

the patient be kept safe while they are unable to care for and protect themselves. To discover that the patient has been used for students to practise vaginal examinations could accompany a feeling that the trust the women had in her caregivers has been abused. The same sense of abused trust could arise from discovering that a close relative who has recently died has been used for practising intubation or other resuscitation procedures without any notification or request for consent. The policy of 'don't ask, don't tell' which endorses these activities behind closed doors where the public is unaware of their existence could, when revealed, cause harm because of the resulting distrust of the medical profession by the general public.

If we accept that consent is required for use of the dead bodies for teaching, does this mean that we need consent to train all other people who work on dead bodies. Should pathologists get the consent of relatives if they plan to train junior pathologists in the art of autopsies on their recently deceased family member? Do embalmers get consent for the teaching of junior embalmers? What is the difference between the practice of teaching on the dead in these different surroundings? Obviously there are some differences, it appears less contentious in the autopsy and embalming setting than it does in the clinical setting, but why is this? One answer may lie in the purposes for the action. We know that autopsy may be necessary and may be requested by the state in the case of an unexpected death. We also know that the body will usually go to the funeral director and be prepared for burial. These are processes that are known about by most people in the community and considered to be required for the preparation of a body following death. Using a body for practising intubation is not considered to be one of those processes that are required for getting a body ready for burial. The reason the person enters the emergency room or intensive care unit is to get expert medical care. While the person is in that care they may consent to (or wish for, if they were not able to consent) all that is necessary to save their life. Once it has been conclusively decided that life has ended, then to continue to carry out those procedures is outside the realms of the therapeutic relationship that existed between the clinician and the patient. This procedure lies beyond

At the Centre

The Centre is planning to host an **environmental ethics conference** in 2000. The conference will be sponsored by the International Association of Law, Ethics and Science (part of the World Health Organisation, based in Geneva). They have a biennial conference which has been held in various parts of Europe until now and are wanting to convene a conference in the Southern Hemisphere. The Bioethics Centre has been chosen as the venue and we are beginning to set up the early stages of planning for that conference. Previous conferences held by the Association have been on artificial procreation, the genetic revolution, neurosciences and the brain, and bioethics, human rights, and access to health care. The emphasis for this conference is going to be on bioethics, the environment and human rights. We are hoping to involve numerous Australasian environmental groups.

The focus will be upon global questions but the organisation is aware that environmental issues have had a very high profile in the Pacific region. They are very aware that in New Zealand in particular these matters have received a lot of public attention.

The Director would be delighted to hear from any bodies interested in environmental ethics who would like to be involved in the conference.

At present there are about twenty-six **postgraduate students**, most of whom are registered in taught

masters courses for which they write a research dissertation making up about half of the degree. Many of these are in the masters scheme in Bioethics and Health Care Law. This is jointly convened by the Faculty of Law at Otago and the Bioethics Centre. The dissertations all have to contain some relevance to law and bioethics, though they can major in one or the other. Then there are a number of other students who can do a Master of Health Sciences degree: they can use a Bioethics issue for their research topic. At the moment we have a relatively small number of PhD students: just four. Two PhD students are working in environmental ethics. John McMillan has submitted his thesis in the philosophy and ethics of psychiatry. Michael Ardagh is working on maleficence in intensive care ethics. We have a new PhD student starting next semester who has had very considerable experience in the health reforms in New Zealand who is now about to begin a research project in the area of resource allocation and health care provision. Beginning next year we have three full-time PhD students coming to us from Canada. We have a medical postdoctoral student coming to us from Australia.

The Research and International office (of the University of Otago) has evaluated all the departments in the University. The Centre was recently awarded the status of centre for research excellence at Otago.

those boundaries required by our society for the purposes of preparing a body for burial.

There are other times that the dead are used for teaching and learning – this is the use of cadavers for medical education, and research. In this example people bequeath their bodies to the medical school prior to their death. In New Zealand the Human Tissues Act 1964 governs the use of bodies for dissection. Under this Act it is very important that the donation is voluntary.

There is an exception to this voluntary element: medical superintendents of psychiatric hospitals or prison superintendents may authorise the donation of a body except where the person or their family members have stated otherwise. (Campbell et al, 1997: 46) The demands in the Act for the donation of bodies for medical teaching and research to be voluntary tell us something about how we as a society think that the dead body should be treated. But what does this mean when we consider using a recently