

nursing heritage, a foundational assumption however little articulated; an altruistic compassionate love concerned with the needs not only of the cheerful, helpful, and grateful patient or client, but also of people who may be unattractive, ungrateful, unhygienic, awkward and demanding. 'As you did it to one of the least of these my brethren you did it to me.' (28).

In view of the modern enigma of a caring profession now unable to define care, we need to ask ourselves whether and to what extent health care generally, and nursing particularly, is living on what the eminent surgeon, Muriel Crouch (29), has called 'borrowed capital'. Perhaps the capital is running out, as Allmark demonstrates?

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References

- (1) Allmark P. Can there be an ethics of care? *Journal of medical ethics* 1995; 21: 19–24.
- (2) See reference (1): 23.
- (3) *The Bible*. Matthew 25:35,36.
- (4) Constantelos D. *Byzantine philanthropy and social welfare*. New Brunswick: Rutgers University Press, 1968.
- (5) Bradshaw A. *Lighting the lamp: the spiritual dimension of nursing care*. London: Scutari Press, 1994.
- (6) Gillon R. Caring, men, women, nurses and doctors and health care ethics [editorial]. *Journal of medical ethics* 1992; 18: 171–172.
- (7) See reference (6): 172.
- (8) Walton J. *Method in medicine*. Harveian oration to the Royal College of Physicians. London: Royal College of Physicians, 1990.
- (9) See reference (8): 4.
- (10) Berkhof H. *Christian faith*. Grand Rapids: Eerdmans, 1979: 515.
- (11) Noddings N. *Caring: a feminine approach to ethics and moral education*. Berkeley: University of California Press, 1984.
- (12) Benner P. The role of experience, narrative, and community in skilled ethical comportment. *Advances in nursing science* 1991; 14: 1–21.
- (13) See reference (11): 37.
- (14) Dalley G. *Ideologies of caring*. Basingstoke: Macmillan, 1988.
- (15) Salvage J. *The politics of nursing*. London: Heinemann, 1985.
- (16) See reference (14): 14–15.
- (17) See reference (15): 7.
- (18) Blustein J. *Care and commitment*. New York: Oxford University Press, 1991: 41.
- (19) See reference (11): 28–29.
- (20) Buber M. *I and Thou*. [2nd ed, trans Smith R]. Edinburgh: T & T Clark, 1958.
- (21) See reference (11): 40.
- (22) Murdoch I. *Metaphysics as a guide to morals*. Harmondsworth: Penguin, 1993: 470.
- (23) Buber M. In: Kirschenbaum H, Henderson V, eds. *Carl Rogers: dialogues*. Constable: London, 1990: 41–63.
- (24) Warnock G. Kant. In: O'Connor D, ed. *A critical history of western philosophy*. New York: The Free Press of Glencoe, 1985: 296–318.
- (25) Nietzsche F. *The portable Nietzsche* [Kaufmann W, ed, and trans]. Harmondsworth: Penguin, 1976.
- (26) See reference (6): 172.
- (27) See reference (25): 536.
- (28) *The Bible*. Matthew 25:40.
- (29) Crouch M. A basis for medical ethics. In: Vale A, ed. *Medicine and the Christian mind* [2nd ed]. London: Christian Medical Fellowship, 1980: 48–56.

News and notes

Genomic Information: Ethical Implications

This is the last time we are planning to offer this course. Sponsored by the Department of Medical History and Ethics, and the Division of Medical Genetics in the School of Medicine at the University of Washington, the course will be held in Seattle, WA, June 9–12, 1996. This intensive, advanced course will emphasize principles and methods that both scientists and ethicists can use to study and resolve ethical and social issues relevant to the Human Genome Program. To be considered, please submit completed applications by March 18, 1996. The University of Washington

School of Medicine designates this continuing medical education course for up to 28 hours of Category 1 of the Physician's Recognition Award of the American Medical Association. For information on specific objectives, and to receive a program brochure and application form, contact: Marilyn J Barnard, Program Co-ordinator; Medical History and Ethics; Box 357120; University of Washington; School of Medicine; Seattle, WA 98195-7120; Phone: (206) 616-1864; Fax: (206) 685-7515; E-MAIL: mbarnard@u.washington.edu

apology is offered. As we have already noted, tapes are returned to the Academic Department of Paediatrics after court proceedings and are used in training (see Section 7 above).

Conclusions

The protocol is an important document of guidance in implementing CVS; it does, however, raise a number of questions that still need to be answered. The Department of Health will need to do a lot of work to iron out some of the contradictions and vagueness of the protocol. It will also need to place it fairly within the context of the Children Act 1989, which is the legal framework for all child protection work. The Department of Health's current guidance on the Act emphasises:

'the importance of professionals working in partnership with parents and other family members (and) ... fully involved from the outset in all stages of the child protection process, and (with) ... as much openness and honesty as possible between families and professionals' (21).

It may be that arguments revolve around the interpretation of the word 'possible', but it remains true that all children are covered by the Children Act 1989 and however dreadful the acts perpetrated by adults against children may be, there is not a category of children that falls outside the Act's jurisdiction.

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References

- (1) Anonymous. Diagnosing recurrent suffocation of children [editorial]. *Lancet* 1992; 340: 87.
- (2) Anonymous. Spying on mothers [editorial]. *Lancet* 1994; 343: 1373.
- (3) Foreman D M, Farsides C. Ethical use of covert videoing techniques in detecting Munchausen's syndrome by proxy. *Lancet* 1993; 307: 611.
- (4) Thomas T. Covert video surveillance. *New law journal* 1994; 144: 966.
- (5) Evans D. The investigation of life-threatening child abuse and Munchausen's Syndrome by Proxy. *Journal of medical ethics* 1995; 21: 9-13.
- (6) Staffordshire ACPC. *Guidelines for the multi-agency management of patients suspected or at risk of suffering from life-threatening abuse resulting in cyanotic-apnoeic episodes*. January, 1994.
- (7) Department of Health. Protocol on videoing children in hospital. *Children Act news* 1994; 12: 5.
- (8) Cervi B. Department of Health backs covert video in child abuse cases. *Community care* 1994; Feb 17: 1.
- (9) Hansard, 24 Oct 1994. PQ 5469 (1993-4).
- (10) The Cleveland Report. *Report of the Inquiry into Child Abuse in Cleveland, 1987*. Cm 412. London: HMSO, 1988: para 246.
- (11) Department of Health. *Working together*. London: HMSO, 1991: para 5.13.1.
- (12) Southall D P, Samuels M P. Some ethical issues surrounding covert video surveillance - a response. *Journal of medical ethics* 1995; 21: 104-105, 115.
- (13) See reference (11): para 6.1-6.35.
- (14) See reference (11): *passim*.
- (15) Samuels M P, McCloughlin W, Jacobsen R R, Poets C F, Southall D P. Fourteen cases of imposed upper airway obstruction. *Archives of disease in childhood* 1992; 67: 162-170.
- (16) Home Office. Guidance on the use of equipment in police surveillance operations. London: HMSO, 1984.
- (17) Southall D P, Stebbens V A, Rees S V, Lang M H, Warner J O, Shinebourne E A. Apnoeic episodes induced by smothering: two cases identified by covert video surveillance. *British medical journal* 1987; 294: 1637-1641.
- (18) Home Office/Department of Health. *Memorandum of good practice on video recorded interviews with child witnesses for criminal proceedings*. London: HMSO, 1992.
- (19) See reference (18): para 4.16.
- (20) See reference (18): para 4.17.
- (21) See reference (11): para 6.11.

News and notes

The XIVth International Conference on the Social Sciences and Medicine

This conference will be held at Peebles Hotel Hydro, Scotland from 2-6 September 1996.

Themes of the conference include: Behavioural changes in health-related behaviour: lessons from AIDS research; Beyond the orthodox: heresy in medicine and the social sciences; Causes of change in the health of populations; Child development: vulnerability and resilience in adversity; Comparative health care systems: recent

reforms, and Cultural problems of ageing - especially in relation to gender and intergenerational equity.

The registration fee is £120. Registrations will be accepted in the order of fees received, subject to a quota in favour of participants from the Third World.

For further details and application forms write to: Dr P J M McEwan, Glengarden, Ballater, Aberdeenshire AB35 5UB, Scotland.

Thus all the respondents' references to their use of hospital committees is by the way. In this connection I am not responsible for the inaccurate reporting of my remarks in the *Times Higher Educational Supplement* to which they refer.

I am also accused of stating that *overt* video surveillance would possibly be more appropriate and that such a suggestion is silly, or at least does not accord with common sense. That would indeed have been a silly suggestion had I made it. The most careful scrutiny of my paper will show that I suggested no such thing. Such a suggestion would have cast doubt on the soundness of my arguments.

I am sorry if my paper has provoked large amounts of uninformed criticism, as is alleged by the respondents. I am aware that there has also been informed criticism from responsible bodies such as the Royal College of Nursing, which has serious misgivings about nurses playing the kind of role asked of them in the use of CVS (6). There is a proper way to deal with unjustified criticism – that is to refute it reasonably by taking seriously the arguments or alleged facts on which that criticism is based and showing them to be flawed. If patients are to be properly protected then open and frank discussion of

clinical activities must be encouraged and not replaced by mere assertion.

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References

- (1) Evans D. The investigation of life threatening child abuse and Munchausen's syndrome by proxy. *Journal of medical ethics* 1995; 21: 9–13.
- (2) Southall D P, Samuels M P. Some ethical issues surrounding covert video surveillance – a response. *Journal of medical ethics* 1995; 21: 104–115.
- (3) British Paediatric Association. Guidelines to aid ethical committees considering research involving children. *British medical journal* 1980; 293: 229.
- (4) British Psychological Society. Ethical principles for conducting research with human participants. *The psychologist* 1990; 3, 6: Jun.
- (5) Evans D. Covert video surveillance in Munchausen's syndrome by proxy. *British medical journal* 1994; 307: 614.
- (6) Ethics and Nursing sub-committee of the RCN. Covert video surveillance: the nursing view. *Bulletin of medical ethics* 1995; 106: 3–4.

News and notes

Summer Seminar in Health Care Ethics

Sponsored by the Department of Medical History and Ethics, School of Medicine, University of Washington, the seminar will be held in Seattle, WA, August 5–9, 1996. Directed to physicians, nurses, social workers, chaplains, teachers, and others involved in the care of patients or the education of providers, this annual Summer seminar provides an intensive introduction to the concepts, methods, and literature of health care ethics. Albert Jonsen, faculty and chairperson in the Department of Medical History and Ethics, will lead the seminar. The seminar is designed to familiarize health care professionals with the field of bioethics, and to provide participants with skills and information

sufficient to enable them to make competent ethical decisions in clinical situations. The University of Washington School of Medicine designates this continuing medical education course for approximately 30 hours of Category 1 of the Physician's Recognition Award of the American Medical Association. For information on specific objectives, and to receive a Seminar brochure (IN APRIL) with full details and registration form, contact: Marilyn J Barnard, Program Coordinator; Medical History & Ethics; Box 357120; School of Medicine; University of Washington; Seattle, WA 98195–7120; Phone: (206) 616–1864. Fax: (206) 685–7515; E-MAIL: mbarnard@u.washington.edu

- (18) Korotkikh R V. The social and ethical implications of universal access to health care in Russia. *Kennedy Institute of Ethics journal* 1993; 3: 411–418.
- (19) Schulz D S, Rafferty M P. Soviet health care and perestroika. *The American journal of public health* 1990; 80: 193–197.
- (20) Blasszauer B. Medical ethics committees in Hungary. *Hec forum* 1991; 3: 277–283.
- (21) Adam G. Gratuity for doctors and medical ethics. *The journal of medicine and philosophy* 1989; 14: 315–322.
- (22) Field M G. The position of the Soviet physician: the bureaucratic professional. *The Milbank quarterly* 1989; 66 [suppl 2]: 182–201.
- (23) Talyshinsky R, Khudyakova T. Baku woman tells how doctors, hospitals routinely extort money from patients. *Current digest of the Soviet Press* 1987; 39,41: 15.
- (24) Rosenthal E. Irked by Medicare, doctors ask elderly to pay up. *New York times* [national ed] 1994 Feb 15: A1 (col 2).
- (25) Perlez J. Economic collapse leaves Ukraine with little to trade but its weapons. *New York times* [national ed] 1994 Jan 13: A5 (col 1).
- (26) Anonymous. The committee on the costs of medical care [editorial]. *Journal of the American Medical Association* 1932; 99: 1950–1952.
- (27) Anonymous. The report of the Committee on the Costs of Medical Care [editorial]. *Journal of the American Medical Association* 1932; 99, 24: 2034–2035.
- (28) Whitehead M. Who cares about equity in the NHS? *British medical journal* 1994; 308: 1284–1287.
- (29) Paton C. Present dangers and future threats: some perverse incentives in the NHS reforms. *British medical journal* 1995; 310: 1245–1248.
- (30) Persaud R D. What future for ethical medical practice in the new National Health Service? *Journal of medical ethics* 1991; 17: 10–18.

News and notes

Strengthening ethics at the UKCC

The UKCC is pleased to announce that a resolution of the concerns expressed by some council members about the handling of ethics following the UKCC's organisation review has been reached. There will be a standing ethics advisory group (final title to be confirmed), annual wide-ranging seminars/conferences and a designated UKCC professional officer with responsibility for ethical issues across the organisation.

These arrangements are consistent with the principles

of the organisation review. They have been warmly welcomed by council members. Rita Lewis, consumer member of the council and member of the standards and ethics committee, described the new measures as a significant step forward in strengthening the handling of ethics within the UKCC. The new arrangements, as with all changes taking place following the organisation review, will continue to be reviewed as necessary.

News and notes

FDA meeting: medical device update

From 20–23 May 1996, at the Charles-de-Gaulle Hilton, Paris, France, there will be an international meeting on Food and Drug Administration (FDA), good manufacturing practice (GMP) and marketing regulations including the proposed new GMP requirements and how to comply with them.

The meeting is sponsored by the French Government.

For further information contact: Zena Barrick, Medical Device Technology, Advanstar House, Park West, Sealand Road, Chester CH1 4RN, UK: Tel +44 (0)1244 378 888; Fax +44 (0)1244 370 011.

write such a comprehensive collection of essays as one finds in this book'.

Ninety-four essays covering ninety-four topics is a lot of topics, even for a book on ethical issues in medicine and the life sciences. But the essays are extremely short, they are written in a direct, non-technical prose, and the range of topics ensures that the reader will never experience boredom. There are essays on topics as varied as 'Don't let State get a foothold in reproduction', 'Doctor stayed involved in life, not suicide', 'To be safe, screen risks, not workers', and 'Health-free motorcycle riding: a freedom too costly to society'.

Caplan's approach is to take a newspaper report, or a finding in a medical journal, and discuss its ethical implications. He believes that ethical conclusions are not a mere matter of opinion, but that they need to be argued for.

Caplan argues very convincingly for his own ethical positions. On abortion, for example, he holds that 'Assuring women the right to abortion acknowledges a right to make a choice fraught with uncertainty, doubt and moral ambiguity. It is a right that women must have but one they should not have to invoke' (page 12). On the issue of parenting and the use of donor sperm, he holds that it would not 'be wise to make rules about who can be a parent. This is a matter for public debate and, ultimately, legislation. A court is a lousy place to decide who can be a mom or dad' (page 16). Writing about the new reproductive technologies, Caplan offers the opinion that 'The central moral question of the 21st century will be the degree to which genetic risk should influence decisions about bringing embryos to term' (page 37).

The essays on day-to-day medical care are, to say the least, eye-opening. Writing about the *language* of doctors and nurses, for example, Caplan advises that 'The most revealing language can be found in an intensive care unit. An elderly patient who is admitted with 'chartomegaly', a large stack of thick medical records from previous hospitalizations, has a very poor chance of surviving a stay in intensive care' (page 40). He also offers the following sobering advice about going into hospital: 'A good rule to follow about hospitals is never, ever go alone. If you are very ill, someone

needs to be present to act as your advocate, gofer, and confidant. A good corollary to follow is don't go on a weekend. Staffing drops to a minimum and students are in charge' (page 42).

Caplan makes a particularly strong contribution to the debate on euthanasia. He draws attention to the fact that living wills have been found to have no influence on medical practice: 'One major reason was that few patients, even those who were clearly dying, actually lost the ability to make their wishes known' (page 70). He refers to a study done at the University of Washington at Seattle which found that 96 per cent of patients with terminal or life-threatening illnesses 'felt it would be worse to be kept alive under hopeless circumstances ... than it would be to actually die' (page 77). Caplan concludes that 'For many of us, there are things in life that are worse than death' (page 78). This is, perhaps, premature, because the study in question deals far more with *dying* than with *death*. If death is, in the words of Simone de Beauvoir, an eternity of nothingness, then it is very different from such dying experiences as 'the total loss of independence' and 'dying in a strange place' (page 77). The point is: death is not an unwanted experience but the complete absence of experience; in Larkin's words, the anaesthetic from which none come round.

The longest essay in the book deals with the question of whether *personal responsibility* should be taken into consideration in allocating scarce and expensive resources. Should alcoholics receive liver transplants? Caplan argues that they should, partly because 'Short-term survival rates for ... those with alcoholic hepatitis plus cirrhosis are not greatly different from those with only chronic cirrhosis' (page 151), and partly because so many illnesses are lifestyle illnesses that, if adopted, the principle of personal responsibility would license refusal of medical treatment to just about any citizen.

While Caplan sometimes errs on the side of caution (for example on biological wastes), I agree with just about all the particular ethical judgments he makes. However, I disagree with him on some more abstract philosophical and ideological matters. Caplan distinguishes between morality and ethics, but is reluctant to draw

a distinction between personal and social ethics. 'Is it permissible for me to enter into a surrogacy agreement?' is a question in *personal ethics*; 'Should surrogacy be legalised?', on the other hand, is a question in *social ethics*. Caplan, I get the impression, would like to collapse these two categories into one, to make all ethical questions personal ones.

Caplan's predilection for doing so is probably not unrelated to his neo-conservative position that the State should back-off from moral issues. He holds that citizens and legislators should be the final arbiters here, and that ethical issues must not be allowed to end up in the courts. But people go to court because they have grievances that otherwise cannot be settled, because legislation lacks clarity, or because political leaders lack moral courage. In general, social existence in the late 20th century is so complex that the case for a minimal State cannot reasonably be sustained. That Caplan doesn't think this way may have something to do with the American-European divide: between a view of the State as the oppressor of self-directing individuals, and the concept of the State as a benign constitutional instrument. It would be regrettable if Caplan's frontier politics made European readers resistant to his ethical arguments, which are a model of sanity.

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Books: information and orders

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Notice for contributors to the Journal of Medical Ethics

Submitting manuscripts for publication

Four copies of papers submitted for publication should be sent to: The Editor, *Journal of Medical Ethics*, 14 Prince's Gardens, London SW7 1NA. The journal considers papers only if they are not under consideration by any other journal at the same time. Rejected manuscripts are not returned. Papers, including references, should be in double-spaced typewriting on one side of the paper only. An approximate total word-count is required, and pages should be numbered sequentially. On a separate sheet brief details of the author's present post, an address for readers' correspondence and any other relevant information should be supplied.

The *JME* uses a simplified 'Vancouver style' for references. The full text of the 'Vancouver Agreement' was published in the *British medical journal* in 1988; Volume 296: 401-405. As the 'Vancouver style' is incompatible with the long established style of references for legal articles, lawyers should use their own standard style, but avoid abbreviations so as to facilitate reference by others. The journal is multi-disciplinary and **papers should be in clear jargon-free English, accessible to any intelligent reader.**

Authors are asked to avoid footnotes wherever possible. The preferred maximum length of papers is 3,500 words - absolute maximum 5,500 (including references). Abbreviations should be avoided. The names of journals, organisations etc should be given in full.

Two 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 The Publisher, Journal of Medical Ethics, BMJ Publishing Dept., BMA House, Tavistock Square, London WC1H 9JR.

Simplified 'Vancouver style'

All papers submitted for publication should contain the following:

- 1 On page one of the manuscript there should be:
 - a) the title of the article which should be concise but informative and designed to attract the reader. The Editor reserves the right to change titles to achieve these ends.
 - b) names, initials and academic degrees (if any) of author or authors
 - c) names of department(s) and institution(s) to which the work should be attributed, if any
 - d) disclaimers, if any
 - e) source(s) of support, if any.
- 2 On page two there should be:
 - a) an *interesting* abstract or summary of not more than 150 words. Emphasise important and/or new aspects of the article to attract the potential reader.
 - b) key (indexing) terms - below the abstract. Provide and identify as such, three to six key words or short phrases that will assist indexers in cross-indexing your article and that may be published with the abstract. Where appropriate, use terms from the Medical Subject Headings List from *INDEX Medicus*.
- 3 Acknowledgements:

Acknowledge only persons who have made substantive contributions to the study. Authors are responsible for obtaining written permission from every-one acknowledged by name because readers may infer the latter's endorsement of data and conclusions.
- 4 References:

Number these consecutively in the order in which they are first mentioned in the text, tables, and captions, by arabic numerals (in parenthesis). The list of references at the end of the paper should be numbered in the order in which each reference appears in the text. Try to avoid using abstracts as references. 'Unpublished observations' and 'personal communications' may not be used as references, although references to written, not verbal, communications may be inserted (in parenthesis) in the text. Manuscripts accepted but not yet published may be used as references - designate the journal followed by 'in press' (in parenthesis). Information from manuscripts submitted but not accepted should be cited in the text as 'unpublished observations' (in parenthesis).

Where a further reference is made to a previous reference, but to a different page number or numbers, this should have a new reference number of its own and it should then refer back to the original reference, thus:

- 1 May T. The nurse under physician authority. *Journal of medical ethics* 1993; 19: 223-227.
- 2 See reference (1): 225.

Please note also that the names of journals should be in italics with only proper names and the first letter of the first word

capitalized. No part of any reference should be in bold.

References must be verified by the author(s) against the original documents.

The following scheme, a simplification of the 'Vancouver style' for biomedical journals, should be followed for each reference: in the text - number (in parentheses); in the list - author (list all authors if six or less; if seven or more, list only the first three and add 'et al'), title, name of publication if different from title; place of publication and publisher (where appropriate); year of publication; and, where appropriate, volume, number and page references of article or chapter referred to. Examples of correct forms of reference are given below:

- a) Standard journal article:
 - (1) Teasdale K, Kent G. The use of deception in nursing. *Journal of medical ethics* 1995; 21: 77-81.
 - b) Corporate author:

(2) General Medical Council. *Tomorrow's doctors - recommendations on undergraduate medical education*. London: General Medical Council, 1993.
 - c) No author given:
 - (3) Anonymous [editorial]. *Anonymous HIV testing*. *Lancet* 1990; 335: 575-576.
 - d) Personal author(s):
 - (4) Singer P, Kuhse J. *Should the baby live?* Oxford: Oxford University Press, 1985.
 - e) Editor, compiler, chairman as author:
 - (5) Phillips C E, Wolfe J N, eds. *Clinical practice and economics*. Tunbridge Wells: Pitman Medical, 1977.
 - f) Chapter in book:
 - (6) Hope T. Ethics and psychiatry. In: Rose N, ed. *Essential psychiatry* [2nd ed]. Oxford: Basil Blackwell Scientific Publications, 1994: 45-51.
 - g) Agency publication:
 - (7) The Linacre Centre for the Study of Ethics and Health Care. Paper 1: 'The principle of respect for human life. In: *Prolongation of life*. London: The Linacre Centre for the Study of Ethics and Health Care, 1978.
 - h) Newspaper article:
 - (8) Dinwoodie R. Volunteers die as heart drug results baffle doctors. *The Scotsman* 1980 Sept 5: 11 (cols 1-6)
 - i) Magazine article:
 - (9) James J. Homoeopathy - the treatment of like with like. *The Listener* 1980 Aug 21: 234-236.

The Institute of Medical Ethics: research and medical groups

Research

Since 1975, the institute has conducted research in many areas of health care ethics and education, including issues related to resource allocation in health care, death and dying, abortion and the treatment of infertility, research with human subjects, and medical involvement in torture. Recent studies have been concerned with

the use of animals in biomedical research, ethical aspects of HIV infection and AIDS, and medical and nursing education. The institute's current research programme includes studies of decision-making in neonatal care and in the care of the elderly. Its research unit, based in Edinburgh, works in collaboration with multidisciplinary

working parties whose membership is drawn from all parts of the United Kingdom. The research unit provides information and advice on current issues in medical ethics to a variety of academic and health care bodies. Reports on the institute's research are regularly published in medical and nursing journals and by the institute.

Medical groups

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Medical groups associated with the Institute of Medical Ethics have been established in British university teaching hospitals. Each academic year they arrange programmes of lectures and symposia on issues raised by the practice of medicine which concern other disciplines. Although these programmes are addressed primarily to medical, nursing and other hospital students they are open to all members of the medical, nursing and allied professions. There is no fee for attendance. Lecture lists are available by direct application to the appropriate co-ordinating secretary named above. A stamped addressed A4 envelope would be appreciated.