

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 quarterly and includes papers on all aspects of medical 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**); and on briefly argued often unorthodox opinions related to medical ethics (**Point of view**). The journal also contains book reviews and correspondence.

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Papers submitted for publication should be sent in **quadruplicate** to: The Editor, *Journal of Medical Ethics*, c/o Imperial College of Science, Technology and Medicine, 14 Prince's Gardens, London SW7 1NA. Rejected manuscripts are not returned. Papers should be in double-spaced typewriting on one side of the paper only. **The preferred maximum length of papers is 3,500 words – absolute maximum 5,500 (including references).** A total word count is appreciated. On a separate sheet some brief biographical details should be supplied, including the title of the author's present post, degrees and/or professional qualifications, (if any) and any other relevant information.

Four copies of the journal will be sent to authors free of charge after their papers are published. Offprints of individual papers may be bought from *Journal of Medical Ethics*, BMA House, Tavistock Square, London WC1H 9JR.

In March 1981 the *JME* adopted a simplified 'Vancouver style' for references: details are given in various issues, including December 1986. They are also available from the editorial office. The full text of the 'Vancouver Agreement' was published in the *British Medical Journal* in 1982; volume 284; 1766-70. As the 'Vancouver style' is incompatible with the long established style of references for legal articles, lawyers should use their own standard style, but try to facilitate reference by others. The journal is multidisciplinary and papers should be in clear jargon-free English, accessible to any intelligent reader.

Notice to subscribers

The *Journal of Medical Ethics* is published quarterly. The annual subscription rates are £41.00 in the United Kingdom and Irish Republic, and £58.00 in all countries overseas. US direct \$95.00. Orders should be sent to the Subscriptions Manager, *Journal of Medical Ethics*, BMA House, Tavistock Square, London WC1H 9JR. Orders can also be placed locally with any leading subscription agent or bookseller. (For the convenience of readers in the USA subscription orders, with or without payment, can also be sent to: *British Medical Journal*, Box No 560B, Kennebunkport, Maine 04046.) All enquiries regarding air mail rates, single copies, advertisements, etc, should be sent to: *Journal of Medical Ethics*, BMA House, Tavistock Square, London WC1H 9JR.

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References and footnotes

- (1) See for example MacKinnon I, Kelsey T. Turkish peasant 'duped into donating kidney'. *The Independent*, 1989 Jan 18: 2 (cols 1-3); Schoon N. Inquiry into 'paid kidney donors'. *The Independent* 1989 Jan 23: 1 (cols 2-5); Anonymous. Ask, don't pay, for kidneys [leader]. *The Independent* 1989 Jan 23: 16 (cols 1-2). See also, for subsequent developments: Ballantyne A, Howard J. Kidney deal claim alarms surgeons. *The Guardian* 1989 Jan 28: 3 (cols 1-2); Hoyland P, Boseley S. Dealer offers £20,000 for kidneys. *The Guardian* 1989 Jan 30: 3 (cols 1-2). Ballantyne A. Kidney sale clinic bans two doctors. *The Guardian* 1989 Feb 8: 3 (cols 7-8); and Milne S, Howard J. Turks 'caught up in kidney trade'. *The Guardian* 1989 Feb 13: 2 (cols 1-4)
- (2) Johnson A, Ballantyne A, Milne S. Doctor linked to kidney-for-cash advert. *The Guardian* 1989 Feb 15: 1 (cols 3-6); and Milne S. Surgeon resigns from kidney post. *The Guardian* 1989 Feb 17: 20 (cols 1-2).
- (3) BBC Radio 4, 'The World at One', 1989 Jan 22.
- (4) Hoyland P. £20,000 offer by German dealer in kidneys. *The Guardian* 1989 Jan 30: 20 (col 5). Rainer René Graf Adlemann zu Adelmansfelden is quoted as saying: 'My clients are businessmen who have a certain standard of living which they wish to improve and they are willing to sell a kidney to achieve it. I also have clients about to retire who want to buy an apartment in the sun, and selling a kidney is the answer.' See also Boseley S, Tomforde A. Kidney dealer's baby trade is shut down. *The Guardian* 1989 Jan 31: 2 (cols 1-3).
- (5) For a vigorous attack on Richard Titmuss's classic *The gift relationship*, London: Allen and Unwin, 1970 see Stewart R M. Morality and the market in blood. *Journal of applied philosophy* 1984; 1,2: 227-237.
- (6) 'Exploitation', of course, is a complex concept, proper analysis of which would require far more space than is available here. I deal with an argument analogous to that suggested in this paper in Surrogacy, liberal individualism, and the moral climate, in Evans J D G ed. *Moral philosophy and contemporary problems*. Cambridge: CUP, 1987.
- (7) Harris J. *The value of life*. London: Routledge, 1985: 43ff.
- (8) Dr Raymond Crockett, lately medical director of the National Kidney Centre, and consultant at the Humana Wellington hospital, quoted in *The Independent* 1989 Jan 18. (See reference (1)). The professional conduct committee of the General Medical Council began formally investigating his actions in December 1989, together with those of his colleagues Mr Michael Bewick and Mr Michael Joyce. Each doctor was judged guilty of serious professional misconduct. The committee directed that Dr Crockett's name should be erased from the Medical Register; that Mr Joyce should continue to be registered but subject to certain conditions, which would automatically expire after two years; and that Mr Bewick should continue to be registered subject to certain conditions which would apply for three years. At the end of the three years the committee will review Mr Bewick's case. In November 1985 the GMC endorsed a report from its standards committee which recommended that the council should issue "advice to the profession that it is unethical and improper for a registered medical practitioner, wittingly or unwittingly, to encourage or to take part in any way in the development of such trafficking in the sale of human organs; and that, accordingly, no surgeon should undertake the transplantation of a non-regenerative organ from a living donor without first making due inquiry to establish beyond reasonable doubt that the donor's consent has not been given as a result of any form of undue influence".

News and notes

Call for papers

The journal, *Bioethics*, is calling for papers on the human genome project, for a special issue next year.

Among the ethical questions raised by the project, say the editors of *Bioethics*, are the following:

Will this knowledge lead to pressure for new and more scientific eugenics programmes? Would all such programmes be undesirable? If not, how should we draw the line between ethically acceptable and ethically unacceptable eugenics? Who should make and enforce decisions about where this line is to be drawn?

What are the ethical aspects of the potential implications of the project for genetic screening of the population, either for the benefit of the individual concerned (to identify health risks, for example) or for the benefit of the State or the employer? What rights does the individual have in this situation, and how are they to be protected?

Is scientific knowledge ever so dangerous that it is better not to obtain it? If so, could the knowledge

obtained by the human genome project fall into this category? Or do the suggested benefits of the project outweigh any risk of misuse? On what basis can such questions be answered?

Bioethics is seeking major articles, reports, short discussion papers and book reviews on these or any other ethical aspects of the human genome project. These contributions may be from any relevant discipline. In the case of reports and book reviews, it is suggested that potential contributors contact the editors first to ensure that they are not duplicating other work that has already been solicited. Other contributors who are in doubt about whether their topic will be suitable for the issue are also invited to send an outline of their work.

The deadline for submission of papers is January 15, 1991. Correspondence to: Editors, *Bioethics*, Professor Peter Singer and Dr Helga Kuhse, Centre for Human Bioethics, Monash University, Clayton, Victoria 3168, Australia.

Michael H Kottow MD, cand MA (Sociology) is Associate Professor of Ophthalmology at the University of Chile, a member of a teaching hospital's ethics committee and author of a regular column on medical ethics.

References

- (1) Thomson J J. A defense of abortion. In Cohen M, Nagel T, Scanlon T, eds. *The rights and wrongs of abortion*. Princeton: University Press, 1974: 3–22.
- (2) Kleinig J. Good Samaritanism. *Philosophy and public affairs* 1976;382–407.
- (3) Feinberg J. Supererogation and rules. In Thomson J J, Dworkin G, eds. *Ethics*. Cambridge: Massachusetts Institute of Technology, 1968: 391–411.
- (4) Reeder Jr J P. Beneficence, supererogation, and role duties. In Shelp E E, ed. *Beneficence and health care*. Dordrecht: D Reidel Publishing Company, 1982: 83–108.
- (5) Nagel T. *The possibility of altruism*. Princeton: University Press, 1978:79.
- (6) Rushton J P. Altruism and society: a social learning perspective. *Ethics* 1982; 92:425–446.
- (7) Krebs D. Psychological approaches to altruism: an evaluation. *Ethics* 1982; 92:447–459.
- (8) Sieghart P. Profession as the conscience of society. *Journal of medical ethics* 1985; 11:117–122.
- (9) Downie R S. Professional ethics. *Journal of medical ethics* 1986; 12:64–65.
- (10) Downie R S. Professional ethics – further comments. *Journal of medical ethics* 1986; 12:195–196.
- (11) Gillon R. More on professional ethics. *Journal of medical ethics* 1986; 12:59–60.
- (12) Gillon R. Do doctors owe a special duty of beneficence to their patients? *Journal of medical ethics* 1986; 12:171–173.
- (13) Freedman B. A meta-ethics for professional morality. *Ethics* 1978; 89:1–19.
- (14) Freedman B. What really makes professional morality different: response to Martin. *Ethics* 1981; 91:626–630.
- (15) Martin M W. Rights and the meta-ethics of professional morality. *Ethics* 1981; 91:619–625.
- (16) Gewirth A. Professional ethics. The separatist thesis. *Ethics* 1986; 96:282–300.
- (17) Lloyd G E R, ed. *Hippocratic Writings*. Harmondsworth: Penguin Books, 1978: 208.
- (18) Agich G J. Economic cost and moral value. In: Agich G J, Begley C E eds. *The price of health*. Dordrecht: D Reidel Publishing Company, 1986: 23–42.

News and notes

Two new Scope Notes

Two new Scope Notes, Scope Note 2, *Living Wills and Durable Powers of Attorney: Advance Directive Legislation and Issues*, and Scope Note 13, *The Aged and the Allocation of Health Care Resources*, are available from the National Reference Center for Bioethics Literature.

The Scope Note series offers overviews of issues and viewpoints on current topics in biomedical ethics. Not comprehensive reviews, the papers are about 12 pages long and provide immediate reference to facts, opinions and relevant legal precedents for a wide audience that include scholars, journalists, medical and legal practitioners, students and interested laypersons.

Scope Note 2 about living wills and other advance directives contains up-to-date material on State

statutes, sample generic living wills and durable powers of attorney for health care, along with annotated information about books and articles describing how interested persons can express choices about medical treatment if they become unable to make decisions due to poor health.

Scope Note 13 provides information about health care rationing and presents different suggestions from the literature offered to achieve a fair or just allocation of available resources.

The Scope Notes are available for \$3 each, prepaid, from the National Reference Center for Bioethics Literature, Kennedy Institute of Ethics, Georgetown University, Washington, DC 20057, or telephone 202-687-6738.

question and the answer to it reaffirms the socio-political nature of these issues. Reluctance to finance health care is bound up with political decisions with which therapists in the real world have to live. This is where a strictly realist criterion of relevance encounters substantive ethical problems. A realistic tailoring of ethical principles to existing resource provision may be practically necessary, and a sound strategy should consider the level of available resources. This is clearly in line with Whitaker's insistence that 'moral philosophers must frame their discussions around axioms derived from the real world'. But the line between realism and acquiescence is hard to maintain. Behind Hegel's sneer at realism is the recognition that the appeal to what *is* as a criterion of philosophical relevance is bound up with an imposition of limits upon what philosophers can say about what *ought to be*. In this respect it is not realism but a 'touch of Hegelian idealism' that is of value when addressing ethical problems concerning resource allocation. For it is not the business of philosophers and ethicists, even unwittingly, to provide justification for cost-conscious politicians and planners, by restricting their inquiries to the parameters of health care allocation imposed by socio-political forces in the real world. Of course reality should provide a criterion of relevance, but whilst the starting point of any philosophical inquiry should be geared to existing reality that inquiry is only relevant insofar as it can become the starting point for a new departure. The relevance of philosophy to resource

allocation is not in its acquiescence to what *is*, but in its critical understanding of reality with a view to its transformation. Whitaker's plea for a 'touch of realism' stands as an acceptable rebuttal of Lewis and Charny's proposal, but if philosophers are seriously to address problems of resource allocation they will have to transcend discussions which are confined to existing levels of provision and subject the politico-social edifice of health-care decision-making to a thorough appraisal.

David Lamb BA PhD is Senior Lecturer in Philosophy at the University of Manchester.

References

- (1) Hegel G W F. In: Hoffmeister J, ed. *Dokumente zu Hegel's entwicklung*. Stuttgart: Fromman, 1936:360.
- (2) Whitaker P. Resource allocation: a plea for a touch of realism. *Journal of medical ethics* 1990; 3:129-131.
- (3) Lewis P A, Charny M. Which of two individuals do you treat when only their ages are different and you can't treat both? *Journal of medical ethics* 1989; 1:28-32.
- (4) Lamb D. Priorities in health care: reply to Lewis and Charny. *Journal of medical ethics* 1989; 1:33-34.
- (5) Lamb D. *Ethics and organ transplants*. London: Routledge, 1990.
- (6) Franklin C. Commentary. *Hastings Center report* 1988; Dec: 35-36.
- (7) See reference (6): 35.

News and notes

Medicine and literature

A conference on the medical humanities will be held on Saturday October 27th 1990 at the Postgraduate Medical Centre, University of Glasgow.

For further information please contact: Professor R S Downie, Department of Philosophy, The University of Glasgow, Glasgow.

News and notes

History of medical ethics: 19th century

A Wellcome Symposium on the History of Medicine will be held on Friday 7th December 1990.

For further information and registration form please contact: Frieda Houser, Wellcome Institute for the History of Medicine, 183 Euston Road, London NW1 2BN. Telephone: 071-383 4252.

illnesses. But psychiatric patients, like all persons, have no entitlement to smoke wherever they please.

Michael Lavin is Associate Professor in the Department of Philosophy, University of Tennessee at Knoxville, Knoxville, TN 37996-0480, USA.

References

- (1) Leads from the MMWR. Indian health service facilities become smoke-free. *Journal of the American Medical Association* 1987; 258: 185.
- (2) Dingman P, Resnick M, Bosworth E, Kamada D. A non-smoking policy on an acute psychiatric unit. *Journal of psychosocial nursing and mental health services* 1988; 26: 11-14.
- (3) Hughes J R, Hatsukami D K, Mitchell J E, Dahlgren L A. Prevalence of smoking among psychiatric outpatients. *American journal of psychiatry* 1986; 143: 993-997.
- (4) Resnick M, Bosworth E E. A survey of smoking policies in Oregon psychiatric facilities. *Hospital and community psychiatry* 1988; 39: 313-315.
- (5) Resnick M, Bosworth E E. A smoke-free psychiatric unit. *Hospital and community psychiatry* 1989; 40: 525-527.
- (6) Goodin R E. The ethics of smoking. *Ethics* 1989; 99: 574-624.
- (7) US DHHS. Surgeon general. *Smoking and health*. Washington, DC: Government Printing Office, 1979.
- (8) Benfari R C, Ockene J K, McIntyre K M. Control of cigarette-smoking from a psychological perspective. *Annual review of public health* 1982; 3: 101-128.
- (9) Gralnick A A. Nicotine addiction in the psychiatric hospital: a preliminary report. *Psychiatric journal of the University of Ottawa* 1988; 13: 25-27.
- (10) Dawson G W, Vestal R E, Jusko W J. Smoking and drug metabolism. In: Balfour D J K, ed. *Nicotine and the tobacco smoking habit*. Oxford: Pergamon Press, 1984.
- (11) US DHHS. Surgeon general. *The health consequences of involuntary smoking*. Washington D C: Government Printing Office, 1986.

News and notes

Second International Conference on Philosophical Ethics in Reproductive Medicine

The Second International Conference on Philosophical Ethics in Reproductive Medicine will be held at Leeds University, England from 14th-19th April 1991.

Invited speakers include: Dr Malcolm Potts, Professor Alan Maynard, Dr John Harris, Dame Mary Warnock, Professor Peter Braude, Lord Immanuel Jakobovits and Professor Marcus Pembrey.

For further information and inclusion on mailing list please contact: Cornelia Shirley, Dept of Continued Professional Education, University of Leeds LS2 9JT. Telephone: Leeds (0532) 333241.

APPENDIX A – A SAMPLE VIGNETTE.

The format of the question to the students

For the following patient scenario, please list, in point form, those issues which you think are important to the ongoing management of the patient. Remember that it is not necessary to complete this question and, whether or not it is completed, it will not, in any way, contribute to your marks or evaluation.

You visit, at home, an 82-year-old female patient who has been previously healthy and independent. She has been deteriorating for five weeks. She has lost weight, is mildly delirious, and has taken to her bed. You think she needs to come into hospital for further investigations of this. She adamantly refuses.

The standard used for the evaluation of this vignette.

The issues for this vignette were collected under the domains of autonomy, beneficence and justice. A student received a mark for each time she or he broadly recognised one of the issues listed below:

- I. Autonomy**
 - respect for patient wishes and confidences
 - the question of the patient's competence
 - suggest aim to restore autonomy
- II. Beneficence**
 - assist those at risk
 - prevent harm
 - provide appropriate medical treatment – either at home or in hospital
- III. Justice**
 - distribution of resources to the elderly
 - obtain social or other services
 - interests and wishes of family and friends

Each domain was marked out of 3 with a total possible score of 9.

News and notes

Tenth International Congress on Medical Informatics, MIE 91

The Tenth International Congress on Medical Informatics, MIE 91, will be held in Vienna, Austria from August 19th–22nd 1991.

Topics include: health care systems, information systems, expert systems and decision-making, legal and ethical issues, biomedical engineering and network systems in health care.

The conference aims to promote all aspects of medical informatics and health care computing.

Correspondence to: MIE 91, Interconvention, A-1450 Vienna, Austria. Telephone: (43) (222) 23 69-2641; Telex: 11 18 03; Telefax: (43) (222) 23 69-648.

different (by possessing an abstract principle) then his rights should be qualitatively different. In fact, Aquinas goes further, he says that only man has true rights, the animal kingdom has them by analogy. There is no disregard for the care of animals in this proposal. The philosophy of Aquinas was part of the cultural development that led to the close relationship of Francis of Assisi to the animal kingdom. The view that only man has rights in the absolute sense does not detract from the preciousness and beauty of the rest of nature, but it enhances man. In an age when man's rights are being questioned because of race or religion, enhancement of his position in nature must be beneficial.

In practice Aquinas's philosophy means that cruelty to animals must not be allowed by society and that caring for animals is to be encouraged. Not however, because animals have rights as man has rights, but because he who is cruel to animals will tend to be cruel to his fellowman: animals have to be protected so that man is protected.

Where then is the difference between this philosophical approach and the modern emotional donation of rights to animals? In practice man is expected to behave to animals in the same way in applying both approaches. However, there is a clear difference if there is conflict between the welfare of man and animals. Modern society finds some difficulty in allowing experimentation on animals in order to gain medical knowledge. Aquinas's approach creates no

such problem. Because of the clear distinction drawn between the nature of man and animals, if there is conflict between the well-being of one and the other then man's well-being must automatically come first. The application of such a philosophical approach to the problem of animal experimentation for medical need is helpful in a situation where emotions again give us opposing signals: a desire to cure human disease and a desire not to harm animals. The Aquinas approach clearly justifies the pain of animals in the service of relieving the pain of man. However, it would require that animal experimentation was done in the kindest way possible to help promote kindness towards man in the world.

A philosophical distinction between the rights of man and the rights of animals allows a rational justification for medical experimentation. The solution is essentially optimistic, seeing man as having an intrinsic value not related to his race, religion or social status. To see man as solely part of a biological continuum, in competition for rights with those beings close to him biologically, detracts from man's dignity.

Professor John Martin MD FRCP, King's College School of Medicine and Dentistry.

References

- (1) Aquinas T. *De ultimo finis hominis*. In: *Summa Theologica, Prima Secundae*. L-1, q1, a8. Madrid: La Editorial Catolica, 1962.

News and notes

Diploma in Medical Ethics

The University of Keele is inviting applications from members of the health care and related professions for places on its Diploma in Medical Ethics course.

This is a one-year, postgraduate, part-time course and is offered jointly by the Departments of Law and Philosophy, with possible transfer to an MA or PhD by thesis.

Further details are available from: Course Supervisor, Diploma in Medical Ethics, Department of Philosophy, University of Keele, Keele, Staffordshire, ST5 5BG. Telephone: (0782) 621111, ext 3873.

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Medical groups associated with the
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A stamped addressed A4 envelope
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The Institute of Medical Ethics is an organisation for research, education and information. It is financed by grants from charitable bodies, government sources and members' subscriptions.

It was established as the Society for the Study of Medical Ethics, and is an independent, non-partisan organisation for the multi-disciplinary study of medico-moral issues raised by the practice of medicine.

The institute 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, and to remain non-partisan and independent of all interest groups and lobbies.

The institute undertakes research on medico-moral questions.

Two reports, *The Ethics of Resource Allocation in Health Care* by Kenneth Boyd and *Dilemmas of Dying* by Ian Thompson, were published, by the Edinburgh University Press, a few years ago.

In 1986 two more reports were published. One, on the ethics of clinical research investigations on children, *Medical Research with Children: Ethics, Law and Practice* by Richard Nicholson was published by the Oxford University Press and *Life Before Birth – the Search for a Consensus on Abortion and the Treatment of Infertility* by Kenneth Boyd, Brendan Callaghan and Edward Shotter, was published by SPCK. The *Pond Report on Teaching Medical Ethics* was published in 1987.

The institute derives from the London Medical Group, a student group for the study of ethical issues raised by the practice of medicine which, beginning in 1963, arranged a comprehensive programme of lectures and symposia on such issues. Similar groups associated with the institute are now established in university teaching hospitals at Aberdeen, Birmingham, Bristol, Cambridge, Cardiff, Dundee, Edinburgh, Glasgow, Leeds, Leicester, Liverpool, London, Manchester, Newcastle, Oxford, Sheffield and Southampton.

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