

to legalise euthanasia will risk undermining the freedoms of the majority of society in an attempt to promote the autonomy of the small minority of patients who might retain an interest in ending their lives in this way. This risk to society arises from the potential for abuse of legalised euthanasia by, for example, increasing the pressure (real or imagined) that legalised euthanasia might place on vulnerable people and by the denial of value of elderly, chronically infirm, and dependent people... . The arguments advanced indicate that

respect for individual autonomy cannot be an absolute value".

Dr Fiona Randall, FRCP, is Consultant in Palliative Medicine, Christchurch Hospital, Christchurch, Dorset.

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News and notes

Psychology and Law International Conference

An international conference entitled Psychology and Law is to be held from the 6th to the 9th of July 1999 in Dublin, Ireland. This will be the first joint annual conference of the American Psychology-Law Society and the European Association of Psychology and Law.

Seven one-day "master" courses will precede the main conference.

These will cover: Assessment and treatment of anger; Interviewing children: techniques for improving the accuracy and completeness of children's reports; What works with crime? Cognitive-behavioural programmes

in criminal justice settings; Risk analysis, assessment and management: implications of the latest research; Investigative psychology: informing criminal investigations; Assessing credibility, and Advances in assessing capacities for legal competencies.

Delegates may attend the one-day courses without registering for the main conference.

For further information please contact: Jill Elliott, Conference Administrator, Faculty of Law, University of Southampton. Tel: +44 (0)1703 592376; FAX: +44 (0)1703 593885; email: jill.elliott@soton.ac.uk

News and notes

Ethics and Science - the Social, Juridical and Philosophical Debate

The University of Tübingen's Centre for Ethics in the Sciences and Humanities is organising a conference, Ethics and Science - the Social, Juridical and Philosophical Debate, at the Eberhard-Karls University of Tübingen from June 10th - 11th 1999.

The conference aims to explore and debate the philosophical, cultural and legal aspects of the relationships between ethics, science and society in Europe. Special, but not exclusive, attention will be given to subjects

related to life sciences and technologies, as well as to information and communication technologies.

For further information please contact: The Centre for Ethics in the Science and Humanities, Keplerstr 17, D-72074 Tübingen, Germany. Tel: +49 (0)7071 - 297 7516; fax: +49 (0)7071 - 29 5255; email: eu-congress@uni-tuebingen.de

The detailed programme can be found on the internet: www.uni-tuebingen.de/zew/eu-congress

Dr Anthony J Holland, BSc, MBBS, MRCP, MRCPsych, is a University Lecturer in the Department of Psychiatry, University of Cambridge and Honorary Consultant Psychiatrist, Lifespan NHS Trust, Cambridge. Dr Josephine Wong, MBBS, MA, MRCPsych, was until recently a Clinical Research Associate at the Department of Psychiatry, University of Cambridge, funded by a grant from the Nuffield Foundation. She is now Lecturer, Department of Psychiatry, University of Hong Kong. Correspondence: Dr A J Holland, Section of Developmental Psychiatry, Douglas House, 18b Trumpington Road, Cambridge, CB2 2AH.

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News and notes

The Annual Intensive Course on Medical Ethics

The Annual Intensive Course on Medical Ethics will take place at Imperial College, London from 13-17 September, 1999.

The course provides a multidisciplinary introduction to philosophical medical ethics for medical and nursing teachers, members of ethics committees, GPs, hospital consultants and health administrators.

It is organised in collaboration with the Institute of Medical Ethics.

For further information please contact: Sally Verkaik, Imperial college Centre for Continuing Education, London SW7 2AZ. Tel: +44 (0)171 594 6882; fax: +44 (0)171 594 6883; e-mail: cpd@ic.ac.uk

News and notes

Human Rights in Medicine

Human Rights in Medicine is the title of an international summer course on health care ethics to be held from June 28 - July 3 in Dubrovnik, Croatia.

For further information please contact: Miroslav

Mastilica, PhD, Andrija Stampar School of Public Health, University of Zagreb, Rockefellerova 4, HR-10000 Zagreb, Croatia. Tel: +385 1 468 4440; fax: +385 1 468 4441; email: mmastil@andrija.snz.hr

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News and notes

European Commission: call for research proposals

The European Commission is publishing calls for proposals for research in the area of biomedical ethics and bioethics in 1999, 2000 and 2001 under the Fifth Framework Programme for Research and the Specific Programme for "Quality of Life and Management of Living Resources".

These calls are open to teams wishing to propose either research projects or concerted actions, research networks or conferences.

The first call's closing date is June 1999. A second call

should be published with a closing date in October 1999.

This call will be covering areas such as: Ethical aspects of scientific and technological developments; Ethical framework for the life sciences; Public policies, law and bioethics, and Bioethics infrastructures and methodologies.

For more details or an information pack please contact Mr Maurizio Salvi at: fax: 32-2.299.58.88 or by email: maurizio.salvi@dg12.cec.be

at the last possible moment, which will be when he is enduring tremendous pain and suffering, but then we are right back where we started. Whether a living will was made thirty years ago or thirty hours ago seems to make no difference, at least not a difference in kind. We therefore have no way of ensuring that the patient's desire to end his life is freely chosen, and so, even with living wills it appears as though euthanasia (whether active or passive) is not permissible where unbearable pain and suffering are concerned.

We have seen, then, that there are legitimate reasons for questioning whether or not there can be such a thing as voluntary euthanasia. In those cases where the decision to end one's life is made when experiencing unbearable pain and suffering we cannot rule out the possibility that the choice to end one's life was not made freely. In those cases where a living will is in existence we have a moral obligation to ensure that the patient still

wishes us to abide by the terms of the will, but to do this we need to determine the patient's wishes at the latest possible time, in which case we end up with the same problem just mentioned. If the above arguments are correct, then the current debates about active and passive euthanasia are unnecessary, at least for certain types of cases, for either form of euthanasia turns out to be involuntary, and most ethicists agree that involuntary euthanasia is not permissible. To make some progress on this issue ethicists should take a closer look at the voluntary-involuntary distinction and determine, in greater detail, the conditions under which euthanasia can reasonably be characterised as voluntary.

Neil Campbell, PhD, is a Sessional Instructor in the Department of Philosophy, University of Calgary, Alberta, Canada.

News and notes

Biomedicine, the Family and Human Rights

The International Society of Family Law is holding a regional conference, Biomedicine, the Family and Human Rights, from Friday 27th of August to Monday 30th August, 1999. Topics include: Preimplantation genetic diagnosis; genetic engineering; sex selection; cloning; assisted reproductive technology; embryo research; surrogacy; the Council of Europe Convention

on Human Rights and Biomedicine; family law and ethics; parenthood, duties and responsibility; international legal collaboration, and practical legal problems.

For further information please contact: Ruth Deech (convenor) at St Anne's College, Oxford OX2 6HS, UK. Tel: +44 865 274 820; fax: +44 865 274 895; email sandra.madley@st-annes.ox.ac.uk

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News and notes

Ethics and Genetics

The International Programme in Bioethics Education and Research is organising the third Advanced European Bioethics Course, this time on Ethics and Genetics. The course will be held in Nijmegen, Holland from the 18th to the 20th of November 1999.

Topics will include: Ethics and the human genome; genetic counselling; genetic screening; human gene therapy, and geneticisation.

For further information please contact: B Gordijn, PhD, Catholic University, Nijmegen, 232 Dept of Ethics, Philosophy and History of Medicine, PO box 9101, 6500 HB Nijmegen, Netherlands. Tel: 0031-24-3615320; fax: 0031-24-3540254; email: b.gordijn@efg.kun.m; internet site: <http://www.kun.nl/fmw/onderwys/ukgene.htm>

specific introduction, rather than the reader being reliant on a brief preface. Secondly, the volume's title, *Intersections: Women on Law, Medicine and Technology*, does not direct the reader to the stated aim in the preface, that of dissecting medical power. This title alerts the reader to the fact that the authors are women. However, while many of the essays in the collection do provide a feminist slant to the discussion of particular health care issues (for example, Anlue's discussion of Reproductive autonomy and reproductive technology: gender, deviance and infertility, and Darvell's essay, Gender and equity: emerging issues in Australian drug trial regulatory policies,) and many of the essays centre upon issues particularly pertinent to women, this is not a collection of essays designed to provide a feminist critique of medical power. For a more comprehensive examination of feminist issues in the health care context the reader would need to look elsewhere, to collections such as that edited by Sheldon and Thomson, *Feminist Perspectives of Health Care*, which was published by Cavendish in 1997).

Inevitably in a collection such as this, there are issues which the reviewer would have hoped would have been addressed. It is of course unfair to say to the authors that one would have structured a volume in another way, etc and there is much of interest and of value in this particular collection, not least in its comparative discussions. I was, however, at least a little disappointed that the impact on medical power of professional self-regulation, statutory regulation and other measures such as clinical audit were not afforded greater consideration. These are surely important issues for a volume dissecting medical power and the role of technology today, a volume moreover which states that it aims to provide a "coherent framework for law and policy making". The nature of the boundaries between medical power itself and that wielded by the scientist in the biotechnological context (as, for example, discussed by Gannon in her essay, The science of biotechnology: present, past and future quagmires,) perhaps merited further consideration. Is the role of the scientist and of the doctor identical? Does this impact upon the appropriate regulatory mechanisms to be adopted? One final reflection. Overall this collection draws upon some interesting

cross-jurisdictional comparisons. It raises some important themes and leaves the reader wanting to explore the issue further.

J V MCHALE

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Sharing the Journey: Spiritual Assessment and Pastoral Response to Persons with Incurable Illnesses

Cornelius J van der Poel, Minnesota,
Liturgical Press, 1998, 94 pages,
US\$9.95.

The author of this book has taught ethics and pastoral theology as well as having served as a chaplain within a health care setting prior to retirement. *Sharing the Journey* seeks to differentiate between religious denomination and a broader spiritual perspective and focuses on people who have AIDS, cancer or multiple sclerosis, recognising that the assessment and evaluation of a patient's needs in respect of spiritual care is far from easy. The author offers an instrument for spiritual assessment which will allow the carer to evaluate the spiritual state of the person to whom care is being given.

The first part of the book outlines an understanding of the nature of spirituality and the differentiation of spiritual from psychological states, focusing in particular on key words of faith, hope and love.

The key aspects of the assessment document are five general questions dealing with:

1. The place of God in the patient's life;
2. The patient's attitude towards him or herself;
3. The patient's relationship with family and friends;
4. The patient's understanding of and interest in prayer;
5. The patient's attitude toward his or her religious denomination or church.

Each question then has four statements and each assessment has a score of 1 to 5, ranging from strong disagreement to strong agreement.

The next chapter discusses the applicability of this instrument in respect of

three situations/illnesses which impact on patients and families. This is then followed by a chapter focusing on pastoral responsibility and looking at ways in which pastors or chaplains might plan suitable intervention. Readers may recoil from the description of "a pastoral treatment plan" (page 74) and one of the problems presented by this book is the difficulty of using such instruments in the general care and management of patients. There is some recognition of this in that the author envisages chaplains might choose to make the assessment retrospectively, following interaction with the patient and this would seem to be a less intrusive way. This would then give the chaplain a way of reflecting on areas of development or regression in the ongoing relationship with the patient.

From an ethical perspective it feels important that the development and use of such instruments does not override the autonomy of the individual and his/her ability to say "No" to being so assessed. Issues might also arise regarding confidentiality: fears about information becoming accessible to other team members and other professionals involved in the care. It would also seem important that such an instrument, if it were to be used, should not be included on the basis of implied consent but with the specific consent of the patient being sought each time.

REVEREND PREBENDARY
PETER SPECK

Trust Chaplaincy Team Leader

Books: information and orders

If you wish to order or require further information regarding the titles reviewed here, please write or telephone the BMJ Bookshop, PO Box 295, London WC1H 9JR. Tel: 0171 383 6244; fax: 0171 383 6455; Internet: www.bmjbookshop.com; email: orders@bmjbookshop.com. European customers should add 15 per cent for postage and packing, other overseas customers should add 30%. 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.)

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).

Simplified 'Vancouver style'

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.

- b) names, initials or forenames and academic degrees (if any) of author or authors
- c) names of department(s) and institution(s) to which the work should be attributed, if any
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- e) source(s) of support, if any

- 2 On page two:
 - a) an *interesting* abstract or summary of not more than 150 words. Emphasise important and or new aspects of the article to attract the potential reader. Ensure the abstract contains a statement of the aim, key points and conclusion of the paper. Papers reporting the author's empirical research should contain a **structured abstract** summarising the research under the headings: objectives; design; setting; patients or participants; interventions; main measurements; results; conclusions. Structured abstracts should not be longer than 250 words.

- b) key (indexing) terms — below the abstract. Provide and identify as such, three to six key words or short phrases that will assist indexers in cross-indexing your article and that may be published with the abstract. Where appropriate, use terms from the Medical Subject Headings List from *INDEX Medicus*.

- 3 Acknowledgements:

Acknowledge only persons who have made substantive contributions to the study. Authors are responsible for obtaining written permission from everyone acknowledged by name because readers may infer the latter's endorsement of data and conclusions.

- 4 References:

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.

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 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.

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 par-

ties 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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The Revd T Pinner, 8 Bassett Close, Southampton SO2 3FP

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.

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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.

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