

utional settings where the subjectivity of sexuality and disability are going to be taken seriously.

The advantage of the same-sex 'buddy' is the relative equality of power and position between the two people in the relationship. It may be that some such relationships, because of the disabilities of those concerned, will just not function this way, but it seems to me that we ought to be alert to such possibilities and encourage them where feasible.

The other positive feature of such relationships would be the expected development of shared skills rather than control of one party by the other.

This approximates the normal adolescent situation in which same-sex friends do get together and discuss their emotional needs and experiences and their sexual needs, desires, and experiences in ways that are both empowering and supportive. The sharing of perspectives and the sharing of information would both seem to be important; neither would seem to be happily substituted for by non-disabled staff workers or counsellors, although a facilitatory role for such players may exist in some relationships or groups.

The crucial thing that this aspect of the topic should make us consider is the

need for all of us to have some context of intersubjectivity in which our own vulnerabilities, positionings, needs, hopes, concerns, and so on can be aired and shared.

To my mind these are the central axes from an ethical point of view, around which a sound policy in this area ought to be developed.

The Otago Bioethics Report gratefully acknowledges the permission of AON Risk Services Group to reproduce this paper, which was presented at their workshop 'Between a Rock and a Hard Place' held at Wellington in May of this year.

Report

Letter From Britain

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I am writing this first of my letters from Britain on the morning of the announcement of the Scottish devolution result. Naturally, as a Scotsman, I feel delighted that there was such overwhelming support for a Scottish Parliament with tax varying powers. But beyond that nationalistic feeling, I have a more general reaction, which I know has been felt by many people in Britain since the General Election. The best way I can describe it is to say that there is a renewal of hope for the future of Britain. Since Labour came decisively to power in May, there has been a sense that things are genuinely going to change for the better – and quickly!

The revolutionary events surrounding the death and funeral of the Princess of Wales have served to re-enforce this sense of democracy renewed. The Prime Minister designated her the 'People's Princess' in a moving speech on the day of her death, and in the week that followed we saw the establishment yield dramatically to the ever-rising tide of public opinion about Diana's significance. For all the sentimentality and idealisation of that public mood, it is worth remembering that what she has come to symbolise is the return of a compassionate society, in which there is a reaching out to

the rejected, and honesty about the weakness of those who offer care to others. These are powerful symbols indeed, a renouncing of the idolisation of wealth and competitive success of the Thatcher era.

So what does all this mean for health care and bioethics in Britain? At a personal level, I have already shared in the energy of the new government. We have for the first time a Minister for Public Health, Tessa Jowell, and she moved quickly to deal with an emerging controversy over how surrogacy takes place in Britain. For some time there has been the feeling that the current arrangements, which allow surrogacy but without commercialisation or any payments apart from expenses, needs critical scrutiny. Matters came to a head when a surrogate mother went public with a claim that she had aborted her pregnancy because she was unhappy with the arrangements with the commissioning couple – a claim which she then confessed was untrue! The government response to the public dismay at these events was to set up a three-person review panel, which will report to Tessa Jowell as quickly as possible. The review team is chaired by Margaret Brazier, Professor of Law at Manchester University (many readers will know her valuable

textbook on law and medical ethics); the other members are myself and Susan Golombek, Professor of Psychology at the City University of London (her research includes work on the psychological effects of assisted human reproduction). Our terms of reference are to consider whether any payments to surrogate mothers should be allowed and, if so, how they are to be determined; and to consider whether more formal arrangements for the regulation of surrogacy are required. To carry out its task, the Review Panel has prepared a consultation document which will be sent out very widely and will be available to any person on request. Early next year we will know the outcome of this consultation and will begin to formulate advice for the Minister. Watch this space for the result! But for the present I want to point out the speed and effectiveness of the government response. This has been true across a whole range of issues – the feeling is of a youthful government wholly determined to see change for the better in British society.

Of course, some or most of this may be post-Election glow, soon to fade. Now that I am involved once more with the National Health Service, I am seeing all the problems so depress-



ingly familiar from my New Zealand years. The debate about rationing keeps intensifying as more and more evidence of a crisis in the NHS piles up, and there are major worries about the effects of competitive factors on the more vulnerable patients. Since the government has adopted the spending limits of its predecessor, the gap between demand and resources is certainly going to widen in the next two years. It seems that those of us in Bioethics must do our little bit by making justice in health care our major concern, offering our services (such as they are) to whoever wants them. Certainly the majority of my speaking engagements in my first year here have been on the rationing issue, and the first major educational event, of my new Centre will be an international symposium on Rights and Rationing, to be held in April 1999. Perhaps, if nothing else, we will gain a better understanding of why we can't solve the problems! But, again, from the government side the message is of hope. Just last week I heard a speech from a senior person in the NHS Executive (a doctor) who said that for the first time for many years he saw a government which was genuinely concerned to tackle the fundamental problems of the health of the nation. As the government reorganises GP fundholding in the next few months, and sets new targets for health authorities, we shall see how much is glow and how much realistic expectation for a better future in health care ...

As I end this first letter from Britain, I would like all my New Zealand colleagues and friends to know how much I and my family miss them. Although Britain is a better place than it was, New Zealand is the hardest place to leave. In many ways this has been a very successful year for me. I have set up a new Centre with an increasing staff and with several successful grant applications, and I have just begun my term as President of the International Association of Bioethics. In Britain, too, there is the friendship and stimulation of many colleagues, just as in New Zealand. But big parts of the Campbells never boarded that flight back to Britain, and we are in no hurry to leave! As Don Evans takes over the Centre, I am sure a great new time of development lies ahead and we wish Ann and him every success. They should know that, even though some Scottish and American ghosts may be lingering, they are very friendly ghosts!

Book Review

Title: Medical Ethics (1997)

Authors: Campbell A, Charlesworth M, Gillett G and Jones G.

Publisher: Oxford University Press, Auckland.

Reviewer: Emeritus Professor Miles Little,
Centre for Values, Ethics and the Law in Medicine,
University of Sydney

This admirable book is, as its preface says, a 'revision and major expansion' of the original *Practical Medical Ethics* by Campbell, Gillett and Jones.¹ Max Charlesworth has joined the original team for this edition, which is larger, more comprehensive and contemporary. Despite the increase in length from just over 150 pages to just over 200 pages, the authors have in no way sacrificed clarity or accessibility. The book is divided into three sections on the foundations of medical ethics, clinical ethics and medicine and society.

The introductory material on foundations is clear and logical. It provides a perfectly adequate but simple account of the value systems on which a medical ethic might be constructed. We have become so used to seeing almost exclusive stress being laid upon principle-based ethics in medicine, that this return to underlying values is particularly welcome. Philosophers will not find new bases set out for medical ethics, but that is not the intent of the book. Medical students and practitioners, however, will learn much about theory and application.

The chapter on the healing ethos reveals that the authors have sympathies with Aristotle in reminding health care workers of their essential direction toward patient welfare. The Antipodean origins of the book is reflected in the discussion of health care ethics, which examines Maori and Aboriginal Australian issues with particular clarity and perceptivity. This is in no way a parochial discussion. On the contrary, by calmly confronting and examining the issues, the authors make a significant contribution toward raising the consciousness of a new generation of medical students to the broader issues of ethics in pluralist societies.

The section on the status of the human body is particularly well done, in a way that is uncommon in ethical texts. It is written with objectivity, but also with great cultural and anthropological sensitivity. It deals not only with the problems posed by dissecting cadavers, but ranges over such issues as disposal of ancient human remains and the morality of using unethical experiments (such as those recorded by the Nazis in the camps) as sources of useful knowledge. No doubt these concerns reflect in part the interests of Professor Jones. It would be difficult to cover them better even in a longer section.

Reflecting contemporary preoccupations, there is a thorough treatment of issues in medical genetics, including examinations of the implications of the human genome project, genetic screening, gene therapy, cloning and patenting of genetic material. There is not much on the issue of ownership of genetic material found in the tissues of individuals or communities, and patenting is dealt with briefly. It is likely that these will become increasingly important. Indeed, patenting has already become a contentious matter, the subject of a joint statement by the Clinical Genetics Society, the Clinical Molecular Genetics Society and the Genetic Nurses and Social Workers Association in the United Kingdom in late 1993 and much discussion since. There remain major differences in view between the various parties involved in genetic research and clinical genetic manipulation, and I suspect that this section in particular will grow and change in subsequent editions.

Reproduction technology, embryo research and 'in-utero-ethics' are all treated at appropriate length. The authors offer a fair and reasoned examination of the well-known work of Singer and Wells on the 'thingness'