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Letters

Avoiding a reductionist stance

SIR

Despite the claims made by David Lamb (1), I do *not* claim that the use of 'brain related criteria' for declaring death *must* be based on a reductionist philosophical position, nor that they presuppose a materialist theory of mind. In fact my article shows, through an argument Lamb endorses, how one can avoid having to take a reductionist stance (2). I also do not claim that the use of brain related indicators is *incompatible* with the tenets of most western (and many eastern) religions.

I claim that Lamb, and others, leave themselves open to accusations of reductionism, by failing to recognise the type of definition they are proposing. I suggest that a more careful use of language is necessary, and that with a little more philosophical and linguistic rigour many of the problems associated with 'the definition of death' may be resolved. Despite Lamb's claim that he agrees with me, Lamb repeats those mistakes in his 'reply'. He writes of 'the concept of brain death' when he means 'death', and 'the brainstem definition of death' where he should say 'brainstem related criteria'. He ignores, or confuses, the distinction between concept and criteria (1,3).

Lamb further confuses the argument by his ambiguous use of the word 'meaningful'. It is used to indicate that different definitions of 'death', in different situations are 'practical', or 'morally significant', or 'precise', or possibly 'contextually relevant'. In doing so Lamb opens the way for the inattentive reader fallaciously to equivocate between the Indian Brahmin notion of exogamy (4) and the Danish Council of Ethics criteria. The latter, as I have already argued, are just as practical, morally significant, precise and contextually relevant in an intensive care unit (ICU) as the criteria Lamb prefers (1,2).

The attentive reader will of course have spotted this, and noted the four times Lamb misquotes me, the selectivity of his quotation (from my article, from Pope Pius XII and from his own work) and the unwarranted assertion that I deny moral significance to the lives of dogs. I invite your readers to examine closely those passages that Lamb quotes from my article, and then compare them to their original wording and context. They might also note that I spoke of the debate in contemporary Japan, not the musings of ancient Samurai.

As for his list of 'moral reasons for preferring a brain-related concept', they are neither moral reasons, nor reasons for preferring a brain-related concept. Unless Lamb wishes to reduce morality to economics and law, and his preferences are ruled by pragmatism and social convention.

References and notes

(1) Lamb D. Death and reductionism: a reply to John F Catherwood. *Journal of medical ethics* 1992; 18: 40–42.
(2) Catherwood J F. Rosencrantz and Guildenstern are 'dead'? *Journal of medical ethics* 1992; 18: 35–39.
(3) Which is surprising: Lamb warns against this error in *Death, brainstem death and ethics*. London: Routledge, 1985.
(4) Lamb misquotes, and mis-cites Pallis here: the correct source for Pallis's remarks about India is Pallis C. Head injury. *Handbook of clinical neurology* 1990; 13, 57, ch 19: 441–496.

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Patients' rights and publication

SIR

I listened to a debate on the radio recently about issues of patients' rights and so came to hear of your journal.

As a user of the mental health (and other medical) services I am concerned about the issue of patient confidentiality as I have recently become aware of the practice of reporting individuals' cases in the psychiatric/psychotherapy journals without necessarily the patient's knowledge and therefore consent.

The vast majority of people are of course unaware that this goes on, hence its continuation. The journals I have contacted only issue guidelines suggesting it is advisable to ask a patient's consent before publication, but there is no absolute obligation to do so. Merely disguising a person's name and a few usually unimportant details does not adequately safeguard privacy and in any case still abuses the right to respect with regard to information given in a situation of particular trust and expected confidentiality.

I suggest a patient's notes should be absolutely respected; sensitive information should not be used for discussion, teaching purposes, or in journals or textbooks without the expressed consent of the person. The source could even be acknowledged where appropriate.

In other words authors, ie psychiatrists and psychotherapists, should show patients the same respect they would want for themselves from colleagues.

I would like a code of practice to be enforced, including a request to patients that their material may be used with permission – it could be issued to all new patients so that the issue of confidentiality would be made clear on both sides from the outset. Practitioners working at higher levels in the NHS hierarchy have very little supervision; it is difficult to make checks, especially on the practice of psychotherapy and bad habits can often unthinkingly develop or be perpetuated by small groups of people working together, as in some NHS psychology departments.

Therefore some legal safeguards are necessary in order to avoid great distress to the occasional patient who does discover a breach of confidentiality. (In order to try to redress this injustice private and confidential information must then be disclosed to yet another body of people.)

As a conclusion I wish journals such as the *British Journal of Psychiatry, Psychotherapy and Medical Psychology* as well as the *Journal of Medical Ethics* could be made available to a wider readership: people in general are interested and concerned about the issues debated.

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Classical medicine v alternative medical practices

SIR

My critics, Mr Pietroni and now Mr Renton, have chided me for stating that medicine is a rational, science-based discipline with responsibilities in teaching, training, allocation of scarce resources and the resolution of ethical conflicts; and for insisting that in these capacities medicine must remain rigorous and dismiss alternative claims unless they respect current epistemological standards; and for claiming that only those holistic movements that abide and are validated by these standards will cease to be alternative and become recognised therapeutic approches.

In countering my rationalistic stance with their relativistic one, my critics have judged me wrong, confused, befuddled. But in doing so, they have perhaps outreached themselves, since my arguments were supported by solid authors and fit with important tenets such as Peirce's validation through the scientific community, Popper's demand for falsifiability or Agassi's plea for rationality.

It is philistine to assume self-righteousness on unsettled debates, to disagree through disparagement and to misconstrue arguments in order the better to refute them. Also, I wonder why authors of replies are often allowed to be somewhat less than academically courteous.

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