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Shorter institute reports include: Assisted Death, Lancet, 1990; AIDS, ethics and clinical trials, British Medical Journal, 1992; AIDS and the ethics of medical care and treatment, Quarterly Journal of Medicine, 1992; Advance directives: partnership and practicalities, British Journal of General Practice, 1993; Implications of HIV infection and AIDS for medical education, Medical Education, 1994; and Prolonging life and allowing death: infants, Journal of Medical Ethics, 1995.

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The Journal of Medical Ethics was established in 1975, with a multidisciplinary editorial board, to promote the study of contemporary medicomoral 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 six times a year and includes papers on all aspects of health care 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**); on medical ethics in literature (**Medical ethics and literature**); and on briefly argued often unorthodox opinions related to medical ethics (Point of view). The journal also contains book reviews and letters. For submissions, see Notice to contributors.

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ought to be withheld or withdrawn. Her arguments when combined would then inevitably lead to compulsory non-voluntary, and indeed involuntary, euthanasia of such patients. Furthermore, since in law others, besides doctors, have a duty of care towards patients, it may follow that if doctors have a legal obligation to end the patient's life, so might anyone else who has a duty of care, for example nurses or relatives. I would suggest that even the most staunch proponents of euthanasia would not support this view, which would horrify the public and health care professionals alike.

I have argued that Dr Ferguson's premises are either unconvincing or clearly false. Furthermore, if

her conclusions were accepted and enshrined in law there would be far-reaching moral and legal effects on society which the vast majority of people would consider disastrous.

Fiona Randall, FRCP, is Consultant in Palliative Medicine, Christchurch Hospital, Fairmile, Christchurch, Dorset.

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News and notes

Ethics and palliative care

An advanced European Bioethics Course on ethics and palliative care will be held from 2-4 April 1998, in Nijmegen, the Netherlands. Specialists from different countries will discuss ethical aspects of palliative care. Subjects: Evolution of palliative care; Ethics and pain management; Limits of palliative care; Futility of medical treatment; Palliative care and euthanasia. Lecturers: Dame C Saunders (UK), Z Zylicz (Netherlands), S Husebø (Norway), HAMJ ten Have

(Netherlands), W Dekkers (Netherlands), B Gordijn (Netherlands). Language: English.

For more information: Dr B Gordijn, Catholic University of Nijmegen, 232 Dept of Ethics, Philosophy and History of Medicine, PO Box 9101, 6500 HB Nijmegen, the Netherlands. Tel: [31] 24-3615320. Fax: [31] 24-3540254. E-mail: b.gordijn@efg.kun.nl Internet site: http://www.azn.nl/fmw/maatschp/pallial.htm

While debating the risks and benefits of continued study involvement with Mrs W and her family, Mrs W related that her right leg now could not move at all. We immediately terminated Mrs W's participation in the study on her third day of the trial. The spinal catheter was removed, the blind broken and a neurosurgeon urgently consulted. Mrs W was receiving active medication through her catheter which caused most of her symptoms. She also was found to have a metastasis of her cancer impinging on her spine, which caused the right leg paralysis. Emergency radiation treatments palliated this problem.

We stopped participating in this study because the side effects of the drug overlap the potential complications of a spinal catheter. The possibility of ascribing symptoms to a drug (that may not even have been administered to a patient) and overlooking an early warning sign of a potentially devastating condition was very real and disconcerting to us.

We feel that our patients deserve a physician who has all the available information. Blinding the physician for research purposes diminishes the ability to make the best medical judgments on our patients' behalf. Mrs W's case demonstrates that the role of physician and clinical investigator can pose a conflict and when that occurs the principle of primun non nocere can be unduly stressed.

Scott Groudine, MD, is Assistant Professor of Anesthesiology and Surgery, Albany Medical College, Albany, New York, USA. Philip D Lumb, MBBS, is Professor and Chairman of Anesthesiology at the same college.

News and notes

Journal of Medical Ethics - http://www.jmedethics.com

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The web site is at a preliminary stage and there are plans to develop it into a more sophisticated site. Suggestions from visitors about features they would like to see are welcomed. They can be left via the opening page of the BMJ Publishing Group site or, alternatively, via the journal page, through "about this site".

own experience that "patients who request euthanasia almost invariably change their minds" (page 155). Whilst he accepts that his approach can be described as piecemeal, he concludes that taken together his individual concerns about euthanasia add up to an overwhelming case against legislation. Jennett, considering the very specific problem of patients in persistent vegetative state, is largely concerned with developing a sensible approach to the treatment, and nontreatment, of such patients. Jennett accepts and discusses the great difficulty in finding ethical justifications for the decision not to continue treatment in cases where there is no advance directive. He does, however, provide a lot of practical information about such decisions, and as such provides answers to many of the questions often posed in the debate. Jennett's chapter is followed by "A case for sometimes tube-feeding patients in persistent vegetative state" by Professor Joseph Boyle, a philosopher. Like Boyd earlier, he concludes that the circumstances of the individual case will be the decisive consideration. However, unusually, he goes further than most and accepts that the factor of cost may also be morally decisive in some cases.

The final five chapters are all written by those with some legal training, although that is not to say that they speak from a universally legal perspective. Professor Dieter Giesen provides a comparative overview of the laws and experience of a variety of different jurisdictions. He reflects that the lesson to learn is the importance of the law conforming to fundamental principles of patient autonomy and what he calls "personality interests". Yale Kamisar considers the various rights-based arguments rehearsed in the USA. He affirms the importance of precise definition, then illustrates the difficulties in achieving such precision and provides an illuminating discussion of the constitutional arguments for and against euthanasia and assisted suicide.

John Keown's chapter describing the experience of euthanasia in the Netherlands is a vivid reminder of the importance of practical considerations in any consideration of the options for reform. His discussion illustrates the central difficulties highlighted by commentators earlier in the book. The difficulty of defining what one means by euthanasia underlies his analysis of the data available in the Netherlands. The difficulty of distinguishing between what doctors do every day and do not consider to be euthanasia – for example, withholding treatment and giving pain relief in potentially fatal doses - and what requires regulation, is another factor which impacts upon the interpretation of the statistical information available. The difficulty of defining with any real precision the circumstances in which euthanasia may be permissible, and of policing any guidance in this regard are also illustrated by the experience in the Netherlands. The expanded meaning given to terms such as "intolerable suffering" and "last resort" in the Netherlands must be taken on board by those proposing a change in the law in the United Kingdom. The difficulty with his argument that this surely reflects the real danger of the slippery slope lies in our limited understanding of the overlap between what happens in the Netherlands and what happens in practice in the United Kingdom, where doctors are allowed to withhold medical treatment if this is consistent with their clinical judgment, and to take steps which lead to the cessation of life under the "double-effect" doctrine.

Stuart Hornett's chapter advance directives is a useful description and analysis of English law in this area. Anthony Fisher's concluding chapter. "Theological aspects of euthanasia" provides some much

needed balance to the secular judgments frequently found in England, for example in the speeches of the Law Lords in Bland.

Overall, the essays show that although people often consider euthanasia from different perspectives, and reach different conclusions, they will almost always revert to consistent themes to premise their discussion. The difficulty of definition, the distinction between what happens now and what would happen if euthanasia were lawful, the need to take account of practical consequences, and the impossibility of ignoring the particular circumstances of each case, are shown to be real and relevant concerns in each and every essay. The book is an invaluable contribution to the debate - both for the value of the individual contributions, and for the overview which it affords by placing them all in one volume.

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This combined index and thematic review was introduced in the hope that it would be more useful to readers than the old system. In the first part, papers and book reviews are classified using the American National Reference Center for Bioethics Literature

Library Classification Scheme (the Kennedy system), which is printed on page 402. In the second part authors, reviewers, papers and book reviews are arranged alphabetically, with their Kennedy classification following.

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