

US bioethics

Panel dies a natural death

Washington

THE President's Commission on Ethical Problems in Medicine died a natural death last week, having fulfilled its four-year mandate to investigate half a dozen touchy issues ranging from genetic engineering in humans to compensation for injured research subjects. Despite a long list of pressing ethical problems that the commission did not have time to tackle, and despite considerable interest in the commission's findings by both physicians and the general public, there is for now little hope that Congress will grant the authority needed to revive the body.

The influence of the commission, however, will surely continue to be felt. Besides carrying the *imprimatur* of a President's Commission, the group has, in several very murky areas, become the sole source of clear guidelines. Twelve states and the District of Columbia have already adopted the commission's model definition-of-death statute, which adds "irreversible cessation of all functions of the entire brain, including the brain stem" as an alternative to the conventional definition of cessation of circulatory and respiratory function.

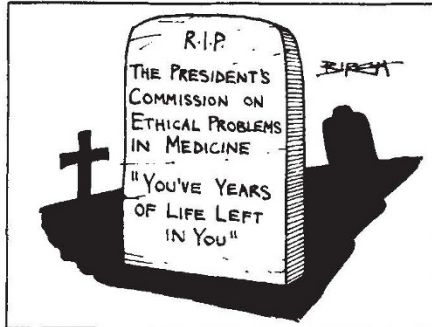
The commission's study of informed consent has been adopted as a text by many medical and nursing schools which, says the commission's director Alex Capron, have felt a need to "get back to basics" — placing more importance on dealing with patients than on mastery of more and more scientific details. And the commission's study makes clear how acute this need is. A scientific poll of physicians' and patients' perceptions, for instance, showed some wide gulfs. While 98 per cent of the doctors said they usually discuss diagnosis and prognosis with their patients, only 78 per cent of the general public agreed. And although 94 per cent of the public said they wanted to be told everything about their condition and treatment no matter how bad the news, only 13 per cent of the doctors said they would give a "straight statistical prognosis" to a patient with a fully confirmed diagnosis of advanced lung cancer, for example. A full 33 per cent said they would say they "couldn't tell how long he might live, but would stress that it could be for a substantial period".

Only last week, the commission released the report that may prove the most far-reaching of all, a study of the ethical problems inherent in decisions to forgo life-sustaining treatment. "For almost any life-threatening condition", the report says, "some intervention can now delay the moment of death. Matters once the province of fate have now become a matter of human choice."

For patients competent to make decisions, the commission comes down squarely on the right of the patient to decide; the

physician's role is to provide the information that will allow that decision to be an informed one.

On the much more difficult question of life-sustaining treatment for incompetent patients, the commission says the decision should rest with a "surrogate" — usually a family member — whose duty it is to act in the patient's best interest. But there must be limitations. For seriously ill newborns, for instance, parents may not make a decision that is "clearly against the infant's



best interests . . . an otherwise healthy Down's Syndrome child whose life is threatened by a surgically correctable complication should receive the surgery because he or she would clearly benefit from it".

The commission recommends that the check in these cases be provided by a hospital "ethics committee" to review

decisions. Above all, the report stresses, hospitals should establish explicit guidelines on how these decisions will be made, and by whom. The commission also says that state legislatures should consider adopting procedures by which people may give advance instructions on their care or grant power of attorney to others to make decisions for them.

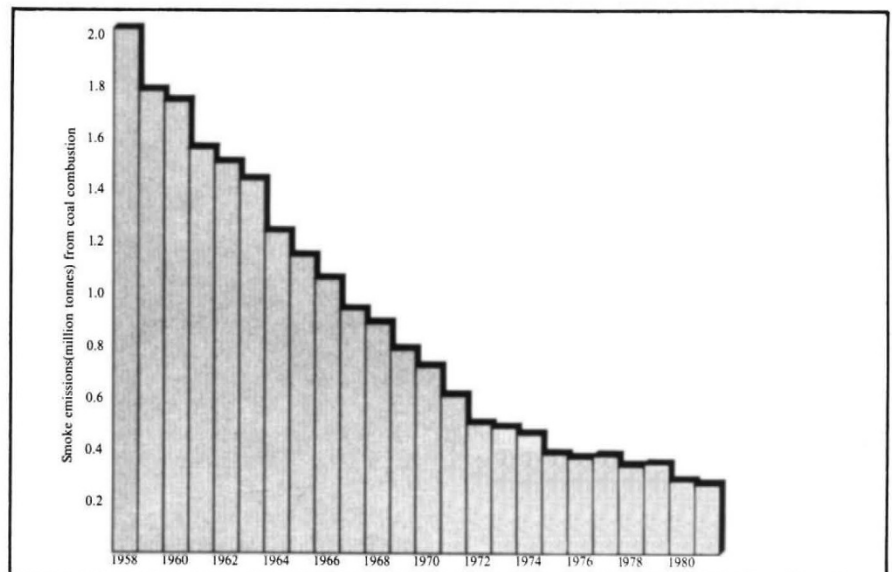
A final report from the commission itemizes some of its unfinished business. A particular thorny problem is whether scientific journals should refuse to publish unethical research: can journals effectively discourage such research by refusing to publish, or is it more instructive to publish questionable research with critical commentary, thereby perhaps preventing its repetition?

Other problems that the commission says need attention "as soon as practicable" include the ethics of diverting drug tests to other countries; of research involving comatose patients; and of representing initial tests of cancer drugs as holding a likelihood of therapeutic value to cancer patients for whom other treatments have failed.

One issue noticeable for its absence from the list — but which Capron said clearly needs the attention of a group such as the commission — is reproductive rights, including a look at the ethics of abortion.

Senator Edward Kennedy (Democrat, Massachusetts) has introduced legislation to renew the commission's authority, but the effort has gained little ground.

Stephen Budiansky



As a result of the 1956 Clean Air Act, the traditional image of a fog-bound London is as up to date as a Trevor Howard movie. The amount of smoke emitted from coal combustion, which, according to the London Weather Centre, was the major cause of the famous "pea-souper" fogs of post-war London, has been reduced by 80 per cent over the past 20 years, and cleaner

fuels such as electricity and gas have taken its place on the domestic market. This trend has been repeated in the electricity industry, where the increased demands for power supply have been met by an increase in the use of oil and, more recently, nuclear power. Source: Digest of Environmental Pollution and Water Statistics, HMSO £6.95. □