

Simon and Claire, where the embryos in question became endowed with the additional status of being the ONLY chance for them to have a genetically related child. It remains to be seen, then, whether PIGD should be marketed as affording greater autonomy and reproductive freedom to couples when, as things stand, they are effectively putting the decision in the hands of the treating clinician.

Acknowledgement

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References and notes

- 1 For instance in the amendment to the Abortion Act 1967 found in the Human Fertilisation and Embryology Act 1990.
- 2 See for example, Chadwick RF, ed. *Ethics, reproduction and genetic control* [2nd ed]. London: Routledge, 1992.
- 3 For the complete development of this argument see Draper H. Assisted conception techniques, parent selection and the interests of children to adequate parents. *Bioetica* 1997;5:391-9.
- 4 For a discussion of this issue see Chadwick R, Levitt MA. The end of deafness? Deaf people, deaf genes and deaf ethics. *Deaf Worlds* 1997;13:2-9.
- 5 Granted, conditions such as extent of knowledge, subtle coercion, tests made available and other circumstances may erode autonomy.
- 6 Steinberg DL. *Bodies in glass: genetics, eugenics, embryo ethics*. Manchester: Manchester University Press, 1997. As Deborah Lynn Steinberg has argued, while preimplantation diagnosis may be debated in the gender-neutral language of genetic risks, it "obscures social inequalities between practitioners and female patients and between patients and their male partners, while implicitly reinforcing and relying on these power imbalances".

News and notes

Models of Teaching Biomedical Ethics: Can There be a Consensus?

A workshop on this topic is to be held at Imperial College School of Medicine, London, on 20th April 1999, from 9am to 5 pm.

The workshop is the final event in a three-year research project on European biomedical ethics education, funded by the European Commission and coordinated by Michael Parker and Donna Dickenson at Imperial College School of Medicine.

Samples of the workbooks will be available at the

workshop. Speakers will include: Ann Sommerville (BMA), Tony Hope (ETHOX), Gwen Adshead (Broadmoor Hospital) and Ruud ter Meulen (Institute for Bioethics, Maastricht).

There is no charge for the workshop but places are limited. Lunch will be provided.

For more information please contact: Michael Parker on 0171 594 3368 or by e-mail: m.j.parker@ic.ac.uk.

entitled to the protection of a principle of liberty as is anyone else.

When Savulescu says of our miscegenation case: "but they want to make a political statement about racial equality . . . This is a good reason to have a black child", he implies that a bad reason to have a black child - "I prefer the colour", would not be protected unless it also constitutes resistance to racism. But it is our position that even where it would not constitute resistance to racism, people should be free to choose their procreational partner. Even if people want black children because "black is beautiful" that is enough. As Ronald Dworkin has memorably remarked in another context: "No one may be prevented from influencing the shared moral environment, through his own private choices, tastes, opinions, and example, just because these tastes or opinions disgust those who have the power to shut him up or lock him up."⁷

John Harris is Sir David Alliance Professor of Bioethics, and a Director of the Centre for Social Ethics and Policy and of the Institute of Medicine, Law and Bioethics, University of Manchester.

References and notes

- 1 Savulescu J. Should doctors intentionally do less than the best? *Journal of Medical Ethics* 1999;25:121-6.
- 2 And hence "irrational"?
- 3 Burley J, Harris J. Human cloning and child welfare. *Journal of Medical Ethics* 1999;25:108-13.
- 4 See Savulescu J. Consequentialism, reasons, value and justice. *Bioethics* 1998;12:212-35.
- 5 To avoid muddying the waters with contractual issues we'll assume that the doctors who have to make these decisions have taken over the clinic after all previous doctors perished in an epidemic of existential angst, and that there exist no actual or implied contracts with either Hermione or Doris.
- 6 There is of course a threshold of sub-optimality beyond which procreative choices will become morally problematic. See reference 3.
- 7 Dworkin R. *Freedom's law*. Oxford: Oxford University Press, 1996: 237-8.

News and notes

BIOETHICSLINE now free on web

BIOETHICSLINE, an online database with almost 60,000 references to English language bioethics literature can now be searched via the web at no charge. Accessed at <http://guweb.georgetown.edu/nrcbl/> this database is useful to anyone looking for documents encompassing ethical, legal, or public policy aspects of health care or biomedical research. BIOETHICSLINE spans the literature of the health sciences, law, religion, philosophy and the social sciences.

Produced by the Information Retrieval Project at Georgetown University's Kennedy Institute of Ethics, BIOETHICSLINE is part of the National Library of Medicine's MEDLARS system of searchable databases available on the world wide web. Internet Grateful

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Easy to search by subject, the new web site can be accessed by subject, title or author. Terms can be combined, searches may be limited to specific types of literature and by year to produce citations that are specific to the topics needed by the searcher. Additional bioethical information is available at the web site: a Bioethics Thesaurus and Searchers' Guide provide assistance as well as links to other pertinent bioethics sites.

A toll-free telephone number, 800-MED-ETHX (800-633-3849; in DC 202-687 3885), may be called for further information or for assistance web searching.

even greater burdens on those with higher functional value. The implementation of this ideal will then look even less accomplishable than it would if this practice were adopted. Thus, this policy paves the way for equality instead of counteracting it.

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References

- 1 Singer P, Kuhse H, Buckle S, Dawson K, Kasimba P, eds. *Embryo experimentation*. Cambridge: Cambridge University Press, 1990.
- 2 Paton HJ. *The moral law*. London: Hutchinson, 1948, a translation and commentary of Kant I. *Grundlegung zur metaphysik der sitten*.
- 3 Persson I. The groundlessness of natural rights. *Utilitas* 1994;6: 9-24.

News and notes

Ethics of Research with Humans, Past, Present and Future

This one-week course will be held at the University of Washington, Seattle, Washington, USA from June 14 - 18, 1999. The course reviews the origins and development of the ethics and regulation of human research, examines the current federal regulations and their applications, and explores the emerging issues in research with humans that ethics and regulation must take into account. It is directed to, and registration is limited to, members of IRB committees and active

researchers from any discipline who conduct research with human participants.

For additional information and a course brochure, please contact: Marilyn Barnard, Program Coordinator, Department of Medical History and Ethics, Box 357120, School of Medicine, University of Washington, Seattle, WA 98195-7120. Telephone: (206) 616-1864; fax: (206) 685-7515; e-mail: mbarnard@u.washington.edu

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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).

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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.

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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.

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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.

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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 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

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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-

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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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