Book Reviews

Clinical Ethics – Theory and Practice, edited by Barry Hoffmaster, Benjamin Freedman and Gwen Fraser. Pp. xi + 227. Humana Press, Clifton, New Jersey, 1989. £34.20.

Books on biomedical ethics seem to be one of the growth areas in medical publishing and one might be forgiven for thinking that *Clinical Ethics* is yet another, covering similar ground to Gitton's *Philosophical Medical Ethics* or Harris's *The Value of Life*. In fact it is a multi-author collection based on a conference on the Nature and Teaching of Applied Ethics in Medicine held in London, Ontario in 1986. An increasing number of North American hospitals now employ professional ethicists, eagerly clutching their beepers, waiting for urgent ethics consultations. The clinical ethics of the title of this book is what they practise and the clinical ethicist is not the doctor or nurse struggling with medicomoral problems, but represents a new specialist grouping. Primarily then this book is a justification of the ethicist and a discussion of his or her role. It is, therefore, chiefly of interest to the professional ethicist or to anyone who may contemplate the need for one. Nevertheless, there are a number of arguments that deserve a wider audience. In the first chapter, Veetch discusses the role of the ethicist: is he or she a decision-maker, a critical analyst of medicomoral problems or some sort of advocate? To whom is he or she primarily responsible? After a response to this by Baker, the key question of whether moral experts or moral expertise actually exist is discussed by Caplan. This is lucidly written. His conclusion: moral expertise ought to be common but moral experts ought not. Expertise is knowing 'that' while the expert knows 'how'. A good deal of this is repeated by Baylis and Macklin, but Freedman then raises the issue of identifying bioethics as a new profession with its own codes. These, he concludes, are necessary. The remaining four chapters extend the discussion on the application of moral theory to practical problems or an alternative approach that starts with the problem itself. What values have to be shared for ethical analysis even to begin and how far is theory important to establish the morally relevant facts and not just 'the answer'?

I enjoyed reading this book. Its print is large and none of the essays is long. If I am less than enthusiastic it is because the professional hospital ethicist seems unlikely to appear on this side of the Atlantic and a whole book on this new animal is probably beyond the interest of most UK readers. I suspect that convincing the sceptic that ethics is 'useful' is more likely with an approach based on case analysis.

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Crack – The Broken Promise, David F. Allen and James F. Jekel. Pp. xi + 115. Macmillan, Basingstoke, 1991. Hardback £25.00, paperback £9.95.

This highly personalized account of problematic crack cocaine use in the Bahamas and USA (Yale) is a good read and good value for many potential carers: medical, parental, educational or personnel. I read it avidly in one weekend 'binge', and the wide range of vignettes rang true for my observations on British cocaine users. It makes a very fine companion to the Metropolitan Police's *Force Collection Plan on Crack* (1990) and extends and updates the 1987 Royal College of Psychiatrists' portrait of cocaine misuse in *Drug Scenes*.

In particular, I valued the emphasis on long-term rehabilitation of cocaine addicts, which corresponds well to the consensus just reached at the 1991 Vatican conference on 'Drugs and alcoholism against life: *contra spem in spem*'. An effective community response to cocaine misusers needs a balanced mix of physical, psychological, social, occupational and spiritual regeneration. In Italy and Spain, where cocaine use may justly be described as epidemic now, *integration* of medical and other resources for management of drug problems is presenting the key challenge. Allen and Jekel's book addresses just this issue.

However, their book does have three substantial flaws that should be corrected in any future edition. Frequently, the authors confuse cocaine abuse (i.e. hazardous or problematic use) with active cocaine addiction (i.e. dependent use). This considerably reduces the value of their advice on prevention and especially the medical assessment and management of dependence. The authors consistently refer to amounts of cocaine by their US dollar price, which is not helpful for a European readership. It would have been helpful to indicate, say, that a naive experimenter might present to accident and emergency services in a hypertensive crisis after smoking 1 g (five rocks), while a tolerant user might regularly smoke 10 g (50 rocks) over a weekend. Lastly, the authors do not seem to consider the UK experience of cocaine, particularly the likelihood that initial use in adolescence is part of a wider pattern of polysubstance use, including alcohol, nicotine and other illicit drugs (e.g. in the HEA report, *Teenage Smoking* (1990)). Given the US emergency room experience that cocaine became the most common ingredient in poisoning, but typically in combination with other substances, it would have been particularly helpful to the British medical readership for the authors to have illustrated management of the intoxicated polyuser.

The most valuable new contribution of the authors to our understanding of crack is their clear distinction between the acute onset psychosis and the insidious onset psychosis seen in some users. They also make the clear distinction between the depression commonly seen after withdrawal and the severe episode of depression seen immediately after a binge.

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