
I count myself extremely fortunate to have been asked to review this really excellent reference handbook. In the very best tradition of a trade union, the BMA is providing a much needed and critically important service to its members and other practising doctors who may use it. It makes no pretense to provide definitive ethical argument but is designed, as its title suggests, to be a handbook; a useful reference for its members and other doctors in clinical practice. From the very first chapter, ‘The BMA’s approach to medical ethics’, the book is essentially practical in nature. In order to provide robust and therefore useful advice, each of the myriad problems covered in the text is approached by careful analysis, review of the moral and ethical arguments for and against particular positions, and a clear summary of the relevant legal position and the guidance offered by the GMC and other statutory bodies. This then allows the authors to draw from these data clear summaries which are helpfully bulleted, together with very practical guidelines on how to approach and resolve ethical dilemmas.

I made no attempt to read all of the much enlarged and enhanced second edition. I read two chapters on topics of which I expected to have a reasonable knowledge and understanding, and one chapter about which I know relatively little except as a layman. In relation to the chapter ‘Consent and refusal’ I was gratified to find that, having recently prepared a lecture on this subject from other sources, I appeared to have both a good understanding of the field and no cause to disagree with the presentation of the argument, guidelines or summaries. One of the best reasons to recommend any book is that you agree with it! Despite my familiarity with the topic, I will nevertheless find the chapters useful as a reference concisely summarising the issues and the important legal precedents.

The chapter ‘Research and innovative treatment’, is also a useful and broad-ranging review of the issues relating directly to research subjects. I was disappointed by the somewhat sparse coverage on monitoring of research and innovative treatment and on research ethics committees. Providing a review for Clinical Medicine and with my own vested, though not pecuniary, interest in the innovative work of the Royal College of Physicians over several decades in this area, I could not help but feel that it was perhaps churlish of the authors not to mention either this or the most widely used guidelines for local research ethics committees published by the College. The middle example of three in one box on controversial research describes, if I understand it correctly, an ethics committee concluding that implied failure to respect patients was a harm in itself, and I infer that they used this argument to override other potential harms in their requirement for patient consent. This reminded me of the need to be able to bear in mind and balance the different philosophical approaches to medical ethics briefly described in the introductory chapter. The topical chapter on ‘Euthanasia and physician assisted suicide’ is relatively short, but admirably demonstrates the strength of this book in simply describing the reasoning behind the formulation of the current BMA view which is against a change in the law to allow euthanasia or physician-assisted suicide.

No review of this book would be complete without mentioning how thoroughly modern it is. BMJ publications excel in producing e-books in a user friendly and straightforward format accessible to all with any degree of computer literacy. As a reference book, this form of publication renders it immensely more practical to use in clinical practice. I will certainly be primarily a user of the CD rather than the book.

I warmly commend it to everyone practising medicine and believe it will also be extremely useful to those in other health professions. The book in itself contributes significantly to the legitimacy of the claim made on the first page that the BMA’s role and standing in medical ethics has grown exponentially over recent years. Indeed it has – and with good reason.

JH TRIPP
Senior Lecturer in Child Health,
University of Exeter Postgraduate Medical School

The exotic fruits of my life.

Thomas Carlyle emphasised, by holding that well-written lives are almost as rare as well-spent ones, the fact that the lot of the autobiographer is never easy. This is particularly so in the case of physicians and scientists; their personal lives are rarely as exotic as those of the more visible professions, while their work, however important, is often only of interest to a limited audience of those in similar fields.

As well as an eye-catching title, Peter Williams has gone a long way to overcoming some of these problems. Against a lightly sketched backdrop of his family’s peripatetic lives in the colonial service and his work for the Wellcome Trust, he has recounted the hitherto neglected story of the remarkable contributions of this country to the nutrition and health of the tropical world while, at the same time, giving us some fascinating insights into the development of medical research during the latter half of the twentieth century. One word of warning however. Having seen the title, those who are addicted to reading about the lives of the great and the not so good may be anticipating some more of the same. They will be disappointed: it appears to be based entirely on an account of Peter’s erudite and informative musings in an Oxfordshire supermarket on the origins and horticultural history of the tropical fruit on offer.

The story begins with the appointment of Peter’s father as curator to the botanical gardens in Trinidad, his subsequent rise in the colonial service, and the family’s diverse experiences in the many countries in which he worked. Against this background, Peter describes the development of botanical gardens, and agriculture in general, in the developing countries and the resulting contribution of the British Empire to improvements in local nutrition and health; topics rarely mentioned in the current and more introspective accounts of the Raj. After a brief description of his medical training and national service, and his short spell with the MRC, the rest of the book is dedicated to the Wellcome Trust, particularly the period between 1965 and 1991 when he was Director. Over these years the Trust evolved from a small cottage industry to the largest medical
charity in the world, largely as a result of major share sales and the final sale to Glaxo. As well as offering some fascinating insights into the evolution of the Trust’s policies on medical research he describes, with great gusto and humour, his many visits to the Tropics to establish the Wellcome overseas programmes. He rounds up his story with a delightful account of his post-retirement collaboration in the history of medicine with his wife Billie. His work is also illustrated by the reproduction of several of his papers and lectures on various aspects of tropical medicine and medicinal history.

The story of Peter’s experiences as Director of the Wellcome Trust will be of considerable value to medical historians of the future. He was one of the few people who really understood the importance of developing close working relationships in medical research between the rich countries and the developing world. Indeed, it was largely through his vision that the Wellcome Trust, and to a lesser extent the Medical Research Council, were able to develop the sustainable North/South programmes which have been so successful in recent years and which have spawned many leaders in the international health scene. Similarly, in establishing the Trust’s broad-based research programme, ranging through clinical to basic research, while at the same time encouraging neglected fields like the history of medicine, veterinary science and infectious disease, he was able to set the scene for his successors to utilise the massive increase in the resources of the Trust for the benefit of medical science in the UK and elsewhere.

Those who know Peter Williams will not be surprised to hear that he gives away little of himself in his autobiography. A mildly alcoholic night spent with him in New York in 1978 planning the future of the Oxford/Thailand overseas programme, and later experiences as a Wellcome trustee during his last years as Director, left me no doubt that he had a clear vision of exactly where he thought British medical science should be going. And because of his laid-back and outgoing personality he was able to take his trustees with him, even when they were not quite clear in which direction they were being taken!

A short postscript suggests that Peter is not entirely happy with the current medical or political scene. For example, discussing the disadvantages of the rapid growth in size of modern institutions, he suggests that both the Wellcome Trust and the MRC have lost their personal touch with the scientists that they support, much to the detriment of their activities. He also wonders whether the poorer countries of the world, particularly those of Africa, will ever regain the quality of agriculture and health which they enjoyed in the more ordered days of colonialism, a nostalgic view that some may feel ignores the many downsides of the colonial system. Over-modestly, however, he does not develop this theme further; there is no doubt that the kind of sustainable programmes of collaboration between the rich and poor countries that will be required to improve the current situation are just those that he encouraged through his remarkably far-sighted contribution at the Wellcome Trust. Thankfully, so far his successors seem to have inherited this vital message.

This thoughtful autobiography deserves a wide audience; as well as the wisdom of many of its messages it should at least go some way towards better defining Peter Williams’ critical role in the development of medical science in this country; his influence was considerable and we have much to thank him for.

DAVID WEATHERALL
Regius Professor of Medicine Emeritus,
Weatherall Institute of Molecular Medicine, University of Oxford

Editor’s note: To obtain a copy of ‘The exotic fruits of my life’ readers should send their name, address and a cheque for £23.50 (inc p&p) to RANA, Courtyard House, Church End, Bletchingdon, Oxon OX5 3DL. The cheque should be payable to Dr Peter O Williams.

Coronary artery disease: genes, drugs and the agricultural connection.

This is a remarkable and stimulating monograph, written by a Dane who is a thinker, a scientist and a cardiologist. Seldom has better perspective been presented concerning what can be done to control heart disease and what should and should not be attempted.

Professor Færgeman addresses each of his themes as major societal problems and the focus is catholic. He holds out little hope for any further reduction in the incidence of coronary disease in the West and predicts a huge increase by 2020 in underdeveloped populations. He leads us through the largely unresolved controversy over cholesterol and a thoughtful appraisal of food sources and preferences.

All the while, he relates much of this to modern agricultural practices, to corporate farming, the new dependency in developed countries on meat and the ‘gross inefficiency of producing food by raising livestock, fed the grain that we could eat’. The fact that ‘food avoided by the wise will get into the stomachs of the unwise’, or the un-informed and misled, is not likely to promote human health worldwide. The lack of consideration of societal differences and needs by international planners often pre-empts sensible and balanced food distribution.

Outlining genetic diversity, complexity and susceptibility, the author makes it very clear that we should reconsider the commonly held view that there is one specific function for each gene and protein. Their interactions are multiple. Today’s scourges of coronary artery disease, type II diabetes and hypertension are, of course, polygenic, and the idea that we will ever find a responsible gene is scientifically naïve.

The diversities of biological and societal influence on the development of diseases receive careful consideration. He exposes some of the appalling ways in which the practice of medicine is now managed by governments. His analyses are depressing and worryingly realistic.

Færgeman is particularly sceptical about the future of basic research in universities, predicting that the worship of biotechnology may lead to the sacrifice of traditional independence. Worse, that the altruism of medical research is being irreversibly eroded by mega-pharma. The limitations of randomised clinical trials are emphasised and the increasing dependence on industry criticised.