

The Journal of the Society for the Study of Medical Ethics

The *Journal of Medical Ethics* was established in 1975, with a multi-disciplinary 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 developing subject and the influencing of the quality of both professional and public discussion. The *Journal* is published quarterly. The *Journal* includes papers on all aspects of medical ethics, analyses ethical concepts and theories and features case conferences and comment on clinical practice. It includes book reviews and details of lectures and symposia on issues raised by the practice of medicine.

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Papers submitted for publication should be sent in triplicate to: The Editor, *Journal of medical ethics*, Tavistock House North, Tavistock Square, London WC1H 9LG. Rejected manuscripts are not returned unless accompanied by a stamped addressed envelope, or international reply coupon. Papers should be in double-spaced typewriting on one side of the paper only. The corresponding author's name and address should appear on the first page. Authors should also submit an *interesting* abstract with their papers. On a separate sheet a brief entry for 'Contributors to this issue' should be supplied, containing the title of the author's present post, degrees and/or professional qualifications, and any other relevant information. Abbreviations should be avoided except for those in general use. The names of journals, organisations etc., should be given in full.

As from the beginning of Volume 7 (March 1981) *JME* has adopted a simplified 'Vancouver style' for references: details are given in *JME*, December 1980, p 214 and in *JME*, March 1982, p 56. They are also available from the editorial office. 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 English, accessible to any intelligent reader.

Four 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*, Tavistock House East, Tavistock Square, London WC1H 9JR.

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Thematic review and index

The thematic review of past issues appears in the June issue each year and an index to each volume appears in the December issue.

The concept of 'informed consent' of this type is a self-deluding exercise designed only to reassure ethics committees (and investigators) that they are discharging their moral obligations. It is medico-legal and pastoral nonsense. Why restrict this practice to research? Almost every form of treatment is an experiment, largely empirical and based on fairly wobbly scientific evidence.

The role of an ethics committee is to analyse research programmes in great detail and, when fully informed, to balance possible benefits against potential risks to patients. This should be a continuing process. Medical members of the committee should not be averse to visiting research workers and watching them at work. Animal inspectors are regularly seen in research departments; medical members of ethics committees rarely are.

However, as suggested by Dr Lewis, serious consideration should be given to dispensing with the written consent process in many research programmes. I

entirely agree that the investigator should be charged with 'sensitively and sympathetically' explaining to the patients the nature of their illness, the therapeutic options and the objects of the research programme, after which the patients could be invited to participate. If the research procedure is not related directly to the patient's illness, its aims in helping other patients must be described in detail. This is simply an extension of good clinical practice; there is no reason why clinical research should be different simply to perpetuate the self-delusioning process of 'informed consent'. The committee should ask for a detailed account of the content and timing of these explanations; they should not slavishly demand written consent in every case.

Ethics committees exist to protect patients and to ensure that uninformed opinion does not hinder good clinical research. In their endeavour to carry out the first of these functions they must not impose pressures on clinical investigators which, in practice, may cause unnecessary stresses for patients or their families.

Contributors to this issue

Peter J Lewis is senior lecturer at the Royal Postgraduate Medical School and Honorary Consultant Physician to Hammersmith Hospital.

D J Weatherall is the Nuffield Professor of Clinical Medicine, University of Oxford.

Martin Bulmer is Lecturer in Social Administration at the London School of Economics and Political Science. He has edited *Censuses, Surveys and Privacy* and *Social Research Ethics* amongst other books and articles.

J M Thomson is Lecturer in Laws at King's College, London.

John David Simnett is at present lecturer in Experimental Pathology in the University of Newcastle upon Tyne. He is interested in the entire process of biological development and growth and has been researching into the control of cell division in growing and regenerating tissues. He is also heavily involved in undergraduate teaching and is responsible for the practical demonstration programme in his department.

Sir Douglas Black is the President of the Royal College of Physicians.

Brian Wynne is Lecturer in Independent Studies at Lancaster University.

Robert G Twycross is Consultant Physician at Sir Michael Sobell House, The Churchill Hospital, Headington, Oxford.

Nancy Ludmerer is an attorney, a legal writer and a member of the New York bar.

David Papineau is University Assistant Lecturer in the Department of History and Philosophy of Science, Cambridge University.

American correspondent

Bernard Towers, *Department of Pediatrics, University of California at Los Angeles.*

Case conference editor

Roger Higgs, *81 Brixton Water Lane, London SW2 1PH.*

Medical groups

Information on Medical Groups

Further details and complete lecture lists are available from the secretaries of the medical groups listed below. Please enclose a stamped addressed A4 envelope.

ABERDEEN MEDICAL GROUP

Mrs Elaine Foreman, 277 Clifton Road, Aberdeen

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Dr Anthony Parsons, Department of Obstetrics, Birmingham Maternity Hospital, Edgbaston. Birmingham B15

BRISTOL MEDICAL GROUP

Sarah Bruml, 101 Kingsdown Parade, Cotham, Bristol BS6
Steven Webber, 21 Hampton Park, Redland, Bristol BS6

CAMBRIDGE MEDICAL GROUP

Mr Patrick Doyle, Department of Urology, Addenbrooke's Hospital, Hill's Road, Cambridge

CARDIFF MEDICAL GROUP

Miss Julie Forsey, 1A Heathwood Road, Birchgrove, Cardiff

DUNDEE MEDICAL GROUP

Dr Douglas Shaw, Consultant Geriatrician, Royal Victoria Hospital, Dundee

EDINBURGH MEDICAL GROUP

Dr Brian Potter, EMG Project Office, 24 Buccleuch Place, Edinburgh EH8 9LN

GLASGOW MEDICAL GROUP

Mr Sam Galbraith, Institute of Neurological Sciences, Southern General Hospital, Glasgow

LEICESTER MEDICAL GROUP

Dr Liam Donaldson, Department of Community Health, Clinical Sciences Building, Leicester Royal Infirmary, PO Box 65, Leicester LE2 7LX

LIVERPOOL MEDICAL GROUP

Roger Cudmore, Royal Liverpool Children's Hospital, Myrtle Street, Liverpool

LONDON MEDICAL GROUP

Director of Studies, Room 68 Tavistock House North, Tavistock Square, London WC1H 9LG

MANCHESTER MEDICAL GROUP

Dr Mary Lobjoit, Teaching Unit 4, University Hospital of South Manchester, Nell Lane, West Didsbury, Manchester M20 8LR

NEWCASTLE MEDICAL GROUP

Dr Christopher Drinkwater, 14 Belle Grove Terrace, Newcastle-upon-Tyne NE2 4LL

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C/o Miss Mary Timbrell, Manor House, (OAHA) off Headley Way, Headington, Oxford OX3 9DZ

SHEFFIELD MEDICAL GROUP

Dr Martin Hayes-Allen, 183 Whitham Road, Broomhill, Sheffield S10 2SB

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Dr Barbara Leppard, Department of Dermatology, Graham Road, Royal South Hants Hospital, Southampton

the drawbacks of research ethics committees

Peter J Lewis with commentary by D J Weatherall

are pseudo-patient studies justified?

Martin Bulmer

nuclear power – is the health risk too great?

Brian Wynne

Euthanasia – physician and lawyer debate

Robert G Twycross and Nancy Ludmerer

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