cause this weakens sympathy further. Moral identity particularly is endangered in wartime, when there is huge pressure to replace it with obedience. Moral identity is eroded by 'a moral slide, a slippery slope from reflective positions of who we want to be'. Moral identity is also eroded by fragmentation of responsibility, e.g. dropping the nuclear bombs. Moral identity is particular; many Nazis had a moral identity but a wrong one.

Glover's conclusions were that, on the whole, squeamishness is a virtue and toughness is a vice. Moral identity should be rooted in the important human responses. Deontology is usually opposed to examining consequences, but here the kind of person you are is important to the consequences (this is from a deontologist!). A presentation by R. Cook on relativism concluded a weighty and fascinating afternoon session.

Further information about these sessions and the Physicians for Human Rights is available from Dr Katherine Hall at the Bioethics Research Centre.

[1] Vincent Iacopino is the Western Regional Director of PHR. Apart from treating torture victims, he also teaches several courses in human rights for physicians. Details can be obtained from the author.

Information for Contributors

The *Otago Bioethics Report* publishes short papers on Bioethics, particularly those with an emphasis upon current New Zealand issues.

Authors should send their written material to John McMillan, Editor *Otago Bioethics Report*, Bioethics Centre, Otago Medical School, PO Box 913, Dunedin.

News

National Standard for Ethics Committee

In september 1996 the New Zealand Ministry of Health published the 'Interim New Zealand Guideline for Good Clinical Research Practice'. This document makes reference to most of the major guidelines and draws heavily upon the World Medical Association's Declaration of Helsinki. A good guide for those involved in clinical research would seem to be indispensable. There are, however, a couple of troubling aspects to these guidelines. There is no mention of the obligations that researchers have when conducting research that involves Maori. There is also no mention of what ought to be done when the research participant cannot, because of age or illness, give informed consent. The Introduction to the guidelines notes that the guidelines are not intended to replace or reduce the obligations to or rights of consumers provided by other legislation (such as the Privacy Act and the Code of Health and Disability Services Consumers' Rights). Even so, neither of these Acts deals explicitly with these issues. Furthermore, this document is supposed to be a guide for researchers, with everything else that is involved in getting research underway, how much can we expect them to read?

The Health Research Council is piloting the use of new standard ethics application forms. Presently application forms vary, depending upon where the committee is located. One of the major hopes is that standardised forms will make the process of applying for ethical review easier to understand and more efficient, particularly for multicentred trials.

The National Advisory Committee on Health and Disability Services Ethics released the National Standard For Ethics Committees in July of last year. This document is the result of the evolution of National Standards over the last few years. The first standard was published in 1988 by the Ministry of Health following the Cartwright Inquiry. This new standard is the fourth and is the result of work by the National Advisory Committee, the regional ethics committees and representatives from regional ethics committees. The wide range of input and process of evolution seems to be reflected in the breadth and clarity of the document. The new guidelines include recommendations on the membership of ethics committees, the scope of ethics committees, the monitoring of ethics committees and assessing applications for ethical review. The guidelines are clear about the two areas which I mentioned as missing in the clinical research guidelines. Perhaps when the interim guidelines for good clinical research practice are revised, the authors could utilise some of the material from the National Advisory Committee's guidelines for ethics committees.