

Book Reviews

at the same time fundamental public criticism of it and a need for alternative therapies (cf. pp. 319f.). Labisch sees two ways out of this situation: a new concentration on medicine as an art that deals with human beings, and permanent ethical self-contemplation.

This comprehensive and concise history of health in the modern period can contribute to a better informed and more objective debate on the future role of medicine in society. It is an example of the practical functions that medical and social historiography may have today.

Andreas-Holger Maehle, Wellcome Institute

HOWARD BRODY, MD, *The healer's power*, New Haven and London, Yale University Press, 1992, pp. xiii, 311, £18.95, \$32.50 (0-300-05174-3).

In 1961 one survey found that over 90 per cent of doctors in the USA would not tell patients that they had cancer; in 1979 another survey found that the situation was reversed and that 90 per cent would now disclose the diagnosis. Such a total reversal of policy might suggest that a primary aim of medical ethics had been accomplished: patient autonomy had triumphed over medical paternalism. Nevertheless, this conclusion is more illusory than real, Howard Brody argues in his new book. Much power remains with the doctors, and they can best transfer some of this to patients by fine tuning how much is said and how it is said, for example, against the many clues that arise during the doctor-patient interview.

The central ethical problem in medicine, then, Brody argues, is the responsible use of power. Though, accidentally, the word has rarely been used outside the social sciences, there is a real danger that power used against the disease will come to be diverted against the patient's best interests as well. Brody's solution is to develop sharing of power, using the "conversation model" developed for informed consent, in which patients are involved in medical decisions in an informed way to an extent that they wish. As would be expected from his earlier extensive work on the placebo response, Brody (who is director of the Center for Ethics and Humanities in the Life Sciences at Michigan State University) pulls in a variety of sources for his wide-ranging discussions—from literary works dealing with medical power to "neon ethics" (the much publicized classic cases of ethical dilemmas, such as Nancy Cruzan, Baby Doe, and so on). Two particularly unusual and contemporarily relevant chapters are those relating to power and cost control, and the doctor's income. In the former he concludes that, besides promoting shared care, the health maintenance organizations offer the best model for balancing patient advocacy, cost containment, and quality care—though in the USA some form of centralized and streamlined administration also appears inescapable. And in the second, 'The physician's income', he argues for the existence of two major problems. Firstly, the gap between the income of any doctor and his patients creates a power disparity between them; secondly, the wide gap between the income of the primary care doctor and the specialist—whereby today surgeons earn 90 per cent more than general and family physicians—has also disempowered patients by discouraging doctors from entering primary care. Powerful and often densely written, this book must form a major contribution to the debate about the pattern of health care in the USA once the authorities there have decided what their aims and objectives are to be.

Stephen Lock, Wellcome Institute

KATHRYN MONTGOMERY HUNTER, *Doctors' stories: the narrative structure of medical knowledge*, Princeton University Press, 1991, pp. xxiii, 205, \$24.95 (0-691-06888-7).

It is a modern clinician's conceit, and let us hope a temporary one, that medicine is a precise science in which truth equals provability. Hunter's book thoroughly dismantles this belief, asserting that medicine is in fact a "science-using, judgement-based practice", characterized by "varied and ingenious defenses against uncertainty". At the heart of the problem of medical "science" lies the necessity to transcribe the individual patient's experience of illness; to make a doctor's story out of the patient's own.

Hunter prowled the wards and seminar rooms of three North American hospitals (not identified) in her search for the thread of narrative which ties illness to treatment. Her book first details the nature