

News and notes

Ethical issues in caring

From September 9 to 11 of this year there will be a conference on 'Ethical Issues in Caring' at the University of Manchester Institute of Science and Technology. The conference will address practical ethical problems that arise within the caring professions. It is intended for practitioners and students in the caring professions and for professional and student philosophers. It's hoped the conference will result in a dialogue from which both practitioners and academics will benefit.

Papers to be presented include: 'Deciding and caring in medical situations'; 'The natural/unnatural distinction in medical ethics', and 'The ethics of covert communication in psychotherapy'.

Speakers will include Alastair Campbell, Pastoral Theologian and former editor of the *Journal of Medical Ethics*, Richard Lindley, Lecturer in Philosophy, and Roy Shuttleworth, Director of the Family Institute, Cardiff.

The estimated cost of the conference from the afternoon of September 9 to the afternoon of September 11 (including all meals, registration and bed and breakfast for two nights) is approximately £50. It's possible to book without meals or accommodation or for single days. Applications to: Gavin J Fairbairn, 25 Russell Road, Whalley Range, Manchester M16 8DJ.

Churchill Travelling Fellowships

One of the 1984 categories for Churchill Travelling Fellowships is: Nurses and other workers caring for the elderly in hospitals, residential homes and rehabilitation centres.

Churchill Travelling Fellowships are for all UK citizens irrespective of age or occupation, and as no educational or professional qualifications are needed, they are of special interest to people who are not eligible for other types of grants. The object of the awards is to give men and women from all walks of life the chance to gain a better understanding of the lives and work of people overseas and to acquire knowledge and experience for the benefit of their work and the community. The only requirement is that candidates must be able to show that they can make effective use of the knowledge and experience they have obtained abroad.

Grants are offered in different categories each year; anyone whose trade, profession or interest falls within these categories may propose a project they wish to carry out in countries outside the UK and Northern Ireland. About 100 awards are made annually, and there are now over 1,600 Churchill Fellows.

The final selection will be made by interview in London in January 1984. Successful candidates will be expected to start their travels during that year, making their own plans and arrangements within the scope of the grants. The grant will cover return air fare and all travel and living expenses abroad for about eight weeks.

To apply send your name and address only on a postcard by mid October to the Winston Churchill Memorial Trust, 15 Queen's Gate Terrace, London SW7 5PR. You will receive an explanatory leaflet and a form to complete, which must reach the Trust Office by November 1, 1983. Applications received after this date will not be accepted and allowance must be made for postal delays.

Breastmilk substitutes law reform

A major controversy at the Joint Commonwealth Secretariat/WHO/Unicef Workshop on Implementation of the International Code on Marketing of Breastmilk Substitutes, held in Zimbabwe recently centred on whether or not legislation was needed, according to the Hon Mr Justice M D Kirby, Chairman of the Australian Law Reform Commission.

Speaking on 'Breastmilk Substitutes, Bioethics and Law Reform', Mr Kirby told the conference that it faced essentially two issues, each of them of concern to co-operation between the nations of the Commonwealth.

The first was the implementation of the World Health Organisation (WHO) Code on marketing of breastmilk substitutes - 'a social, medical and human problem for large numbers of people in Commonwealth countries, especially in developing countries'. The second was 'the appropriate co-operative method of tackling the particular issue and issues of a like kind, given the general similarity of the legal systems inherited by Commonwealth countries and therefore the commonality of styles of legislation, general methods of administration and approaches to legal and administrative questions'.

He went on to say that the breastmilk substitute problem, put shortly, arose from the widespread sale and distribution of breastmilk substitutes in countries where neonates and young babies would generally be better served by breast feeding and human milk.

Summarising why 'Breast is best' he offered the following reasons: the composition of human milk is

superior for human neonates to cow milk products; dilution and incorrect mixtures due to misunderstood instruction or inability to afford adequate formula are common and highly damaging; contamination by the inability to sterilise and the lack of provision of fresh clean water promote infection, the risk of which is radically reduced by breast feeding; breast feeding operates to delay the restoration of ovulation and hence is an effective and inexpensive and much needed contraceptive, particularly in developing countries where other forms of contraception are either expensive, unavailable or not socially acceptable; psychological bonding is achieved between mother and child, beneficial to the health of each; and large sums of scarce foreign exchange must be found to meet the cost to most developing countries of formula

which must be imported. It was the realisation of those problems, Mr Kirby continued, which had led to the development of the WHO Code on the marketing of breastmilk substitutes.

'The Code is in the form of a recommendation to member countries of WHO. Implementation is left to member countries. The meeting in Harare was addressed to the best method of attacking the issue of implementation.'

On the subject of the need for legislation delegates were divided. 'Some countries (especially Kenya and Malaysia) were generally content with the implementation of voluntary agreements reached between the Government and the breastmilk substitute industry. Furthermore, they were sceptical about the value of legislation and its likely effectiveness, believing that voluntary guidelines

were more likely to achieve the social effect sought, without undue cost, administrative burdens and negative effects on legitimate industry. On the other hand, other delegates (notably from the Caribbean and Africa) were of the view that at least some legislative response would be needed to tackle persistent problems. In some cases administrative changes (for example directed at public hospital routines of bottle feeding) would be adequate.'

Generally speaking, Mr Kirby said, there appeared to be unanimity that improvement had occurred in the conduct of companies concerning marketing practices which were specially pernicious (leaving of samples at hospitals and direct advertising to the public). Nevertheless, in many countries, particularly in Africa, there was a feeling that more action was needed.