

In recent years there has been an expanding literature devoted to the case stories of those who are ill, but this collection of articles is unusual in that it starts with this approach in part one, and then considers the ethical, social, cultural and political responses to them, attempting to provide a link with policy issues, in part two. This is an ambitious and important development which deserves far more attention than it has received so far.

The individual contributions to the volume are generally of a high standard, and rather than attempt the briefest sketch of each of them, I will highlight certain issues which I found of particular interest. In the first chapter of part one Kay Toombs's description of her personal experiences – "Sufficient unto the day: a life with multiple sclerosis" – was both insightful and compelling. Two telling quotations speak for themselves. First that "...there is nothing intrinsically good about chronic, progressive multiple sclerosis. Nothing. This is not, however, to deny that my life has been profoundly affected in ways that are enriching" (page 20). Second: "Perhaps the greatest challenge of all for the multiple sclerosis patient is to learn to live with ongoing and permanent uncertainty" (page 20).

In another chapter in part one, "Whose story is it anyway?", Sue Estroff analyses the ethical issues raised in doing narrative research on chronic illness. Estroff's own work has been with the long-term mentally ill and her sensitive and honest account exposes the impossibility of deriving ethical research practices from theoretical considerations alone. In particular she demonstrates the problem of applying ethical codes primarily developed for quantitative research on those with acute physical illness, to qualitative and especially narrative research with those with chronic mental illness. The central issue here is that narrative research requires that the researcher empathise and collaborate with the subjects of the study, whilst also being sufficiently distant from them to maintain a degree of objectivity. One ambiguity that arises from this is that in attempting to adopt a neutral stance the researcher may be seen by the research subject as the most caring person he or she has contact with. Estroff concludes that "the lines between friend and investigator blur over time, producing almost as many difficulties as positive contributions to the quality of the research" (page 91).

In the second part of the book, which focuses on policy, John Douard's chapter "Disability and the persistence of the normal", is concerned with the distinction that arose in the nineteenth century between the normal and the abnormal, both medically and socially and the way it can lead to two responses to disability which tend to sustain conformity and discipline within society rather than solving problems of how to live together. These are, first, giving special rights to distinct minority groups, so institutionalising labelling; and, second, requiring people to behave in such a way as to "qualify" as normal, so that they are held responsible for their own status. These observations are important and demonstrate the relevance of social and historical analysis to ethical issues, a theme which Arthur Kleinman takes up in his chapter on "The social course of chronic illness": "I maintain that there is a role for anthropology, social history, and other social sciences in shifting the object of inquiry to include the social processes of everyday local worlds which shape suffering in ways quite distinct from the usual individual psychological orientation of clinical and ethical approaches taken to this most human of conditions [that of suffering]" (page 185).

The difficulty though is how to put this process into operation and make it relevant to social policy; the structure of the book is itself an indication of where the problem lies. The first part concentrates on the individual experience of suffering, and the second on how to harness that experience in fostering better approaches to policy-making. However, the two parts are largely unrelated to each other. Only Estroff connects the direct accounts of her own narrative research with ambiguities in its nature and so points to ethical dilemmas relating to research policy; and there is no attempt to form a bridge between the other chapters in the two parts of the book.

This then is not just a collection of interesting articles, because it raises the question of how to bring together illness narrative research with more traditional historical, sociological and anthropological approaches in such a way as to enrich the overall analysis and more fruitfully inform social policy. Although the book is limited in how far it has taken this project forward, the distinction of many of the contributions is in having shown

the importance of this area for the future.

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Justice and Health Care: Comparative Perspectives

Edited by Andrew Grubb and Maxwell J Mehlman, John Wiley, Chichester, 1995, 350 pages, £35.00.

Limited resources and rationing are "buzz words" today in health care across the globe. The development of modern medical technology with its ability to prolong life has at the same time raised the dilemma of just who should get the treatment? *Justice and Health Care: Comparative Perspectives*, a collection of essays which, as the title suggests, discusses particular problems relating to health care allocation in the light of experiences drawn from a number of jurisdictions, is thus a timely publication.

A number of essays concentrate on broad questions of policy in resource allocation. For instance, Alan Maynard, an economist, examines rationing – currently one of the most hotly debated issues within the National Health Service (NHS). Maynard argues for the establishment of criteria for resource allocation within the NHS, drawing upon experiences in Oregon and elsewhere. While overt resource allocation decisions may prove a difficult and uncomfortable task, some may see this as preferable to the somewhat covert allocation process undertaken in the past. Physicians on both sides of the Atlantic have taken into account a patient's lifestyle in deciding whether to undertake treatment. Robert Schwartz questions this in his essay "Life style, health status and distributive justice". For example, decisions regarding lifestyle may not be truly voluntary – the fact that an individual becomes an alcoholic may relate to a whole series of factors beyond whether or not an individual chooses to have a drink. In addition, he doubts whether restriction of resources on lifestyle criteria is justifiable on the basis of punishment or of deterrence.

Many of the essays in this collection address the role of the law in

facilitating access to health care. The difficulties with legal recognition of rights to health care are explored by Dieter Giesen. Some of the themes considered by Professor Giesen, notably the duty to rescue, are also taken up in Barry Furrow's essay examining provision of care to persons falling outside the health insurance scheme in the USA. Lawrence Gostin in his essay "The Americans with Disabilities Act and the corpus of anti-discrimination law: a force for change in the future of public health legislation", discusses the extent to which public health powers in the USA conflict with the rights of persons with communicable diseases and the role which can be played by anti-discrimination legislation in the form of the Americans with Disabilities Act. Deficiencies in health provision and sensitivity to the particular needs of ethnic groups in England are considered by David Pearl. This essay also illustrates the existing difficulties in attempting to use English law as a means of obtaining access to health care resources.

The remaining essays provide: an examination of dimensions of justice in the context of the operation of the Canadian Health system, by Carolyn Tuhoy; the use of financial incentives in a market in organs, by James Blumstein, and problems of access to health care experienced by those from the USA African-American community, by Vernellia E Randall.

All the essays in the collection explore the central theme in the context of a well-developed Western health care system. It perhaps should be borne in mind that a comparative analysis of matters regarding justice and health care in relation to, for example, the Third World, would of course, bring into focus somewhat different issues. While some essays draw cross-jurisdictional comparisons the primary focus of this collection is American, with five out of nine of the essays concentrating upon American health care. The collection is thus perhaps not truly "comparative". Nevertheless, overall *Justice and Health Care: Comparative Perspectives* provides a number of lively, provocative and scholarly contributions to what is becoming an increasingly vociferous debate.

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Torture: Human Rights, Medical Ethics and the Case of Israel

Edited by Neve Gordon and Ruchama Marton, London, Zed Books, 1995, 206 pages, £42.50 hc, £16.95 sc.

The book derives from a conference on the *International Struggle against Torture and the Case of Israel*, held in Tel-Aviv in 1993, organised by the Association of Israeli-Palestinian Physicians for Human Rights and the Public Committee against Torture in Israel. It is not merely a proceedings, but a compilation by seventeen of the participants with diverse interests and skills, though it does include reports of workshops held at the end of each section of the conference.

Considering the composition of the population of Israel and the past personal experiences of many of its citizens, it might be thought that the very idea of torture would be anathema. However, it is a tragic fact that the whole history of Israeli-Palestinian relationships has been tainted by allegations of inhuman treatment on both sides, but particularly by Israeli soldiers and interrogators.

The book is divided into four parts. The first, dealing with the public realm takes the political status first, describing how harsh treatment amounting to torture has not been condemned but made legitimate by the Landau Report. In 1987 a commission of inquiry headed by Chief Justice Moshe Landau, was set up to investigate complaints of ill-treatment of Palestinian detainees. The commission, instead of outlawing torture, authorised the General Security Service (GSS) to use "a moderate measure of physical force" in the interrogation of "security" detainees. The recommendations became law. Though the exact methods permitted have never been published, the interpretation of "moderate physical force" has led to the use of such techniques as beating, hooding, sleep deprivation, confining in a cupboard-sized cell, electric shocks and vigorous shaking. Next, the social response to the situation is described. There are three lines of argument commonly used: i: To deny that torture takes place except as an occasional aberration; ii: Avoiding the use of pejorative words and substituting phrases such as "moderate physical pressure" or what the French in

Algiers called "special procedures"; and iii: Acknowledging its use but justifying it by claiming that harsh measures are necessary to bring the emergency to a more speedy conclusion. Even "liberal" sections of the community are guilty of these deceptions, colluding with the majority in turning a blind eye.

The second section deals with the involvement of health professionals in torture. It is alleged that a doctor is in the background behind every torturer/interrogator. He performs a pre-torture examination, monitors the torture process, examines and takes care of the prisoner following the infliction of torture and writes a medical opinion or a pathology report. A form of "Fitness for torture" used by the Department of Interrogation asks the doctor to certify whether there are any medical reasons for limitations to a stay in an isolated cell, chaining, hooding or prolonged standing. When the Israeli-Palestinian Physicians for Human Rights protested to the Israeli Medical Association (IMA) about this form, their chairperson, Dr Miriam Tzangen, wrote urgently to the Prime Minister. He replied that it was simply experimental and its use would be discontinued. Apart from this example, the IMA has remained silent over the mounting evidence of participation by doctors in interrogation by the security services, in spite of the fact that the terms of the Declaration of Tokyo (to which the IMA is a signatory) are clearly being breached. They even failed to take any action when one of their colleagues, a Palestinian doctor, was detained and ill-treated.

The workshop at the end of this section of the conference decided on a number of measures which could be expected to improve the record of the health professionals coming into contact with evidence of torture. These included better education in ethics for students and doctors, mechanisms of reporting offences anonymously, and making video records of interrogations.

The third brief section, which deals with the legal struggle against torture, begins with a history of torture in Israel, giving examples of confessions being extracted from Palestinian detainees by torture as early in the Occupation as 1968, when the very existence of the *Shabak*, the interrogation organisation, was officially denied though it enjoyed a symbiotic relationship with the police, judiciary and elements of the medical profes-