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The Institute of Medical Ethics is an independent, non-partisan organisation for the multidisciplinary study of medico-moral issues raised by the practice of medicine, and concerned with research, education and information. It is financed by grants and donations from public and private sources.

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.

Institute reports include: *The Ethics of Resource Allocation in Health Care* by Kenneth Boyd, and *Dilemmas of Dying* by Ian Thompson, Edinburgh University Press (both 1979); *Medical Research with Children: Ethics, Law and Practice* by Richard Nicholson, and *Lives in the Balance: the Ethics of Using Animals in Biomedical Medical Research* by Jane Smith and Kenneth Boyd, Oxford University Press (1986 and 1991); *Life Before Birth* by Kenneth Boyd, Brendan Callaghan and Edward Shotter, SPCK (1986); *Teaching and Learning Nursing Ethics* by Ursula Gallagher and Kenneth Boyd, Scutari (1991) and Sorbona Milan (1993); *The Pond Report on the Teaching of Medical Ethics* edited by Kenneth Boyd, and *The Care of Patients with HIV and AIDS: A Survey of Nurse Education in the UK*, by Hazel McHaffie, published directly for the institute (1987 and 1994); *Life, Death and Decisions: Doctors and Nurses Reflect on Neonatal Practice*, by Hazel McHaffie and Peter Fowlie, published by Hochland and Hochland (1996).

Shorter institute reports include: Assisted Death, *Lancet*, 1990; AIDS, ethics and clinical trials, *British Medical Journal*, 1992; AIDS and the ethics of medical care and treatment, *Quarterly Journal of Medicine*, 1992; Advance directives: partnership and practicalities, *British Journal of General Practice*, 1993; Implications of HIV infection and AIDS for medical education, *Medical Education*, 1994; and Prolonging life and allowing death: infants, *Journal of Medical Ethics*, 1995.

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The journal of the Institute of Medical Ethics

The *Journal of Medical Ethics* was established in 1975, with a multidisciplinary editorial board, to promote the study of contemporary medico-moral problems. The editorial board has as its aims the encouragement of a high academic standard for this ever-developing subject and the enhancement of professional and public discussion. The journal is published six times a year and includes papers on all aspects of health care ethics, analyses ethical concepts and theories and features case conferences and comment on clinical practice. Intermittent series focus on the **Teaching of medical ethics**; on the medico-moral problems directly experienced by health care workers (**At the coalface**); on the pursuit of arguments prompted by papers in the journal (**Debate**); on medical ethics in literature (**Medical ethics and literature**); and on briefly argued often unorthodox opinions related to medical ethics (**Point of view**). The journal also contains book reviews and letters.

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purely on personal preference may, in fact, be "appropriate" when based on a patient's religious belief.

If medicine is to avoid violating the integrity of patients, it must surely avoid violating their religious integrity. We must recognise that religion and medicine are intricately woven together, in that they deal with life and death and the ultimate meaning of life and death. Both disciplines profess to want to make individuals whole. When health care professionals are aware of their own religious beliefs and biases, they are better able to approach patients and their surrogates with sensitivity and understanding. Although their values may differ, they share the goal of providing whatever is best for the patient, and what is best for the patient includes his or her beliefs about the meaning of life and death.

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15 In the Matter of Baby K, 832 F Supp 1022 (ED Va 1993)
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News and notes

Congress: Computer Integrated Surgery in the Areas of Head and Spine

A congress on Computer Integrated Surgery in the Areas of Head and Spine will be held from September 1–5 this year in Linz, Austria. It is being organised by the Society for the Advancement of Neurosurgical Science and Research.

The conference is aimed not only at neurosurgeons, ENT surgeons, craniofacial surgeons, neuroradiologists and engineers but also at philosphers.

One of the main issues will be the fact that the new technologies allow for possibilities which make it necessary to re-think the traditional framework of medical practice.

For further information please contact: Kurt Holl, MD (Congress Secretary), Neurosurgical Department, OÖ Landes-Nervenklinik Wagner-Jauregg, A-4020 Linz, Austria. Phone: +43-732-6921-2124, fax: +43-732-6921-2811, email: cis@lkh-wj.or.at

case moved through the courts and the issue was ultimately decided in favour of Mrs H, based on the Americans With Disabilities Act, anencephaly being classed as a disability in this case, and the Emergency Medical Treatment and Active Labor Act. The lower court decision however, which was upheld, also discussed the free exercise of religion.

21 Boozang K. Death wish: resuscitating self determination for the critically ill. *Arizona Law Review* 1993: **35:** 23–85.

22 To date no US court has issued a general ruling on a physician's legal obligation to provide treatment deemed to be futile, but a number of restraining orders have been issued in individual cases compelling physicians and hospitals to continue treatment. See for instance the case of Ryan Nguyen. Case No 94-2-06074-5, Superior Court, State of Washington, County of Spokane. Jewell M. Judge asked to keep infant on life-support. *The Associated Press* 1994 Dec 13. Struthers M. The medical futility debate continues. *Minnesota Medicine* 1995; **78:** 29–31.

23 For a further discussion of this issue see Bresnahan J. Medical futility or the denial of death. *Cambridge Quarterly of Healthcare Ethics* 1993; **2:** 213–7, and Becker E. *The denial of death.* New York: Free Press, 1973.

News and notes

Call for abstracts

The 12th annual conference of the European Society for Philosophy of Medicine and Health Care will be held from August 20–22 1998 in Marburg, Germany. Abstracts and registration are called for by November 1 1997.

The theme of the conference is "Philosophy of and Philosophy in Healthcare Education".

For more information please contact: Professor Dr Henk ten Have, secretariat ESPMH, Dept of Ethics, Philosophy and History of Medicine, Faculty of Medical Sciences, Catholic University of Nijmegen, PO Box 9101, 6500 HB Nijmegen, the Netherlands. Fax: 024-3540254 – from abroad: ++31-24-3540254.

influence on her medical ethical decision-making than did specific past personal experiences, such as infertility problems and/or previous children with serious physical or mental disability. The implication is that philosophical and religious precepts strongly inculcated during childhood become so fully integrated into the personality that they supersede even quite powerful subsequent life experiences. It is hoped that increasing staff awareness of, and sensitivity to, such response patterns will lead to more effective and sensitive communication with various groups of parents at times of overwhelming stress.

Acknowledgements

We acknowledge with gratitude the many hours spent by our devoted nurses and volunteers in distributing and collecting questionnaires and answering questions relating to them; and the generous support of Mr and Mrs Stephen Hammerman which enabled the translation of the questionnaires into four different languages. We also acknowledge that the research was supported in part by the Joyce and Sidney Gamburg Neonatal Research Fund.

Editor's note

This paper was presented in part at the Society for Pediatric Research, Seattle, Washington, in May 1994.

Cathy Hammerman, MD, is Senior Neonatalogist at the Shaare Zedek Medical Centre, Jerusalem, Israel and Director of Research in the Department of Neonatology at the centre. Eti Kornbluth, MA, (Clin Social Work), is Senior Social Worker in the Department of Neonatology at the centre. Ofer Lavie, MD, is a Resident in the Department of Obstetrics and Gynaecology at the centre. Pnina Zadka, MS, is Senior Epidemiologist in the Health Division of the Israel Central Bureau of Statistics, Jerusalem, Israel. Yeshayahu Aboulafia, MD, is a Senior Obstetrician in the Department of Obstetrics and Gynaecology at the Shaare Zedek Medical Centre and Arthur I Eidelman, MD, is the Director of the Department of Neonatology at the centre.

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News and notes

Annual Intensive Course on Medical Ethics

The Annual Intensive Course on Medical Ethics will be held from 15–19 September, 1997 at Imperial College, London. It provides a stimulating multidisciplinary introduction to philosophical medical ethics for medical and nursing teachers, members of ethics committees, GPs, hospital consultants and health administrators. The course is organised in collaboration with the Institute of Medical Ethics. Lectures/seminars, small and large groups will be led by leading international authorities in the field of medical ethics.

PGEA and CME accreditation sought.

For further information contact: Sally Verkaik, Imperial College Continuing Education Centre, London SW7 2AZ. Tel: (+44)171 594 6882/1. Fax: (+44)171 594 6883. E-mail: cpd@ic.ac.uk

2 See reference 1: 69.
3 See reference 1: 70
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11 See reference 10: 399.
12 See reference 10: 178;180.

News and notes

Medical ethics and the law

A conference on Medical Ethics and the Law will be held on the 18th of June at the Scientific Society's lecture theatre, New Burlington Place, London.

Topics to be covered include: implementing ethical policies for doctors and managers; managing resource allocation and understanding advance directives.

Special emphasis will be placed on three difficult areas of practice: assessing mental capacity to refuse treatment; decisions on withdrawal of treatment, and medico-legal issues in emergency caesareans.

For further information telephone Louise Wright: 0171 637 4383.

the "guiding stars" lies in their richness and their ability to bring new insights to medical ethics through analogy with non-medical settings. Their weakness is their vagueness. In the chapter on assisted reproduction this weakness is most apparent. In this chapter the authors make assertions without argument and with a lack of insight into when an issue requires conceptual analysis and when it requires empirical data. For example, some men do not have sufficiently healthy sperm to father a child. For couples for whom the man has this problem artificial insemination using sperm from a donor can be of immense value. The question of how families created by this means develop, and how the parents and children feel, is primarily a matter for empirical sociological study. Nelson and Nelson, however, dismiss artificial insemination on the basis of a crude analogy. They write: "(artificial insemination) deliberately severs the genetic strand of fatherhood from the nurturing and identity-forging strands, thereby perpetuating an ancient pattern in our culture of permitting men to impregnate women and then walk away" (page 162).

The Patient in the Family is a well-written and continually stimulating book which I would strongly recommend to all those who feel that our modern obsession with the individual patient has led to excessive marginalisation of the role of families in health care.

TONY HOPE
Editorial Associate,
Journal of Medical Ethics

Bioethics in High Schools in Australia, Japan and New Zealand

Darryl R J Macer, Yukiko Asada, Miho Tsuzuki, Shiro Akiyama and Nobuko Y Macer, Ibaraki, Japan, Eubios Ethics Institute, 1996, 192 pages, £15.

During 1993 the authors of this book conducted an "international bioethics education survey" (page 1) amongst biology and social studies teachers in secondary schools in Australia, Japan and New Zealand. The book, written in English to page 125 and thereafter in Japanese, consists of a report of this survey.

It is published by the Eubios Ethics Institute (Tsukuba Science City, Japan) which is "a nonprofit group that aims to stimulate the discussion of ethical issues, and how we may use new technology in ways consistent with 'good life' " (page ii). For this group, " 'bioethics' means the study of ethical issues arising from human involvement with life, and could be called simply the 'love of life' " (page 1).

In general, the purpose of the survey was to establish the extent to which teachers discuss in class "the social, ethical and/or environmental issues associated with applications of the scientific developments" (page 5), *viz* pesticides, *in vitro* fertilisation, prenatal diagnosis, biological pest control, eugenics, computers, biotechnology, nuclear power, AIDS, human gene therapy, fibre optics, bioethics and genetic engineering in plants, micro-organisms and animals (taken from table 2 page 5).

The book gives every detail of the research. Samples were not entirely random, particularly in Australia where private schools were over-represented. Response rates were higher for biology teachers (40% Japan, 48% Australia and 55% New Zealand; total number=1,017) than they were for social studies teachers (27%, 22% and 26% respectively; total number=593). Pages 46–118 give every word of every response from every open-ended question by every respondent.

In reporting the results of qualitative research it is often helpful and interesting to see some verbatim quotes from subjects, but to be presented with columns and columns of responses to open questions consisting of "don't know", "need more teaching materials', "students need to be made aware" etc is simply tedious. Altogether this is a poorly digested piece of research. It would have benefited from being summarised as a formal paper for an edited journal.

All of which is disappointing because the topic is important. Like most medical schools around the world we have a longitudinal integrated course in medical ethics. For the past ten years this has culminated in interdisciplinary problem-oriented symposia for fifth-year students. Even more now than in the past, we reach the end of these sessions with students saying they do not wish to make decisions in medical ethics without further guidance from society as a whole. Public debate is urgently required on some of the most pressing issues in medical ethics and bioethics.

Such debate would require more education in bioethics at every level. From the point of view of cognitive development students are equipped from their early teens onwards to tackle the complex questions involved. Teachers report that their students are often more interested in the ethics of, for example, *in vitro* reproduction than they are in the technical aspects.

Educating future citizens to take an active role in the debate seems an entirely worthy goal. Surveying teachers in different countries was probably a necessary first step. So it is unfortunate that the research undertaken by this team was not better presented. It could have made a valuable contribution. As it is it may serve to raise awareness of the issues, but little else.

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Four copies of papers submitted for publication should be sent to: The Editor, *Journal of Medical Ethics,* Analytic Ethics Unit, Imperial College of Science, Technology and Medicine, London SW7 2AZ. The journal considers papers only if they are not under consideration by any other journal at the same time. Rejected manuscripts are not returned. Papers, including references, should be in double-spaced typewriting on one side of the paper only. A total word-count is required, and pages should be numbered sequentially. On a separate sheet brief details of the author's present post, an address for readers' correspondence and any other relevant information should be supplied.

The *JME* uses a simplified 'Vancouver style' for references. The full text of the 'Vancouver Agreement' was published in the *British Medical Journal* in 1991; **302;** 338–41. As the "Vancouver style" is incompatible with the long established style of references for legal articles, lawyers should use their own standard style, but avoid abbreviations so as to facilitate reference by others. The journal is multidisciplinary and **papers should be in clear jargon-free English, accessible to any intelligent reader.**

Authors are asked to avoid footnotes. The preferred maximum length of papers is 3,500 words – absolute maximum 5,500 (including references). Book reviews should be between 600 and 1,000 words. Abbreviations should be avoided. The names of journals, organisations etc should be given in full in the text.

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All papers submitted for publication should contain the following:

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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.[3] 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).

Where a further reference is made to a previous reference, but to a different page number or numbers, this should have a new reference number of its own and it should then refer back to the original reference, thus:

1 May T. The nurse under physician authority. *Journal of Medical Ethics* 1993; **19:** 223–7.
2 See reference 1: 225.

Please note also that the names of journals should be in italics. The volume number should be in bold.

References must be verified by the author(s) against the original documents.

The following scheme, a simplification of the 'Vancouver style' for biomedical journals, should be followed for each reference: in the text – number in superscript, following punctuation; in the list – author (list all authors if six or less; if seven or more, list only the first six and add *'et al'),* title, name of publication if different from title – in italic; place of publication and publisher (where appropriate); year of publication; and, where appropriate, volume number in bold and page references of article or chapter referred to. Examples of correct forms of reference are given below:

a) Standard journal article:
   1 Teasdale K, Kent G. The use of deception in nursing. *Journal of Medical Ethics* 1995; **21:** 77–81.
b) Corporate author:
   2 General Medical Council. *Tomorrow's doctors – recommendations on undergraduate medical education.* London: General Medical Council, 1993.
c) No author given:
   3 Anonymous [editorial]. Anonymous HIV testing. *Lancet* 1990; **335:** 575–6.
d) Personal author(s):
   4 Singer P, Kuhse J. *Should the baby live?* Oxford: Oxford University Press, 1985.
e) Editor, compiler, chairman as author:
   5 Phillips CE, Wolfe JN, eds. *Clinical practice and economics.* Tunbridge Wells: Pitman Medical, 1977.
f) Chapter in book:
   6 Hope T. Ethics and psychiatry. In: Rose N, ed. *Essential psychiatry* [2nd ed]. Oxford: Basil Blackwell Scientific Publications, 1994: 45–51.
g) Agency publication:
   7 The Linacre Centre for the Study of Ethics and Health Care. Paper 1: The principle of respect for human life. In: *Prolongation of life.* London: The Linacre Centre for the Study of Ethics and Health Care, 1978.
h) Newspaper article:
   8 Dinwoodie R. Volunteers die as heart drug results baffle doctors. *The Scotsman* 1980 Sept 5: 11 (cols 1–6).

The Institute of Medical Ethics: research and medical groups

Research

Since 1975, the institute has conducted research in many areas of health care ethics and education, including issues related to resource allocation in health care, death and dying, abortion and the treatment of infertility, research with human subjects, and medical involvement in torture. Recent studies have been concerned with the use of animals in biomedical research, ethical aspects of HIV infection and AIDS, and medical and nursing education. The institute's current research programme includes studies of decision-making in neonatal care and in the care of the elderly. Its research unit, based in Edinburgh, works in collaboration with multidisciplinary working parties whose membership is drawn from all parts of the United Kingdom. The research unit provides information and advice on current issues in medical ethics to a variety of academic and health care bodies. Reports on the institute's research are regularly published in medical and nursing journals and by the institute.

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Medical groups associated with the Institute of Medical Ethics have been established in British university teaching hospitals. Each academic year they arrange programmes of lectures and symposia on issues raised by the practice of medicine which concern other disciplines. Although these programmes are addressed primarily to medical, nursing and other hospital students they are open to all members of the medical, nursing and allied professions. There is no fee for attendance. Lecture lists are available by direct application to the appropriate co-ordinating secretary named above. A stamped addressed A4 envelope would be appreciated.