LETTER

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The editors will decide as before whether to also publish it in a future paper issue.

Medical commitments ceremonies

I read Raanan Gillon’s piece on the defence of medical commitments ceremonies with interest. I was, however, disturbed to see that in the declaration of a new doctor considered satisfactory at Imperial College there is no mention of age among the politically correct list of human and social characteristics that should not influence a doctor’s duty of care. The omission is conspicuous in view of the abundant evidence that age discrimination is widely practised in medicine and that it has recently been proscribed in the National Service Framework for Older People.

Does this mean that I must advise all my elderly patients that in any encounters with graduates of Imperial College they must insist on a second opinion?

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Reference
1 Gillon R. In defence of medical commitment ceremonies. Journal of Medical Ethics 2002;28:7-9

BOOK REVIEWS

The Ethics of Genetics in Human Procreation

Edited by H Haker, D Beyleveld. Ashgate Publishing Co, 2000, £45.00 (hb), pp 335. ISBN 0 7546 1021 7

This is a challenging book that I recommend for anyone who wishes to engage with contemporary philosophical discussions relating to assisted reproduction, pre-implantation genetic diagnosis (PGD) and embryo research. It consists of six principal papers, each accompanied by responses from two discussants. There is also, in an appendix, a summary of the discussion that followed each of these six sessions in the final symposium of the EU-funded European Network for Bioethical Medical Held in Sheffield in 1999. In addition, there is a seventh paper in which the network, funded from 1996–1999, is evaluated, and there are introductory and closing remarks to the volume by Dietmar Mith, Professor of Social Ethics at Tübingen.

In his introductory contribution, Professor Mith asks us to consider the words that are used to describe the practices of IVF and PGD and the problems they generate. He follows Illich in problematising the word “life”, tracing its use over the past two centuries in the context of our mechanistic biology and our society’s preoccupation with individualism. He argues that the terms of the “official” moral debates in this area—the terminology of bioethics as well as the terms of reference of the learned bodies and committees—have pre-empted these deliberations so that they can only lead to the fully liberal, permissive position.

In the first major paper, Sheila McLean discusses the “family”. What does this amount to? When may obligations to a future child restrict or potentially infringe upon parental freedom to make specific decisions? And when can individual wishes be challenged in the interests of society—the wider community?

In the responses to this paper, Anders Norgrens sets out a coherent position in which there can be limited, local, contractual rights to fertility treatments and a limited autonomy on the use of prenatal diagnosis and decisions about selective terminations of pregnancy. Onora O’Neill applies the concept of the “good enough” parent to the realm of assisted reproduction and asks how the new ways of being parents may lead to new ways of parenting. She asks us to examine the ethical issues in this area from the perspective of children born as a consequence of the new technologies. She emphasises the differences between that perspective and that of the perspectives of children who have been adopted or fostered. An increase in choice for adults may lead children to feel rejected by their genetic or gestational parents. Chosen relationships are often understood as very different from given relationships, and more easily become conditional. How may this alter parent-child relationships? Notions of autonomy, it is argued, should not be the only or central concern in regulating this area. Finally, Walter Lesch discusses the question of when parents or children can be considered “good enough” in the genetic sense. He maintains that it is legitimate for the standard of “good enough” to vary, depending upon the biological and social origin of the child.

A similar format applies in the five other sections. Derek Beyleveld presents a technical argument about the status of the embryo and the fetus, starting from the ethical system of Alan Gewirth. I found this unconvincing, as did the two discussants for several reasons, but I am happy to concede that this topic is outside my area of expertise.

The third paper is presented by Jean-Pierre Wils. Autonomy, it is argued, only makes sense in the context of a relationship in which the other is recognised as (another) moral agent. Accordingly, the difficulty in achieving this in relation to an embryo or fetus makes it difficult to treat the embryo with full respect, and technological modes of visualising the embryo or fetus can make this even more difficult. Our habits of perception pre-empt our ability to choose how to understand what we see. Wils argues for a graded recognition of (active) personhood or (passive) moral rights. In his discussions, Engels emphasises the danger of determinism and Dierickx discusses the depersonalisation that often accompanies prematal screening programmes at the population level and the altered notion of responsibility (for the genetic health of one’s children) now that nature need not simply take its course.

The fourth paper, by Regine Kollek, locates the new reproductive technologies within modernity—and therefore within the paradoxical conjunction of both increased freedom and heightened accountability for one’s “free” choices. The notion of risk management is crucial to this paradox, and Kollek discusses the impact this has on women’s lives. The ways in which the new reproductive technologies can reinforce the emphasis on genetic identity—one’s “true” family consisting of one’s molecular relations—is also discussed. And Kollek echoes Mith’s criticism of bioethics as a mechanism that controls and silences opposition to the new reprotoecchnologies. The discussants to this paper both challenge Kollek and extend the scope of her argument.

The fifth paper, by Marcus Düvell, is methodological; it considers how to justify an ethical position in this area. He outlines several of the areas of contention already discussed and proposes a framework within which to consider them. He suggests—and I disagree—that bioethical principles can define what is justified, allowed or forbidden while other considerations (of apparently lesser importance, beyond the scope of ethics) can guide other aspects of behaviour. The discussants criticise this view too, objecting to the narrow scope of applicability of this ethics and the framing of ethical responsibility as (merely) the recognition of justified interests.

The final paper, by Beyleveld and Pattinson, examines the legal frameworks within which various European countries tackle IVF, PGD, cloning, and related technologies. The substantial differences are accounted for in several ways, including messy political compromise, and the nation-specific meshwork of legislation and non-legislative regulation, professional codes of practice etc—as discussed further in a commentary. The other discussants examine the specifically medical aspects of fertility treatment.

This is a wide ranging volume that examines reprotoecchnology and reprogenetics from several, conflicting perspectives. The resulting compilation is especially valuable for bringing
The Concise Encyclopedia of the Ethical Assessment of New Technologies


Whilst offering extensive new opportunities, technological developments also tend to pose serious challenges and difficult ethical questions. Developments in—for example, biotech, and reproductive technology, transport technology, and nuclear technology have for decades been the subject of intense public debate and a principal object for philosophical reflection and ethical analysis. The Concise Encyclopedia of the Ethical Assessment of New Technologies is a collection of articles, thoughtfully edited by Ruth Chadwick, which addresses a range of the ethical issues pertaining to contemporary technology.

The editor's objective in this collection appears to be to describe general methodological issues in ethical analysis and to give an account of the practical application of ethical theory to issues surrounding new technologies. Some of the articles provide an outline of conceptual frameworks for ethical analysis and key ethical principles—for example, discussions of consequentialist and deontological perspectives, the precautionary principle, and slippery slope arguments. Other articles go beyond these methodological issues and apply ethical terminology to specific technologies such as genetics, computers, nuclear technology, and reproductive technology.

The collected articles all have a standardized and easily accessible layout and are arranged in a single alphabetical list by topic. This confirms what is already suggested in the book's title, namely that the encyclopedia is a scholarly reference work. The main body of each article follows a short outline section, including a preview of headings, a glossary of essential concepts, and a brief introductory paragraph defining the debated issues and summarizing the content. A short bibliographical completes each article.

The encyclopedia provides a detailed first introduction to a number of new technologies and the ethical issues pertaining to them. The very helpful introductory paragraphs make it easy for the reader to focus on essential themes and the glossary makes it possible to keep track of some quite complex technical and philosophical issues. Most articles are easy to read and the authors succeed in giving a nuanced account of often quite controversial issues. However, the limited space available makes it difficult for the articles to be more than good and thorough introductions. An extended bibliography, consisting of suggestions for further reading, could make the encyclopedia an even better work of reference.

Naturally a collection of articles on a very broad subject such as new technologies will have to depend on a cautious selection among a large number of relevant and important topics. It seems the articles for this collection have been selected with some preference for biotechnology and medical technology, and although the book to some extent also addresses the impact of other technologies it leaves the impression that ethical questions relating to bio/medical technologies are particularly numerous and significant. The distinct focus adopted in the selection of articles suggests that this is a work aimed mainly at an audience specifically interested in biotechnology and medical ethics.

In sum, The Concise Encyclopedia of the Ethical Assessment of New Technologies impresses as a highly applicable reference work, particularly for readers with an interest in biotechnology, medical technology, and ethical studies. The book is easy to use for reference but also serves to bring attention to important new issues and emphasizes the need to develop the conceptual basis for analysis as new technologies emerge. For that reason it is likely to become essential reading for ethicists, medical students, scientists, and others working with the ethical implications of technology.

Acknowledgement

I thank Donald Bill, John McMillan, and Michael Parker for discussion on the points made in this review.

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Legal and Ethical Aspects of Organ Transplantation


Some lawyers, even some academic lawyers, have developed the happy knack of being in the right place at the right time, without being on call themselves. This is Price, with not only a timely but a thoughtful and thoughtful provoking examination of organ transplantation and associated questions of commerce and commodity in body parts, a concept which is clearly of great importance for health care professionals, while yet encouraging donation and increasing the supply of transplantable organs. One of the keys to unlocking this response is a strong slice of autonomy—so that the premises of potential donors are neither frustrated nor assumed—and another is a mild draught of commercialisation. Failing this, Price would advise a system of mandatory donation and adherence to those choices even when they would encompass presently legally dubious practices—such as elective ventilation.

This is a comprehensive and considered book on legal approaches to organ transplantation which, as far as lawyers have been concerned, has been strangely lacking as a companion to a number of excellent studies of the philosophy and ethics of the subject. But Price engages also in those ethical debates and arguments, and compared with many who have surveyed other discrete areas of modern biomedical practice has done so from a broad international perspective (one example more in this essay from the rich and vibrant traditions of South America than in many comparable volumes. This is a particularly welcome addition to the emergent library of international biomedical ethics and comparative law.

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transplantation ethics given the rule that vital organs may only be removed form a corpse, but on which opinions are highly divergent. Veatch reviews the debates surrounding the shift from cardiorespiratory to brain-oriented definitions of death, but argues that currently favored whole-brain approach is an unstable compromise, subject to the same kinds of objection that its advocates level against the traditional cardiorespiratory accounts. The whole-brain definition should therefore be abandoned in favour of a higher-brain oriented concept which acknowledges that a person is dead—and that "death behaviours" such as mourning and otherwise are inappropriate—even if he or she has permanently lost the capacity for consciousness. Recognising, however, that this is not an issue where consensus can be expected, Veatch proposes a "conscience clause", according to which individuals would have the right to choose, from a range of alternatives including traditional, whole-brain, and higher-brain accounts, which definition to use in their own case. This is an interesting idea, though one wonders whether it would not better be formulated as a right to select the conditions under which lifesaving treatment would be ceased and organ procurement initiated, independently of the determination of death.

The second part of the book deals with organ procurement. Here Veatch focuses on the "presumed consent" proposals including a shift from donation to routine salvage of organs; transplantation from live donors, anencephalic infants, minors, and non-autonomous; the use of tainters—for example, HIV positive organs, and xenografts. It is here that the underpinning moral theory becomes apparent. Veatch defends on the language of consent for what is really a theory of autonomy and beneficence, and that a policy of routine organ salvage as inconsistent with that theory. Here Veatch sets out in more detail his egalitarian approach to distributive justice, and considers the moral relevance of such factors as self inflicted illness, age, and social worth, ending with a discussion of the vexed issue of "directed donation" (where an organ is donated with the proviso that it be given to a particular category of recipient—for example, a member of the same racial group as the donor). Much of the discussion in this part of the book will be of relevance to those concerned with the allocation of health care resources in general, and not just those with a particular interest in transplantation.

Overall, Transplantation Ethics is a valuable contribution to the field. It is accessible to non-specialists while providing a thorough treatment of the issues and a high standard of argument. Although the book has a strong US orientation in its discussion of law and policy issues, this does not detract from its interest or relevance to readers elsewhere.

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Life and Death in Healthcare Ethics: A Short Introduction


This is a compact, nicely written book that provides a rejuvenating alternative to the utilitarian orthodoxy that dominates contemporary bioethics. There is currently a dearth of bioethical literature presenting what might be called a more traditional approach to medical ethics; this includes medical and health care. This contribution is a short and useful introduction to such an approach.

The book announces itself as being written with "both the general reader and students and professionals in medicine, nursing, law, philosophy and related areas in mind". Accordingly, it assumes no prior knowledge of ethics. It gives a neat introductory overview of some ethical concerns raised by reproduction, death, and dying. The issues considered include euthanasia and withdrawal of treatment, the persistent vegetative state, abortion, cloning, and the allocation of scarce resources.

By beginning the early chapters with a real-life case, Watt captures the interest of the reader. The case is introduced and discussed dispassionately. It is then employed as a springboard for a general discussion of the principles often thought dry and difficult. Newcomers to the study of ethics will be pleasantly surprised.

In the first chapter—for example, the Arthur case is introduced as a context for discussing putative distinctions between killing and letting die, and intending and foreseeing; approaches to homicide suggested by competing ethical theories are also covered. In the second chapter, the Bland case is analysed and philosophical concepts such as that of "personhood" are discussed. Watt considers the notion of life as good in itself and raises questions about the social significance of tube feeding. The Cox case, in chapter 3, elicits a discussion of concepts such as that of a wrongfull induced life, the off-market double effect, and questions of autonomy. In this chapter, Watt introduces a concept she calls "lethal bodily invasion". Even a Nazi doctor did not know whether his victims survived his experimentation on them, the doctor's intention to invade their bodies in a way he knew would do them no good, but only lethal harm, would be enough to justify his course of action; his act would be immoral. This is plausible enough in the context Watt suggests. In order to test her principle as outlined, however, Watt needs to examine other situations where the principle of double effect is often employed.

The principle of double effect is often raised in the context of self defence, defence of a third party, and war. Clearly, the book is an analysis of ethical issues associated with "both the general reader and students in mind". Watt suggests. In order to test her principle as outlined, however, Watt needs to examine other situations where the principle of double effect is often employed.

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those who want a basic text to introduce them to life and death issues in bioethics, this is a most welcome contribution.

J Loing

The Medical Profession and Human Rights: Handbook for a Changing Agenda


Doctors are to good governance what the miner's canary is to decent air: their testimony is to warn that something has gone seriously wrong. For someone like Wendy Orr, who was a South African district surgeon of 24 when she was forced to confront the lax attitude towards abuse of prisoners' rights in her workplace—the building in which Steve Biko had been tortured—the decision to fight a prevailing medical culture of complacency and passivity was a clear and obvious ethical duty. Through this well-structured, comprehensive, and clearly written handbook begins with Wendy Orr's story in her own words, its theme is that the air is more polluted, and that human rights abuses are more of a problem for practitioners, than we like to think.

The effect of human rights abuses on doctors is discussed in the third year, since the BMA first began to monitor such issues. Conversely, and more hopefully, the effect of the medical profession on human rights abuses has also deepened. Doctors and their constituent organisations around the globe are more aware of the myriad ways in which the medical profession may be called on to be complicit in rights abuses, and less likely to do so.

For example, the Indian Forum for Medical Ethics condemned the supposedly more humane practice of asking a doctor to certify death rather than prolonging hanging, since if the victim was still alive, the death sentence would be lifted—that is now recognized as being required to say “Not dead yet, carry on killing”. More generally, the prison physician may feel that his or her participation in capital or corporal punishment will alleviate the punishment, more humane; against this argument, the BMA notes dryly that “Medical participation usu-ally brings . . . an air of propriety” (page 168). The handbook testifies to a sophisticated awareness of the ways in which the agenda for medicine and human rights has moved beyond the still important but more obvious areas, such as torture, prison medical governance, and capital punishment, into increasingly worrisome but more convoluted areas—such as trafficking in women and children; the effect of the new genomics on organ and tissue, and research on Third World populations. We owe a great deal to the inspira-tion on the bookshelf, and who is not actively using the book for teaching or study there is little reason to buy the 5th edition although it is very modestly priced. The under-lying arguments have changed to some extent, but the conclusions are pretty much the same.

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Principles of Biomedical Ethics, 5th edn.


Although I am glad to see women's rights taken seriously as human rights, in this book, I have some doubts about the wisdom of concent-rating women's issues largely in one chapter, comprehensive though it is (with material on violence against women, enforced sterilisation and abortion, ‘honour’ killing, rape in wartime, and female genital mutila-tion). There are other ways in which women are exploited by or with the complicity of doctors—particular the commodification of gamete donation, which will be especially worrisome in light of the need for enucleated eggs in the stem cell technologies. It was dis-ap-pointing not to see much mention of the disproportionate impact of structural ad-justment policies and debt payments impose on women's health in the otherwise excellent chapter on health as a human rights objective. The Medical Profession and Human Rights is nevertheless a very important book; testi-mony to the need for the British Medical Association to continue using its unique posi-tion at the hub of Commonwealth and other international medical professional bodies, in order to bring to public and professional attention wider ethical issues than the every-day nitty-gritty of consent and confidentiality. This is a book for dipping, rather than reading at one sitting, not least because few of us can stand the sustained grimness of much of what has to be reported. Busy practitioners might want to begin at the end, with the succinct, clear-headed and hard-hitting summary of all the book's recommendations, and work back from there to the individual topical chapters in which the recommendations first appear. I hope that teachers of medical ethics—and more broadly, anyone who has a role in train-ing health care practitioners of any level—will make time for the chapter on teaching ethics and human rights, which, like the rest of the book, is admirably wide ranging, considered, and comprehensive.

One final note, if I may: the Centre for the Study of Global Ethics is currently presenting a series of six public lectures drawn from some of the topics in this handbook—the death pen-alty; genomic research and research on Third World populations. We owe a great deal to the inspira-tion on the bookshelf, and who is not actively using the book for teaching or study there is little reason to buy the 5th edition although it is very modestly priced. The under-lying arguments have changed to some extent, but the conclusions are pretty much the same.

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Ward ethics. Dilemmas for Medical Students and Doctors in Training


Kushner and Thomasa have assembled a distinguished group of contributors who are almost all practising clinicians with an inter-est in teaching ethics. The book is well laid out and is divided into two main parts: part one “On caring for patients” and part two “On becoming a ‘team player’: searching for esprit de corps and conflicts of socialization”. This is a convenient way to think about medical ethics.
Part one covers the ethical dilemmas of doctors caring for patients and the many practical problems that arise; this area of medical ethics is what most doctors would consider to be “true” medical ethics. Many doctors would not consider part two to be medical ethics at all, because once a person has fully undergone the process of becoming a medical professional they can lose sight of the ethics involved in professional interactions. This is not to say this area of medical ethics is not important, indeed, it is extremely important but is not often considered by doctors in their everyday practice. The medical student, however, is in a better position to evaluate the ethical problems arising in training and staff interaction because they have not yet fully undergone medical socialisation.

The book is divided into two main parts. The first section of part one is performing procedures. This covers informed consent; the person performing the procedures when inexperienced; blaming the patient for your own shortcomings; doctor-patient confidentiality; the newly dead and their rights, and peer and senior support in care. The format within each sub-section is identical throughout the book. One to five clinical cases are briefly described that will be instantly identifiable to any medical student or doctor. Two commentaries then follow from different contributors. These commentaries are in general well thought out, logically argued, and pitched so that someone with little or no prior exposure to medical ethics will be able to understand them. They tend to contradict one another in parts, which is one of the books strongest attributes in that it shows medical ethics to be a subject where debate is encouraged rather than a discipline where a prescriptive set of rules holds sway. Concluding each section is a set of thought-provoking discussion questions. The two further sections of part one are: (a) problems in truth-telling, which covers issues such as admitting mistakes to patients and omitting to tell patients salient facts and (b) setting boundaries, which explores doctor-patient professional boundaries, treating patients you don’t like, and the limits of a doctors compassion.

The second section of the book covers all aspects of professional behaviour, including: abuse (psychological, physical, and sexual); professional communication (jargon and humour); questioning authority and the status quo; working as a front line staff (nurses) and patients themselves. The book also encourages the reader to think about how and why individuals reject genetic testing, and the implications for genetic research, for those that are considering genetic testing.

Does this book achieve these stated aims? The authors certainly do provide us with diverse perspectives, showing us how the social environment and dominant moral norms can shape moral attitudes and decisions. The related valuable work of English social scientists is notably absent—for example, Paul Atkinson’s work with training doctors, and Priscilla Alderson’s ethnographic studies of children and their parents in hospital. Nor does it read as a coherent, integrated account, as the chapters lack a clearly identifiable common thread.

Sharon Kaufman’s clinical narratives in the practice of genetics provide us with a rich example of the complexity of “clinical-moral” decision making. She illustrates, with case examples, the power of the “technological imperative” in framing and constraining decisions in the care of frail and sick elderly persons—many of whom may be harmed by medical intervention. She also shows how decision making evolves, and may not even be perceived as a process of making choices, but as part of routine practice.

Margaret Lock’s ethnographic study in Japan sheds light on attitudes and practices towards the dead—in particular the definition of brain death and its recently dead for organ donation. The resistance in Japan to equating brain death with human death is not, she believes, simply due to cultural and religious inhibitions, but is also linked to the dominant communitarian ethic, with the dying person anchored in kinship. The self is relational, and not individuated and atomised as in the West, with death viewed as an evolving process in which the family participates. Despite the lack of a significant cultural divide in attitudes towards death and afterlife, Lock proposes that there are four socially sanctioned channels in the USA—in contrast to Japan—for articulating concerns and disagreement.

Sydney Halpern interprets the changing attitudes and public discourse towards human experimentation as arising from a shift in emphasis from the collective good to the protection of individual rights. Moral judgments, he argues, are contingent upon the social and cultural environment of the time.

Peter Conrad’s chapter on the media, genetics, and culture demonstrates the potential for oversimplification and distortion of scientific discoveries in the lay press. He argues that genetic optimism—the naif positivist belief that we will find the basis for human behaviour in our genes, and be able to root out antisocial behaviour by genetic manipulation—can be equated with the fallacy of the “magic bullet” in therapeutics. He concludes that geneticisation reflects the current ideology of blaming individuals rather than deficiencies and inequities in the social system. I would argue that genetic fatalism can also absolve individuals from moral responsibility, and allow them to blame their inherited traits for wrongdoing, so that they eschew reform and redemption.

Beeson and Doksum, in contrast, explore how and why individuals reject genetic testing, and the implications for genetic research, for those that are considering genetic testing.

Anspach and Beeson argue that bioethics discourse has neglected the emotions, and describe in detail their role in shaping values and motivating decisions in medical ethics. They underline the importance of the social context of medical ethics, and the potential for emotional and psychological manipulation in the interplay between emotions and power. They describe “moral dissonance” as the conflict between emotions and morals, and how it might be resolved. They argue that moral decisions can lead to a revision of moral decisions. Health professionals need to be able to move freely between emotional engagement and detachment, so that they can embody both fairness and imaginative sympathy towards their patients. Interest in the role of the emotions in medical ethics has developed in many quarters: neuroscience (notably Antonio Damasio); psychology (Daniel Goleman, amongst others); cognitive science (for example, Mark Johnson, and contemporary philosophers (Peter Goldie, Alasdair MacIntyre, Martha Nussbaum, Michael Stocker, and Bernard Williams, to name a few). Modern philosophers are building on the earlier work of Aristotle.

Cate McBurney’s ethnographic study of clinical ethics committees provides a chastening insight into how they can marginalise frontline staff (nurses) and patients themselves. Objectivity, they argue, is two edged, for it can indicate impartiality and fairness, but also objectification and indifference.

Patricia Marshall’s narrative account of working as a clinical ethicist reveals the conflicts and tensions in that role—particularly the compromise of being part of the institution in which the patient is held captive.

Perhaps Charles Bosk’s chapter on the role and moral standing of the social scientist is the most controversial and provocative. He argues that all social science research involves duplicity, the erosion of informed consent, and the violation of confidentiality. The research subject, flattered to be the object of attention, reveals more than originally intended, but relies on the researcher to safeguard these revelations—a trust that is liable to abuse. According to Bosk, the social
of old ones) and the changes in political
these beginnings this builds on foundations
ethical problems for health care workers, and
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a fertile context for clinical trials. In addition,
state and university sectors to public-private
followed by liberalised markets in health
National Committee on Harmonisation’s Tri-
and a regulatory requirement in many juris-
&
ethics review comes from the development of
The growth of research ethics committees
worldwide is now fairly rapid and new “mar-
the market metaphor is appropriate, since a
good deal of the impetus for research
ethics review comes from the development of
new pharmaceutical products, the globalisa-
tion of pharmaceutical research, development
and marketing, and the internationalisation of
regulatory standards for pharmaceutical
R&D. The need for independent ethical review
of research protocols by a committee drawing on
the perspectives of professional and lay expertise
is established as a moral, a quality-management
and a regulatory requirement in many juris-
dictions, and internationally in the Declara-
tion of Helsinki, the Council of Europe’s Biomedi-
cine Convention, and the International
Committee on Harmonisation’s Tri-
partite Guideline on Good Clinical Practice.
Central and Eastern Europe have for many
years been sites of pharmaceutical R&D, but
this has intensified in the aftermath of the
revolutions of 1989 and since that time. These
revolutions and this intensification have been
followed by liberalised markets in health
goods and health care; the opening of the
state and university sectors to public-private
collaborations and private enterprise, creating
a fertile context for clinical trials. In addition,
the widespread official or unofficial privatisa-
tion of health care has created a new set of
ethical problems for health care workers, and
the beginnings of clinical ethics committees
and education programmes. In many cases
these beginnings this builds on foundations
laid down in the 1960s and later after, but the
creation of new nation states (or reinvention of
old ones) and the changes in political
culture, have made important differences to
the scope and significance of ethical reflection
on health care and biomedical research.
This useful volume summarises the experi-
ence of many states in Central and Eastern
Europe, together with comparative material
from some Western states, including the UK,
the USA, Germany, and the Netherlands. The
volume includes helpful material on the role
of the Council of Europe and the Biomedicine
Convention, the international and national
regulations defining research and clinical eth-
ics committees, and the special local issues
relevant in each of the countries. It is based on
a conference held in Bratislava in late 2000
under the auspices of the Council of Europe’s
Demo droit Ethical Review of Biomedical
Research Activity (DEBRA) programme, de-
signed to facilitate the development of re-
search ethics committees in Europe.
In addition to the useful comparative mate-
rial, a few papers describe historical factors
relevant to the development of ethical review
in particular countries. For example, several
papers describe the changing nature of
university bioethics under the various
changes in government over the past 30 years,
and several papers describe the changing
involvement of the pharmaceutical industry
in their countries—including the role of
“bongs” companies as well as multinational
firms. A few papers raise philosophical ques-
tions about research, research ethics, and
research ethics review—the quality of these is
good, and they raise some interesting ques-
tions which are not often discussed, for
example, should ethics committees pro-
nounce on the substantive ethics of a research
programme, or only on the actual work
planned? For instance, research into the supposed genetic basis
of homosexuality, and what the relationship is
between ethical review and political culture
does review depend on some form of
“pragmatic tolerance” in society and its institu-
tions? The strong and longstanding philo-
sophical traditions in Central and Eastern
Europe are not widely known in the West, and
love to be better understood. Too much
work in research ethics assumes that the
US/UK model is the ideal to be exported. On
the evidence of this volume, the potential for a
more reflexive research ethics lies as much in
Eastern Europe as in the USA or the UK,
however different the state of institutional
development may be.
This book will be useful to researchers
planning projects in the various states in Cen-
tral and Eastern Europe, to scholars of research
ethics and its regulations, and to those work-
ing in, or otherwise interested in, the develop-
ment of health care in the region.
R E Ashcroft
NOTICES
European Integration—Philoso-
phy and Ethics of Health Care
The XVIIth international congress of the
European Society for Philosophy of Medicine
and Healthcare will be held from August
21–23 2003 in Vilnius, Lithuania. Its theme is
European Integration—Philosophy and Eth-
ics of Health Care.
Abstracts are invited addressing the follow-
ning topics: development of medical philo-
sophy and bioethics; institutionalisation of
philosophy and ethics in health care; harmoni-
isation of medical research regulations;
human rights and health care; solidarity and
health care; just health care; the gap between
“academic” and “bureaucratic” bioethics;
commercialisation in health care; patenting
and genetics; genetic health related data-
bases; research and personal data; use of bio-
logical materials, and (future) European
guidelines in biomedical research. Abstracts,
(500 words maximum) should reach the
organisers on disk or by email before Decem-
ber 1 2002.
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Ethics Committees in Central
and Eastern Europe
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400
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Course: Death Without Suffering
An Advanced European Bioethics Course,
Death Without Suffering, will be held from 31
March to 2 April in Nijmegen, the Nether-
lands. Specialists from various countries will
discuss ethical issues to do with medically
assisted death and palliative care.
Subjects will include: Death, suffering and
the concept of palliative care; Death and
suffering: ethical perspectives; Ethical issues
in pain management in hospice care, and Sci-
cientific research in palliative care.
The lecturers will be: B Gracia (Spain),
W Deckers, B Gordijn, H ten Have, D Willems,
and Z Zylicz (all from the Netherlands).
The language of the course will be English
and the price is €295.
For further information please contact:
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Nijmegen, Dept 232 Ethics, Philosophy and
History of Medicine, PO Box 9101, 6500 HB
Nijmegen, the Netherlands. Telephone: +31
24 3613520; fax: +31 24 3540254; email:
N.steinkamp@efg.kun.nl
Spring conference: Bioethics in a
Small World
From April 10 to 12 the Europäische Akad-
emie will organise an international confer-
ence on bioethical problems connected to
the globalisation process. The conference
will include sessions on methodological
problems—“Bioethics. A science and its appli-
cation in politics”; “Culture-dependent
ethics”—as well as practical problems such
as “Research Ethics”, “Access to essential
drugs”, “Patents on biomaterials”, and
“GMOs and the world’s nutrition problem”.
Speakers will include Abdallah Daar (To-
ronto), Weyma Libbe (Leipzig), Edgar Mor-
cher (Salzburg), Udo Schülenk (Johannes-
burg), Carmel Shalev (Tel Hashomer), Joseph
Strauss (Munch). For further information
contact the scientific organisers: Richard Ashcroft
(r.ashcroft@ic.ac.uk) or Felix Thiele
(Felix.Thiele@DLR.de).