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Ethics and multicentre research projects

SIR,—We strongly support Peter Moodie's suggestion that there should be a "national committee to give conditional approval" to multicentre trials.¹ We have concerns about the role of local research ethics committees in these trials, which have been expressed by others.^{2,3} Recent guidance from the Department of Health, which merely advised "that committees should arrive at a voluntary arrangement under which one [local research ethics committee] is nominated to consider the issue on behalf of them all" simply dodges all the difficulties and will do nothing to help the organisers of large projects to get prompt, authoritative advice on ethics.⁴

Major research projects must have ethical review by independent professionals who are expert in many disciplines, including statistics, pharmacology, epidemiology, toxicology, and sociology, as well as having a practical understanding of ethical issues. Our district's local research ethics committee simply does not possess all this skill, though it does have knowledge of local circumstances. We suspect that this may be true in other districts.

In the past two years our committee has considered 114 research projects, of which no less than 70% have been multicentre drug trials. In considering these projects we have been repeating the work of many other such committees. Each local research ethics committee has its own application form, so researchers have to redraft their applications to suit the styles of different districts. This is an expensive waste of effort whose main effect is to deter research.

Surely there should be, as Moodie suggests, an authoritative expert committee that could comment on multicentre research projects. These comments would be available to both local research ethics committees and researchers. This would both ensure high standards and smoothe the process of ethical approval.

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Conference on ethical review of clinical research

SIR,—In his editorial Peter Moodie discusses Rabbi Julia Neuberger's report *Ethics and Health Care: the Role of Research Ethics Committees in the United Kingdom* and refers to the need for improved training of members of ethics committees.¹

A training conference for members of ethics committees is being organised jointly by the Association of Independent Clinical Research Contractors and the Centre for Philosophy and Health Care, University of Wales. A wide range of speakers has been invited from the NHS, academic

research, and the pharmaceutical industry. Entitled "Ethical review of clinical research," the conference is being held at Robinson College, Cambridge, from Monday 21 September to Tuesday 22 September with registration on Sunday 20 September. We have had a good response so far from members of NHS research ethics committees, and further information may be obtained from me at Simbec Research, Merthyr Tydfil, Mid Glamorgan CF48 4DR (telephone 0443 690977).

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- 1 Moodie P. The role of local research ethics committees. *BMJ* 1992;304:1129-30. (2 May.)

Ethics of embryo manipulation

SIR,—I agree with Mary Warnock that the mildly handicapped are "not properly entitled to speak" on behalf of children and parents afflicted by the "disastrous" diseases for which prenatal and preimplantation screening and selection services are being developed.¹ Certain statements that Warnock makes, however, raise the important question of "who is?" This is highlighted, for example, by the statements that intervention of a preventive nature is aimed at abolishing "a few disastrous diseases which have a fatal outcome or cause an intolerable burden to the sufferer" and that while many of the mildly handicapped "lead tolerable and indeed enjoyable lives" the same is "simply not true" of patients with these disastrous diseases.

From my own experience, both as a doctor and as a patient seriously affected by such a disastrous disease, I would point out that the issue of the tolerability and potential of lives such as mine is not at all simple. As in other areas of major adversity, while the burden of many such diseases currently screened for may seem intolerable to some patients, others afflicted with the same burden may continue to enjoy the experience of life (with the exception perhaps of a few diseases such as anencephaly) despite the severe difficulties and early death. The aim of preventing an intolerable burden to the sufferer is, of course, a noble one, but unless it is possible to prevent the disease without also preventing the patient, who might in reality find life a great deal more than tolerable, such screening is not something that some sufferers, myself included, wish for.

This is, of course, a personal view, and I fully accept that in a difficult area of imponderables and inevitable uncertainty others with different values, perspectives, beliefs, and goals may logically make different choices. It is surely important, however, given the moral and ethical uncertainty and disagreements that exist, for all concerned with these issues to accept that there is much that cannot be stated to be simply untrue or true. I believe that no individual, patient, organisation, or committee can be truly qualified to make absolute statements on the quality of our lives or be properly entitled to do so.

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- 1 Warnock M. Ethical challenges in embryo manipulation. *BMJ* 1992;304:1045-9. (18 April.)

Legislation, morals, and ethics

SIR,—In *A Man For All Seasons* Sir Thomas More warns his future son in law of the dangers of a society with no law, but he still recognises the

inadequacy of the law. Pragmatically we need legislation for the function of society, and formulation by consensus is optimal. But I was troubled by the views expressed by Dame Mary Warnock in her Green College lecture.¹ She said: "Research using human embryos (subject to time limitations) and in vitro fertilisation are permitted by law; the rights and wrongs of that need no longer be a subject of public debate." She also said: "The moral question having been settled one way, the law has now clarified the issue."

These statements suggest an elevation of pragmatic legislation beyond any status it can really be accorded. I agree that legislation must be formulated for the moral dilemmas confronting our society, but that legislation should be recognised for what it is—a clumsy but necessary instrument in the area of morals and ethics and no more.

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- 1 Warnock M. Ethical challenges in embryo manipulation. *BMJ* 1992;304:1045-9. (18 April.)

Fellowships for doctors from Czechoslovakia

SIR,—For the past 40 years the medical profession in Czechoslovakia has been prevented from having normal contacts with colleagues in the United Kingdom and other Western countries. Doctors have had difficulties in obtaining medical books and journals in English and attending conferences abroad. Often they have used outdated methods of investigation and treatment, and there has been a shortage of modern equipment, drugs, and materials. Since the recent political changes senior doctors from Czechoslovakia urgently need to develop contacts with their colleagues in Western countries and to update their medical knowledge. In the present economic situation, however, they cannot finance visits abroad.

The Catching Up Trust was set up in April 1990 to provide fellowships for doctors from Czechoslovakia to enable them to visit hospitals and medical institutions in the United Kingdom. The trust fund is financed by donations from individual people, industry, and commerce. The fellowships are offered to senior doctors from medical schools to help them to re-establish links with doctors in the United Kingdom and to learn about recent developments in their specialty, current trends in research, and advances in medical education. It is hoped, too, that the scheme will facilitate opportunities for junior specialists in Czechoslovakia to participate in postgraduate programmes for overseas doctors in the United Kingdom.

The trust works in cooperation with the scientific advisory committee at the Ministry of Health in Prague and the deans of the medical schools, who select candidates for the fellowships. The trust coordinates the fellows' placement in the United Kingdom and monitors their progress. British doctors and British academic institutions have shown a tremendous amount of good will; the first four fellows, who are visiting British hospitals now, appreciate the warm welcome given to them.

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Advice to authors

Priority will be given to letters that are less than 400 words long and are typed with double spacing. All authors should sign the letter. Please enclose a stamped addressed envelope for acknowledgment.