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FROM OTHER JOURNALS

Women's rights related to local culture'

16,291 women, representing 189 countries registered for the Fourth World Conference on Women in Beijing. Many advocated using the term 'human rights' instead of women's rights but details emerging from discussions showed that these depend on local cultures, religions and ethnic preferences. These preclude a general agreement even in areas such as sexual rights and reproductive rights.

All countries expressing formal reservations were dominantly Catholic or Muslim. Religious conviction led them to question extra-marital sex, contraception and abortion.

It is perhaps time to recognise that neither reasoned argument nor belief in universal values necessarily precede consistent choices amongst the world's people.

*Disadvantage of multi-centre clinical research*²

The advantages of such research are often balanced with extra difficulties in negotiating access to the research subjects. Researchers, their secretaries, nurses and others may make such access difficult, time consuming or even impossible.

It is necessary to build into the project cost-effective measures permitting frequent personal contacts with each centre, time to negotiate access to subjects and ensuring that delays in reaching them are kept at a minimum.

*The rights of the aged*³

Attention is now being focussed on the rights of the heterogeneous group forming the frail, aged population, each of whom constitutes the 'individual in a communal setting'. In addition to her right to information, there must be con-

sultation and participation undiminished by her frailty. In discussing this theme, Diane Gibson touches upon important concepts such as what distinguished a right from a duty or the implications of constructing values in terms of rights.

She also discusses mechanisms for ensuring that such rights are catered to even when the personal care assistant has been annoyed by the justified complaints of an individual. In a touching incident she highlights the plight of these defenseless persons. "As I entered a room where a (frail, aged) resident lay moaning loudly, a staff member followed immediately on my heels. The resident looked up at us as we entered and cried, 'No, no. Please don't hit me.'"

She also pleads for discussion on the management of certain categories. Take for example an 82 year old person who has dementia but shows an intense dislike of restraint. If left alone, she tends to fall and has already hurt herself twice. She has a clear desire for freedom of movement but needs protection so that she doesn't break her bones. Who is to decide upon the extent to which her mobility should be facilitated without hurt and what are the means for doing so?

Two ethical debates^{4,5}

Fetal genetic testing for an incurable disease such as cardiomyopathy and the treatment of those attempting suicide are discussed in the section entitled 'Ethical debate'. After reading the case story of the family with cardiomyopathy, we are provided three opinions on whether such tests are helpful, the ethical issues involved and the steps towards adaptation to the diagnosis that are made possible by knowledge of the diagnosis and consequent risks. Finally we read the patient's comment.

As regards patients who have attempted suicide, the discussion focusses on the person's right to refuse treatment, which patients should be allowed to die and whether suicide is different from a terminally ill individual's decision not to prolong life. The reasons commonly offered for treating those attempting suicide are the assumption that they suffer from mental depression, are pleading for help when attempting suicide and may, eventually be grateful that their lives were saved. Among the issues discussed is what makes a choice rational and the importance of religious and cultural beliefs.

*1994's most bizarre suicide*⁶

This fascinating incident must be read in the original.

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