

Highlights from this issue

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One effect of modern journal publishing is that you may already have read all the papers published in this issue because they have all been available on the JME web-site for some time; and some of them have already generated discussion both on the web-site and in the public media. But just in case you do not visit the web-site every day the Concise Argument will continue to guide you to some interesting items in the print journal.

Wilful neglect in English law

If you live in the UK you have probably already heard Professor Margot Brazier discuss the paper by Alghrani *et al* on the radio (*see page 230*). The paper points to a glaring inconsistency in English law. If a healthcare professional kills a patient by neglect the healthcare professional can be convicted of the serious criminal offence of gross negligence manslaughter and a conviction does not depend on the intention of the healthcare professional. If, however a healthcare professional seriously harms a patient by intentional, wilful neglect there is no criminal offence under which he or she can be prosecuted, unless the patient is treated under the Mental Health Act 1983 or the Mental Capacity Act 2005. The authors argue that this means that English criminal law does not track any recognisable account of moral responsibility. If the patient dies an act of unintentional neglect can be prosecuted but if the patient lives an act of intentional neglect goes unpunished. The authors suggest that a new criminal offence of wilful neglect should be established and argue that such an offence will

not increase the litigation risk faced by conscientious healthcare professionals.

Resource allocation in resource poor environments

Two papers explore issues of resource allocation in relatively resource poor environments. Boy *et al* analyse access to orphan drugs in Brazil (*see page 233*) and Johansson *et al* study HIV priorities in rural Tanzania (*see page 221*). Both papers combine empirical and conceptual analysis and both bring out the complexities that affect resource allocation decisions in real life situations. They also both show that discussion about resource allocation is relevant in all healthcare systems. Such discussions are not the preserve of the rich.

Is the incidence of research fraud increasing?

Research fraud is a significant problem and it would be interesting to know whether it is becoming more or less common. Stated in this way it is a question that is very difficult to research. We don't know how much research fraud there was in the past and it is also difficult to provide accurate estimates of current levels of fraud. But we can look at some surrogate measures. The paper by R Grant Steen uses retractions in PubMed as such a surrogate measure (*see page 249*). Analysing trends in retractions and reasons for retraction between 2000 and 2010 it shows that most retractions are for error and not for fraud, although some reasons given for retraction are ambiguous. With regard to trends it shows that the number of retractions in total as

well as the number of retractions for fraud has increased significantly over time. This may, as the article states "reflect either a real increase in the incidence of fraud or a greater effort on the part of journals to police the literature."

Changing attitudes towards euthanasia

It is sometimes claimed that attitude or opinion surveys in relation to ethically contentious practices are irrelevant to normative ethics and a waste of time. This view is often put as a rhetorical question and answer pair 'Why should it matter how many people think that A is a good thing? What matters is whether A is ethically right!' The paper by Stronegger and co-authors in this paper provides a practical counter example to such claims of irrelevance (*see page 227*). They used the same survey instrument to survey Austrian medical students about their attitudes towards euthanasia in 2001, 2003/2004 and 2008/2009 and found a massive shift in attitude. In 2001 16.3% accepted active euthanasia, but in 2008/2009 this had increased to 49.5%. The study also shows that the underlying reasoning has changed references to patient autonomy or beneficence has become twice as common and references to the role obligations of the profession become much less common. This study does, of course not tell us whether euthanasia is ethically acceptable (in Austria?), but it does tell us something important about how rapidly attitudes can change and something of relevance to anyone considering how to formulate end of life policy.