

psychosurgery. If the latter, then Bridges' criticisms are well-founded: the contract between an informed and validly consenting adult and his surgeon needs no additional supervision by multidisciplinary committees.

Quite different are the cases of compulsorily detained patients, children and others whose consent, even if obtainable, might not be valid. Here are complex issues requiring thorough multidisciplinary analysis. Moreover even if doctors alone were competent to make such an analysis it is a basic requirement of justice that it should not only be done but also clearly be seen to be done. Where valid consent is lacking treatment becomes coercion and a matter for general concern. In such circumstances the innovation of multidisciplinary groups such as those proposed by Gostin and in the Government White Paper deserves serious consideration.

References

- ¹Strom-Olsen, R and Carlisle, S (1971). Bifrontal stereotactic tractotomy. *British journal of psychiatry*, 118, 141-154.
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- ³Mitchell-Heggs, N, Kelly, D and Richardson, A (1976). Stereotactic limbic leucotomy - a follow-up at 16 months. *British journal of psychiatry*, 128, 226-240.
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Good television - indifferent ethics

On three consecutive nights earlier this year Granada Television interrogated doctors and others on what they would do in various hypothetical morally complex situations. Lawyers, manifesting varying degrees of aggression, took turns at hoisting their quarries upon their own petards. Conflicting opinions were elicited, absolute claims were made and then undermined, muddy waters thoroughly stirred. We learned that some doctors would never betray a patient's confidence, no matter what the cost to society might be; that others would do so in

exceptional circumstances; and that administrators might bypass the lot by showing hospital records to the police at their own discretion (the administrator who dropped this bombshell added that he would not even discuss the matter with the doctor concerned 'so as not to put him in an impossible situation').

Different opinions were obtained on consent to vasectomy in various complicated circumstances; on over-riding a patient's known aversion to ECT; and on sterilisation of a sexually active mentally subnormal youth with a family history of Huntington's Chorea. In the last programme a wide range of attitudes to euthanasia was exposed. Not surprisingly there was some reluctance to part with what was sometimes explosive information and the trans-Atlantic courtroom drama scenes were often tense as the medical hares were run to ground by Granada's legal beagles (a warning perhaps to British medicine of the relationship between the two professions current in North America?).

Some congratulations to Granada for opening up this important area for public discussion and for revealing so clearly the wide diversity of medical opinion about many medico-moral issues. But good television as all this was, it totally failed to allow time or latitude for proper discussion of *why* the doctors and others held their conflicting views and how, if at all, these views fitted within coherent networks of moral beliefs. Moral philosophy - which is what such discussion amounts to - is bound to be complex and cannot possibly be accommodated within the long question-short answer technique so beloved of lawyers, television producers and often, let it be said, doctors too. But all attempts at complexity were rigorously suppressed on the Granada programmes and whenever a participant tried to develop the discussion the interrogator leapt sprightly to another question.

Nonetheless the programmes will have proved invaluable if all the health professionals who saw them and especially medical teachers, have asked themselves what they personally are doing to facilitate the meticulous, dispassionate and often complex discussions in moral philosophy which such 'hypotheticals' demand from all who may be involved in the corresponding realities.