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23 Caplan AL. The telltale heart: public policy and the utilization of non-heart-beating donors. *Kennedy Institute of Ethics Journal* 1993; **3:** 251–62.

24 Fox R. "An ignoble form of cannabalism": reflections on the Pittsburgh protocol for procuring organs from non-heart-beating cadavers. *Kennedy Institute of Ethics Journal* 1993; **3:** 231–9.

25 Lynn J. Are the patients who become organ donors under the Pittsburgh protocol for "non-heart-beating donors" really dead? *Kennedy Institute of Ethics Journal* 1993; **3:** 167–78.

26 Hastings Center. *Guidelines on the termination of life-sustaining treatment and the care of the dying.* Briarcliff Manor, NY: The Hastings Center, 1987.

27 Bernat J, Culver CM, Gert B. On the definition and criterion of death. *Annals of Internal Medicine* 1981; **94:** 389–94.

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News and notes

Lecturer in the Ethics of the New Genetics

Thanks to a generous donation, the Murdoch Institute for Research into Birth Defects is establishing a post to carry out research into ethics in the context of the new advances in molecular genetics.

The Murdoch Institute is the only Australian Institute of Medical Research with a major interest in human molecular genetics which receives block grant funding from the National Health and Medical Research Council of Australia. It has an active programme of research, including somatic gene therapy, community screening for risk of Down Syndrome and for carrier status for inherited disease, human artificial chromosomes and many other aspects of contemporary genetics. Its associated clinical arm, the Victorian Clinical Genetics Service, offers clinical care on a hub-and-spoke model for all families with genetic diseases in Victoria and Tasmania, and has done so for thirty years. Its newborn screening programme is regarded as an international model, and it has full diagnostic facilities; it has provided clinical genetic services to over 20,000 families, and offers full training for clinical geneticists, genetic counsellors and molecular geneticists.

The appointment to the post will be at university lecturer level (with the possibility of appointment at senior lecturer grade for an exceptional candidate), for five years (renewable) in the first instance. Full secretarial support, and support for PhD students/research assistants, will be available subject to the usual academic conditions. There will be occasional teaching duties to medical undergraduates at various points in the medical course, and to genetic counsellors and geneticists, but these will be defined so as to allow the major portion of the appointee's time to be spent carrying out major research programmes in this new area of study. Particularly appropriate areas for research might include ethics of gene therapy, ethics related to genetic screening, autonomy and confidentiality in genetic testing, and the nature of genetic counselling. Applicants would normally be expected to have a postgraduate qualification in ethics and/or medicine and a good research track record. The ability to interact in an open and productive way with colleagues of many different views is essential.

Any person interested in this post should send a full cv, with the names of two academic referees to: Professor Bob Williamson, Director, The Murdoch Institute, PO Box 1100, Parkville 3052, Australia. Fax: 61 3 9348 1391, E-mail: williamb@cryptic.rch.unimelb.edu.au

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News and notes

VI European Bioethics Seminar

The sixth European Bioethics Seminar, Health Care Issues in Pluralistic Societies, will be held from August 4–8, 1997, in Nijmegen, the Netherlands. The seminar is organised by the International Program in Bioethics Education and Research. Prominent bioethics scholars from different countries will provide participants with both a formal and practical understanding of contemporary bioethics issues. Special attention will be paid to European traditions in health care ethics. All lectures and plenary sessions will be in English. For more information please contact: Dr B Gordijn, Catholic University of Nijmegen, 232 Dept of Ethics, Philosophy and History of Medicine, PO Box 9101, 6500 HB, Nijmegen, the Netherlands. Tel: [31] (0)24–3615320/Fax: [31] (0)24–3540254.

be readily identified and parameters set to protect both patient and professional. Other aspects belong more specifically to the particular individuals and/or organisations concerned in the situation. Influence will be exerted by the relationships which appertain at the time and by aspects of the "still-living history" of their past relationships and experiences. These factors can be of significance in all professional practice but when the work is in the field of mental health and disorder, the need for practitioners to examine themselves becomes more acute and insistent. This is a particularly demanding position to take and maintain and requires appreciation within training, accrediting and employing organisations and institutions.

Adrian Sutton, BSc(Hons), MB, BS, FRCPsych, is Consultant in Child and Family Psychiatry in the Department of Child Psychiatry at the Winnicott Centre, Manchester.

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10 Sutton A. Initiating and developing a psychoanalytic approach to childen. *Psychoanalytic Psychotherapy* 1991; **5:** 247–59.
11 Sutton A. Deprivation entangled and disentangled. *Journal of Child Psychotherapy* 1991; **17:** 61–77.

News and notes

GAEIB: Eighth opinion

The Group of Advisers on the Ethical Implications of Biotechnology (GAEIB) to the European Commission has adopted its 8th Opinion

The group was consulted by the European Commission on 1st April 1996 on the particular issue of the patenting of inventions involving elements of human origin. This consultation occurs in the context of the proposed directive on the legal protection of biotechnological inventions (COM(95) 661 final), prior to its first reading by the European Parliament.

In its response, the GAEIB stresses three ethical guidelines:

- following the ethical principle of *non-commercialisation of the human body*, the human body, as well as its elements, do not constitute patentable inventions; according to this principle, the remuneration of the person from whom the samples are retrieved is to be excluded;
- it is important that the *informed and free consent* of this person should be respected;
- the granting of a patent to an invention derived from the knowledge of a human gene (or a sequence of it) is acceptable only if, on the one hand, the identification of the function associated with the gene allows for new possibilities (for instance the production of new drugs), and, on the other hand, if the intended use of the patent is sufficiently specific and identified.

News and notes

King's College London wins Queen's Anniversary Prize

King's College London was one of the winners in the 1996 round of The Queen's Anniversary Prizes for Higher and Further Education.

The College's submission, *Medical law and ethics: teaching, research and public debate*, was made by the Centre of Medical Law and Ethics. The announcement is in recognition of the centre's academic excellence, entrepreneurism and services to the community.

The Centre of Medical Law and Ethics (CMLE), established in 1978, was set up to encourage and facilitate the interdisciplinary study of issues which cross the boundaries of medicine, health care, law and philosophical ethics.

a subordination of the practice of research to a system of prior authorisation on a national level. The expression "independent authority" has been proposed in order to leave a margin of assessment to the contracting parties. The authority can be either an authority specialised in issues concerning life sciences, for example a national ethics committee, or an *ad hoc* commission, or even a country's legislature.

Article 8

As far as research with no direct benefit on pre-implantation embryos is concerned, two opposing positions can be envisaged. The first, because of the destiny planned for those embryos to be implanted, would consist in forbidding all research with no direct benefit. The second would be to authorise this research on certain conditions, but not to allow the implantation of the embryos concerned, given the risk of producing serious abnormalities.

The text of the draft proposal puts forward a solution between the two positions: ie one which does not prevent the implantation of these embryos, yet which carries the reservation that the research should not be detrimental to them (whether it be observation or the study of cultures, for example) and that the strict conditions provided for *in utero* research with no direct benefit, should be respected.

To this middle course the text adds the possibility of carrying out a pre-implantation diagnosis solely of particularly serious disorders that are incurable at the time of the diagnosis. This involves diseases for which the legislator admits, in general, that recourse might be had to termination of pregnancy, sometimes even beyond the legal date set for termination of pregnancy for social reasons.

Article 9

Here we are in the situation where the non-viability and the death of the embryo are not due to the intervention of the researcher but to the state of the embryo, either because it was not able to be implanted in time (the woman gave up her project or was not available) or because serious abnormalities, which it carries, have made implantation impossible.

Mutatis mutandis, a parallel can be established with the issue of research on individuals who are about to die. The essential rule is to ensure the respect due to the human dignity of the embryo, respect that imposes a limited amount of research both because of its object and because of the time during which it can take place. This condition of time (the 14th day of development) also makes it possible to check that the research will not lead to the embryo being affected at a more advanced stage of development.

Judge Christian Byk is Associate Professor at the University of Poitiers, France and Secretary General of the International Association of Law, Ethics and Science. He was the French representative to the now titled Steering Committee on Bioethics (1983–1991) and Special Adviser to the Secretary General of the Council of Europe (1991–1993).

News and notes

Teaching Research Ethics: Fourth Annual Workshop

The fourth annual "Teaching Research Ethics" workshop will convene at Indiana University, June 25–28, 1997. Registrations are now being accepted. Attendance at the workshop will be limited to 30–45 participants, and the workshop fee is $300. Two additional, larger, meetings will be held on Saturday, June 28.

Workshop sessions will cover ethical theory, human subjects research, animal subjects research, responsible data management, collegiality and authorship, investigating scientific misconduct, conflicts of interest, and pedagogical techniques in teaching research ethics (including the use of case studies).

On Saturday morning, a panel of faculty members and administrators from a variety of universities will present Model Curricula in Research Ethics. This session will provide an ideal opportunity to learn about a number of different programmes and courses in research ethics. Registration is required, but there is no fee to attend the panel.

Following the panel, R Lee Zasloff, Associate Director of the Center for Animal Alternatives at the University of California-Davis, will lead a day-long seminar on Alternatives to Animal Use in Education, Research, and Testing. Registration is required, and a $50 fee will be charged of persons who did not attend the workshop.

Financial support for the workshop comes from Indiana University-Bloomington, Michigan State University, Northwestern University, The Ohio State University, Purdue University, University of Illinois-Urbana/Champaign, University of Iowa, University of Michigan, University of Minnesota, and University of Wisconsin-Madison.

For more information: Kenneth D Pimple, "Teaching Research Ethics" Project Director, Poynter Center, Indiana University, 410 North Park Avenue, Bloomington IN 47405; (812) 855-0261; Fax: 855-3315; pimple@indiana.edu; http://www.indiana.edu/~poynter/index.html

But this counter-argument fails for the following reason: there are, strictly speaking, no such *things* as *dead human bodies*. What are ordinarily *called* "dead human bodies" are nothing more than heaps of physical simples (for example, heaps of elementary particles) arranged human-body-wise. Such physical simples are not, merely in virtue of being arranged in the shape of a (live) human body thereby *unified* into any one single *thing*. In constrast, the physical simples which make up what might be called a "non-whole-brain-dead dead human body" by HBDOD standards clearly make up what *is* a single unified thing. It just so happens to be a single unified thing that, at present anyway, happens not to be conscious.

A A Howsepian, MD, MA(Philosophy), is Resident in Psychiatry at the University of California, San Francisco-Fresno Central San Joaquin Valley Medical Education Program and is studying for a PhD at the University of Notre Dame, Notre Dame, Indiana.

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2 Department of Health and Social Security. *Report of the Committee of Inquiry into Human Fertilisation and Embryology*. London: HMSO, 1984: Cmnd 9314: para 11.22.
3 McCormick RA. Who or what is the preembryo? *Kennedy Institute of Ethics Journal* 1991; **1**: 1–15.
4 van Inwagen P. *Material beings*. Ithaca: Cornell University Press, 1990.
5 These analogies are presented in the form of questions: (a) "By analogy, would the house in which you now live have existed had there been built, on the site of your house, a qualitatively identical one made out of different bricks, different planks of wood, and so forth?" (b) "Analogously, would the house in which you now live have existed if a qualitatively identical one had been built, on the same site, out of the same bricks, wood, and so on, but, in completely different places?"
6 Howsepian AA. Who or what are we?. *Review of Metaphysics* 1992; **45**: 483–502.
7 Stated by Mary Warnock in a television interview and quoted in Lockwood, reference 1.
8 See, for example, the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. *Defining death: medical, legal and ethical issues in the definition of death.* Washington, DC: US Government Printing Office, 1981.
9 This minority includes, among others, Veatch RM. The impending collapse of the whole-brain definition of death. *Hastings Center Report* 1993; 23,4:18–24, and Lizza JP. Persons and death: what's metaphysically wrong with our current statutory definition of death?" *Journal of Medicine and Philosophy* 1993; **18**: 351–74.

News and notes

Ethical Codes in Medicine

The German Akademie fur Ethik in der Medizin is holding a conference entitled Ethical Codes in Medicine, 1947–1997, Origins – Impact – Implications, in Freiburg from October 11–15 1997.

The conference will examine the origins and impact of certain codes; how they can and do function as instruments; what the code-of-ethics concept has and has not achieved to date, and the need for conceiving new codes for particular medical fields.

For further information contact: The Freiburg Project, Zentrum fur Ethik und Recht in der Medizin, im Universitatsklinikum, Albert-Ludwig-Universitat, Eisasser Strasse 2m/Haus la, D-79110 Freiburg, Germany. Tel: ++49-(0)761-270-7265; fax: ++49-(0)761-270-7268; e-mail: fproject@sunl.ukl.uni.freiburg.de babies and, at the other end of life, adults suffering from advanced senile dementia. It seems to me that the term "person", as ordinarily used, is applicable at least from the time when there is a dawning of sentience within the fetus, and that the continuity of psychological development, between the late fetus and the resulting adult, underpinned as it is by a structural continuity within the relevant part or aspect of the brain, permits us to think of the same person persisting throughout. Memory is doubtless one aspect of such continuity; but Locke seems to me mistaken in presenting it, as he does (*Essay concerning human understanding*, II.xxvii.10), as *the* criterion of personal identity.

2 I develop these views in detail in my Warnock versus Powell (and Harradine): when does potentiality count? *Bioethics* 1988; **2**: 187–213.

3 Emery AEH. *Elements of medical genetics* [6th ed]. Edinburgh, London, Melbourne and New York: Churchill Livingstone, 1983: 85.

4 Parfit D. *Reasons and persons*. Oxford: Clarendon Press, 1984: part III.

5 Sperry RW. Hemisphere deconnection and unity in conscious awareness. *American Psychologist* 1968; **13**: 723–33.

6 I discuss this at length in my *Mind, brain and the quantum*. Oxford: Blackwell, 1989: ch. 6.

7 Lockwood M. The Warnock Report: a philosophical appraisal. In: Lockwood M, ed. *Moral dilemmas in modern medicine*. Oxford: Oxford University Press, 1985: 161-2.

News and notes

Ethics and Palliative Care

An advanced European Bioethics Seminar, Ethics and Palliative Care, will take place from April 3–5, 1997, in Nijmegen, the Netherlands. It is plausible to expect that the demand for and attention to palliative care will increase. Accordingly the International Program in Bioethics Education and Research has developed a new in-depth seminar on ethics and palliative care. Specialists from different countries will focus on The Evolution of Palliative Care, Ethical Issues in Pain Management, The Limits of Palliative Care: Futility of Medical Treatment, Palliative Care and Euthanasia, etc. All lectures and plenary sessions will be held in English. For more information please contact: Dr B Gordijn, Catholic University of Nijmegen, 232 Dept of Ethics, Philosophy and History of Medicine, PO Box 9101, 6500 HB Nijmegen, the Netherlands. Tel: [31] (0)24–3615320 Fax: [31] (0)24–3540254. E-mail: b.gordijn@efg.kun.nl

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News and notes

The Economics of Mental Disorders, Alcohol and Drug Addiction

The Fourth Workshop on Costs and Assessments in Psychiatry, entitled The Economics of Mental Disorders, Alcohol and Drug Addiction, will be held in Venice from March 14–17 1997.

The workshops aim to facilitate the integration of the research performed by different disciplines to evaluate the mental health field from different perspectives (psychiatry, economics, public health and sociology).

The workshops are organised by the Association for Research into Costs and Assessments in Psychiatry, (ARCAP).

For further information please contact: Organising secretariat, ARCAP, Via Daniele Crespi 7, 20123 Milano, Italy. Tel/fax: 39-2-5810 6901.

News and notes

A Time to Die

A conference entitled A Time to Die? Ethical, Legal and Clinical Perspectives will be held at St Thomas's Hospital, Lambeth Palace Road, London SE1 on the 7th of May 1997.

The conference is being organised by the Centre for Bioethics and Public Policy, London.

For further information or registration forms contact: Graham Stanford, Centre for Bioethics and Public Policy (CBPP), 58 Hanover Gardens, London SE11 5TN. Tel/fax: 0171-587 0595; E-mail: 100524.1567@compuserve.com

Notice for contributors to the Journal of Medical Ethics

Submitting manuscripts for publication

Four copies of papers submitted for publication should be sent to: The Editor, *Journal of Medical Ethics,* Analytic Ethics Unit, Imperial College of Science, Technology and Medicine, London SW7 2AZ. The journal considers papers only if they are not under consideration by any other journal at the same time. Rejected manuscripts are not returned. Papers, including references, should be in double-spaced typewriting on one side of the paper only. A total word-count is required, and pages should be numbered sequentially. On a separate sheet brief details of the author's present post, an address for readers' correspondence and any other relevant information should be supplied.

The *JME* uses a simplified 'Vancouver style' for references. The full text of the 'Vancouver Agreement' was published in the *British Medical Journal* in 1991; **302;** 338-41. 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 jargon-free English, accessible to any intelligent reader.**

Authors are asked to avoid footnotes. The preferred maximum length of papers is 3,500 words – absolute maximum 5,500 (including references). Book reviews should be between 600 and 1,000 words. Abbreviations should be avoided. The names of journals, organisations etc should be given in full in the text.

Two 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, BMJ Publishing Dept, BMA House, Tavistock Square, London WC1H 9JR.

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All papers submitted for publication should contain the following:

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Where a further reference is made to a previous reference, but to a different page number or numbers, this should have a new reference number of its own and it should then refer back to the original reference, thus:

1 May T. The nurse under physician authority. *Journal of Medical Ethics* 1993; **19:** 223-7.
2 See reference 1: 225.

Please note also that the names of journals should be in italics. The volume number should be in bold.

References must be verified by the author(s) against the original documents.
The following scheme, a simplification of the 'Vancouver style' for biomedical journals, should be followed for each reference: in the text – number in superscript, following punctuation; in the list – author (list all authors if six or less; if seven or more, list only the first six and add *'et al'),* title, name of publication if different from title – in italic; place of publication and publisher (where appropriate); year of publication; and, where appropriate, volume number in bold and page references of article or chapter referred to. Examples of correct forms of reference are given below:

a) Standard journal article:
  1 Teasdale K, Kent G. The use of deception in nursing. *Journal of Medical Ethics* 1995; **21:** 77-81.
b) Corporate author:
  2 General Medical Council. *Tomorrow's doctors – recommendations on undergraduate medical education.* London: General Medical Council, 1993.
c) No author given:
  3 Anonymous [editorial]. Anonymous HIV testing. *Lancet* 1990; **335:** 575-6.
d) Personal author(s):
  4 Singer P, Kuhse J. *Should the baby live?* Oxford: Oxford University Press, 1985.
e) Editor, compiler, chairman as author:
  5 Phillips CE, Wolfe JN, eds. *Clinical practice and economics.* Tunbridge Wells: Pitman Medical, 1977.
f) Chapter in book:
  6 Hope T. Ethics and psychiatry. In: Rose N, ed. *Essential psychiatry* [2nd ed]. Oxford: Basil Blackwell Scientific Publications, 1994: 45-51.
g) Agency publication:
  7 The Linacre Centre for the Study of Ethics and Health Care. Paper 1: The principle of respect for human life. In: *Prolongation of life.* London: The Linacre Centre for the Study of Ethics and Health Care, 1978.
h) Newspaper article:
  8 Dinwoodie R. Volunteers die as heart drug results baffle doctors. *The Scotsman* 1980 Sept 5: 11 (cols 1-6).

Journal of Medical Ethics 1997; **23: 64**

The Institute of Medical Ethics: research and medical groups

Research

Since 1975, the institute has conducted research in many areas of health care ethics and education, including issues related to resource allocation in health care, death and dying, abortion and the treatment of infertility, research with human subjects, and medical involvement in torture. Recent studies have been concerned with the use of animals in biomedical research, ethical aspects of HIV infection and AIDS, and medical and nursing education. The institute's current research programme includes studies of decision-making in neonatal care and in the care of the elderly. Its research unit, based in Edinburgh, works in collaboration with multidisciplinary working parties whose membership is drawn from all parts of the United Kingdom. The research unit provides information and advice on current issues in medical ethics to a variety of academic and health care bodies. Reports on the institute's research are regularly published in medical and nursing journals and by the institute.

Medical groups

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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.