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The Institute of Medical Ethics is an independent, non-partisan organisation for the multidisciplinary study of medico-moral issues raised by the practice of medicine, and concerned with research, education and information. It is financed by grants and donations from public and private sources.

The institute aims to help improve the quality of both professional and public discussion of medico-moral questions; to promote the study of medical ethics; to promote high academic standards for this ever developing subject; to encourage a multidisciplinary approach to discussion of the consequences of clinical practice; to stimulate research into specific problems, and to remain non-partisan and independent of all interest groups and lobbies.

Institute reports include: The Ethics of Resource Allocation in Health Care by Kenneth Boyd, and Dilemmas of Dying by Ian Thompson, Edinburgh University Press (both 1979); Medical Research with Children: Ethics, Law and Practice by Richard Nicholson, and Lives in the Balance: the Ethics of Using Animals in Biomedical Medical Research by Jane Smith and Kenneth Boyd, Oxford University Press (1986 and 1991); Life Before Birth by Kenneth Boyd, Brendan Callaghan and Edward Shotter, SPCK (1986); Teaching and Learning Nursing Ethics by Ursula Gallagher and Kenneth Boyd, Scutari (1991) and Sorbona Milan (1993); The Pond Report on the Teaching of Medical Ethics edited by Kenneth Boyd, and The Care of Patients with HIV and AIDS: A Survey of Nurse Education in the UK, by Hazel McHaffie, published directly for the institute (1987 and 1994); Life, Death and Decisions: Doctors and Nurses Reflect on Neonatal Practice, by Hazel McHaffie and Peter Fowlie, published by Hochland and Hochland (1996).

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.

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 throughout the UK.

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## 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 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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#### News and notes

## **Annual Intensive Course on Medical Ethics**

The Annual Intensive Course on Medical Ethics will be held from the 14th to the 18th of September 1998 at Imperial College, London. The course provides a multidisciplinary introduction to philosophical medical ethics for medical and nursing teachers, members of ethics committees, GPs, hospital consultants and health administrators. It is organised in collaboration with the Institute of Medical Ethics. Lectures/seminars and

small and large groups are led by leading international authorities in the field of medical ethics. PGEA and CME accreditation sought.

For further information contact: Sally Verkaik, Imperial College Continuing Education Centre, London SW7 2AZ. Telephone: +44 (0)171 594 6882; fax: +44 (0)171 594 6883; E-mail: cpd@ic.ac.uk

Victoria, Australia and was formerly Visiting Fellow, Green College and Sub-Faculty of Philosophy, Oxford and Clinical Ethicist, Oxford Radcliffe Hospitals.

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#### News and notes

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

Visitors to the world wide web can now access the *Journal of Medical Ethics* either through the BMJ Publishing Group's home page (http://www.bmjpg.com) or directly by using its individual URL (http://www.jmedethics.com). There they will find the following:

- Current contents list for the journal
- Contents lists of previous issues
- Members of the editorial board
- Subscribers' information
- Instructions for authors
- Details of reprint services.

A hotlink gives access to:

- BMJ Publishing Group home page
- British Medical Association website
- Online books catalogue
- BMJ Publishing Group books.

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".

matter - no reason why such altruism rather than, say, the pursuit of self-interested monetary gain should be encouraged by the state nor by any other agency nor person.

If the altruistic donation of blood is such an unreservedly good thing, then why stop at the donation of a pint? Why not give two pints, or three, or ...? Why not, in an act of altruistic suicide, donate the whole lot? The answer, of course, is that altruism untempered is not a good thing. Altruism is a good thing only in the context of, amongst other things, the pursuit of selfinterest and the acquisition of money.

Vitamin C can be good for us. I do not think that it necessarily follows from that that politicians and/or "social-policy makers" should encourage us to consume vitamin C. Manifestly, it does not follow that they should encourage us not to eat food which does not contain vitamin C. They should not encourage us to eat only vitamin C.

Analogously, to lead a good life, in all senses of "goodness", we need a healthy, balanced diet of motives and actions, which includes altruistic and

non-altruistic actions, self-interested and nonself-interested actions, actions performed for money and actions which are not performed for money and ones which are a combination of two or more of these sorts. The idea that "social policy" should be formulated in order to encourage one rather than another of these types of motives and actions is misguided. It seems to me to be misplaced sentimentality, masquerading as moral sensitivity.

Hugh V McLachlan, MA, PhD, is Lecturer in Sociology, Department of Social Sciences, Glasgow Caledonian University, Glasgow.

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#### News and notes

## IVth World Congress of IAB

The IVth World Congress of the International Association of Bioethics, Global Bioethics: East and West, South and North, will be held from 4 - 6 November this year in Ichigaya, Tokyo, Japan. Up to date information and call for abstracts will be available on the Internet through: http://www.uclan.ac.facs/ethics/iab.htm http:// www.biol.tsukuba.ac.jp/~macer/IAB4.html

Also, for information, contact: Professor Hyakudai Sakamoto, President, The East Asian Association for Bioethics, c/o University Research Center, Nihon University, 4-8-24 Kudan-Minami, Chiyoda-ku, Tokyo 102, Japan. Fax: int + 81 35 27 58 326; e-mail: sakamoto@chs.nihon-u.ac.jp

naturally detailed concerns the interpretation of Mill's position and those whose interest is in medical ethics may wish to pass over it, but Crisp has a talent for never neglecting for long the relation of these details to utilitarianism generally. The result is a book containing the discussion of much that is relevant to anyone interested in ethics, as well as being a critical but sympathetic guide to Mill. For example, a considerable part of the book is concerned with the nature of human welfare, with what counts as good for us and makes our lives satisfying. Is it to be understood in terms of having certain kinds of experience, such as pleasure; or in terms of the satisfaction of desires; or is it, as Crisp argues, better seen as concerning a wider range of values such as friendship, autonomy and accomplishments? Once the notion of welfare is established the utilitarian will of course use it for the account of morally right action by requiring that its production be maximised, but it is a further question to ask exactly how this requirement is to be understood. Are we to concern ourselves primarily

with people's actions or with their characters? Should we think in terms of the actual or probable outcomes of our actions? Should our moral reflections consider the value of the consequences of single actions or of abiding by general rules of behaviour? Inevitably, too, issues arise regarding the extent to which utilitarianism clashes or coheres with our ordinary moral views, and indeed with our ordinary understanding of the necessary conditions for our being able to regard our own lives as worthwhile. Here, in the light of recent discussion, Crisp brings out well the difficulties that arise for utilitarianism from its exclusive concern with the aggregate of the good, and from its failure to respond as we would wish to the particular claims someone might have, perhaps based on justice or a special relationship to the agent. Finally, there are two chapters which go beyond Mill's essay on utilitarianism, though not beyond the influence of the theory, and look at his works entitled On Liberty and The Subjection of Women.

Contrary to the claim on the cover, studying Crisp's book will not be

painless, any more than other worthwhile study; but short of expecting it thus to overturn the human condition it is warmly recommended.

> HUGH UPTON Centre for Philosophy and Health Care, University of Wales, Swansea

# Books: information and orders

If you wish to order or require further information regarding the tides reviewed here, please write to or telephone the BMJ Bookshop, PO Box 295, London WC1H 9JR. Tel: 0171 383 6244. Fax: 0171 383 6662. Books are supplied post free in the UK and for BFPO addresses. Overseas customers should add 15 per cent for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank or by credit card (Mastercard, Visa, or American Express, stating card number, expiry date, and full name (The price and availability are occasionally subject to revision by the publishers).

# 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, Analytic Ethics Unit, Imperial College of Science, Technology and Medicine, London SW7 2AZ. 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. Pages should be numbered sequentially. On the title page brief details of the author's present post, an address for readers' correspondence and contact fax and phone numbers, and a total word count should be supplied. Once a paper has been scheduled it will be requested on disk. This should be PC format, Wordperfect 6.1 if possible and there should be no hidden codes.

The JME uses a simplified 'Vancouver style' for references. The full text of the 'Vancouver Agreement' was published in the British Medical Journal in 1991;302:338–41. 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 multidisciplinary and papers should be in

multidisciplinary and papers should be in clear jargon-free English, accessible to any intelligent reader.

Authors are asked to avoid footnotes. The preferred maximum length of papers is 3,500 words — absolute maximum 5,500 (including references). Book reviews should be between 600 and 1,000 words. Abbreviations should be avoided. The names of journals, organisations etc should be given in full in the text.

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. If your paper involves research on human subjects please confirm that the study has received approval from a research ethics committee (or if not, please explain why not).

### Simplified 'Vancouver style'

All papers submitted for publication should contain the following:

1 On page one of the manuscript: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 or forenames 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

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  - 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. Ensure the abstract contains a statement of the aim, key points and conclusion of the paper. Papers reporting the author's empirical research should contain a structured
  - abstract summarising the research under the headings: objectives; design; setting; patients or participants; interventions; main measurements; results; conclusions. Structured abstracts should not be longer than 250 words.
  - 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 everyone 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 square brackets, for example, according to Jones.[3] 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;19:223-7.
- 2 See reference 1:225.

Please note also that the names of journals should be in italics. The volume number 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 square brackets, following punctuation; in the list author (list all authors if six or less; if seven or more, list only the first six and add 'et al'), title, name of publication if different from title — in italic; place of publication and publisher (where appropriate); year of publication; and, where appropriate, volume number in bold 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.
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- d) Personal author(s):
   4 Singer P, Kuhse J. Should the baby live? Oxford: Oxford University Press, 1985.
- e) Editor, compiler, chairman as author:
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# 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 par-

ties 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.