

# The concise argument

Soren Holm, *Editor*

## Introduction to this new feature

This is a new item that will appear in each issue of the journal. In it we will briefly highlight the main arguments and conclusions of some of the papers published in the issue. We will try to pick the most interesting papers, but what is interesting is undoubtedly a personal and perhaps idiosyncratic judgement so authors and readers should not feel offended if their favourite paper in the issue is not mentioned!

## Brain stimulation between a rock and a hard place

Intracranial brain stimulation can be an effective treatment for otherwise untreatable Parkinson's disease and other movement disorders. But some patients develop severe psychiatric conditions as a side effect, and in some it is not possible to achieve the therapeutic effect without the side effects. Walter Glannon describes one such case and analyses the complex decisions facing the patient and the healthcare professionals. If the patient chooses to continue the treatment he chooses to enter a state where he loses his autonomy and becomes incompetent to make decisions. But we usually assume that medicine should be autonomy promoting and that a main purpose of treatment for those who are incompetent is to enable them to become competent again. Glannon argues that in the end we have to resolve this dilemma by siding with the patient and concludes that "... it is the competent patient who has to decide whether the trade-offs in any given treatment would be acceptable..." (see page 289).

## Drugs for the poor

It is commonly accepted that one of the reasons for a lack of access to health care in resource poor countries are high prices

of pharmaceuticals combined with a lack of incentive for pharmaceutical firms to develop new treatments for conditions that mainly affect people in these countries. In this issue two quite different papers look at these questions. Sonderholm argues that pharmaceutical firms should be allowed to charge whatever price they think the market can bear and take whatever profits they can and further that the current patent regime should not be abolished. His strategy is two pronged. He first analyses arguments against this view and shows them to be unsound or invalid before moving on to arguments aimed at showing that allowing profit taking is a necessary precondition for maximising innovation in the long run. Oprea *et al* argue for a very different conclusion. They identify the way the current market and patent system allocates incentives to drug development as the major obstacle to the development of drugs against diseases that are mainly occurring in resource poor countries. Based on this initial conclusion they argue that a different incentive system has to be created because the lack of access to effective treatment constitutes a serious ethical problem. Based on ideas originally proposed by Thomas Pogge they outline a system for incentivising innovation and development that links profit to usefulness and show how such a system can be funded and implemented (see pages 310 and 315).

## Continuing the argument

Four papers in this issue continue and deepen previous arguments. David Benatar responds to criticism of his view that not being born is preferable to being alive, by arguing that Seth Baum has fundamentally misunderstood Benatar's position (*J Med Ethics* 2008;34:875–6). Benatar states his position succinctly and

argues that when we understand the asymmetry between harm and benefit we will be convinced that being brought into existence is always a net harm. Di Nucci presents a counterargument to Carson Strong's argument that Don Marquis' "a life like ours" analysis of the wrongfulness of killing is not relevant to embryo research and stem cell derivation (*J Med Ethics* 2008;34:727–31). He claims to have identified a fatal equivocation in Strong's analysis. Strong responds that the same equivocation is present in Marquis' original writing and that it is not an equivocation when properly understood. And finally Williams argues against McDougall (*J Med Ethics* 2008;34:259–61) that even if we accept that research on reproductive cloning is costly and that a similar amount of money could have benefited people who do not have access to even minimally acceptable health care this does not constitute a good argument against pursuing such research. We have no reason to believe that money not spent on cloning research will actually be spent on health care for the poor and given that cloning research is basic research with potentially large positive spin offs we are in no position to compare the eventual benefits of the two uses of the resources (see pages 304, 326, 328 and 330).

## Some good news for authors and readers

During the last year we have worked on reducing the time between final acceptance of a paper and publication in the journal. We have managed to get it down to 3–4 months and we aim to keep it there. We are also focusing more attention on getting manuscripts quickly through the peer review process and hope over the next few months to get the average time from submission to first decision down to an average of 6 weeks.