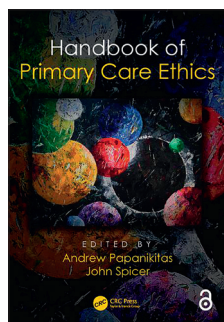


# Life & Times Books

## Handbook of Primary Care Ethics

Andrew Papanikitas and John Spicer

CRC Press, 2018, PB, 454pp, £40.99, 978-1785230905



### BRAVE NEW ETHICS

Back in the Devonian era when I was a medical student, ethics simply did not figure in the curriculum. Shortly before that a new law permitting abortion had been passed; renal transplants were becoming commonplace (cardiac transplants soon to follow); huge advances were improving survival of premature babies; and in vitro fertilisation was around the corner. But there was no felt need for undergraduates to learn about ethics. It wasn't that ethical questions didn't arise, but in the paternalistic atmosphere of the time doctors didn't expect to be questioned, or to have to justify the grounds on which they made decisions. Universal agreement that we all need to understand and grapple with the moral dimension of medicine has forced the subject onto the syllabus everywhere. With that has come increasingly varied ways of examining medical ethics, together with a growing understanding that moral questions abound, and not just the big beasts of abortion, brain stem death, and euthanasia. It's one of the many changes that have transformed medical practice in the last 50 years.

To emphasise the change, here is this book; 44 chapters by 49 authors, all 420 pages of it. As if to drive the point home, this is not a book of medical ethics in general: it's only about ethics for primary care. After initial admiration at the editors' completion of this task, one immediately looks to see how they have managed to fill the space. It's all here: general principles, including the need for compassion; thoughts about complementary medicine; application in routine consultations; learning and teaching; mental health; children and older patients; research; multidisciplinary

teams; narrative; and much else besides. Keeping up with the kind of work GPs are now called upon to do, the final section of the book deals with distributive justice, commissioning, self-care, and regulation.

As in any multi-author work there is some repetition, but the overall standard is high and consistent. There are some gems: a chapter on caring for families by the late Micky Weingarten; another by Paquita de Zulueta discussing our obligations towards migrants; a warning about teaching students in our practices; and a guide about the ethics of research in which Jonathan Ives advises any reader who *'... is yet to be convinced of the need to pay attention to research ethics ... to seek a new profession'*.

In contrast there are places where the ethical content is less easy to discern. A chapter on benefits and harms seems, at first, to owe little to moral principles. Similarly one on musculoskeletal problems. There's one chapter where the word ethics never appears. But the key to such content is there. In a chapter on 'Fat politics and medical education' Jonathon Tomlinson spells out that this is not directly about medical ethics, but about the ethical behaviour of primary care professionals, how it's learnt, and how it can be improved. The editors supply the key to the book in their introduction. What we do is defined by the breadth of problems we deal with and the skills we use to solve them. The book tries to cover a range of topics as wide as primary care and reminds us, time and again, that there is a moral dimension to everything we do. It doesn't matter much that some of the chapters seem a bit peripheral. They add to the overall message, and that does matter a great deal.

Does all the learning mean we are doing so much better than our forebears? I wish I knew. They had rough and ready ways of recognising and dealing with ethical matters. My own beloved teacher told me that if he saw any difficulty he always imagined the patient as a close relative and asked himself what that person would want. Even then I could see the weakness of such an approach. But recent medical experiences of friends and relatives suggest that many doctors still take too much for granted, such as assuming consent for investigations and referrals. Perhaps the general level of understanding is better. There does seem to be much more awareness of the need to respect patients' autonomy. Understanding the need

for compassion makes practice without it indefensible. Change does happen, though more slowly than we might want. This book won't transform medical practice instantly but it adds its collective voice to the forces pulling us all in the right direction.

David Jewell,

Locum GP, Bristol, and Former Editor, *BJGP*.

Email: [mdjewell99@gmail.com](mailto:mdjewell99@gmail.com)

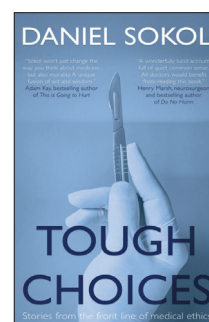
DOI: <https://doi.org/10.3399/bjgp19X702053>

\*\*\*\*\*

## Tough Choices: Stories from the Front Line of Medical Ethics

Daniel Sokol

Book Guild Publishing, 2018, PB, 304pp, £9.99, 978-1912575480



### THE MORALITY OF MEDICINE

*'Being a doctor is not just a job ... it possesses a moral dimension not found in nearly all other jobs. Hence why there is no professor in baking ethics, or painting and decorating ethics ...'*

As doctors, but especially as GPs, we know that decision making does not occur in a clinical vacuum but in the context of patients' beliefs and their own systems; two children both the same age both presenting with a fever and rash may elicit very different responses from the GP if one child is fully up to date with their immunisations and the other has not had MMR due to parental choice.

Daniel Sokol may be familiar to many of us from his *BMJ* columns, but for those of us who do not know him he is a leading medical ethicist and barrister specialising in (whisper it) medical negligence. *Tough Choices: Stories from the Front Line of Medical Ethics* is a collection of his thoughts and observations on medical ethics and the law.

This book can be read either for the sheer

pleasure of Sokol's writing — each chapter serves as a mini-vignette so that one can read the chapters in any order, or as a crash course in 'medical law for dummies' as he highlights important cases that should inform the way we all practise day to day. The shift away from 'doctor knows best' in *Bolam v Friern Hospital Management Committee* (1957), for example, where it was held that *'a doctor is not guilty of negligence if he has acted in accordance with a practice accepted as proper by a responsible body of medical men skilled in that particular art'*, to the resounding judgment of *Bolitho v City and Hackney Health Authority* (1996), in which it was held that, actually, a doctor can be found guilty of negligence even if they acted in accordance with their peers if it can be *'demonstrated that the professional opinion is not capable of withstanding logical analysis'*.

What does this mean? That medical opinion is no longer above the law. I was most interested to learn that, in the US and in some parts of Europe, clinical ethicists are a standard part of the clinical team in large hospitals but virtually non-existent in the UK. Indeed in one scene we are told of a clinical ethicist being bleeped during coffee for an urgent clinical ethics consultation. Before the sceptics among us baulk at such a concept we may wish to pause and reflect how much anguish, time, and legal costs may have been saved in the cases of Charlie Gard and Alfie Evans, and in countless other cases, had a clinical ethicist been part of the team, part of the hospital culture from the moment the patient was admitted.

Sokol speaks eloquently and knowledgeably

of the ethical and moral challenges that doctors face, and carefully considers each time each viewpoint; as GPs we know only too well that saying 'no' to that 'lost' diazepam script or the request for a treatment or investigation not clinically needed is part of the job. Yet the focus on autonomy in medical ethics has historically always been on the patient's autonomy. Sokol reflects that *'Doctors are advocates for patients. They must act in the best interests of their patients and respect their autonomy. Yet these are not absolute injunctions. Doctors are moral agents whose autonomy is also deserving of respect. Complying with the requests of patients must not undermine clinicians' moral and professional integrity.'*

It may be of interest to know that in addition to being a leading barrister in his field Sokol is also an amateur magician. It reminded me how in medicine, as in law I suspect, *how* one presents something to the patient can be a powerful determinant of the outcome. Beyond the placebo effect, beyond the science even, there is 'magic' in a fluid, fluent consultation, in getting a rare diagnosis right, in getting a common diagnosis right, in supporting a patient through a bereavement, in improving the lot for our patients. Sokol reflects thus: *'In our hectic, time-starved schedule, it can be difficult to pause and ponder on the wonder inherent in our work. But it is there, and it is worth noting.'*

**Maryam Naeem,**  
GP, Tulasi Medical Centre, Dagenham, Essex.  
Email: [maryam.naeem@icloud.com](mailto:maryam.naeem@icloud.com)

DOI: <https://doi.org/10.3399/bjgp19X702065>

## Churchill Fellowships: an opportunity to make a difference

Churchill Fellowships are awarded by the Winston Churchill Memorial Trust (WCMT) to enable UK citizens to explore innovative ideas abroad and return with new insights that address key issues facing our society. A wide range of categories are open to applicants at all levels and include health care and innovation in the 21st century, palliative care, suicide prevention, migration, rural communities, and access to health care.

Churchill Fellowships offer hard-pressed GPs an opportunity to take a short but valuable amount of time away from their work, to address some of these challenges. Fellows are funded to spend 4–8 weeks anywhere in the world, pursuing research of their own devising.

The WCMT was established in 1965, as a national memorial to Sir Winston Churchill, and has sent over 5500 Fellows worldwide.

A full version of this article with more details about applying for Churchill Fellowships is available at [bjglife.com/churchill](http://bjglife.com/churchill).

Winston Churchill Memorial Trust: <https://www.wcmt.org.uk/>

**David Jeffrey,**  
Honorary Lecturer, Palliative Medicine, University of Edinburgh, Edinburgh.  
Email: [dijeffrey@btinternet.com](mailto:dijeffrey@btinternet.com)

**Conflict of interest**  
I am a member of the Advisory Council of the Winston Churchill Memorial Trust.

DOI: <https://doi.org/10.3399/bjgp19X702077>

