to ethical topics in end-of-life care. Each module follows the exact same format, starting with a set of key points which summarise the main concepts in each module, the module then works through some definitions and theoretical background, considers different ethical arguments and case studies, and concludes with questions for further discussion and a summary of the learning outcomes. The repetitious structure makes it easy to pick and choose aspects of each module, which will be a boon to those wishing to use the work in the classroom.

The book has a number of strengths. First, its narrow focus on end-of-life care, and its specific target audience of healthcare professionals, make it a relatively unique contribution to the pedagogical literature in this area. Those of us who teach medical students and professionals dealing with the end-of-life will be hard-pressed to find a book that is more appropriately pitched to them, despite not addressing their potential longing for more concrete answers. Second, the modules are structured in a logical and appealing manner. After an introductory session on ethical principles and concepts, students are walked through a sequence of issues they are likely to deal with when confronted with a terminally ill patient. Thus, we get a module on breaking the bad news, respecting autonomy, managing pain, life-prolonging treatments, and confidentiality and privacy. We also get a general module on ethical governance in both clinical and research settings. This sequencing of modules, coupled with the appropriate difficulty level throughout, make it an ideal companion to a course on end-of-life care. Third, another strength of the book is to be found in its copious use of case studies. Designed to encourage critical reflection on key ethical concepts and arguments, these case studies are drawn from real-life clinical reports and legal cases, and are consistently interesting and well-chosen. Even if one didn't want to follow the module-by-module structure of the book in a course, the treasure trove of case studies would be an ideal scavenging ground for those wishing to provoke classroom discussions. Finally, the book also excels in its treatment of legal issues in conjunction with ethical ones. Thus at times the authors give up the open-ended speculation of ethics to discuss the marginally more constrained world of the law. Since those involved in end-of-life care must, like all of us, operate within the shadow of the law, treatment of this legal material is both welcome and important in an educational text of this sort.

But, ironically, this forces us to confront the book’s major shortcoming, which is its parochiality. The legal material, along with significant portions of the cultural and empirical studies discussed by the authors, are focussed on the Irish context. Of course, it is difficult to fault the authors on this front. The book was commissioned by the Irish Hospice Foundation, and makes use of a number of