

True love means better information

Love your heart : notes from a cardiologist to anyone with a heart. Vivek K Mehan. Productivity Services International., Mumbai, 1999. Price: Rs 70. pp. viii + 85.

Attempts at health education are always welcome, in that they enable people to be better consumers, to approach the system with less trepidation, and to make the best use of health services. This book is appreciated for its effort to respond to the many doubts and fears of people going for diagnostic and therapeutic procedures for heart disease. It describes the cardiovascular system and disease in simple language; it tells the reader what to expect before and after various tests and procedures, and finally, it describes the components of a healthy lifestyle.

Having said this, why do I feel unsatisfied? Because despite the writer's best intentions, he has produced what is effectively a brochure for cardiac surgery. For example, it is true that an aging population and changing lifestyles may correspond to an increasing rate of age-related conditions including

heart disease. However, to support his statement that coronary artery disease has reached "epidemic proportions in our cities", he cites the "ever-growing numbers of ... angiographies, angioplasties and bypass surgeries being performed daily". Both common sense and a general awareness of the promotion of high technology in the private sector tell us that the excessive numbers of procedures can indicate overuse of the procedures rather than an "epidemic" of heart disease.

Perhaps as a consequence of this unquestioning perspective, the book fails to raise questions that I would have as a potential patient. Such as: what should you ask the doctor if you are told that you need bypass surgery? Unfortunately not one statement in the book suggests that these procedures are overused. The information in this book may reduce people's anxieties before undergoing procedures, but it cannot make up for an uncommunicative or pushy doctor promoting unnecessary surgery of little benefit and possibly some harm.

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Conference: Ethical Issues in Clinical Trials

A conference on Ethical Issues in Clinical Trials will occur on February 25th and 26th, 2000 at the University of Alabama at Birmingham. Topics include: informed consent, informed consent in special populations; placebo controls; decisions to terminate or repeat trials; multinational clinical trials. For conference registration material, please send name and address to: Harold Kincaid, Center for Ethics and Values in the Sciences, 900 13th St. So., Birmingham, AL USA 35294 or email: kincaid@uab.edu

Truth and the cancer patient

■ Are medical practitioners bound to be truthful to their patients? Is there a difference between lying and intentional deception? In the context of the relationship between the cancer patient and her/his doctor, the author responds to an essay which argues that doctors and nurses are not obliged to refrain from intentional deception. The author argues that the lying and intentional deception are morally the same thing, and discusses why physicians should not intentionally deceive patients and why they should respect the patients' right to act upon his own will.

Reem Jon-sik: Respecting the cancer patient's right to know. *Eubios journal of Asian and International Bioethics* 1999; 9(4):117-119

FROM OTHER JOURNALS

"When we were young..."

■ This letter-writer comments on the common practice of viewing the past through rose-coloured glasses. "We... were just as insensitive and inhuman as our current counterparts." Just as the senior physicians of today view the younger generation with distress, "my professors thought we were mesmerised by gadgetry. They questioned our humaneness and ethics when we scoffed at their practice of housecalls. My guess is that their predecessors looked at them in the same way." At the heart of this is the eventual incorporation by all practitioners of the healer's art. "with all the negativism, introspection, economic buffets, gain and losses of respect, triumphs and failures, progress and retreats, this process continues ad infinitum — keeping alive the flame of medicine's art and humanity."

Matz R: The good old days. *The Lancet* 1999; 353: 596.

Unwarranted faith in medical screening

■ Medical screening for a variety of conditions is justified on the strength of the assumption that the earlier disease is detected, the better it is for the patient. On examination, however, the assumption turns out to be severely flawed, and inadequate anyway, since it is not only the patient with whom we should be concerned, but healthy people as well. Instead of making assumptions about the ill, we should prove a test's overall benefit to the individual taking it before we recommend it. Some of the examples that the author discusses in the course of this essay are routine mammograms for women in their 40s, digital rectal exams and PSA screening for prostate cancer and cholesterol screening.

Malm HM: Medical screening and the value of early detection: when unwarranted faith leads to unethical recommendations. *The Hasting Center Report*. 1999; 29(1): 26-37.

