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The institute aims to help improve the quality of both professional and public discussion of medico-moral questions; to promote the study of medical ethics; to promote high academic standards for this ever developing subject; to encourage a multidisciplinary approach to discussion of the consequences of clinical practice; to stimulate research into specific problems, and to remain non-partisan and independent of all interest groups and lobbies.


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Published by the BMJ Publishing Group on behalf of the Institute of Medical Ethics and the British Medical Association.  
Typesetting by Bedford Typesetters, Bedford. Printed in Great Britain by Derry & Son Ltd, Nottingham.  
The Institute of Medical Ethics is a registered charity, No 261876.  

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ISSN 0306-6800

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1 Re S Family Division 12th October 1992.
3 Obligation regarding pregnancy and confinement arise from the choice to continue with the pregnancy. This obligation would be weakened if the woman had been free neither to use contraceptives nor to have a termination of pregnancy, a point stressed by Kluge EH. When court imposed caesarean section operations are justified *Journal of Medical Ethics* 1988; 14: 206–211.
4 Though after only twenty-five weeks’ gestation (compromised by her own illness) the absence of steroids to mature the baby’s lungs, and granted the technology available in 1987, there was very little that could actually have been done.

5 Gillick v West Norfolk and Wisbech AHA [1985] 3 All ER.
6 It may be argued that parental responsibility can begin before conception. For instance, since folic acid reduces the incidence of neural tube defects in babies, women should, as recommended, increase their intake of folic acid for three months prior to attempting conception. Similar arguments about prenatal parental responsibilities have been made about couples who may pass on genetic disorders to their offspring.
9 My thanks to Margrit Shildrick for bringing this to my attention and discussing possible solutions.
10 My thanks to Christopher Coope for this analogy.

News and notes

New courses

The Centre for Philosophy and Health Care at the University of Wales Swansea is offering new courses – an MA and a Diploma in Medical Humanities (PGEA accredited) – on either a part-time or a full-time basis in 1997. The courses are designed to supplement the limitations of an exclusively scientific and reductionist basis for the teaching of medicine, by bringing candidates to an appreciation of a range of perspectives and methods of critical reflection within the humanities.

Five key areas are explored: (i) models of mankind and medicine; (ii) sociology and anthropology of medicine and health care; (iii) social history and politics of medicine and health care; (iv) medicine, health care, literature and the arts, and (v) medicine, health care and religion.

For details please write to: Admissions Tutor, Centre for Philosophy and Health Care, University of Wales, Swansea, Singleton Park, Swansea SA2 8PP.

News and notes

The Ethics of Research on Humans

The Centre of Medical Law and Ethics of King’s College, London is running courses on the Ethics of Research on Humans at King’s College, the Strand, London from the 17–19 December 1996, the 23–25 April 1997 and the 1–3 July 1997.

For further information please contact: Continuing Education Unit, King’s College, London, Cornwall House, Waterloo Road, London SE1 8WA. Tel: 0171-872 3056/3055; fax: 0171-872 3070.

News and notes

**The British Society for Ethical Theory**

A new British Society for Ethical Theory was inaugurated at a conference at Keele on 28th March this year. Originally called the British Society for Metaethics, the society arose as an electronic mailing list organised by David McNaughton from Keele with around 50 members. The society will seek to promote ethical theory in Britain and to foster contact among members of the ethics research community, primarily in the first instance by organising conferences, at least annually.

The society also aims more generally to promote the exchange of information, drafts of papers, reviews, etc by both electronic and conventional means.

Further information and membership application forms may be obtained from the Secretary, Dr James Lenman, Department of Philosophy, Furness College, Lancaster University, Lancaster LA1 4YG; email: j.lenman@lancaster.ac.uk.

News and notes

**College for children’s health founded**

The College of Paediatrics and Child Health (CPCH) was created earlier this year with the granting of a royal charter to the former British Paediatric Association. The CPCH is the thirteenth medical royal college in the UK, but the first to be concerned specifically with the needs of Britain’s children.

As the academic body for paediatric medicine and child health, the CPCH takes over the three Royal Colleges of Physicians’ statutory responsibilities in relation to the training of hospital and community-based paediatricians. The objects of the CPCH are: 1 To advance the art and science of paediatrics; 2 To raise the standards of medical care provided to children; 3 To educate and examine those concerned with the health of children, and 4 To advance the education of the public (and in particular medical practitioners) in child health.

For more information please contact James Kempton, telephone 0171 486 6151.

News and notes

**Fellowship in Clinical Bioethics**

The Department of Bioethics at the Cleveland Clinic Foundation invites applications for a one-year bioethics fellowship residency, beginning July 1st 1997. The programme has an interdisciplinary focus and includes academic, clinical and research bioethics components. Each fellowship is tailored to meet individual strengths, needs and interests. Concentrations in medical subspecialties (for example, geriatrics, infectious diseases) are available. Stipend and health care benefits are provided. Completed applications must be received by January 15th.

For information contact: Martin L Smith, STD Department of Bioethics, P-31 Cleveland Clinic Foundation, 9500 Euclid Avenue, Cleveland, Ohio 44195, (216) 444-8720. e-mail address: smith@acesmtp.ccf.org.
prove their innocence. This would imply not only that innocent parents have in the past (in pre-CVS days) been wrongly accused, but also that there is almost an onus on parents to prove their innocence and “refute allegations”.

Natural justice has traditionally been premised on the belief that people are innocent until proved guilty, with the onus being on the accuser making the charge or allegation, to prove his or her case. To suggest the accused must prove his innocence, makes it easier for the accusers to allege, and turns traditional justice on its head.

Finally Shinebourne suggests that “those who are not actively involved protecting...children should perhaps be more reticent about criticising those who are endeavouring to do the best possible for the child even if that means making difficult ethical decisions”.2 This statement raises a number of points:

(a) the author does have 12 years’ professional experience of child protection, including three years at the Leeds General Infirmary as a senior medical social worker, working with the paediatric department and the accident and emergency department.

(b) the protection of children is not solely a professional activity but one which should engage all citizens all of the time.

(c) those professionals charged with protecting children on behalf of the public, must expect the public to have a legitimate interest in scrutinising their work. Covert video surveillance may be (and often is) the start of judicial proceedings and “justice must be seen to be done”. An open and public debate on CVS can only be helpful, both within the pages of academic journals such as this one and indeed on a wider front. And:

(d) the public could take over some of these “difficult ethical decisions” through the medium of the courts.

I have elsewhere argued that CVS might properly be the subject of judicial oversight.3 Leave of the court could be sought every time CVS is being considered and not just when care proceedings have started, as the protocol currently requires. Applications could be “ex parte” to protect the secrecy; the court could be empowered to make other orders if it felt the evidence already existed without recourse to CVS. A court saying “no” to CVS would not be “criticising those who are endeavouring to do the best possible for the child” but simply adding a degree of detachment and proportionality to those “difficult ethical decisions” that have to be made.

Terry Thomas, BA, CQSW, is Senior Lecturer in Social Work at the Faculty of Health and Social Care, Leeds Metropolitan University, Leeds.

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**American Physicians’ Poetry Association**

The American Physicians’ Poetry Association held its first meeting on June 16 this year in Farmington, Connecticut. The goals of the association are: To provide a forum for all physicians who love poetry; to foster the interactions of medicine and humanity; to allow physicians of similar aspirations to gather together and support each other through mutual enrichment.

APPA publishes a periodical approximately four times a year, where members may find room for their creations. APPA is a non-profit organisation currently supported only by membership fees ($25 annual fee) of its members.

All interested physicians should contact either Dr Rita Iovino or Dr Lodovico Balducci for more information.

Dr Balducci is Program Leader, Senior Adult Oncology Program, Division of Medical Oncology and Haematology, Dept of Internal Medicine, USF College of Medicine, 12902 Magnolia Drive, Tampa, Florida 33612-9497 USA. Dr Iovino, the APPA Literary Editor, can be reached at: 34-1 Arnold Way, West Hartford, CT 06119 USA (860) 523-1100.
form may be a helpful adjunct, however, the variability of views espoused by different research ethics committees will continue to challenge the successful execution of national and multi-location studies. The case for the establishment of a national research ethics committee for the review of national and multi-location studies now needs urgent consideration.

Acknowledgement
This paper draws upon research funded by the Department of Health. Responsibility for the views expressed, issues of interpretation, questions of inclusion and omission, remain as always with the author and do not necessarily reflect the views of the Department of Health.

Alison E While, BSc, MSc, PhD, RGN, RHV, CertEd, is Professor of Community Nursing, Department of Nursing Studies, King’s College, London.

References
18 See reference 10: 129.
Empirethics

All this led to the "empireethical" phase. Population polls were used to decide about ethical issues. If 80% of the population thought that euthanasia was justified then it was considered to be justified. Many proposals for medical research devoted a smaller or larger part of their budgets to these "referenda" in order to "solve" the ethical issues. An interesting shift from normative theory to descriptive ethics. We tried to explain that one cannot "prove" arguments in ethics by counting. "So what?", the proponents would argue, "If the majority of the population already agrees, why have an ethical debate at all? No need to". "Fortunately", on some issues, the public was strongly divided and the results of polls did not provide any guidance for policy-makers. Did that lead to a revived interest in ethical argument? Yes, indeed it did. But it came hand in hand with a development I will call the "Guru-era".

Guru-era

Ethicists were replaced by moral gurus. They were extremely successful. Instead of expressing doubts and questioning self-evident "truths", they provided clear-cut answers. There was "morally right". And there was "morally wrong". No "ifs", "buts", conditions, etc. The public yearned for answers. They wanted their lives to be made easier, not more difficult. Too much autonomy makes one weary and tired. Gurus profited. ("The good life according to X"; "All you need to know about ethics"; "Solving ethical problems in six steps"). What a relief not to have to think things through. Rhetoric and charisma replaced arguments. I have nothing against a dose of rhetoric. Used it myself. Rarely and tastefully, of course. But in the guru-case it was an empty shell. The gurus came and went. I forgot their names. They didn't last as individuals; they did last as a phenomenon. Probably that has always been there.

What went wrong? It was a combination of many factors. Society's confusion. Multicultural societies and the lack of social cohesion. The consumerist mentality. The growing number of new technologies and the ethical issues involved. Expectations that were too high. Methodological limbos. The popularity of ethics in political circles. I don't know. I wrote about it in 1996, I think it was. Wasn't taken seriously, as usual. Such is life. Maybe the view was too gloomy in that era of optimism about the future of bioethics. "Those were the days. We thought we'd never lose, oh yes, those were the days."

Acknowledgement

I thank Charles Erin, John Harris, Medard Hilhorst, the editor and the referees of the *Journal of Medical Ethics* for their helpful comments on earlier drafts of this article.

Author's note

This article is a revised version of a presentation at a workshop on "Bioethics research: policy, methods and strategies" held in Rome November 1995, organised by the Psychoanalytic Institute for Social Research and supported by the European Commission, Directorate XII.

*Inez de Beaufort is Professor of Medical Ethics in the Faculty of Medicine and Health Care at Erasmus University, Rotterdam, the Netherlands.*

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**News and notes**

**Quality Improvement in Health Care**

The Second European Forum on Quality Improvement in Health Care will be held from 24–26 April, 1997, in Paris, France.

The forum will consist of one-day teaching courses, invited presentations, posters and presentations selected from submissions and a scientific session.

For more information contact: BMA, Conference Unit, PO Box 295, London WC1H 9TE. Tel: +44 (0) 171 383 6478. Fax: +44 (0) 171 383 6869.
obtainable death not a marathon of misery, a high-tech horror story.

This is an important work, worthy of study by both the medical team and the managers. Absorb the detail before concluding it couldn’t happen here, for it so easily could. Managerial choice is rarely seen as involving an ethical decision, and if it is then unexamined utilitarian principles rule. It is ironic that Frost’s words “take you in” can carry the scent of a con-trick – to be taken in – though con-tricks only work when the victim thinks he or she is getting a better than expected deal. Let us not be conned: high-tech home care, a streamlined parachute? This excellent text will serve its purpose if we stop and consider before mounting the rollercoaster of high-tech home care.

GORDON LENNOX
General practitioner

Ethical Aspects of Human Reproduction


This book of proceedings and papers was published following the FIGO symposium on ethics in reproductive medicine and biology held in Paris in 1994. As half the papers are written in English and half in French, it is not the easiest of books to delve into: papers are written primarily in one language and then summarised in the other. However, the careful editing and natural overlap between presenters allows for adequate coverage of all the major ethical problems encountered by clinicians in reproductive medicine.

Clearly divided into sessions, topics included are research on pre-embryos; the use of fetal tissue for transplantation; sex selection; surrogacy, and the practice of female genital mutilation. Debates and discussions between contributors following each paper raise interesting issues from different parts of the globe.

Malcolm Macnaughton’s clear account of surrogacy and gamete donation in the UK is excellent, explaining the differences following the Surrogacy Act of 1985 and the HFEA Act of 1990, the latter clarifying the legal status of the child and donor. The papers on the use of fetal tissue for transplantation attempt to explore the ethical minefield surrounding this area. The question of “when does life begin” is explored, and hence when fetal tissue can be obtained. One author suggests that since the fetus cannot perceive pain until 20–22 weeks, then it would seem reasonable to retrieve tissue only before this gestation. A set of guidelines are offered that should ensure that the decision to abort is kept separate from the decision to use fetal tissue.

The section on female genital mutilation is interesting, pointing out that this affects 100 million women worldwide. While there appears to be clear consensus that mutilating operations on unconsenting children are abhorrent, the question of whether re-infibulation following childbirth is unethical is rather different. Although the Royal College of Obstetrics and Gynaecology has favoured a ban on re-infibulation, one author feels that this operation on a consenting adult is an entirely different issue and that it is possible to favour such an operation without necessarily condoning the practice of genital mutilation in the first place.

This concise book is of value to all of us working in the field of reproductive medicine, where ethical dilemmas are faced regularly, as well as those interested in medical ethics. It does not attempt to provide answers but succeeds in stimulating discussion and, as such, is a useful addition to any bookshelf.

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Editor's Note
This combined index and thematic review was introduced in the hope that it would be more useful to readers than the old system. In the first part, papers and book reviews are classified using the American National Reference Center for Bioethics Literature Library Classification Scheme (the Kennedy system), which is printed on page 378. In the second part authors, reviewers, papers and book reviews are arranged alphabetically, with their Kennedy classification following.

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12 Abortion
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15 Genetics, Molecular Biology and Microbiology
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18 Human Experimentation
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21 International and Political Dimensions of Biology and Medicine
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  21.2 War
  21.3 Chemical and Biological Weapons
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22 Animal Welfare
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   c) names of department(s) and institution(s) to which the work should be attributed, if any
   d) disclaimers, if any
   e) source(s) of support, if any.

2 On page two:

a) an interesting abstract or summary of not more than 150 words. Emphasise important and/or new aspects of the article to attract the potential reader. Ensure the abstract contains a statement of the aim, key points and conclusion of the paper. Papers reporting the author’s empirical research should contain a structured abstract summarising the research under the headings: objectives; design; setting; patients or participants; interventions; main measurements; results; conclusions. Structured abstracts should not be longer than 250 words.

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Number these consecutively in the order in which they are first mentioned in the text, tables, and captions, by arabic numerals, superscript, no brackets, for example, according to Jones.1 The list of references at the end of the paper should be numbered in the order in which each reference appears in the text. Try to avoid using abstracts as references. ‘Unpublished observations’ and ‘personal communications’ may not be used as references, although references to written, not verbal, communications may be inserted (in parenthesis) in the text. Manuscripts accepted but not yet published may be used as references – designate the journal followed by ‘in press’ (in parenthesis). Information from manuscripts submitted but not accepted should be cited in the text as ‘unpublished observations’ (in parenthesis).

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2 See reference 1: 225.

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a) Standard journal article:


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e) Editor, compiler, chairman as author:


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h) Newspaper article:

8 Dinwoodie R. Volunteers die as heart drug results baffles doctors. The Scotsman 1980 Sept 5: 11 (cols 1–6).