in this case refusal) has not been given as the patient did not allow the physiotherapist to give her the relevant information. Joan has made a decision not to be informed.

In order to respect the patients autonomy, the physiotherapist cannot proceed with treatment against the patient's wishes. This accords with the New Zealand Society Code of Ethics (3.6) which states that patients have the right to withdraw from or refuse treatment at any stage. This is also in agreement with the Code of Health and Disability Services Consumers Rights which states in Right 7.7 that every consumer has the right to refuse services and withdraw consent for services.

The second responsibility of the physiotherapist is to the referring physician. In this case the expectation is that Joan will be adequately prepared for surgery from a physiotherapy perspective. This involves a respiratory assessment, education in post-operative respiratory management, and further education about techniques that may be employed to prevent respiratory and cardiovascular complications. Although the physiotherapist was unable to meet this responsibility she did fulfil her obligation to the physician by informing him of the difficulty she had encountered.

By respecting the patient's autonomous choice to refuse treatment she has fulfilled an obligation to her professional code. The professional code also states (2.8) that the physiotherapist should keep the patient's referring health professional informed of the patient's progress and any concerns the physiotherapist may have. Therefore by informing the physician the physiotherapist has also met this requirement.

Unfortunately the operation does not go as smoothly as was expected by all concerned. Consequently the scenario has changed. Does this mean that the physiotherapist is bound by the patients pre-operative refusal of physiotherapy treatment? The treatment that Joan refused prior to her surgery could be said to be simply routine pre and post-operative care. However she is now in a life threatening situation and is also unable to communicate her wishes and the treatment that she requires is no longer simple and routine. In such a situation, where a patient is unable to make an informed choice, the health care professional is bound to act in the best interests of the consumer (Health and Disability Code 7.4a) The physiotherapist is therefore justified in beginning treatment although she should consult with the patient's family if possible and have further discussion with the referring physician. This may appear to be a paternalistic approach but it could be seen to be justified because of the worsening situation and the increasing risk to Joan's life.

Supporters of the patenalistic principle claim that it can be justified if the harms prevented or the benefits provided outweigh the loss of autonomy. It asssumes that the more seriously impaired the choice and the more serious and permanent the harm it will produce, the stronger the paternalistic interference may be. In this case Joan is totally impaired in that she is unable to communicate and the harm that would result from non treatment is very serious thus justifying a paternalistic approach.

Once Joan is able to communicate and to fully understand the consequences of any decision she might make about further treatment, the situation needs to be reassessed and treatment terminated if this is what the patient requests.

References

New Zealand Society of Physiotherapy Code of Ethics 1995 Guidelines

Code of Health and Disability Services Consumers' Rights 1996

At the Centre

Things have been hectic at the Centre since Alastair Campbell's departure. We have heard from him a few times since then, he and his family are starting to settle in at Bristol. Alastair is embarking upon establishing a centre at Bristol Medical School. We're anticipating future contact with the Bristol centre when its up and running. We're also hoping that we will get some news of UK bioethics developments from our Bristol correspondent.

Professor Gareth Jones is Acting Director of the Centre in the interim. Professor Jones was one of the prime movers behind the establishment of the Centre in 1988 and knows its objectives and activities well, so the Centre is lucky to be able to be under his direction while the Directorship is advertised. We're hoping that a new director will be here by the end of the 1997 first semester.

Since the last issue of the Report the Centre has produced two large consultation documents. Hamish Broadbent and Barbara Nicholas have finished working on a report commissioned by the National Testing Centre, New Zealand Genetic Services. The Report investigates the issue of *Consent For New Born Metabolic Screening*. Sam Bloore and Grant Gillett prepared *A New Zealand Report On Euthanasia* for the New Zealand Medical Association and the Ministry of Health. The Report considers recent major legislative changes (the Northern Territories Bill) and possible New Zealand legislative changes.

The Centre's *Euthanasia: Resources For Community Discussion* books have been selling well. Correspondence with people who have used the resources has been positive. We still have some copies of the resource kit. They are selling for $25 plus $1 postage and packing in New Zealand (outside of New Zealand there will be a greater postage cost depending upon where you are).

Proceedings of the 1996 Bioethics Summer Seminar are now on sale (for more info see the major notice in this issue). We tried to keep the cost down as must as possible while at the same time producing a high quality publication. University of Otago Press have done a great job in producing an attractive volume. For more information about the Proceedings see the poster in this issue of the Report.