

cremated whilst visibly perfused by a spontaneously beating heart. If at this point he shrank back, then my charge of essentialism could readily be withdrawn. But of course, his claim that 'brainstem death' is the whole truth about the death of a human being would have to be withdrawn as well. After all, there would be something irredeemably odd about thinking one could be dead enough to be a 'cadaver' organ donor, but not quite dead enough to be consigned to the flames.

References

- (1) Evans M. Death in Denmark. *Journal of medical ethics* 1990; 16: 191-194.
- (2) Lamb D. Death in Denmark: a reply. *Journal of medical ethics* 1991; 17: 100-101.

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Ethics of preventive medicine: response to McPherson

SIR

Professor McPherson (1) believes that I argue 'that somehow preventive medicine among populations is exempt from the constraints of ethical guidelines, while in contrast therapeutic medicine among individuals is constrained by strict ethical guidelines'. Nowhere did I pose this contrast, since I was concerned not with clinical practice but with medical experimentation on individuals (for which ethical guidelines exist) and on populations (for which there are no such guidelines). Having dismissed the strawman of his own making as 'a confusion', Professor McPherson then introduces his own 'real paradox', ie, that practitioners who 'know the answer, or can persuade themselves that they know the answer', can dispense with 'these constraints', which he describes as 'a formal duty to inform, to counsel and to obtain consent'. Whether the doctor knows what he is doing or not, I can't see how he can justify withholding of information, counsel or dispensing with consent, except in special circumstances in which the paternalistic mode may be excusable, but this does not apply to healthy people who are subjected to 'promotional interventions', as Professor McPherson calls them.

If Professor McPherson really believes that 'experiments among groups to assess the prophylactic efficacy of promotional intervention' are not exempt from ethical guidelines, may I ask where are such 'guidelines' to be found, what do they say about the imperative need to inform healthy people invited to participate in such programmes that the outcome is uncertain and more harm than good may ensue, and why such guidelines have never been applied, to my knowledge, in numerous randomised controlled trials (that is, population experiments by definition) of preventive intervention in healthy people, such as single or multiple-risk factor intervention trials testing the possibility of preventing coronary heart disease, or various cancer screening trials. As Head of the Health Promotion Sciences Unit, Professor McPherson should have the answers at his fingertips.

Reference

- (1) McPherson K. Ethics of preventive medicine [letter]. *Journal of medical ethics* 1991; 17: 162-163.

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