between the two – in that where a treatment cannot benefit a patient then the patient cannot be said to need it – it is not the case that degree of need corresponds to the capacity to benefit. If therefore it is believed that people ought to be treated according to their degree of need to ensure equity in a health care system then the degree of benefit (so long as the treatment is not regarded as futile) should not be the determinant of who gets treated.

Cost Benefit Analysis, on the other hand, is concerned centrally with maximising benefits for a given cost. Nancy Devlin and Paul Hansen note that such an approach is in tension with the NWTP as currently envisaged. The latter is concerned to determine which patients, given the limited number to be treated, access treatment whereas the former is used to determine how many treatments there should be. I note that both claim to take into account the impact of a clinical condition in the lives of the sufferer – the first to identify the health need rather than the clinical need and the second to calculate greatest potential benefits gained from interventions. The authors concede that maximisation of benefit is not consistent with equity but that, by contrast, the objective of Cost Utility Analysis is value for money – a value consistent with equity. This is an important distinction though it is questionable whether it takes us far enough. For though we might introduce weightings of QALYs to tip the balance in favour of those with the worst QALY starting point the utilitarian rule still applies, viz. that, given these weightings, we should be aiming for maximum gains. The ethical challenge remains that value for money might consist in achieving a smaller gain for someone with a greater degree of need than a larger gain for someone already considerably better off healthwise. It is therefore not at all obvious that CUAs can accommodate absolutely any theory of distributive justice.

Sarah Derrett points out that there are further questions to be addressed even if the NWTP is successfully launched and that these concern the audit of its performance not only with respect to its alleged objectives of increased honesty, transparency and equity but also in terms of its societal impact. Examination of the public perceptions of the scheme and their consequences for the expectations and behaviours of patients, together with the continued refining of the RGs and CPACs in the light of experience, will be crucial factors in any ethical review of the project and provision for such independent review must become a priority.

At the Centre

Arrivals and departures

Neil Pickering, the first of the overseas appointments, began work at the Centre in March. In the three months since arriving, Neil has bought a house and is now well settled into life in Dunedin.

Dr Jing Bao Nie is still awaiting final immigration clearance before taking up his position at the Centre. We anticipate that he and his family will be here by July.

Dr Martyn Evans worked at the Centre while Professor Grant Gillet was on study leave. During his time here he gave two public lectures called 'Designer babies: why not?' and 'Pictures of the patient'. He and his family also saw some of the sights of the South Island before returning to Swansea in April.

Travels

Travels this year have taken Professor Grant Gillett to India, Oxford, Hungary and the USA. Professor Gillett writes: 'In India I found the bioethics scene small but supported by groups of enthusiasts scattered around the country and in Bombay meeting as a group of friends who nevertheless manage to publish the magazine, *Issues in Bioethics*. I spoke on consent and decisions at the end of life to an interested group of senior clinicians and others who were active in bioethics there. At another point in my Indian adventure, I visited the Christian Medical College at Ludhiana in the Punjab. They were very interested in my returning for a more extended visit and lecture series for their students. I hope to do that before the year is out. The University of Oxford was my next destination where final stages of my book *The Mind and its Discontents* were in progress at Oxford University Press. I saw that through, and even managed to visit Alastair Campbell in Bristol where I gave a talk on the ethics of innovative treatment.

In a second trip I visited Budapest where again a small but thriving Bioethics Centre is to be found. I spoke on several topics there, some of which will appear in the *Hungarian Bioethics Journal*. My final destination was the USA where I gave a course of lectures on models of mind, psychiatry, and ethics at Case Western Reserve University. I then moved on to Minneapolis St Paul where I spoke on PVS, brain death and the RUB at the University of Minnesota. All in all I learnt a lot and did plenty of writing, things which are hard to do in the hustle and bustle of clinical and academic life here. The fruits of it all should be appearing in various places over the next year.'

The Centre has been heavily involved in discussion on the new booking systems for elective surgery. Professor Donald Evans has been travelling around New Zealand facilitating discussion on the national booking systems at hospital forums.

Notes

Professor Donald Evans has recently been appointed to the Independent Biotechnology Advisory Council. This committee (initiated by the Minister of Technology, Maurice Williamson) has been set up to review the area of biotechnology and its uses in New Zealand. Other members of the committee include scientists, business people, and geneticists.

It is pleasing to see a number of recent graduates emerging from the Master of Bioethics and Health Law, and the Master of Health Science programmes. Many of these students will be graduating at the forthcoming August and December graduation ceremonies.