

hope we never shall be. But unless doctors point out their limits there is a danger that medicine will be blamed for the things it cannot prevent and will be rejected altogether. There are signs in some quarters that it is happening already, and I think it happened to Sybil's mother.

If the general public are deceived, it is still vital that the professions should not be about their own actions. Social workers and magistrates, entangled in cases of non-accidental injury to children under their care, face the same dilemma. To try to the limit of one's capacity, to be as available as possible to help, but to be reconciled to the possibility of

failure, is part of what professionalism means. If there has been no mistake, to react with guilt rather than sorrow when the outcome is tragic is not professional, and helps no one. I think that the psychiatric team here, in the terrible time that they had, deceived themselves as to their strength. 'The right to die . . . there is a feeling one has to prevent it'. With the power of Sybil's passion for death, that concern is like milkmaid Elizabeth worrying about keeping her feet dry, as the warning bells 'Brides of Enderby' ring out and the waves curl over the Lincolnshire flood walls.

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News and notes

Society for the Study of Medical Ethics:

Appointment of Assistant Director

As indicated elsewhere in this Journal, the Society for the Study of Medical Ethics intends to appoint a full-time Assistant Director.

The Society, which is multi-disciplinary in all its activities, seeks to reflect its interests in the professions of its staff. The person appointed will therefore be interested not only in interprofessional discussions, but also in the moral and social consequences of medical practice. At the present time the principal activities of the full-time staff are the publication of the *Journal of medical ethics* and the programme of lectures and symposia, which are arranged by the London Medical Group twice weekly throughout the academic year, in the 12 London teaching hospitals. It is intended to develop this work further by arranging additional seminars, case conferences and the establishment of multidisciplinary commissions to examine specific aspects of medical ethics in conjunction with the Research Project of the Edinburgh Medical

Group and under the direction of the Director of Studies of the Society. The successful candidate will work from the Society's offices in London, but will be expected to visit medical groups already established in nine provincial centres.

Staff changes

Anthony Thorley, MA, MB, MRCPsych, who has acted as Honorary Assistant Director since 1972, has been appointed to a consultant post in Newcastle with effect from September 1977. The following new honorary appointments have been made: for the London Medical Group, Richard Nicholson, MA, MB, BCh, who was a short-term full-time Assistant Director in 1974; John Sedgwick, MA, MRCS, LRCP, who was President of the London Medical Group in 1974/75; For the Society, Brendan Callaghan, SJ, BA(Oxon), MPhil, a clinical psychologist, who was a joint secretary of the Consultative Council of the Glasgow Medical Group from 1975 to 1976, and Mark Papachoudo, MA, MB, BChir. Penny Stewart, SRN, who has been Secretary since 1972, has been

appointed Personal Assistant to the Director with effect from 1 April 1977.

Society for the Study of Medical Ethics: First northern conference

The first northern conference of the Society was arranged by the Edinburgh Medical Group in conjunction with the Glasgow, Newcastle, Liverpool and Manchester Medical Groups, and held on 21 and 22 January 1977 at the Edinburgh Medical School. The subject was 'Human Birth: Social and Moral Issues in Reproductive Medicine'. The speakers were Professor Emeritus A S Duncan, Miss Margaret Auld, Mrs Jean Robinson, Dr Marion Hall, Mr Alex McCall Smith, Professor Forrester Cockburn, Professor Norman Morris, Dr Christine Cooper, Dr John Scrimgeour, Professor Neil Schimke, Mrs Patricia Wilkie and Dr Alan Templeton. The conference was attended by about 100 participants, mostly members of the medical, nursing and social work professions and students.

Book reviews—continued

warnings about coming off the pill if there is any question of pregnancy. Even scanty withdrawal bleeds, which are relatively common, are under suspicion. Although there is no conclusive evidence, the Royal College of General Practitioners' recently published study (*British Journal of Obstetrics and Gynaecology*, 83, 608-616) goes a long way to reassuring us that pregnancy on the pill does not produce a damaged baby: but Ms Average will not have access to this report, and will presumably remain misinformed for some time to come. In the same section, amongst a page and a half devoted to precautions, we find: 'Young girls (under 16 years of

age) . . . on the pill for more than nine months should stop the pill for one month and have their daily temperatures checked to see if they are ovulating. . . . If they are not ovulating, they should not be on the pill and should be referred to a gynaecologist'. One hopes that not too many schoolgirls thus at risk of pregnancy will read his advice, even if they forgive him for giving a legal category ('under 16') spurious medical sanction. If a young teenager is menstruating regularly, I know of no evidence that she is more liable than her elders to post-pill amenorrhoea, and many completely normal women take longer than a month to ovulate after stopping the pill. It is

often very hard to balance the unpredictable and the rare but possibly permanent hazard of infertility against the predictable and sadly common hazard of an unwanted pregnancy in a schoolchild. However, in his enthusiasm, academic or otherwise, Dr Parish seems to have forgotten the occasionally desperate side effects of failed family planning that he has met in the surgery. These may seem small criticisms, and they are made of a magnificent book which I should heartily recommend for doctor, patient and waiting room: but, however heroic, it has a flaw, and that, as literary critics remind us, is the stuff of which tragedy is made. ROGER HIGGS

SOCIETY FOR THE STUDY OF MEDICAL ETHICS

ASSISTANT DIRECTOR

The Society for the Study of Medical Ethics intends to appoint an Assistant Director to help in the further development of the study of medical ethics.

The Society, which is multidisciplinary and non-partisan, publishes the quarterly *Journal of Medical Ethics*. It promotes lectures and symposia in the 12 London teaching hospitals, through the London Medical Group, and has established medical groups in nine provincial medical schools and teaching hospitals.

Applications will be considered from candidates qualified in medicine or nursing, clinical psychology, law, moral theology, moral philosophy, the social sciences or the humanities. The salary will be according to the University of London scale for non-clinical lecturers, or as appropriate.

The Assistant Director, who will be resident in London, is likely to be a young graduate with training in one or more of the professions, sensitive to the demands of professional life and interested in the discussion of medico-moral problems.

Applications, in confidence, stating age, education and experience, in the first instance to the Director of Studies, Society for the Study of Medical Ethics, Tavistock House North, London WC1H 9LG.

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Director of Studies ex officio

Society for the Study of Medical Ethics

The Society for the Study of Medical Ethics is an independent, non-partisan organization for the multidisciplinary study of issues raised by the practice of medicine.

The Society aims to influence the quality of both professional and public discussion of medico-moral questions; to promote the study of medical ethics; to ensure a high academic standard for this developing subject; to encourage a multidisciplinary approach to discussion of the consequences of clinical practice; to stimulate research in specific problems; to remain non-partisan and independent of all interest groups and lobbies.

Since 1963 the London Medical Group, a student group for the study of issues raised by the practice of medicine, has arranged a series of lectures and symposia, now twice weekly throughout the academic year, in the 12 London teaching hospitals and medical schools.

In 1967 the Edinburgh Medical Group was established with similar aims, and subsequently medical groups have been formed in a majority of the British medical schools—currently Newcastle, Sheffield, Glasgow, Bristol, Birmingham, Manchester, Liverpool and Cardiff.

In 1972 junior doctors, who had themselves been associated with the London Medical Group, founded the Society for the Study of Medical Ethics to develop these aims at a postgraduate level.

DOCUMENTATION in Medical Ethics, superseded as the organ of the Society by the *Journal of medical ethics*, is now produced as the proceedings of the annual conference held in conjunction with the London Medical Group.

In 1975 research fellows were appointed by the Edinburgh Medical Group which has established, in conjunction with the University of Edinburgh, a research project in medical ethics and education. This is funded by the Leverhulme Trust Fund and the Nuffield Provincial Hospitals Trust.

The Society for the Study of Medical Ethics is a registered educational charity and a Company Limited by Guarantee. It relies on voluntary grants and donations and is not supported from government sources.

There is no individual membership of the Society. Those interested in this work are invited to subscribe to the *Journal of medical ethics*. The lectures of the London Medical Group and the other associated medical groups, although addressed primarily to medical, nursing and other students, are open to all those professionally interested. There is no charge.

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