

EDITOR'S PAGE

Ethics, healthcare and spinal cord injury: research, practice and finance



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Dear *Spinal Cord* reader,

During the 49th Annual Scientific meeting of ISCOS in Delhi, Professor William H. Donovan gave the Sir Ludwig Guttmann Lecture on the important topic of ethics. Professor Donovan said: 'Dating back to ancient times, mankind has been absorbed with 'doing the right thing', that is, behaving in ways approved by the society and the culture during the era in which they lived. This has been and still is especially true for the medical and related health care professions. Laws and professional codes have evolved over the years that provide guidelines as to how physicians should treat patients, beginning with the one authored by Hippocrates. Only more recently however have laws and codes been created to cover health care research and the advances in health care practice that have been brought to light by that research. While these discoveries have clearly impacted the quality of life and duration of life for people with spinal cord injury and other maladies, they have also raised questions that go beyond the science. Questions such as when, why, how and for how long should such treatments be applied often relate more to what a society and its culture will condone and the answers can differ and have differed among societies depending on the prevailing ethics and morals. Modern codes and laws have been created so that the trust people have traditionally placed in their healers will not be violated or misused as happened during wars past, especially in Nazi Germany. This paper will trace the evolution of the rules that medical researchers, practitioners and payers for treatment must now follow and explain why guiding all their efforts that honesty must prevail.' The full paper is published in this issue.

This second 'bumper' issue of *Spinal Cord* volume 49 contains interesting studies on a wide variety of subjects related to spinal cord management: causes, pathophysiology, examination, rehabilitation techniques, outcome -psychological and functional, activities, work and more. Amorim *et al.* confirmed that diving spine injuries have a high tetraplegia rate, and neurological recovery and shorter length of stay are associated with incomplete lesions. Bluvshstein *et al.* determined that the mid-thoracic spinal cord plays a role in hemodynamic regulation during head-up tilt. Park *et al.* found that in chronic spinal cord injury (SCI) patients, biomechanical properties are significantly altered in the skin, with sympathetic paralysis rather than somatic sensory paralysis. Steeves *et al.* made a retrospective, longitudinal analysis of motor recovery data from individuals with cervical (C4-C7) sensorimotor complete SCI according to the International Standards for Neurological Classification of Spinal Cord Injury. Careful tracking of cervical motor recovery outcomes may provide the necessary sensitivity and accuracy to reliably detect a subtle, but meaningful treatment effect after sensorimotor complete cervical SCI. The distribution of the upper extremity motor score (UEMS) change may be more important functionally than the total UEMS recovered. Chang *et al.* assessed and quantified the Rossolimo reflexes utilizing an electrophysiological test, and correlated the findings to the severity of spinal cord dysfunction in cervical and thoracic spondylotic myelopathy. Coates *et al.* present the AuSpinal, a new assessment tool comprising seven tasks designed to quantify unilateral hand function in people with tetraplegia. Alexander *et al.* confirmed in a double-blind, placebo-controlled, flexible-dose, international study a lack of clinically meaningful benefit of sildenafil in women with sexual arousal disorder as a result of SCI. Pouw *et al.* found no difference in neurological outcome between paraplegic patients with acute spinal cord ischemia syndrome or traumatic spinal cord injury, nor were these a significant predictor for total Spinal Cord Independence Measure II scores after 12 months. Bernuz *et al.* showed that upper limb reanimation protocols permit acquisition of intermittent self catheterisation in most C5-C7 (AIS) tetraplegic patients.

Many other interesting studies are presented.

Enjoy reading.