

ment from what he saw on the battlefield. The accompanying text, in part, reads: “The ‘Surgeon at Work’ introduces us to the most painful scene on the battle-field. Away in the rear . . . the surgeon and his assistants receive the poor wounded soldiers, and swiftly minister to their needs. Arteries are tied, ligatures and tourniquets applied, flesh wounds hastily dressed, broken limbs set, and sometimes, where haste is essential, amputations performed within sight and sound of the cannon. Of all officers the surgeon is often the one who requires most nerve and most courage. . . . Upon his coolness and judgment depend the lives of a large proportion of the wounded.” Now, approximately 150 years later, readers of this book will be educated and informed by it. Just as importantly, they are likely to pause to admire and appreciate the extraordinary dedication, talent, and fortitude of those who serve — while also recognizing the horrific nature of war and the spiritual and physical injuries that result.

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COMPLEX ETHICS CONSULTATIONS: CASES THAT HAUNT US

Edited by Paul J. Ford and Denise M. Dudzinski. 251 pp.
New York, Cambridge University Press, 2008. \$60.
ISBN 978-0-521-69715-6.

MOST HOSPITALS HAVE ETHICS COMMITTEES, and most of these committees use a consultation model to respond to requests for advice and counsel about specific clinical cases. Ethics consultants have different backgrounds, different training, and different styles. Among the contributors to this book, there are 10 physicians (4 of whom have master’s degrees), 4 nurses (3 of whom have a Ph.D.), 2 lawyers, 3 ministers, and 1 social worker. All told, 18 of these ethics consultants have Ph.D.’s (their fields are not specified). These varied backgrounds reflect a central fact about ethics consultation — there is no standard training and no formal certification.

Attempts to standardize the field or to institute certification have foundered on questions about the nature of ethical expertise, the relative weight that should be given to different traditions, and

the proper scope of the task of ethics consultation itself. Thus, we don’t know much about who ethics consultants are, what knowledge and skills they bring to the enormously challenging cases about which they are consulted, or whether they do more harm than good.

The cases that are presented in this marvelous and disturbing casebook include a wide variety of clinical situations that are eerily familiar. Ellen Bernal, in a chapter entitled “Listening to the Husband,” concisely summarizes the mishmash of factors that might make a clinical case become an ethics case: “Complexities included multiple perspectives among those involved, issues of family dysfunction and emotional instability, perceived threats of violence, worries about lawsuits, uncertainty about the ethics consultation process, logistical problems, and varying power structures within the hospital.” We know these situations from our clinical experience and from medical dramas on prime-time television.

Although each case is different, one can discern from these summaries a common narrative trajectory. A patient is critically ill. There is no good and obviously preferable treatment, but there are therapeutic alternatives. The patient is unable to speak for himself or herself and has not left an advance directive. The family has its own problems and doesn’t speak with one voice. Doctors, nurses, social workers, and chaplains try to work with the family to chart a course through this miasma. At some point, they lose their way. They no longer know whether what they are doing is right. Disagreements begin as polite and respectful questions and discussions, but as the problems become more complex, the participants become sullen, angry, or hostile. Into this maelstrom steps the clinical ethics consultant. What is the consultant supposed to do in a situation that has caused skilled practitioners who deal with such cases all the time to throw up their hands?

From the cases that are presented in this book, we see that the consultants’ approaches are similar in most cases. They talk to the doctor; they talk to the patient or the patient’s family; they sometimes question medical diagnoses or ask for more facts. They call family meetings in which they attempt to hash things out, to get to a sort of “yes,” or at least to get away from the resounding “no” that led to their being called in the first place. They mediate, absolve, and resolve. They generally do not draw on either substantive or procedural pro-

ocols. They wing it. They shoot from the hip. They try to find missing pieces, to pick up the pieces, to make peace among the opposing sides. They reinterpret. They try to convert the moral distress into moral insight. When they succeed, they can ameliorate the suffering of patients and family members. They can also help practitioners draw insights from tragic situations.

The editors and authors of this book give a nice snapshot of an evolving professional discipline. They illustrate all the ways in which ethics consultation is imperfect, tentative, and open to ongoing questioning and discussion. For most complex conundrums of clinical ethics, there is no right answer. Instead, the good consultant helps practitioners and patients to understand what is at stake if they choose one sort of resolution over another.

The cases are presented concisely and give enough information for readers to make judgments about what ought to have been done. The editors even include a useful guide in which cases are organized by theme and suggestions for further study are offered. These features, along with the quality of the case presentations and the personal nature of the reflections, make the book a useful tool for training members of hospital ethics committees. It will also be helpful to others who are interested in understanding the evolving practice of ethics consultation.

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TRANSFUSION MICROBIOLOGY

Edited by John A.J. Barbara, Fiona A.M. Regan, and Marcela C. Contreras. 390 pp., illustrated. New York, Cambridge University Press, 2008. \$160 (cloth); \$128 (e-book). ISBN 978-0-521-45393-6 (cloth); 978-0-511-42112-9 (e-book).

SINCE IT WAS FIRST RECOGNIZED THAT HEPATITIS B virus and HIV can be transmitted from donors to recipients by transfusion, physicians and the public alike have been focused on the infectious risks of transfusion. What is surprising, however, is the lack of a prominent textbook of blood banking that is focused solely on infections transmitted by transfusion. This gap has now been filled

with the publication of *Transfusion Microbiology*. There are two questions a potential reader should ask about a textbook like this one. First, does it include all the standard, core material that practitioners refer to on a regular basis; and second, does it have sufficient depth to answer even some of the most esoteric questions in the field? For this book, on almost all counts, the answer is clearly yes.

As expected, all the major infectious agents that can be transmitted by transfusion are included, and the level of detail given for each is at least as great as (and frequently greater than) that given in other leading transfusion textbooks. For example, the authors of one chapter provide an extensive treatment of bacterial contamination in blood components, including the epidemiology of bacterial contamination, the prevention of transmission (including in-depth discussions of all currently commercialized screening assays, as well as many strategies that are still under development), and approaches to the inactivation of bacteria in blood products. Variant Creutzfeldt–Jakob disease (vCJD) also receives thorough coverage. In addition to a detailed analysis of the epidemiology of vCJD cases that supports the contention that vCJD is transmitted by transfusion, the authors of the chapter also include descriptions and characteristics of nine different assays that are currently in development for the detection of vCJD in blood donors. This kind of information, which is occasionally needed by the transfusion specialist, has until now been difficult to find in a readily accessible format.

The chapter on cytomegalovirus and other herpesviruses, one of my areas of interest, is very well written and includes helpful discussions of per-unit risk of cytomegalovirus transmission, the relative safety of seronegative versus leukoreduced units, and other controversies in the area. In addition, several pages of the book are devoted to potentially important emerging viruses, including GB virus C (also called hepatitis G virus), TT virus, and SEN virus. Although there are some omissions — Chikungunya fever virus, for example, is addressed only very briefly — they are rare.

Tests for infectious diseases and other methods of preventing transmission are prominently featured in this book. Topics that can confuse the practitioner as well as the trainee, such as confirmatory testing and donor readmission, are given entire chapters with detailed flow charts and dia-