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5 Political Sea Changes and Bioethics—Prague 1991 by Strachan Donnelley

6 Second Thoughts on Living Wills by John A. Robertson

Advance directives are attractive in that they give us a sense of control over our futures. But is such control desirable? Living wills tend to obscure conflicts between a patient's competent wishes and later, incompetent interests.

10 Organs for Transplantation: The Singapore Experience by Bernard Teo

Singapore's Human Organ Transplant Act presumes that competent adults consent to donate their kidneys in the event of a fatal accident. What can other countries learn from Singapore's experience?

13 Directed Donation: The Relevance of Race by Wayne B. Arnason

The difficulty in finding well-matched kidneys for transplantation into black Americans is compounded by the disproportionately low rate of black donation. A program of directed donation that privileged black-to-black transplant could ease the chronic shortage of organs.

20 Silencing the Singer: Antibioethics in Germany by Bettina Schöne-Seifert and Klaus-Peter Rippe

In Germany, thoughts are no longer free. Peter Singer, the "death ethicist," has become a special target for activists attempting to silence bioethical debate in Germany. A profound unease over issues at the end of life is accompanied by an insistence that these issues are not to be discussed.

28 Is Consent Useful When Resuscitation Isn't? by Giles R. Scofield

Why have a patient consent to a Do Not Resuscitate order? As we cannot make death go away, we must make decisions about when to withhold or limit resuscitation openly, in honest and trusting conversation between doctor and patient.

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**Back in the USSR**

Despite the political turbulence that has rocked the Soviet Union, basic scientific and clinical research goes on, strongly influenced by both Western and Eastern traditions. Yet if a recent sampling of bioethical activity in St. Petersburg is any indication, Russian bioethics fails to reflect either tradition, and lacks focus. Whether the issue is fetal brain tissue transplantation, mass EEG screening for mental diseases, or pain control, there seems to be no cohesive tradition of medical ethics in which the welfare of individuals holds centrally to guide practice or shape social policy.

The lack of legal restriction on abortions, together with a virtual absence of contraceptive drugs and devices in the Russian economy, produces a high abortion rate (set by some at an average of seven per woman during her fertile years) and a consequent surplus of fetal tissue available for research. Moreover, the absence of laws limiting funding for fetal tissue research, together with no centrally mandated requirements for extensive animal trials before proceeding to human clinical studies, has prompted the Institute for Experimental Medicine to attempt fetal tissue transplants into the brains of two late-stage Parkinson's patients.

One of the patients showed initial dramatic recovery, regaining sufficient muscle control to write in longhand and walk unassisted—activities she had not enjoyed for several years.

Both developed an immune response to the fetal tissue, however, apparently contradicting the common assumption that the blood/brain barrier, together with the relatively undifferentiated state of fetal tissue, suffices to prevent rejection. When treatment with immunosuppressive drugs was begun, the beneficial effects were lost; when immunosuppressive agents were withdrawn, recovery returned—but so did the immune response. A moratorium on further transplants in humans is currently in effect while the rejection problems are studied in animal models (echoing the American experience with the first years of human heart transplants).

Psychiatrists at the Bekhterev Institute report that certain EEG profiles strongly correlate with other clinical indicators as predictors for future severe depression, epilepsy, and schizophrenia. They have proposed to the Russian Ministry of Health that school children be screened en masse to identify individuals at risk for severe mental disorders, thus permitting their tracking, monitoring, and early preventive treatment.

Their justification for such screening was that it would be quick and cost effective. The psychiatrists doubted significant negative economic consequences or social stigma would be attached to early identification, since families would have the significance carefully explained to them. It is not clear that they had thought hard enough about the economics of screening in a market economy, or about questions of who shall have access to the information gained.

The Problem Laboratory for Non-medical Treatment, in the First Leningrad Medical Institute, has reported a "Pain and Tension" method that supposedly reduces the need for preoperative medication and postoperative analgesics, and is also "highly effective" in treatment of pulmonary disorders, heart disease, and neurological diseases. The paper reporting on this method (verbally described in a way suggestive of the Japanese shiatsu, or pressure point stimulation) contains no description of either the therapy techniques or the theory behind it. Indeed, the paper read like a highly stylized blurb reminiscent of Oragone boxes and snake oil promotions.

These and other developments seem to reflect an underdeveloped sense of medical science's need to guard against overzealous researchers' potential threats to the interests of their subjects. The lack of a strong tradition of preliminary trials in animal models, the absence of any organized opposition to use of abortion as the chief method of contraception, insensitivity to the complex significance of fetal tissue transplantation, and the wide variance in adherence to Western scientific tradition shows up the absence of structured national discussion and debate of ethical issues in research and medicine.—Richard T. Hull, associate professor of philosophy, State University of New York at Buffalo, Amherst, N.Y.