

Appendix

The patterns identified in the submissions were:

Voice:

Mana o te reo, kia tu tangata

- to be able to name the world
- to be heard, to be understood
- to have someone who will listen
- to have your say in matters which affect you directly
- to have your say in policy issues
- to be accorded respect when you speak
- not to be impeded from speaking, physically or spiritually
- to have someone act as your advocate/agent if necessary
- to have places where your voice can be heard
- to have access to information to make your case
- to have a fair hearing
- the weakest voice shall be heard "Value me".

Choice:

Kia orite te tangata

- to be in a position to choose freely from amongst alternatives
- to have alternatives available
- to value diversity
- not to have majority views imposed willynilly
- to contribute to your own destiny
- to have your right to hold a particular belief respected
- to have a fair start
- partnership
- opportunities for independence

Safe Prospect:

Hauora

- guardianship of the people resource
- guardianship of the physical resource
- guardianship of the nation.

References

Dyall, L, and Keith, J. 1988 Let the People Speak, Me Aro Ki te ha o te Tangata. In *The April Report: Report of the Royal Commission on Social Policy: Vol. III, Part One*. Wellington, pp365-404

Watson, J., and Ray, M. (eds) 1988 *The Ethics of Care and the Ethics of Cure*. National League for Nursing: New York

Readers' Views

Dear Editor:

I read with interest Professor Skegg's paper on "Medical Manslaughter and Medical Neglect" in the February edition of the *Otago Bioethics Report*. This area is of great importance to practising anaesthetists in New Zealand at the present time. There are two issues I would like to comment on.

In one particular region of New Zealand at present, a very zealous police team (for reasons best known to its members) reputedly investigates any theatre related death (in the majority of instances without any directive from the coroner and in contrast to any other area in the country). The manner of these investigations is said to be confrontational. Many of the affected anaesthetists find that this "hostile" attitude has a substantial impact on their ability to practise good medicine. Emotions are understandably running very high. While I cannot endorse or excuse "the refusal to provide operations" I can certainly understand it in this context.

The second issue I wish to raise is the crime of manslaughter itself. The following examples may illustrate why the scope of this charge/verdict is much too broad.

In one instance a doctor (an anaesthetist) while attempting to do his best for his patient in an emergency situation, makes an error (failing to check the labelling on a drug ampoule) and his patient dies. The verdict is manslaughter (R.V. Yogasakaran).

In another situation, a victim is killed during the course of an

armed robbery. The verdict is manslaughter (R.V. Green).

Our criminal justice system, would have it that these two crimes are equivalent (although Professor Skegg alludes to the lenient sentences for medical manslaughter, as though this somehow makes the verdicts reasonable.)

I contend that a legal system that equates these two crimes is ethically destitute.

Isobel Ross

Consultant Anaesthetist

Professor Skegg's reply:

Dear Editor,

Thank you for your invitation to "write a rejoinder" to Dr Ross' letter.

I am in entire agreement with Dr Ross about the first issue she raises, and am in broad agreement with her about the second issue. (There would be advantages in amending the Crimes Act, so that people who negligently cause death could be convicted of an offence of causing death by negligence, rather than the broader offence of manslaughter.)

I am puzzled by Dr Ross' statement that "Professor Skegg alludes to the lenient sentences for medical manslaughter, as though this somehow makes the verdicts reasonable". I cannot think of any circumstance where a lenient sentence would make a verdict reasonable.

Proceedings of the International Seminar on Bioethics held, Dunedin, November 1993

Available from:

Bioethics Research Centre

PO Box 913, Dunedin, New Zealand