The Journal of the Institute of Medical Ethics

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 coalface**); 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.

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ISSN 0306-6800

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News and notes

Euthanasia: Towards a European consensus?

A conference entitled Euthanasia: Towards a European Consensus? will be held in Brussels, Belgium from the 24–26 November this year.

Participants will include Judge Christian Byk, former bioethics adviser to the Secretary-General of the Council of Europe, Professor Paul Schotsmans, The Catholic University of Leuven, and Patrick Verspieren SJ, Centre Sevres, Paris.

For further information contact: The Centre for Bioethics and Public Policy, 58 Hanover Gardens, London SE11 5TN. Tel/fax: (44) 071-587 0595.

John Harris is Professor of Bioethics and Applied Philosophy and Research Director of The Centre for Social Ethics and Policy, University of Manchester.

References and notes

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(2) Although in fairness to them I did carelessly encourage this mis-interpretation in the past. In setting out an anti-ageist argument in my book *The value of life* London, Routledge, 1985 I incautiously added the word 'fervent' to the argument. 'So long as we each fervently wish to live out the rest of our lives, however long that turns out to be, then if we do not deserve to die, we each suffer the same injustice if our wishes are deliberately frustrated and we are cut off prematurely' (page 89). I would now omit 'fervently' for reasons that will appear.
(3) Harris J. QALYfying the value of life. *Journal of medical ethics* 1987; 3: 118.
(4) See reference (2): 94–98.
(5) See reference (2): *The value of life.*
(6) Apart that is from the obvious slip, since, apart from suicides etc it will always be most in the interests of the person who might be saved to be the one who in fact has his/her own life saved.
(7) This may of course also be considered a disadvantage of equality conceived of in this way.
(8) Dworkin R. *Taking rights seriously.* London: Duckworth, 1977: ch 6.
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(12) See reference (2): ch 5.
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(14) As the United States Secretary for Health and Human Services has also noticed.
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News and notes

Ethics and Community

The role of 'community' in relation to the practice of health care professionals, welfare and community workers will be the subject of a national two-day conference on the 19th and 20th October 1995, at The Centre for Professional Ethics, University of Central Lancashire.

The title of the conference is Ethics and Community.

The conference will also raise issues in the theoretical debate about communitarianism and individualism.

For further details, contact Jane Johnson, University of Central Lancashire: telephone (01772) 892253.

course means that $1,998 will not be available for some other patient or use. But beyond that, consequences are amorphous' (5).

In Morreim's terms, the car accident is an example of commodity scarcity, where the doctor is the commodity. In question three, what was not given to one was obviously given to others. Mrs Andersen's case, and the problem with the sick note, is an example of fiscal scarcity. It is difficult to define exactly who would benefit if Mrs Andersen was given a cheaper prescription or if Olav Jensen didn't get the sick note he asked for. The society as a whole is anonymous and massive. Money in huge budgets governs the inhabitants' needs, but it seems unethical, or even impossible, to decide on a person's needs based on figures in a budget. The physician is thus systematically trapped in an inescapable conflict.

Conclusion

In a survey among senior doctors in North Norway, we found widespread acceptance of the need for setting priorities within the health care system. The respondents experienced a conflict of loyalty between managing society's health resources and promoting the interests of their patients. There seemed to be a tendency towards giving the individual patient a higher priority, when less was known about the alternative use of the resources. There was a demand for more public guidelines on the difficult problems of setting priorities.

Acknowledgement

We would like to give special thanks to K Rasmussen, our inspiring supervisor.

Trude Arnesen and Stole Fredriksen were medical students at the University of Tromsoe, Norway when they wrote this paper. They graduated in Spring. Trude Arnesen is now studying for a Master of Public Health degree at Autonoma University in Madrid and Stole Fredriksen is working as a general practitioner in Bodoe, Norway.

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News and notes

An Appraisal of the Thought of H Tristram Engelhardt

A conference entitled *Ethics, Medicine and Health Care: an Appraisal of the Thought of H Tristram Engelhardt* will be held at Youngstown State University, Youngstown, Ohio on September 29th and 30th this year.

The conference is in recognition of the publication of the second edition of Engelhardt's *The Foundations of Bioethics*, and is sponsored by the Ethics Center of Youngstown State University and the Center for Ethics of St Elizabeth Hospital Medical Center.

The conference will include plenary and break-out sessions. The plenarists are James Nelson (The Hastings Center), E Haavi Mooreim (College of Medicine, University of Tennessee), Stanley Hauerwas (Duke University), Kevin Wildes, SJ (Kennedy Institute of Ethics, Georgetown University), and H Tristram Engelhardt. For further information contact: Brendan Minogue, PhD, Director, Ethics Center, Youngstown State University, Youngstown, OH 44555-1465. Telefax: 216-742-2304.

address the specific reasons why the obligations stemming from that contractual hierarchy might be threatened. Ultimately, I believe, this will require some reference to the health care professional's relationship to the patient. Nash might attempt to account for this: given the specific nature of the medical centre's business, to avoid damaging this business might involve reference to the patient's welfare. But on this model, the patient's welfare imposes a duty on the nurse only indirectly. Does it not seem odd to say that the nurse's obligation to question a physician's order derives ultimately from her obligation not to damage the employer's business (as Nash seems to maintain), rather than deriving this obligation from her responsibilities to the patient in the context of the purpose for which the patient goes to the medical centre (as my own model maintains)?

I do not disagree with Nash's broad standard of the nurse's exercise of judgment as to the reasonableness and safety of treatment. But, besides Nash's application of this standard in a way which considers the welfare of the patient only indirectly, this broad standard is too abstract in Nash's model, and fails to address what might make an order 'unreasonable'. What is needed is a model which outlines the reasons for questioning the obligations imposed by a contractual relationship (especially how the welfare of the patient might *directly* threaten the contract's applicability!). That is, the question is one of when the contractual relationships between physician, nurse and hospital impose obligations at all, and when the obligations imposed by these contractual relationships are called into question. This is a question which is independent of the actual contractual relationship, and is about the nature of contractual relationships themselves. Focusing on the contractual relationships between physician, nurse and hospital misses the issue in question: the question of when these contractual relationships are even applicable, and does not account for how this question relates *to the patient directly*.

Nash's model might indeed be both simpler and less contentious than my own. But the simplicity comes at the expense of its usefulness for addressing the types of issues I have just outlined. And its less contentious nature results precisely because it fails to address the serious, and quite controversial, questions surrounding what reasons might undermine the obligations which arise from contractual relationships. Few, I suspect, would disagree about whether *there are* limitations to physician authority. And the question of these limitations does not arise when nurses and physicians are able to reach agreement. The contentious questions arise when nurses and physicians disagree, and we ask when the nurse should not carry out an order which she disagrees with. Answering this question requires an examination of the reasons why a nurse should carry out a physician's order, and the reasons which might justify a nurse's refusal to carry out a physician's order. It is precisely this which I feel my model of physician authority has to offer.

Thomas May, MA, PhD, is Postdoctoral Fellow at the Center for Biomedical Ethics, University of Minnesota, Minneapolis, USA.

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News and notes

Ethical Review of Clinical Research

A conference entitled Ethical Review of Clinical Research will be held from 24–26 September this year at Robinson College, Cambridge in the UK.

The aims of the conference are: to provide practical training for ethics committee members; to bring together those with mutual areas of interest and experience in ethical review, and to provide a forum for discussion of current issues in ethical review.

For further details please contact: Mrs Jill Williams, 7 Foreland Road, Whitchurch, Cardiff CF4 7AR. Telephone/fax: 01222 626651.

perspectives and an effective dialogue can take place. The clarification process singles out which similarities and differences exist in the group's value systems. A set of common, similar or shared values is the basis for reaching a group consensus. This leads to the development of a collective values framework that serves as the basis for formulating new health care policy guidelines that will be in keeping with basic needs and values.

Acknowledgement

This paper is partly based on my conference presentation, *Making Choices in Health Care: An Ethics and Health Policy*, in Baltimore, Maryland, USA. The conference was sponsored by the School of Nursing, University of Maryland at Baltimore and the Institute for Philosophy and Public Policy, University of Maryland at College Park.

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News and notes

Summer Seminar in Health Care Ethics

A Summer Seminar in Health Care Ethics, sponsored by the Department of Medical History and Ethics, School of Medicine, University of Washington, will be held in Seattle, Washington, from July 31-August 4, this year. This annual Summer seminar is an intensive introduction to the concepts, methods, and cases of bioethics.

Albert Jonsen, Chair of the Department of Medical History and Ethics, will lead the seminar. The seminar is designed sufficiently to familiarise physicians, nurses, educators, chaplains, social workers, administrators, and other health care professionals with the field of bioethics, to enable them to make clinical-ethical decisions and to lead others in doing so.

For information on specific objectives, and to receive a seminar brochure with full details and registration form, contact: Marilyn J Barnard, Program Co-ordinator, Medical History and Ethics, SB-20, University of Washington, School of Medicine, Seattle, WA 98195. Phone: (206) 616–1864. Fax: (206) 685–7515. E-MAIL: mbarnard@u.washington.edu

Massachusetts; her Masters in Library Science from Simmons School of Library Science, Boston, Massachusetts, and her Master of Arts in Humanities from Marymount University, Arlington, Virginia, USA. She is currently Reference Librarian at Marymount University.

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(10) See reference (1): 95–96.
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News and notes

Annual Intensive Course on Medical Ethics

The Annual Intensive Course on Medical Ethics will be held from 11–15 September, 1995 at Imperial College, London.

It provides a multidisciplinary introduction to philosophical medical ethics for medical and nursing teachers, medical practitioners, members of ethics committees and medical administrators.

The course is organised in collaboration with the Institute of Medical Ethics, and directed by Dr Raanan Gillon, Editor of the *Journal of Medical Ethics* and Director of the Imperial College Health Centre. Leading international authorities in medical ethics will lead small and large groups, give lectures and take seminars. Participant ratings over the last ten years have consistently given an overall course rating of better than 9 out of 10 satisfaction.

PGEA approval has been sought for 1995.

For further details, please contact: Sally Verkaik, The Continuing Education Centre, Imperial College, Room 558 Sherfield Building, London SW7 2AZ. Tel: +UK (0)171 594 6881/2; fax: +UK (0)171 594 6883, E-mail: cpd@ic.ac.uk

It is predominantly a technical-scientific book with only one chapter out of 35 devoted to the ethical aspects of xenotransplantation. This chapter is written by Dr R A Wright, Director of the Biomedical and Health Care Ethics Program, at the University of Oklahoma Health Sciences Center. An overview of the arguments *pro et contra* is given in an ethical framework, referring to the moral worth of actions in terms of consequences, duties, and rights, the duties consisting of observing the principles of beneficence, non-maleficence, autonomy, and justice.

The overview is well written and is a good introduction to the ethical debate about xenotransplantation. It therefore seems to fit well with the rest of the book, which will most probably be read by those whose main interest is technical-scientific and who might have little knowledge of medical ethics.

For those familiar with the principles of ethical argument, however, the chapter is less interesting. The words deontology and utilitarianism are not even mentioned and it is not a deeply penetrating philosophical analysis. After some of the positions have been described, one is left with the feeling that important arguments are missing. For example, there is discussion about whether animals have rights at all or whether their possible rights are overridden by the rights of humans. A recursion to arguments for slavery would have been relevant, since they followed the same lines: slaves had no rights, or they were regarded as belonging to a lower degree of mankind, or the use of them was defended on utilitarian grounds. Similarly, the discussion on 'speciesism' and the literature showing that there is no metaphysical difference between humans and animals could have covered the obvious lack of logic in much current ethical debate to do with experimentation on fertilized human eggs whereby this is sometimes forbidden, the only reason being that the eggs are human; while at the same time, experiments on chimpanzees and their possible use in xenotransplantation are advocated, disregarding the fact that the intellectual capacity of a chimpanzee by far exceeds that of a small child.

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Family planning: practice and law

Kenneth McK Norrie, Aldershot, Dartmouth Publishing, 1991, 203 pages, £27.50 hb

The ethical and legal issues surrounding contraception have been so extensively discussed in recent years that any new work has something of a presumption to overcome as to its usefulness. Kenneth Norrie's book overcomes this effortlessly, providing a detailed and well-researched treatment of the many areas of this controversial area of law. For the reader interested in the ethical dimensions of the matter, there is a great deal of value in this work as well, in that it is impossible to separate the legal decisions on these issues from the general moral debate.

Some of the issues canvassed by Norrie are familiar features of the literature; others have attracted less attention. One of the latter is the question of the rights of sexual partners, a matter to which Norrie devotes an entire chapter. This chapter begins with the warning: 'It should never be forgotten that the process of human reproduction necessarily requires two individuals'. Forewarned, we then read that 'reproduction may take two, but birth control requires only one'. That, really, is the problem, and Norrie proceeds to give an exceptionally thought-provoking account of how this problem has been addressed in the law. Such cases as there are have been have tended to be concerned with abortion, and arguments as to any right of the father to prevent an abortion have been coldly received by the courts. Nor does the law give any right of consultation on the matter, taking the view that the matter is solely for the person whose body is affected by the procedure.

This emphasis on the rights of the individual is evident as well in other areas. In relation to the question of the sterilization of the mentally disabled, although this has been legally permitted, subject to various safeguards, Norrie points out that the grounds of permissibility have tended to be what is in the best interests of the individual rather than any social interest. Nor, it would seem, do the interests of carers weigh in the decision, except in so far as these affect the disabled individual.

This book is written with great clarity and makes easily intelligible reading for the non-lawyer. For those interested in how society has responded, through law, to this often touchy question, Norrie's work is a first-class contribution to the literature.

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The Institute of Medical Ethics: working parties and medical groups

Working parties

The institute currently has two working parties, one on the ethics of prolonging life and assisting death and the other on the ethical implications of AIDS. The working party on the ethics of prolonging life and assisting death has produced two discussion papers: Assisted death, *Lancet* 1990; 336: 610–613; and Withdrawal of life support from patients in a persistent vegetative state, *Lancet* 1991; 337: 96–98.

The working party on the ethical implications of AIDS has produced four discussion papers: HIV infection: the ethics of anonymised testing and testing pregnant women, *Journal of medical ethics* 1990; 16: 173–178; AIDS and the ethics of clinical care and treatment, *Quarterly journal of medicine* 1992; 302: 419–426; AIDS, ethics and clinical trials, *British medical journal* 1992; 305: 699–701, and AIDS and the ethics of medical confidentiality, *Journal of medical ethics* 1992; 18: 173–179.

Each discussion paper was written on behalf of the relevant working party by the institute's Research Director, Kenneth Boyd.

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Medical groups associated with the Institute of Medical Ethics have been established in British university teaching hospitals. Each academic year they arrange programmes of lectures and symposia on issues raised by the practice of medicine which concern other disciplines. Although these programmes are addressed primarily to medical, nursing and other hospital students they are open to all members of the medical, nursing and allied professions. There is no fee for attendance. Lecture lists are available by direct application to the appropriate co-ordinating secretary named above. A stamped addressed A4 envelope would be appreciated.