

Informed consent itself can be viewed differently and considered to be in and of itself a therapeutic choice which carries with it a morbidity. In this light, it follows that we should go to the patient and inform him or her that there are two ways to make a decision. One way is for the physician to explain the facts in lay terms and ask the patient to make the decision. The second way to make a decision, in its extreme, is for the physician to act in a paternalistic way and make the decision on the patient's behalf.

Consider a hypothetical experiment in which newly diagnosed breast cancer patients were randomly assigned into two groups. In one group the choices of therapy would be presented in a neutral way and the patient would then select one option. In the second group the surgeon would make the selection for the patient with no discussion. Further suppose that after five years, a follow-up evaluation revealed a 15 per cent higher survival rate in the second group.

While such experiments are not commonly done, there is reason to suspect that the outcomes might, in fact, be different in the two groups.

It is of concern that the ideal of neutrally informed consent has been pursued by ethicists who appear to be making the same error that they accuse the physicians of, ie, knowing which type of decision-making is best for the

patient in the absence of unbiased data.

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Ethics in preventive medicine

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I enjoyed reading the recent article by Dr Skrabanek (1) about ethics (or lack of ethics) in preventive medicine. This is an issue of increasing concern to me.

Of particular importance in primary prevention is that, by definition, the participants in programmes are healthy. Unethical decisions will affect people who have been previously entirely or apparently healthy (2). There must be a systematic assessment of risks and benefits for each programme. The risks of adverse effects to individuals have to be balanced against the benefits to the community. It is essential that participants in preventive programmes are fully informed of these risks and benefits.

As well as the ethical dilemmas faced by preventive medicine practitioners, there are also dilemmas faced by participants in programmes. An important one, relevant to vaccination programmes for the prevention of communicable disease, is that non-compliers with vaccines will penalise

others. Non-compliers reduce the level of herd immunity and may ultimately contribute to outbreaks of disease. This again emphasises the importance of risk-benefit calculations, and the effective communication of same to participants in programmes. Only then is it possible to make informed decisions.

I congratulate Dr Skrabanek on his article (1) and strongly support his suggestion of a forum to identify the ethical problems posed by preventive medicine and health promotion. There is an urgent need to bring the issues into focus.

References

- (1) Skrabanek P. Why is preventive medicine exempted from ethical constraints? *Journal of medical ethics* 1990; 16:187-190.
- (2) Doxiadis S, ed. *Ethical dilemmas in health promotion*. Chichester: John Wiley and Sons, 1987.

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