

Recent Publications

Bioethics: a professional responsibility

The new-found possibility of mapping and manipulating the human genome has generated a wide debate in recent years. Popular presentation of the issue has incited both fascination and consternation, not least as a consequence of the clinical application of such techniques as *in vitro* fertilization. General understanding of the biomedical implications of these advances is essential if they are to be applied and controlled in a manner that serves both the needs of patients and of society.

Some 30 governments have already established national bioethics committees. In the USA, where there is a long history of federal involvement in bioethical matters, the options are still under examination. Definitive decisions are soon likely to emerge, however, following the recent publication of a report (1) by the US Congress' Office of Technology Assessment.

The report notes the current lack of a national forum for discussion within the USA, but points to important contributions that have been made at local level as a result of both public and private initiatives. These have fostered a diversity of views and an intensity of debate that might never have emerged had the issues been regarded, from the outset, as the preserve of central authority. Regardless of the level at which decisions are taken, the report emphasizes that debate should remain as free as possible from political influence and ideology, and that it should be flexible, transparent and open to a diversity of broadly-based expertise.

Several federal initiatives in the bioethics arena, it is acknowledged, have had positive and lasting impact. Current US federal regulations that apply to research involving human subjects resulted from the work of a national commission. Similarly, an earlier presidential commission on the study of ethical problems in medicine was influential in matters relating to patients rights and life-sustaining treatments.

In the last analysis, doctors themselves must remain personally accountable for their judgements

and interventions. Consideration of potential benefits and risks is the very essence of their training and their practice.

The US public is reminded that, year by year, Congress still appropriates funds for the medical care of survivors of the Tuskegee syphilis study in which more than 400 patients were denied penicillin for 40 years so that researchers could study the long-term effects of the disease (2). Now, information has belatedly emerged that a Montreal surgeon falsified the records of at least 100 women included in a major multicentre project concerned with the management of early breast cancer, and specifically with an evaluation of the drug tamoxifen as adjuvant therapy (3, 4). Re-analysis of the remaining data is said to indicate that the published conclusions remain valid, but commentators anguish that trust in the research establishment has been undermined (5, 6).

This event is far from an isolated occurrence, and it provides occasion to reflect that, where rigorous oversight of research activity is lacking, misdeemeanour and misjudgement will rarely be brought to light.

Sources

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