Channel 4 *True Stories:* "Deadly Experiments" 6 July

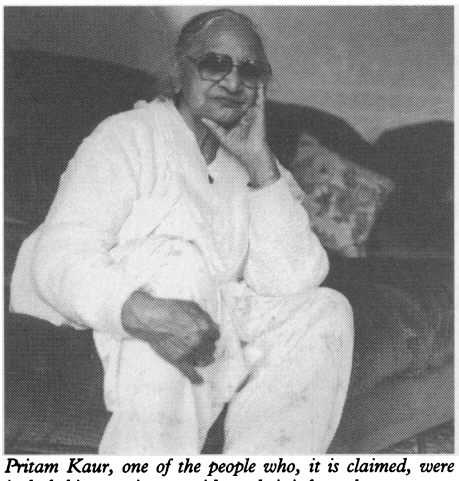
Good intentions are not enough

See also p 192

In 1987 a young American journalist, leafing through files tucked away in a military archive, unexpectedly turned up evidence of deliberate injections of radioactive plutonium in unsuspecting patients. She telephoned the Los Alamos National Laboratory, was patted on the head, but refused to be reassured. This low key but quietly dramatic encounter is typical of the doggedly persistent style of American investigative journalism which uncovered Watergate; it proved the jumping off point for *Deadly Experiments*, a shocking exposé of unauthorised (and unethical) radiation studies carried out during the 1940s and '50s.

No room for complacency here: these were not just madcap American scientists, Strangelove-style boffins overstepping the mark somewhere in the remote New Mexico desert. It happened here in Britain too. In Coventry, Asian women were fed radioactive chapatis without so much as a by-your-leave and, according to the programme, driven off to Harwell for radioactivity measurement.

Today we're all outraged, of course—but hang on a minute: aren't radioactive tracers given in hospitals up and down the land every day of the week? Where would oncologists be, for instance, without the technetium isotope bone scan? What damage do these tests do, compared with the diagnostic benefits? The fundamental issue raised by the film was one of informed consent rather than the equally complex but quite separate problem of radiation tolerance and morbidity, though the film itself tended to confuse these items—possibly, I felt, because the director had failed to recognise how distinct they are. In one scene, clearly intended to shock and dismay, a conventional looking middle aged man told how his mother had been subjected to a type of treatment which was frightening since she was taken into a room, left quite alone—"no doctors, no nurses"—and put under a large machine for several minutes. This sounds like a perfectly normal radiation treatment to me, though the explanation and support might have been better. Sadly, she became ill and died shortly afterwards, but who's to say whether the cancer or the treatment was to blame? According to the narrator, the case was proved: "She had suffered the classic symptoms of radiation sickness." Yet every radiotherapist knows that deterioration from progressive cancer can look all too similar to a side effect of treatment.



CHANNEL 4

Pritam Kaur, one of the people who, it is claimed, were included in experiments without their informed consent

Informed consent has become the major medical ethical issue of the 1990s, and the chief strength of the film was to remind us of the ever present threat posed by overzealous researchers. Did they mean any harm? Probably not. Did they genuinely feel that injecting controlled amounts of a low level radioactive tracer might help to set more accurate dosimetric standards for radiation tolerance? Presumably. Yet the road to oblivion, accusation, or—worse still—terrifying legal consequences is paved with good intentions. It's right that we should constantly be on our guard: the researchers portrayed in this programme seemingly failed to recognise the fine but critical line between, on the one hand, a dispassionate and ethically acceptable research programme, and, on the other, an arrogant unconcern for the patient's right to self determination. No matter that a tiny dose of radioactivity causes no discernible damage in most patients; the fact remains that one can't take for granted the patient's unquestioning compliance or argue that the umbrella of medical research permits doctors an ethical freedom they have no right to assume.

The journalist, by the way, won a Pulitzer prize.—JEFFREY S TOBIAS *is clinical director for cancer services, Middlesex and University College Hospitals, London, and author of "Cancer: What Every Patient Needs to Know" (Bloomsbury, £6.00).*

BBC2 *Hypotheticals:* "Growing Pains" and "Old Age Tension" 12 and 13 July

Talking shop

These two discussion programmes, part of a three night series, explored moral and legal issues arising in adolescence and in old age. Both made compulsive viewing, particularly for anyone who has tried to teach medical ethics to medical students.

The set, was in the style of a student seminar, the cameras focused on a horseshoe of expectant faces sitting behind reassuringly solid tables. After the entrance of the seminar leader—Vincent Hanna for *Growing Pains*, and Arthur Miller for *Old Age Tension*—the proceedings began. The faces behind the tables were from mixed backgrounds: doctors, nurses, teachers, social workers and their managers, policemen, judges, politicians (council and parliamentary), patients' advocates, and journalists thrown together to represent their respective professions.

In the first of the two programmes Vincent Hanna led participants, mainly teachers and social workers, through a range of topics relating to childhood and adolescence including child sex abuse, arranged marriages, and adventure holidays for young offenders. The social workers seemed defensive, the teachers disagreed with each other, and the politicians—inevitably—spoke in soundbites.

The second programme, looking at the other end of life, was better. Arthur Miller, coffee cup glued to his hand, introduced us to a fictional couple, Victoria and Albert, and their friend Doris, all residents of "Old Scarum." Using the time honoured technique of painting a thumbnail sketch, asking an awkward question, and analysing the differences between responses, he explored the issues around declining mental power in old age.

James Carne, a general practitioner, Jo Hertzberg, a psychogeriatrician, and Beverley Castleton, a specialist in care of the elderly, batted a straight wicket for the medical profession and Stephen Thornton, billed as chief executive of health authorities, described the division between medical and social care with a clarity not apparent in many clinical situations. The participants slipped effortlessly into and out of roleplay, and on occasions stepped back to observe the ethical conflicts created by the decisions they were being asked to make. This was exploration of moral dilemmas at its best, both elegant and thought provoking.

The strength of the programme wasn't in the topics covered but in the way Arthur Miller drew out the participants' beliefs and attitudes. Some came across almost as caricatures: the evenhanded judge, the kindly coaxing nurse, and the social worker anxiously peering over his shoulder expecting criticism.

It would be wonderful to have the opportunity to teach medical ethics to young people destined for such varied professions. Sadly, for the time being we can only watch.

—SIMON LUNDY, *general practitioner and part time lecturer, University of London*