

Letters

Compensation for the subjects of medical research

SIR

I agree with much in your editorial¹ on my paper, Compensation for subjects of medical research: the moral rights of patients and the power of research ethics committees² and I agree with your call for legislation. But, speaking as a lawyer, I feel pessimistic about the chances of success, given that the Pearson Report came out nearly 20 years ago. My argument was intended to be purely pragmatic and concentrates on what might be achieved now to enforce moral rights to compensation.

Nor do I disagree with your points about altruism and "being used". But these ideas are not mutually exclusive and there is no immediate difficulty in saying that I can be altruistic by allowing myself to be used in a medical experiment. In the case of blood donorship, which you raised, I am not being used in quite the usual sense since the degree of risk in taking blood is so very low. This more obviously altruistic case will always be that of a low degree of risk of slight injury and so I'm willing to concede here that compensation is not really an issue. (Incidentally, I have some problem with the idea that justice requires my receiving or giving blood. That might be just because I'm too hooked - I am a lawyer - on the idea that justice is fundamentally about rights to be treated fairly and duties to act fairly. A right to blood? A duty to give blood?)

Your point about why I should single out medical research for compensation rightly, and very clearly, raises a problem with personal injury negligence law. This tort must primarily be concerned with compensation since if a person is negligent, but no injury occurs as a result, he/she does not pay. I do so agree with you that negligence isn't solely about deterrence, in spite of masses of

American literature saying it is. So why stop short of compensation if there is injury but not negligently caused? Some lawyers - for example, Professor Atiyah at Oxford and Professor Hepple at Cambridge - argue that such problems in personal injury negligence mean it should be replaced by compulsory first person insurance. I don't think, however, that this is the full solution. Many could not afford the premiums and so some form of community-funded no-fault liability should follow. I believe welfare payments follow from that but, given the unfortunate political connotations of "welfare", I'd much prefer to talk of it in terms of rights to payments governed largely by tortious principles of compensation. There are economic implications, of course. But there might be a cost ceiling reflecting, fairly, the amount the community would be prepared to pay - perhaps measured by first person insurance premiums, costed in a hypothetical market, which are then partly or fully community-funded.

References

- 1 Hope T. Compensating subjects of medical research [editorial]. *Journal of Medical Ethics* 1997; 23: 131-2.
- 2 Guest SFD. Compensation for subjects of medical research: the moral rights of patients and the power of research ethics committees. *Journal of Medical Ethics* 1997; 23: 181-5.

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Cost effectiveness of medical ethics training

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Although we agree that medical ethics should be a part of the core

curriculum, we suggest that a controlled trial is required to identify the most cost-effective method of teaching the subject to medical students.

Although Fulford and colleagues identified shortcomings in resources available for the teaching of medical ethics in UK medical schools,¹ in the same issue of the *Journal of Medical Ethics*, Sulmasy and Marx show that a two-year course in medical ethics for house officers improved their knowledge by an average of only 14%.²

We would argue that the subject area could be largely self taught if a comprehensive reading list were available and a compulsory examination implemented. An alternative teaching method could be a compulsory distance learning course administered by an appropriate central body for all undergraduate medical students. These are two suggestions, there may be others.

It would be very easy then to identify the most cost-effective teaching method.

References

- 1 Fulford KWM, Yates A, Hope T. Ethics and the GMC core curriculum: a survey of resources in UK medical schools. *Journal of Medical Ethics* 1997; 23: 82-7.
- 2 Sulmasy DP, Marx ES. Ethics education for medical house officers: long term improvements in knowledge and confidence. *Journal of Medical Ethics* 1997; 23: 88-92.

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