



## BOOK REVIEWS

**Racism, Health, and Post-Industrialism: A Theory of African-American Health**, by Clovis E. Semmes. Praeger, Westport, CT, 1996. 200 pp, \$18.95 (paperback).

The somewhat indigestible publicity sheet prepared by the publishers contains at least one nugget of truth. In their words, "Normative cultural destabilisation produces added and abnormal challenges to the health status of African Americans"—in other words, "racism is bad for you if you happen to be Black". The book sets out to demonstrate not only the well-established fact (Geiger, 1996) that Black America's health is worse than it should be, and not improving, but also some reasons why this happens to be so. More crucially, the analysis contains the seeds of a solution—a form of cultural fight-back. The suggestion is made with some justification that a virtuous circle can be initiated whereby better health is itself liberating for oppressed people, by freeing energies for struggles other than simple survival.

Thus in one book the arguments about structural or institutional racism and the role of culture are combined with a subtle theoretical treatment of an issue—"ethnic health"—more commonly dealt with at the level of the pragmatic. By seeking and indeed managing to demonstrate that health is as much about social consciousness as about medical technology, the book attempts to begin the rehabilitation of black health through black cultural awareness.

The author takes as a starting point the "emancipatory self-help philosophy" of Booker T. Washington and his successors. It also encapsulates a major challenge to the Western (i.e. "White") medical philosophy that has adopted wholesale the Cartesian mind-body dualism and the "germ" theory of disease, by restating a more holistic, African-Asian tradition. Modern "Western" science is beginning to concede this point so Semmes may be pushing at an open door, but the text is carefully referenced and makes an accessible reader for students and teachers seeking a corrective perspective to the normative texts more generally available. Only thus can the cultural hegemony that Washington, duBois and indeed Garvey were trying to subvert, be challenged. For readers outside the U.S.A., the implications are also clear—this book teaches more than an African-American-centred health perspective.

More prosaically, the book continues by examining the history of contact between White/European societies and others, including the development of African enslavement. This can only be a "tour d'horizon" but it reads passionately and effectively, and again is supported by a display of good scholarship. Maybe the title of Moorehead's book, *The Fatal Impact*, would be an apposite footnote (Moorehead, 1966). The historical tour is continued through the ante-bellum period of slavery, noting the "health hazards of slave labor". Given the catalogue of physical effects, it is surprising perhaps that any resistance survived. Semmes seems regrettably unaware of the racist uses of psychiatry that accompanied this, and gave us the "diseases" of

dyasthesia aethiopis ("black laziness") and drapetomania (a morbid tendency to run away from slavery) (Johnson, 1994).

The continuity of the post-slavery era is however succinctly and vividly shown along with some of the unsung heroes of black American health, such as the 12 African-American dentists of 1920s Harlem. More critically, Semmes manages to continue the thesis through the recent crisis of de-industrialisation or post-industrialism, and the new stresses of AIDS and drug-related economies.

A weaker but nevertheless interesting chapter discusses various traditions of "folk popular and alternative" health practices. Clearly by definition such things are less likely to be documented, and one must take the author's assertions to some degree on trust or rely as he too does on the assertions of possibly credulous and certainly prurient or at least insensitive anthropologists. That said, the evidence of the author's own primary data, a selection of interviews with Chicagoans, does seem to support the overall thesis.

Similarly, the chapter on "Contemporary Challenges to Health" provides a swift but not very challenging resume of the epidemiology of African America, with key but not very detailed statistics. The references do offer the possibility of more but this is the weakest part of the book and will disappoint those seeking any clinical insights. The final chapter too is succinct although its prescriptions may well be valid and are well buttressed by what has gone before. The overall thesis, that health is too important to be left to health professionals, is indisputable. Subsidiary recommendations, such as recognition of the value of traditional African dancing as a healthy recreation activity, are also absolutely in line with the new orthodoxy and being adopted by health promotion professionals world-wide!

Readers are likely to divide over the conceptualisation of a "Medical-Industrial Complex" and indeed over the whole approach adopted in this book. However, it is well written clearly set out and impressively referenced, as well as being crafted with passion. I certainly intend to use it for my students on the courses I teach!

Senior Research Fellow

Mark R. D. Johnson

Centre for Research in Ethnic Relations

University of Warwick

Coventry CV4 7AL

United Kingdom

## REFERENCES

- Johnson, M. R. D. (1994) Culture, race and discrimination. In *Psychology and Social Science in Psychiatry*, eds D. Tantam and M. Birchwood, pp. 300–314. Gaskell Press & Royal College of Psychiatrists, London.
- Geiger, H. J. (1996) Race and health care: an American dilemma? (Editorial). *New England Journal of Medicine*, **335**, 815–816.
- Moorehead, A. (1966) *The Fatal Impact: An Account of the Invasion of the South Pacific 1767–1840*. Hamilton, London.

**Textbook of Healthcare Ethics**, by Erich H. Loewy Plenum Press, New York, 1996. 309 pp. US\$ 49.50 (hardback) ISBN 0-306-45240-5.

Anyone who follows the news will attest that media coverage of medical breakthroughs and healthcare issues has skyrocketed since 1990. Medical updates now constitute

high profile news and physicians are employed as reporters and media commentators. Medical news, and to some extent issues in medical ethics, have been popularized in North America, England, and Australia by sensationalized coverage of cases involving *in vitro* fertilization, organ transplantation, and assisted suicide. News consumers (the general public) include doctors and hospital administrators who often respond as emotionally as laypersons to individual and/or news worthy cases (Thomasma *et al.*, 1996). Popular or sensational coverage of a tragic individual case leads the public to ignore the sociocultural context in which that case (and others like it) occur. We forget that those involved in such cases are perhaps setting professional and societal standards, as well as trying to meet the needs of individual patients.

Loewy's book takes sensational issues out of the press and helps readers to see them as societal concerns that can be understood and resolved by ethical analysis. His book explores the language and culture of clinical medicine, as these color how physicians handle patients, colleagues, and cases. What might otherwise be dry, dull information about ethical theory becomes interesting when Loewy places it in a social context, as he does through out the book. He uses case studies (some from his own experience) to remind us that culture and community structure influence both patients and clinicians, and that what is perceived as desirable (or ethical) by one individual may not be so by another. He shows readers that ethical analysis is a *process* that can help mediate individual and communal differences.

Masturbation, a provocative example, was classified as a disease with a pathology and a surgical cure during the 19th century. Loewy argues that the societal view of masturbation (as a crime, a disease, or irrelevant) influences the way the medical profession deals with it. He illustrates that social mores guide the way individual healthcare workers view patients, and how they respond to sensitive issues like race, homosexuality, or even epilepsy, in the clinical setting.

The book is, as its title implies, a textbook, but it makes easy reading and should appeal to a wide audience. Like the media, it addresses *sexy* topics and cases in medicine today. Its focus on healthcare as a societal issue makes it relevant to those with sociological and journalistic interests in medicine. It has practical relevance for all healthcare consumers and it makes stimulating reading. It may even appeal to teenagers with good literacy skills. While the book has a broad appeal, it is an excellent text for medical students because in simple language it describes complex but fundamental ethical principles, demonstrates reasoning skills, and shows how to use these in clinical practice.

For each topic Loewy presents a historical and societal context, then discusses the issue in light of relevant ethical principles and theories. His chapter entitled "Problems at the Beginning of Life" addresses (among other things) abortion. While Aristotle questioned when personhood begins and at what point during fetal development abortion might be seen as murder, it wasn't until the 16th century that religious leaders agreed that the soul enters the fetus at conception and that therefore abortion should be prohibited at any developmental stage. The illegality of abortion was widely accepted as it protected women from probable physical harms associated with abortion. In this century some governments have prohibited abortion in the interest of promoting population growth. When medically safe abortions became possible in the 20th century, abortion again became a moral and societal issue. After presenting this history of societal and moral concerns about abortion Loewy states the following.

When confronted with a situation in which a 12-year-old girl's life is threatened by a pregnancy that was the result of incestuous rape and who now carries a fetus known to have a dominant gene for a psychiatrically

devastating and horribly painful condition, many of those who previously affirmed their absolute opposition [to abortion] would falter. But absolutism of this sort does not permit faltering: The moment an exception is granted, the edifice of the "absolute" falls.

When the absolute falls, Loewy argues, the task becomes to ascertain not whether abortion is morally permissible, but under what circumstances it is acceptable as the lesser of two evils. Thus he shows readers how to use a process of ethical reasoning to objectively define and analyse a problem, and how to resolve it in a way that will best satisfy the individuals and community involved. The book repeatedly illustrates how learning and using ethical principles and reasoning can guide us through emotional reactions about troublesome issues in clinical and public health practice.

Many obstetricians no longer feel a traditional duty to the mother, Loewy notes, but report a self-perceived duty to the fetus. This has led to conflicting loyalties for obstetricians and healthcare workers who treat or make decisions about dealing with the unborn, and dealing with severely defective newborns. Loewy explicitly describes the physical and cognitive differences between five types of severely defective newborns, ranging from newborns with normal intellect but who "...suffer from severe (albeit, perhaps, partially correctable) physical handicaps (neural tube defects are the main example)" to those "...with little or no higher cortical activity (the anencephalic or the near-anencephalic child)". The ethics of medical decisions and family consultations regarding severely defective newborns should focus on how the newborns biological defect will influence his or her potential ability to feel comfort or pain in the present and future, Loewy explains.

Loewy clearly elucidates the expanding ability of medical science to manipulate the human genome, highlights the consequent ethical slippery slopes, and concisely illustrates ethical problems that arise from altering the genome in *somatic* cells of the body as compared to those that arise from alterations in *germ* cells (i.e. potential offspring). He describes the biological aspects of *in vitro* fertilization and experimenting with embryos, commenting on the ethical issues in an equally straight forward manner. He makes several significant points about surrogate motherhood. The word *surrogacy* is, itself, a misnomer; and the birth mothers willingness to part with the child is complicated by hormonal and other changes during pregnancy which typically result in their bonding with the child. Socioeconomic aspects of surrogacy are also of concern because artificial fertilization is becoming a profit-oriented industry and because "...it is the wealthier who can and do afford to rent the uterus of one who is poorer".

Chapter 5, "Ethical Problems: Approaches and Alternatives" explains methods of ethical decision making in varied cultural contexts, and shows that moral reasoning (in light of ethical principles and theories) facilitates objective scrutiny of the potential harms and benefits resulting from each alternative action. The process of ethical analysis can help resolve many dilemmas. For example, a medical student told me that she had seen and discussed a popular TV program with some of her classmates. A physician in the program was threatening (in the interest of protecting others) to disclose that his colleague and former girlfriend (also a physician) was HIV positive. The real life students were perplexed about whether physicians should be forced to disclose their own HIV positive status to their patients, employers, or colleagues.

Loewy addresses this problem in Chapter 7, "The AIDS Paradigm: Health Professionals and Mutual Risks". He concludes that with the possible exception of surgeons, the risk of a physician infecting others through actions undertaken in their professional duties are minute as compared to the potential harm *to* that physician or healthcare worker if their HIV positive status became

known. Not only will the HIV positive person suffer from disclosure, but his or her patients may suffer from premature loss of the infected persons professional care. Again, the reader sees that medical ethics is about weighing the probabilities of harmful and beneficial outcomes, and examining the severity of potential harms and benefits that may result.

A chapter on healthcare allocation explains that societal values are the result of compromises between the opposing forces of personal freedom and communal needs. These diverse forces modulate each other in a homeostatic and ever changing balance and should not be viewed as being in conflict. Rather than allocating healthcare resources on the basis of justice and rights (which are often perceived as absolutist and inflexible) Loewy suggests focusing on *needs* for various resources. Different *levels* of need would be defined by what is required to sustain biological existence, what is required to sustain the level of existence to which an individual is accustomed, and what is required to sustain an acceptable societal standard of existence. Levels of need beyond the biological are clearly difficult to define either individually or communally but Loewy shows that an ethical approach points to a well reasoned path. On rationing of resources, he says that

Rationing by ability to pay (by private means or by insurance), by race (the Indian Health Service), by disease state (the "end-stage renal disease" funding program), by age (Medicare), or by geographical region (benefits differ from place to place) is very much part of our daily life. We have been rationing healthcare while often calling that process something else.

Doctors, today, face the conflict of being expected to do all they can for each patient while conserving costs for both the patient and the provider. To alleviate the conflict Loewy favors a multi tiered healthcare system where officials (advised by experts and community representatives) set policy, where communities make their own macroallocation decisions based on community needs, and where physicians make individual decisions about distributing resources available to them. He does not resolve on what grounds to make the individual decisions, but presents a thorough discussion of the dilemmas inherent in such decisions.

Before reasoning through topical issues, several introductory chapters brief the reader on the fundamentals of medical ethics. These chapters present the historical background in which ethical principles and theories were developed (focusing on influences of the ancient world, the black plague, and the period of enlightenment on current ethical standards) and discuss clinical issues including fallibility, truth-telling, and patient autonomy. In easy to read language Loewy clarifies the distinctions between each significant ethical theory including virtue ethics, utilitarian

and consequentialist theories, Fletcher's situational ethics, and Gilligan's ethics of care. The usefulness of ethical theory in reasoning and decision making is established in these introductory chapters, and reinforced when called on in subsequent chapters on topics including care of the terminally ill, organ donation, and ethical problem solving.

Loewy's book is likely to interest and educate anyone who works in, writes about, or consumes any aspect of healthcare services in the developed world. It ought to be a required text for courses geared at teaching medical students (and others) that medical ethics does not aim to impose morality (which is already deeply ingrained in each of us) but aims to make people aware that ethical principles exist and can guide us through difficult personal and professional decisions to satisfactory outcomes.

Clinicians often act in accordance with professional standards without having studied or understood ethical principles, reasoning, or decision making. Teaching medical students and physicians about the applicability of ethical principles to routine clinical practice (as this book begins to do) will lead them to think in broader contexts, behave more professionally, and provide better patient care. Education in medical ethics offers a discipline that healthcare professionals can draw on for guidance and support when they are troubled by difficult cases. Without making readers struggle with words and philosophical ideas, Loewy makes ethical theory accessible and shows its relevance to all clinical situations.

Courses and books on medical ethics encourage people to be respectful of views that differ from their own. Learning something of medical ethics fosters ones ability to look at options and perspectives in different sociocultural contexts, renders one more able to respect and communicate with others, and enables one to be more understanding and tolerant of belief systems held by others. All of these characteristics are vital to effective clinical practice. Loewy's well referenced text offers a framework with which students, physicians, and consumers can recognize, negotiate, and resolve ethical dilemmas in healthcare.

*St George's University School of Medicine* **Cheryl Cox**  
*Anatomical Sciences*  
*P.O. Box 7*  
*St George's*  
*Grenada, West Indies*

## REFERENCES

- D. C. Thomasma, J. Muraskas, P. A. Marshall *et al.* (1996) The ethics of caring for conjoined twins: the Lakeberg twins. *Hastings Center Report* 26(4), 4-12.