The Philosophy of Palliative Care: Critique and Reconstruction


Relief from suffering has been the primary aim of doctors for centuries, yet one of the consequences of the growth and spread of the powerful technologies that enable doctors to intervene in disease has been a greater uncertainty about the boundaries of dying. This is not only a professional dilemma. Anyone with access to television, newspapers and other media will have a dramatised mental picture of medical possibilities that can, and certainly do, result in unrealistic expectations of what can be reasonably achieved in the treatment of severe disease, and even terminal illness.

This, and other factors, seem to have led us as a society down a path of increasing disappointment, medical consumerism and politicisation of healthcare, despite the objective evidence of steadily improving health standards through the 20th century. In this milieu, we have seen the issues pertaining to end-of-life care subjected to a bewildering range of interpretations driven by the ideologies of various professional, academic, legal and charitable groups, often dressed up as “philosophies”.

It is such confusion that makes me welcome this book by Fiona Randall and Robin Downie. The by-line for the title is “a fresh look”, and it would not be possible to come up with a more appropriate summary of their approach. They trace the classic and religious roots of palliative care, emphasising the Hippocratic (rational, investigative, currently ascendant) and Askleopian (accepting, spiritual, holistic) traditions and point to the profound contemporary relevance of both schools. The work of more recent philosophers, particularly Kant, is taken into account. They are careful and logical with definitions. The text is virtually free of ambiguity, stripped of prevailing fashion, jargon and politics and reconstructed in a rational-critical manner, hence the title. The main headings are, briefly, Quality of life, Autonomy, Relatives, Control of symptoms, Resuscitation and advanced statements, Psychological and spiritual needs, Resource allocation and an overview of Critique and reconstruction. These sound, and are, familiar, yet they are suffused with a new clarity that is a pleasure to read.

The book concludes with a new philosophy statement for palliative care that flows naturally from the conclusions drawn in the preceding chapters, and I will not spoil the potential reader’s anticipation and pleasure by paraphrasing it in this review. Above all, the work is honest and realistic. The authors define, acknowledge and justify the limits of what is possible and desirable in the relationship between doctors, other care workers, patients and families in palliative care. I believe it is a product of their intellectual rigour, combined with deep and long immersion in the practical realities of the field. This, in my view, is the most important achievement of their work; it is enlightening, shows proper humility and lays waste to the lofty arrogance of the various definitions, philosophies and “position statements” that are generated by some large and powerful institutions.

The book has my wholehearted recommendation.

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