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Gurcharan S. Rai (ed.), *Medical Ethics and the Elderly*, third edition, Radcliffe Publishing, Abingdon, UK, 2009, 188 pp., pbk £22.99, ISBN 13: 978 1 84619 307 1.

The ethical dilemmas which arise in health care and medicine are challenging and prompt debate about issues which affect everyone, and to which everyone can contribute. What does it mean to be a person, and when does someone stop being a person? What does it mean to be an autonomous person and how is autonomy affected by the relationships among people? Does the greater good of society ever take precedence over individual good, as is sometimes argued, for example in the debates about assisted suicide and euthanasia? Questions such as these highlight the fact that ethics (including medical ethics) has its roots in moral philosophy, in which very often there are no right answers, just differing perspectives and different arguments about how ethical dilemmas might be resolved. So whilst traditional ethical theory focuses on the rights and duties that people might have, or on maximising welfare as a framework for addressing problems, recently some ethicists have advocated an approach from 'virtue ethics' or the ethics of care to resolve particular dilemmas – what would a virtuous or caring person do?

Unfortunately, however, very little debate of this kind features in this edited collection, which focuses instead on the overlap between medical ethics and the law. There is undoubtedly a close relationship between the two, but where ethics favours debate and almost relies on disagreement in order to further argument, the legal response by necessity operates within a more prescriptive framework. It is certainly important that those providing health care and medical care operate within the law, whether working with older adults or not, and a careful explication of the law is invaluable, but it is a shame not to engage with the wider debates that the study of ethics offers.

The most obvious debate prompted by this book is, of course, why focus specifically on *Medical Ethics and the Elderly*? What is it, if anything, about being an older adult that brings with it special considerations? A number of the chapters in this book discuss the concept of capacity, and the implications of the recently implemented *Mental Capacity Act* in England and Wales. Yet nothing about capacity is age dependent. In fact, the debate is more often in the other direction – at what age do we consider young people to have capacity? There may be some conditions, such as stroke or dementia, that give rise to questions about capacity, and these conditions may occur more frequently in older adults, but it is important to

be clear that it is the condition that raises the questions, not someone being older. I am uneasy, therefore, with the suggestion that being older *per se* brings with it special ethical problems.

Concerns about capacity and a person's ability to make decisions about their own life are linked to the principle of respect for autonomy: one of the principles identified in the framework developed by Beauchamp and Childress (2009), now embraced by many of those who teach and write about medical ethics. Autonomy is a contested concept, and the way in which autonomy is understood has considerable implications for health-care workers: but again, the different ways of understanding autonomy are not explored here, and the meaning of the concept receives very brief attention. Respect for autonomy is to some extent linked to respect for persons, whatever their age, but I found this lacking in the discussion. The cartoons accompanying each chapter are clearly intended to be humorous, but I found many of them rather offensive to older people and, in at least one case, to nurses. The contributors are mostly clinicians and this is reflected in the content, with chapters on cardio-pulmonary resuscitation, stroke and dementia as well as informed consent, confidentiality and decisions about life-sustaining treatment. There is a degree of overlap between the chapters but little cross-referencing: with the result, for example, that the case of Tony Bland, who died in the United Kingdom in 1993, is used twice but with no consistency.

The fact that the majority of the contributors are clinicians and none (as far as I can see) are moral philosophers or ethicists has resulted in contributions that lean heavily towards what is permissible and what is legal, at the expense of ethical debate. This is a shame, as ethical debate can extend legal argument, and whilst the two fields overlap they are not synonymous. Where there is some ethical discussion in the contributions, the uncritical acceptance of the framework advocated by Beauchamp and Childress has led to a rather formulaic approach that fails to reflect the dynamic nature of the debates. For those who require an overview of the current UK legal position regarding consent, capacity and end-of-life decisions, there are useful summaries. For those interested in ethics and ethical debates, however, I hesitate to recommend this book.

References

Beauchamp, T.L. and Childress, J.F. 2009. *Principles of Biomedical Ethics*. Sixth edition, Oxford University Press, Oxford.

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Rebecca L. Jones and Richard Ward (eds), *LGBT Issues: Looking Beyond Categories*, Dunedin Academic Press, Edinburgh, UK, 2010, 123 pp., pbk £14.50, ISBN 13: 978 1 9067 1605 9.

As one of a series of titles that provide an accessible introduction to various issues in health and social care policy and practice from a Scottish perspective, this book