Letters

Ethical medical practice and the NHS

SIR

I enjoyed the paper by Persaud about ethical medical practice and health service organisation (1). The author chronicles some of the ethical disadvantages of the American system. However, he mistakenly equates the health service reforms with an American-style system. This is wrong, because the internal market envisaged by the health service reforms is quite different from the mainly insurance-based systems in the United States. The provider incentives are not as sharp with the British system, where the treatment of patients can produce a departmental surplus for reinvestment in patient services. Contrast this with the American system, or indeed other systems with fee-for-service provisions where the sharpened incentive of personal profit results in over-provision. Over-provision cannot be expected to occur at the same level in the reformed health service. At the same time, by moving away from the command economy of medicine, staff are at least given the incentive to create thriving clinical departments. Thus, the health service reforms represent the ideal compromise between stultifying central planning (characterising Communist health services and the NHS before the reforms) and market failure endemic to all systems with fee-for-item-of-service methods of doctor imbursement.

Furthermore, your author has completely missed one of the further ethical advantages of the reforms. This pertains to the fact that consultations with individual consultants need no longer be the determining factor in access to services. Purchasers will now decide how resources should be spent and who is eligible and who is not. This, in my view, is greatly preferable, since it

removes the bargaining component of many consultations and allows hospital doctors to return to their traditional role as advocates for the patients they treat.

Reference

- (1) Persaud R D. What future for ethical medical practice in the new National Health Service? *Journal of medical ethics* 1991; 17: 10-18.

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Ethics of using Nazi research

SIR

Stephen G Post argued recently for a duty not to use data of Nazi experiments (1); his argument is made even stronger considering the fact that the 'data' from these experiments are scientifically worthless.

Examinations of the results of Nazi experiments revealed critical deficiencies in scientific method even by the standards of the 1940s (2). For example, during the infamous hypothermia experiments at Dachau, data were faked by the prisoners responsible for recording the measurements (3). Similar evidence was revealed in Joseph Mengele's study of heterochromia (4). Sigmund Rascher's work on high altitude and hypothermia done at Dachau was rejected by three different German universities when he tried to submit it to fulfil the requirement for a higher doctorate degree (5). Given the fact that the work was rejected by at least one German expert who was later sentenced to death by the Nuremberg Tribunal for his own medical crimes, it is doubtful whether ethical considerations were the reason

for these decisions.

In light of the above, any use or presentation of 'data' from the Nazi experiments as scientific facts is unethical.

References

- (1) Post S G. The echo of Nuremberg: Nazi data and ethics. *Journal of medical ethics* 1991; 17: 42-44.
- (2) Berger R L. Nazi science - the Dachau hypothermia experiments. *New England journal of medicine* 1990; 322: 1435-1440.
- (3) Neff W. Report on his experiences. Nuremberg Tribunal ND 908 Sheet 60.
- (4) Lifton R J. *The Nazi doctors: medical killing and the psychology of genocide*. New York: Basic Books, 1986: 362.
- (5) Reinhardt O. The 'Nazi doctors' debate. *Medical journal of Australia* 1990; 153: 645-647.

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Ethics of preventive medicine

SIR

Your article by Petr Skrabanek (1) is based on a confusion. He argues that somehow preventive medicine among populations is exempt from the constraints of ethical guidelines, while in contrast therapeutic medicine among individuals is constrained by strict ethical guidelines. But in fact it is experimentation that is governed by such guidelines. Thus experiments among individuals reliably to assess the therapeutic efficacy of drugs or treatments are thus constrained, as are