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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 coal-face**); 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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that her decision to stick with her slowly worsening condition had been a competent one, in the sense that she understood what was being proposed, its nature and purpose, its principal benefits, risks and alternatives, and the consequences of not receiving treatment. There seemed no reason to doubt that she could retain this information for long enough to make an effective decision, but the decision itself was strongly influenced by her fear of hospitals. It did not seem much influenced by considerations of local resource constraints. On the contrary, Mrs Thomas looked forward to the almost daily contact with district nurses.

My aim had been to act as a good doctor in the circumstances, in the best interests of Mrs Thomas, her son and the local community. Not being the GP who usually attended to this patient, I felt that my arrival on the scene offered the

opportunity of a fresh approach to what had become a clinical *impasse*. I thought it was worth testing the strength of her resolve to refuse treatment. In my view, she had been waiting for someone to take control of the situation and was relieved that I had stood up to her. When confronted with an appointment for outpatients and a waiting ambulance, she had changed her mind.

Acknowledgement

I would like to thank my partner, Dr Berry Beaumont, for permission to report this case history.

Brian Hurwitz, MD, FRCP, MRCGP, is a General Practitioner in Central London and a Senior Lecturer in General Practice in the Department of Primary Health Care and General Practice, Imperial College School of Science, Technology and Medicine, London.

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.bmjpub.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".

News and notes

Gene Therapy: Ethical, Legal and Social Perspectives

A conference entitled Gene Therapy: Ethical, Legal and Social Perspectives, organised by the Centre for Research Ethics, Uppsala, Sweden, in collaboration with the Department of Public Health and Caring Sciences, Uppsala and the Kennedy Institute of Ethics, Washington DC, USA, will be held at Uppsala, October 28-30, 1998.

For further information please contact: Uppsala Turist och Kongress "Gene Therapy", Fyris torg 8, S-753 10 Uppsala, Sweden. Tel: +46-18-27 48 07. Fax: +46-18-69 24 77. E-mail: kongress@utkab.se

the issues, using original texts. As a core text for students, it is to be recommended. Those readers looking for a richer analysis will have to look elsewhere.

GWEN ADSHEAD,
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Confinements: Fertility and Infertility in Contemporary Culture

H Michie and N R Kahn,
New Brunswick, New Jersey and
London, Rutgers University Press,
1997, 187 pages, US\$50 hb,
US\$17.95 sc.

The first word in the title of this book conveys the main message, that women (in this case American women) are confined to stereotypes in matters relating to fertility, whether "natural" with its natural outcome of delivery, often of course in the US the "unnatural" outcome of delivery by caesarean section; or matters of infertility, with the artificiality of the fertility investigations and treatments which one of the authors experienced.

The plan and purpose is an analytical framework of the female encounters with the power of the carers and gurus who write books and pamphlets supposed to enlighten both the "naturally" pregnant and the infertility sufferer. The decision to turn what was going to be a survey of opinions from infertility sufferers into a "cultural narrative", part of a "reproductive cultural narrative", does not offer, unfortunately, the opportunity to fulfil the promised plan: the exercise becomes descriptive rather than analytical.

The book feels (and I use the word "feel" intentionally as analysis is lacking) very like an attack on the lack of autonomy of women in both situa-

tions, as women try "to resist the authority that wrenches from them the possibility of choice". It professes to "look at the class status of advice and the moment when it becomes coercion".

A very interesting field indeed, straddling the fields of sociology, politics and the law (as in the matter of crack-addicted women who are imprisoned for the welfare of the future child), but especially firmly based on ethics, with the paternalism/autonomy debate between carers and women seen as central. Unfortunately, there is an assumption that such a debate, indeed, such a struggle is taking place: it is vividly described as such: "the patient is also prevented from seeing" whilst the doctor has the power of seeing almost everything through a "Foucauldian panopticon". The struggle is even more finely placed, with reference to a different kind of confinement, to a practical imprisonment through lack of knowledge, in what seems to be a very dire situation - total deprivation of liberty and autonomy.

But nowhere is there an analysis of the class status of advice. Examples are given of information targeted at women stereotyped as middle-class, but there are no counter-examples of advice given, for instance, to poorer women attending a state hospital. The counter-example is, instead, centred around the exceptional cases of drug-addicted women, who may be subjected to prosecution in order to protect their fetuses. This matter has been the subject of much academic debate already (by Bonnie Steinbock for instance, to name but one American author well versed in ethical analysis), and to a more fruitful end.¹

What is missing is an obvious link running through all the chapters, a thread of logic, especially the analysis of the conflict, potential only, one hopes in most cases, between women who may have to surrender part of their autonomy when pregnant or trying to become pregnant. Obviously if

this is their choice it hardly classifies as an infringement of autonomy, but the book's argument that that choice is hardly ever made by women because they are submitted to biased and infantilising advice and literature is not substantiated.

Even in the chapter entitled Autonomy, control and fertility there is no analysis of the concept of autonomy within this very specific context, which is indeed replete with possible dilemmas. The narrative approach has taken over and been found wanting in terms of actual understanding. Those interested in narrative, and a particular American vision at that, will be interested by this book: those looking for ethical arguments will be frustrated.

References

- 1 Steinbock B. The "feto-parental conflict". In Sureau C, Shenfield F, eds. *Ethical aspects of assisted reproduction*. Paris: John Libbey Eurotext, 1995.

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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*, 36 West Towers, Pinner, Middlesex HA5 1UA. 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 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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2 On page two:

- 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.
- c) No author given:
3 Anonymous [editorial]. Anonymous HIV testing. *Lancet* 1990;335:575-6.
- 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 CE, Wolfe JN, 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.

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.

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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.