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The Institute of Medical Ethics is an independent, non-partisan organisation for the multidisciplinary study of medico-moral issues raised by the practice of medicine, and concerned with research, education and information. It is financed by grants and donations from public and private sources.

The institute aims to help improve the quality of both professional and public discussion of medico-moral questions; to promote the study of medical ethics; to promote high academic standards for this ever developing subject; to encourage a multidisciplinary approach to discussion of the consequences of clinical practice; to stimulate research into specific problems, and to remain non-partisan and independent of all interest groups and lobbies.

Institute reports include: *The Ethics of Resource Allocation in Health Care* by Kenneth Boyd, and *Dilemmas of Dying* by Ian Thompson, Edinburgh University Press (both 1979); *Medical Research with Children: Ethics, Law and Practice* by Richard Nicholson, and *Lives in the Balance: the Ethics of Using Animals in Biomedical Medical Research* by Jane Smith and Kenneth Boyd, Oxford University Press (1986 and 1991); *Life Before Birth* by Kenneth Boyd, Brendan Callaghan and Edward Shotter, SPCK (1986); *Teaching and Learning Nursing Ethics* by Ursula Gallagher and Kenneth Boyd, Scutari (1991) and Sorbona Milan (1993); *The Pond Report on the Teaching of Medical Ethics* edited by Kenneth Boyd, and *The Care of Patients with HIV and AIDS: A Survey of Nurse Education in the UK*, by Hazel McHaffie, published directly for the institute (1987 and 1994); *Life, Death and Decisions: Doctors and Nurses Reflect on Neonatal Practice*, by Hazel McHaffie and Peter Fowlie, published by Hochland and Hochland (1996).

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The institute derives from the London Medical Group, a student group for the study of ethical issues raised by the practice of medicine which, beginning in 1963, arranged a comprehensive programme of lectures and symposia on such issues. Similar groups associated with the institute are now established in university teaching hospitals throughout the UK.

Professor Richard West
General Secretary, IME
Medical Postgraduate Department
University of Bristol
Frenchay Hospital, Frenchay
Park Road, Bristol BS16 1LE

Dr Kenneth Boyd
Director of Research and
Scottish Director, IME
Department of Medicine
Royal Infirmary of Edinburgh
Lauriston Place, Edinburgh EH3 9YW

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News and notes

Announcing the April special issue...

Ethics and the new genetics

The April issue of the *Journal of Medical Ethics* will be a double issue of about 25 papers dedicated to the subject of ethics and the new genetics. The guest editors are Professor Bob Williamson and Associate Professor Julian Savulescu of the Murdoch Institute for Research into Birth Defects, Melbourne, Australia.

This special issue will be of interest and benefit to a wide cross section of clinical and non-clinical professionals at a time of rapid and profound change in this area.

It comprises peer-reviewed articles covering a wide range of issues: ethical problems raised by the prospect of human cloning, ethical and social issues around genetic screening and preimplantation diagnosis, genetic testing in the wider arena of justice, and more.

Forthcoming titles in this issue include:

- Indigenous people and the morality of the Human Genome Diversity Project
  Michael Dodson and Bob Williamson
- Human cloning and child welfare
  John Harris and Justine Burley
- Can we learn from eugenics?
  Daniel Wikler
- Beware! Preimplantation genetic diagnosis may answer some old problems but it also raises new ones
  Heather Draper and Ruth Chadwick
- Genetic privacy: orthodoxy or oxymoron?
  Veronica English and Ann Sommerville
- Should we clone human beings? Cloning as a source of tissue for transplantation
  Julian Savulescu
- Preimplantation genetic diagnosis and the "new" eugenics
  David King

Other titles include: Does justice require genetic enhancement?; Genetic screening with the DNA chip: a new Pandora's box?; and Kids not case studies: a parent's perspective of genetic counselling.

Non-subscribers to the *Journal of Medical Ethics* will be able to purchase an individual copy after publication (UK price £10 per copy including postage; overseas £12 per copy [$19 in the US] including postage. Please contact the Subscriptions Fulfilment Department, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR, UK: tel 0171 383 6270, fax 0171 383 6402, email subscriptions@bmjgroup.com.

News and notes

Change of address

The Editor of the journal wishes to alert readers and contributors to the journal's new address: *Journal of Medical Ethics,* 36 West Towers, Pinner, Middlesex HA5 IUA.

duty of elected representatives to reflect the views of their constituents, it would appear they have shown themselves remiss in this duty. However, if they are sages who are elected to lead the community, they may be satisfied that they are doing their duty towards their constituents. If the parliamentarians are to be wise, they need to be appropriately informed and surveys of health practitioners, who have been confronted by the dilemmas of euthanasia in their daily work, can help to provide this information.

Acknowledgement

Thanks to David Jorm for assistance with a statistical programme for this paper and to the Judy Gallagher Memorial Trust for help with funding of the survey.

Betty A Kitchener BA, BNurs, Grad Dip Spec Ed, Grad Dip Comm Couns, is a Postgraduate Student in the School of Nursing, University of Canberra, Australia and Anthony F Jorm PhD, DSc, is Professor in the NHMRC Psychiatric Epidemiology Research Centre, Australian National University, Canberra, Australia.

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News and notes

Mental Disorders and Genetics: the Ethical Context

Special safeguards must be implemented to protect people with mental disorders from genetic testing that would not be beneficial to those people, says the Nuffield Council on Bioethics. In the council's report, *Mental Disorders and Genetics: the Ethical Context*, the ethical implications arising from genetic research and how the research is applied are reviewed on the basis of the fundamental need to preserve human respect and human dignity.

The report is available from the Nuffield Council on Bioethics, 28 Bedford Square, London WC1B 3EG, price £20.00 inc p&p within Europe (+£3.50 per copy outside Europe).

Journal of Medical Ethics for their insightful suggestions.

Charles Weijer, MD, PhD, is Assistant Professor of Medicine at Dalhousie University, Halifax, Nova Scotia, Canada.

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News and notes

Ethics of Clinical Research in Developing Countries

The Nuffield Council on Bioethics is to hold a two-day workshop, February 22-23 1999 on the ethics of clinical research in developing countries. Amongst issues addressed will be: the adequacy of existing guidelines; the ethics of externally funded research in developing countries; the ethical issues highlighted by AIDS vaccine trials; non-therapeutic research and consent, and what happens once research is completed.

The workshop will be funded by the Medical Research Council, the Wellcome Trust and the UK Government Department for International Development.

For further information please contact: Dr Sandy Thomas, Director, Nuffield Council on Bioethics: 0171 631 0566; Liz Morgan-Lewis/Dawn Duncan, Medical Research Council press office: 0171 637 6017/6011; Catherine Nestor/Noorece Ahmed, Wellcome Trust press office: 0171 611 8846/8540; Lisa Louis, Information Officer, The Department for International Development: 0171 917 0680.

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News and notes

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The web site is at a preliminary stage and there are plans to develop it into a more sophisticated site. Suggestions from visitors about features they would like to see are welcomed. They can be left via the opening page of the BMJ Publishing Group site or, alternatively, via the journal page, through "about this site".

News and notes

Health Care Issues in Pluralistic Societies

A seminar on Health Care Issues in Pluralistic Societies, organised by the International Programme in Bioethics Education and Research, will be held in Nijmegen, the Netherlands, 2 - 6 August, 1999.

Special attention will be paid to European traditions in health care ethics. All lectures and plenary sessions will be held in English.

Price: Dfl 950.

For more information please contact: B Gordijn, PhD, Catholic University of Nijmegen, 232 Dept of Ethics, Philosophy and History of Medicine, PO Box 9101, 6500 HB Nijmegen, the Netherlands. Tel: (31) 24-3615320; fax: (31) 24-3540254. E-mail: b.gordijn@efg.kun.nl / Internet site: http://www.azn.nl/fmw/onderwys/ukbioeth.htm it is imperative that educational activities that deal specifically with ethical realities should be made available to physicians. Such activities can be designed to help them openly share and discuss their experiences of ethical dilemmas in their medical practice.

As in any study that relies mainly on data obtained from self-administered questionnaires, caution should be taken in drawing general conclusions from the results of this study. However, the findings presented here provide an insight into the influence different roles may have on how individuals perceive the same thing.

To obtain a clearer picture of the ethical considerations in our hospitals, it is recommended that further studies be conducted in this area. An ideal, comprehensive study would be one that included the views of both professionals and patients. It is further suggested, that studies be conducted to address different issues using different statistical techniques and/or that a more detailed study of the same issues addressed here be undertaken.

Khalid Saad Bin Saeed, PhD, is currently an Associate Professor, Master's Program in Hospital and Health Administration, College of Administrative Sciences, King Saud University, Riyadh, Saudi Arabia. He obtained a PhD in Health Policy and Administration from the University of North Carolina at Chapel Hill, USA. He is the immediate past Executive Director of King Khalid University Hospital, an 800-bed teaching hospital affiliated to King Saud University's College of Medicine. He is a member of the International Society for Quality Assurance.

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News and notes

Teaching Research Ethics

Indiana University's sixth annual *Teaching Research Ethics* workshop will be held in Bloomington, Indiana, USA from May 26-29, 1999.

Session topics will include: an overview of ethical theory; using animal subjects in research; using human subjects in clinical and non-clinical research, and responsible data management.

For more information please contact: Kenneth D Pimple, *Teaching Research Ethics* Project Director, Poynter Center, Indiana University, 618 East Third Street, Bloomington IN 47405; tel: (812) 855-0261; fax: 855-3315; pimple@indiana.edu;http://www.indiana.edu/~poynter/index.html

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recounts the agony and the challenge of being with his father who lay for hours "sweating, gasping for breath, gurgling - but not dying" after life-prolonging procedures were withdrawn. In between these two major events, he struggled to unravel the issues inherent in helping patients to die. To facilitate the process he entered into the lives of people who were actually confronting the question of suicide - by their own hand or with assistance - when life became intolerable. Quite deliberately he became personally engaged in their struggle, lived alongside them in their search for an answer. He shared their last hours, witnessed others assisting their deaths, was challenged to assist himself.

The resulting book does not shirk the difficult questions; it does not sanitise the pain. In short it deals with real life ethics rather than the theoretical. Indeed, the grainy photographs accompanying the text somehow underline the reality of these situations - like snaps taken to capture precious moments with a friend. It looks at the reality of such situations: the difficulty of deciding whether it is simply depression speaking when a patient asks for death; when such a request is premature. It describes at first hand the horror of failed efforts at suicide or attempts to assist a death only to have the patient fighting to live at the eleventh hour. It recognises the potential for abuse in physician-assisted suicide and the problems of building in adequate safeguards.

Shavelson concludes that the present system fails the terminally ill and the severely disabled. The very fact that so many patients are seeking suicide demonstrates its inadequacy. The lengths to which these people are prepared to go underlines the urgency of the need to provide for their end. But when provision rests with the patient or his/her family, there is a great potential for disaster, guilt and legal repercussions. And it is a disaster if a person reaches a point where he has gone through the whole process of suicide - the decision and the act - and it fails. Furthermore, suicide excludes those too weak or disabled to take matters into their own hands. The author concludes that having a professional take charge would seem so much more humane and reliable. He therefore examines a compromise course: the proposal that doctors should prescribe lethal doses of drugs like Seconal to ensure a more certain death. He ends with a consideration of a blend of "Hospice and Hemlock," a development which requires modification of the law but which offers protection for doctor and patient.

Although this is a book which will appeal to people from all walks of life, Shavelson directs certain challenges straight at his medical colleagues. The profession, he contends, "appears to turn its back on these horrible moments (during the last stages of illnesses) in order to keep its intentions pure". He forces the clinician to turn around and face the issue four-square.

No thinking person can fail to be moved by this slim volume but some serious students might well be irritated by small deficiencies such as loose referencing, the absence of an index, the use of terms which confound rather than clarify. Others will find the text strangely jarring in places where the thought processes of the author and the reader take them in different directions. But the strengths of the book far outweigh its weaknesses, with challenges as relevant in the UK as they are in the USA.

As he sat with a dying friend over whose head he had himself slipped a black plastic bag, Shavelson admits to a great sense of loneliness. But he was not really alone, he was "with hundreds of other families who have faced the anguish of similar dilemmas, in hiding, inexperienced and without adequate guidance ... forced to decide, and to act, alone". Together they arrived at "one common thought. That this is not how it should be." For anyone who will hear this cry, anyone who will accept the inadequacy of the present system, this book makes sobering and compelling reading.

HAZEL E MCHAFFIE

Research Fellow, Medical Ethics, University of Edinburgh and Deputy Director of Research, Institute of Medical Ethics

Books: information and orders

If you wish to order or require further information regarding the tides reviewed here, please write to or telephone the BMJ Bookshop, PO Box 295, London WC1H 9JR. Tel: 0171 383 6244. Fax: 0171 383 6662. Books are supplied post free in the UK and for BFPO addresses. Overseas customers should add 15 per cent for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank or by credit card (Mastercard, Visa, or American Express, stating card number, expiry date, and full name (The price and availability are occasionally subject to revision by the publishers).

News and notes

Ethics group meetings

The Royal Free and University College Ethics Group (London) will discuss *The psychotic patient: mad, bad or misunderstood,* on Tuesday April 27, 1999. The topic for the meeting on Tuesday May 25, 1999 will be *Female circumcision: when medical ethics confronts cultural values.* Both meetings will begin at 6.00 pm and will be held in The Atrium, Ground Floor, Royal Free Hospital, London.

For further information please contact: Lesley Armstrong, Sheila Sherlock Education Centre, Royal Free Hospital, Pond Street, London NW3 2QG. Tel: 0171 794 0500 ext 6505; fax: 0171 836 2167; e-mail: medical.ethics.group@ucl.ac.uk

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*, 36 West Towers, Pinner, Middlesex HA5 1UA. 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. Pages should be numbered sequentially. On the title page brief details of the author's present post, an address for readers' correspondence and contact fax and phone numbers, and a total word count should be supplied. Once a paper has been scheduled it will be requested on disk. This should be PC format, Wordperfect 6.1 if possible and there should be no hidden codes.

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. If your paper involves research on human subjects please confirm that the study has received approval from a research ethics committee (or if not, please explain why not).

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All papers submitted for publication should contain the following:

1 On page one of the manuscript:
   a) the title of the article which should be concise but informative and designed to attract the reader. The Editor reserves the right to change titles to achieve these ends.
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2 On page two:
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   Number these consecutively in the order in which they are first mentioned in the text, tables, and captions, by arabic numerals, in square brackets, for example, according to Jones.[3] The list of references at the end of the paper should be numbered in the order in which each reference appears in the text. Try to avoid using abstracts as references. 'Unpublished observations' and 'personal communications' may not be used as references, although references to written, not verbal, communications may be inserted (in parenthesis) in the text. Manuscripts accepted but not yet published may be used as references — designate the journal followed by 'in press' (in parenthesis). Information from manuscripts submitted but not accepted should be cited in the text as 'unpublished observations' (in parenthesis).

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.

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The following scheme, a simplification of the 'Vancouver style' for biomedical journals, should be followed for each reference: in the text number in square brackets, 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.

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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.

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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.

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. **For submissions, see Notice to contributors.**

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The Institute of Medical Ethics is an independent, non-partisan organisation for the multidisciplinary study of medico-moral issues raised by the practice of medicine, and concerned with research, education and information. It is financed by grants and donations from public and private sources.

The institute aims to help improve the quality of both professional and public discussion of medico-moral questions; to promote the study of medical ethics; to promote high academic standards for this ever developing subject; to encourage a multidisciplinary approach to discussion of the consequences of clinical practice; to stimulate research into specific problems, and to remain non-partisan and independent of all interest groups and lobbies.

Institute reports include: *The Ethics of Resource Allocation in Health Care* by Kenneth Boyd, and *Dilemmas of Dying* by Ian Thompson, Edinburgh University Press (both 1979); *Medical Research with Children: Ethics, Law and Practice* by Richard Nicholson, and *Lives in the Balance: the Ethics of Using Animals in Biomedical Medical Research* by Jane Smith and Kenneth Boyd, Oxford University Press (1986 and 1991); *Life Before Birth* by Kenneth Boyd, Brendan Callaghan and Edward Shotter, SPCK (1986); *Teaching and Learning Nursing Ethics* by Ursula Gallagher and Kenneth Boyd, Scutari (1991) and Sorbona Milan (1993); *The Pond Report on the Teaching of Medical Ethics* edited by Kenneth Boyd, and *The Care of Patients with HIV and AIDS: A Survey of Nurse Education in the UK*, by Hazel McHaffie, published directly for the institute (1987 and 1994); *Life, Death and Decisions: Doctors and Nurses Reflect on Neonatal Practice*, by Hazel McHaffie and Peter Fowlie, published by Hochland and Hochland (1996).

Shorter institute reports include: Assisted Death, *Lancet*, 1990; AIDS, ethics and clinical trials, *British Medical Journal*, 1992; AIDS and the ethics of medical care and treatment, *Quarterly Journal of Medicine*, 1992; Advance directives: partnership and practicalities, *British Journal of General Practice*, 1993; Implications of HIV infection and AIDS for medical education, *Medical Education*, 1994; and Prolonging life and allowing death: infants, *Journal of Medical Ethics*, 1995.

The institute derives from the London Medical Group, a student group for the study of ethical issues raised by the practice of medicine which, beginning in 1963, arranged a comprehensive programme of lectures and symposia on such issues. Similar groups associated with the institute are now established in university teaching hospitals throughout the UK.

Professor Richard West
General Secretary, IME
Medical Postgraduate Department
University of Bristol
Frenchay Hospital, Frenchay
Park Road, Bristol BS16 1LE

Dr Kenneth Boyd
Director of Research and
Scottish Director, IME
Department of Medicine
Royal Infirmary of Edinburgh
Lauriston Place, Edinburgh EH3 9YW

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