maximise happiness, and that they should thus behave only in those ways which achieve this end most effectively. The inadequacy of such hedonistic utilitarianism hardly needs staring and is in any case pointed up by another strand in Kennedy’s argument, notably his advocacy of patients’ autonomy and self-determination; if these are rights of patients then they are also rights of doctors and other health professionals.

Kennedy’s lectures have stirred up a certain ill will among the British medical profession – more than their content alone could reasonably account for. Most probably it is their combative style and phraseology, designed no doubt to achieve the publicity which was in fact achieved, that is responsible. Thus he exhorts his listeners to ‘become the masters of medicine not its servants’ (hardly a relationship of autonomous equals, that!) and to ‘take over’; with regard to hospital consultants he recalls Bevan’s famously hostile claim that ‘he choked their mouths with gold’; psychiatrists have ‘bootstrapped themselves into intellectual respectability’ but, he suggests, talk ‘psychobabble’; medical schools ‘must simply be dragged back into our world and out of their hermetically sealed cocoon in which we are the counters with which the game of life is played’. In the quest for reform ‘the profession is not going to help’; it has ‘an unyielding policy of hostility’, participates in ‘chauvinist and lofty ignorance’ and manifests ‘overweening hubris’.

All this aggro makes good copy for the popular media but it does not encourage doctors to cooperate in the thoughtful exercises which Kennedy is properly advocating – rather it tends to make them switch off their radios and their minds against ‘just another bit of doctor-bashing’. Whether the advantage of popular publicity for his views outweighs this very great disadvantage remains doubtful.

Huntington’s chorea

In this issue we publish a discussion concerning ethical aspects of the inherited disease, Huntington’s chorea, in which the author considers some problems associated with new medical approaches to this inexorable degenerative disease of the central nervous system. Dr Brackenridge writes: ‘it would be irresponsible to embark on them without considering some likely [ethical and practical] implications’.

The paper represents an underinvestigated area in medical ethics and responses to Brackenridge’s initial remarks would be valuable, whether as articles or letters for publication in the Journal, or simply as private correspondence. One necessary addition to Brackenridge’s discussion which immediately comes to mind is an explicit ac-

knowledge of the presumably crucial role of potential victims and actual patients (those who remain capable) in helping to make the required moral evaluations. Dilemmas such as whether, with a family history of Huntington’s chorea, it is preferable to discover one’s diagnosis even at the cost of temporarily inducing premature symptoms of the disease, and dilemmas concerning the quality versus the quantity of life offered by different procedures, these surely require the views of the people most closely concerned.

New editor, old policy

There are those who will hope that with the appointment of a new editor this journal will take a new direction – more ‘positive’ in its orientation, more conscious of a need to ‘guide’ doctors and other health professionals along the paths of righteousness, less tolerant of the uncertainty and variability which characterise so much contemporary thought about medical ethics and indeed ethics in general. They will be disappointed. The Journal was established ‘to provide a forum for the reasoned discussion of moral issues arising from the provision of medical care’ and from a standpoint independent of any particular professional, political, religious or philosophical moral stance. This policy, enunciated by the retiring editor in his first editorial, has been successfully maintained over the last six years and it will continue to be the Journal’s raison d’être.

The policy should not, however, be confused with the view that ‘anything goes’, for its requirement of ‘reasoned discussion’ is a rigorous one, and excludes much that has been and continues to be written about medical ethics. Furthermore, and only apparently paradoxically, independence of particular professional, political, religious or philosophical viewpoints entails a transdisciplinary embrace of any reasoned viewpoint, regardless of its provenance.

Thus health professionals who believe that only their peers are qualified to discuss the often complex moral problems of medical practice will continue to be disappointed in this journal’s desire to open such discussion to as broad a range of contributors and readers as it may.

Reasoned discussion between people of various disciplines carries another important implication and that is their need to use a common language. Mere adherence to English is, alas, no longer sufficient to achieve such intellectual commerce; the professional jargons of, for example, medicine, sociology, philosophy, law and religion, are all expressible in our technically single language, yet they have become often incomprehensible to all except specialists. Our aim, it is worth reiterating, is to publish papers ‘in jargon-free English . . . clearly written so as to be accessible to any intelligent reader.’