

# UK CLINICAL ETHICS NETWORK NEWSLETTER

Issue 15, Summer 2005



## Welcome to the Summer Edition of the UK Clinical Ethics Network Newsletter

Welcome to the Summer Newsletter of the UK Clinical Ethics Network. Since our last newsletter we have had our 2005 annual conference, hosted by the Newcastle Upon Tyne Clinical Ethics Advisory Group. We would like to say thank you to Stephen Louw, chair of the Newcastle group for his hard work in helping to make sure the conference was so successful. A report of the conference is on page 4. The Network AGM was also held in Newcastle, and thank you to those who found the time to attend. This was a very important AGM as the decision was made that the Network should become a Charitable Unincorporated Association. This means that the Network will be able to raise funds and establish itself as an important organisation in health care ethics in the UK. A brief summary of the new Network constitution is on page 8.

In May, some Network members took part in a radio 4 series 'Inside the ethics committee' where difficult cases were discussed in a similar way to an ethics committee discussion. There seems to have been a very positive response to this programme and the BBC has commissioned another series for next year. So you may be approached by the producers to ask if you would be interested in taking part.

As many of you will know the Court of Appeal has ruled on the GMC appeal against the Burke judgement relating to its guidance on withholding and withdrawing life sustaining treatment. The appeal was upheld and a summary of the main points of the Appeal judgement can be found on page 2.

Since our last newsletter Carolyn Johnston has left Ethox and is now working at King's College in London where she is involved in undergraduate teaching of medical ethics and law. At the end of August Jane Goodall is also leaving to begin a PGCE (Secondary) Science. Everyone at Ethox and in the Network will be very sorry to lose such a valuable member of our respective teams and her competence and mastery of the website will be difficult to replace. However we wish her great success in her new career as a teacher. Jane's departure means that we will not have such good administrative support for the Network in the next few months so please be understanding if there are delays in answering your queries. Can you remember to email us at [admin@ethics-network.org.uk](mailto:admin@ethics-network.org.uk) and not at Jane's Ethox email address. Both the Network Committee and Ethox are actively seeking funding to secure continued support of the Network. If anyone has any suggestions on this front please let us know!

We hope that you all have had, or will have a good Summer holiday and return refreshed and full of enthusiasm to carry on developing your committee, and clinical ethics in general.

Anne Slowther and Jane Goodall

Editors: Anne Slowther & Jane Goodall,

The Ethox Centre, Department of Public Health and Primary Care, University of Oxford, Old Road Campus, Headington, Oxford OX3 7LF. Tel: 01865 226936. Fax: 01865 226938. E-mail: [admin@ethics-network.org.uk](mailto:admin@ethics-network.org.uk) Web Site: [www.ethics-network.org.uk](http://www.ethics-network.org.uk)



## OUTCOME OF GMC APPEAL AGAINST BURKE RULING

*The Appeal Court's recommendation that the GMC guidance should be implemented throughout all levels of health care may be something that clinical ethics committees and the Network wish to consider.*

On 31<sup>st</sup> July 2004 Justice Munby issued several declarations in the High Court in a judicial review of the General Medical Council's guidance on withholding and withdrawing life prolonging treatment. The judicial review had been sought by Mr Leslie Burke and was supported by the Disability Rights Commission and others. In his judgement Justice Munby declared unlawful a number of paragraphs of the GMC guidance. The main points of the original judgement are summarised below:

- The GMC guidance fails to recognise a right to require treatment as well as a right to refuse treatment. Thus a competent patient's decision that they wish artificial nutrition and hydration (AN&H) to be continued until death is imminent must be seen as determinative of the patient's best interests. The only circumstances in which it could be discontinued would be if death was imminent, or if continuation of the treatment was seen as intolerable to the patient.
- The guidance fails to acknowledge the heavy presumption in favour of life prolonging treatment and that such treatment will be in the best interests of the patient, unless the life of the patient, viewed from the patient's perspective would be intolerable.
- The guidance fails to reflect the legal requirement that in certain circumstances AN&H cannot be withdrawn without prior judicial authorisation.
- If a doctor or NHS trust has taken on care of a patient who has expressed a wish that AN&H be continued they must continue to provide such treatment or arrange for the patient's care to be transferred to someone who is willing to provide such treatment.

The GMC appealed against the declarations of Justice Munby, seeking clarification of, among other things, the concept of a right to require treatment and the use of 'intolerability' as a touchstone of best interests. The Appeal was heard in May 2005 and the Appeal court judgement given on 28<sup>th</sup> July 2005.

The Appeal court upheld the appeal of the GMC. The Judges were critical of both Justice Munby and the official solicitor for extending their consideration of the issues beyond the specific circumstances of the case of Mr Burke into wider areas of concern. Mr Burke was competent and was likely to remain competent, and able to communicate his wishes, either by speech or electronic communication, until very soon before death. Thus discussion of general principles on advance directives and decision-making when a patient is incompetent were not relevant to the specific situation of Mr Burke.

The Judges stated that:

*'The court should not be used as a general advice centre. The danger is that the court will enunciate propositions of principle without full appreciation of the implications that these will have in practice, throwing into confusion those who feel obliged to attempt to apply those principles in practice. This danger is particularly acute where the issues raised involve ethical questions that any court should be reluctant to address, unless driven to do so by the need to resolve a practical problem that requires the court's intervention.'*

Thus the judges were very clear that the courts should limit their judgements to specific cases and not extend their rulings to set out general principles to govern a range of hypothetical cases. However, the Appeal Court did respond to those parts of the initial judgement that extended beyond the specific case of Mr Burke. The reason given by the Judges was a concern that parts of the initial judgement would be '*seized on and dissected by lawyers seeking supportive material for future cases*'. They cautioned strongly against this.

The main points of the appeal judgement are summarised below:

- Autonomy and the right of self determination do not entitle a patient to request a medical treatment regardless of the nature of the treatment.
- Where artificial nutrition and hydration is needed to keep a patient alive a doctor will normally be required under a duty of care to provide it. The patient's wish to receive it underscores the duty to provide it but is not the source of the duty.
- A doctor who withdraws AN&H from a patient who requires it to live, and against the expressed wishes of that patient to receive such treatment, will be open to a charge of murder.
- The duty to provide life sustaining treatment is not absolute. There are exceptions including when a patient refuses such treatment or when the patient is incompetent and it is not considered in the best interests of the patient to be kept alive, for example, patients in persistent vegetative state or when life involves extreme pain, discomfort or indignity. In the latter situation the decision will depend on the facts of the individual case.
- The above exceptions do not apply in the case of Mr Burke, that of a competent patient wishing to be kept alive.
- The GMC guidance, in so far as it relates to Mr Burke's predicament is not unlawful.
- In cases at the extreme end of life where AN&H will not prolong life the decision whether to continue with treatment will rest on a clinical decision balancing benefits and burdens of treatment. In this situation a patient cannot demand that a doctor administer treatment which the doctor considers is adverse to the patient's clinical needs. (The judges stressed that this scenario, of conflict between patient and clinician, would be extremely unlikely to arise in practice).
- A requirement that a patient be kept alive simply because he had made an advance directive to that effect is not compatible with the Mental Capacity Act 2005, or with common law. The legal requirements that an advance refusal of treatment is respected.
- It is not possible to define what is in the best interests of a patient by a single test (the intolerability test) in all circumstances. The test must depend on the particular circumstances.
- There is no legal requirement to seek a declaration from the court to withdraw or withhold life prolonging treatment. It is a matter of good practice that in certain circumstances, practitioners should seek such a declaration.

A footnote to the judgement strongly urges that the GMC guidance is vigorously promulgated, taught, understood and implemented at all levels within the NHS. Anecdotal cases of patients being denied treatment were examples of instances where good practice and guidance had not been followed, and patients such as Mr Burke should have confidence that they will be treated in accordance with good practice.

The Appeal Court judgement has confirmed that the GMC guidance is compliant with English law, and with the relevant sections of the Human Rights Act. It has clarified the position with regard to advance directives and how they should be taken into account in end of life decision-making. It has also emphasised the duty of a doctor to maintain life by provision of AN&H while recognising specific exceptions to this duty. A key message is that determination of best

interests can be a complex process, not usually best suited to a single test, and depending very much on the specific circumstances of the individual case.

Several CECs contributed to a discussion document for the GMC that informed the preparation of their appeal. The discussion document is available on the Network website <http://www.ethics-network.org.uk/comment/burke.htm>. Thank you to all who contributed. The court's recommendation that the GMC guidance should be implemented throughout all levels of health care may be something that clinical ethics committees and the Network wish to consider. How can CECs contribute to this endeavour? If you have any ideas about this or would like to contribute to a debate on this issue please get in touch with us.

The full judgement of the Appeal Court can be accessed at <http://www.bailii.org/ew/cases/EWCA/Civ/2005/1003.html>

Anne Slowther

**This article is the author's own interpretation of the judgement and is not necessarily the view of UKCEN. This article does not constitute legal advice. CECs should seek advice from the Trust legal department before taking or refraining from any action as a result of the contents of this document.**



UK CLINICAL ETHICS NETWORK 5<sup>TH</sup> ANNUAL CONFERENCE  
FRIDAY 20<sup>TH</sup> MAY 2005  
CENTRE FOR LIFE, NEWCASTLE UPON TYNE

The Conference began with an introduction by Dr Stephen Louw, a Clinical Director, Chair of the Newcastle upon Tyne Clinical Ethics Advisory Group, Vice Chair of the Network Committee and host for this year's conference.

Professor Tony Hope, Professor of Medical Ethics at the University of Oxford, began with his talk 'Resource allocation decision-making: reasons and process.' The talk gave a good introduction to the different methods of ethical reasoning relating to resource allocation and rationing.

Dr Neil Snowden, Chair of the Pennine Acute Clinical Ethics Committee followed with a talk entitled 'CECs and resource allocation: what are the issues and should we be considering them?' Dr Snowden discussed why he feels that clinical ethics committees should not be involved in making resource allocation decisions.

After the break Dr Samia Hurst, Maitre Assistant, University of Geneva presented a summary of her recent project, a European survey of the experience of primary care physicians in dealing with ethical issues in four European countries. The survey found that primary care physicians were involved in rationing decisions but the criteria used to ration were diverse. The crucial question seems to be **how** rather than **if** bedside rationing should be taking place.

The afternoon panel discussion was chaired by Dr Tom Shakespeare, the Director of Outreach at the Policy, Ethics and Life Sciences Research Institute, International Centre for Life

The panel was made up of the days speakers and  
Professor Sir Michael Rawlins, Chair of the National Institute for Clinical Excellence (NICE)  
Dr Simon Woods, Director of Learning at the Policy, Ethics and Life Sciences Research Institute, International Centre for Life  
Dr Alan Watson, Chair of the UK Clinical Ethics Network Committee

The discussions ranged from the days talks to how NICE and politicians viewed the ethical aspects of rationing in healthcare.

The feedback from the day rated the talks as being mainly excellent or good. The comments will be taken into account when organising next year's event.

The Conference delegate packs are available from the Network at a cost of £10.00, made payable to The Ethox Foundation, to cover copying, postage and packing. If you would like a delegate pack from the Conference please contact the Network at [admin@ethics-network.org.uk](mailto:admin@ethics-network.org.uk)



## 2006 ANNUAL CONFERENCE

The next UK Clinical Ethics Network Annual Conference will be held on

**Thursday 11<sup>th</sup> May 2006**

at

**Carrow Road, Norwich City Football Club**

The Conference is being hosted by the James Paget Healthcare NHS Trust Clinical Ethics Committee. Norwich City Football Club is central in Norwich and walking distance from the train station although there is also plenty of free parking available. Lunch will be served in the Delia Smith Restaurant.

The day will be themed around Clinical Ethics and the Extremes of Life, focusing on aspects of informed consent. The afternoon will include case presentations. The hosts welcome suggestions for possible topics and speakers. If you have any suggestions please contact the Network at [admin@ethics-network.org.uk](mailto:admin@ethics-network.org.uk)



## 2006 ANNUAL GENERAL MEETING

The 2006 UK Clinical Ethics Network Annual General Meeting will also be hosted by the James Paget Healthcare NHS Trust Clinical Ethics Committee and will be held during the lunch break of the Annual Conference.



## CASE CONSULTATION SURVEY

The UK Clinical Ethics Network is currently conducting a survey of acute ethics case consultations (not retrospective cases) for the period from July 1st to December 31st 2005.

The aims are:

- a) to gather information on how CECs provide acute ethics support in clinical practice
- b) promote good practice between CECs
- c) use the knowledge to increase our lobbying for increased recognition and funding of the work of CECs

The information from the audit will be fed back to you via the newsletter and at the 2006 Annual General Meeting.

The survey only takes a few minutes to complete for each case consultation and can be submitted electronically if you wish. We would greatly value your cooperation.

Please send a form for **EACH** consultation to the UK Clinical Ethics Network at the Ethox Centre. An electronic copy of the proforma has been sent to your email address, and a copy is included in this newsletter.



## ETHICAL ISSUES AND THEIR MANAGEMENT IN PRIMARY CARE CONFERENCE.

THURSDAY 23 JUNE 2005

The Ethox Centre organised this conference following the growing interest in clinical ethics and ethical decision making in Primary Care Trusts. The day started with a general overview of the range of ethical issues in primary care by Dr Anne Slowther of the Ethox Centre. The following talks covered ethics in primary care from different perspectives.

The philosophical perspective was given by Professor Raanan Gillon, Emeritus Professor of Medical Ethics at Imperial College London, who discussed ethical decision making using Beauchamp and Childress' Four Principles as a favoured model.

The perspective of patients and carers was given by Harry Cayton, the Director for Patients and the Public at the Department of Health. Professor Jonathon Glover, the Director of the Centre for Medical Law and Ethics at King's College London discussed what the humanities can bring to discussions on ethical issues in primary care. He suggested that healthcare professionals should be given the time to study a wide range of literature, art and other humanities subjects to better develop their emotional understanding of patients and society.

A clinical perspective was provided by Dr Roger Neighbour, the President of the Royal College of General Practitioners who discussed the types of ethical decisions made during every consultation, which he termed 'micro-ethics'.

The afternoon consisted of presentations and discussions on the methods of ethical decision making at Northampton Primary Care Trust by the Chief Executive of the Trust, Mary Burrows, and at Barnet Primary Care Trust by their Medical Director, Dr Andrew Burnett. With help from the Ethox Centre, Barnet PCT has established a Priorities Forum for such decisions. The forum advises the PCT on issues of priority setting, using an agreed set of values to inform their consideration of the issues. The work of the forum has been well received by both the Trust and patients.

The closing plenary was given by Dr Aidan Halligan, the Deputy Chief Medical Officer of the Department of Health.

The feedback for the conference mainly rated the talks as good or excellent and the comments will be taken into account when organising future events.



## NEW CONSTITUTION FOR UK CLINICAL ETHICS NETWORK

As you will know, it was agreed at the 2004 Annual General Meeting of the Network that we would explore the options for the Network becoming a charitable organisation. The advantages of this are that the Network then has a clear identity and will be able to raise funds and develop its work on a more formal basis. Stephen Louw has taken the lead in investigating the options, liaising with the Charities Commission and drawing up a constitution. This has been a huge undertaking on Stephen's part and we are all extremely grateful for the hard work that he has put in on our behalf. A proposal that the Network become a charitable unincorporated association was put to the AGM held in Newcastle on 19<sup>th</sup> May 2005 and was accepted unanimously. We are in the final stages of submitting our application to the Charities Commission at the moment.

### **Key points in the constitution**

1. The objectives of the Network are:
  - i. to provide support for UKCEN members in ethical decision making in clinical situations and
  - ii. to assist policy-makers in health care settings with regard to ethical considerations pertaining to clinical policy development, and
  - iii. to advance education and training of health care professionals and management in the field of clinical ethics
  
2. The membership shall comprise some or all of the following
  - a. the nominated representatives of the Clinical Ethics Committees (or their equivalents) in the UK
  - b. the nominated representatives of corporate organisations with an interest in clinical ethical decision making
  - c. appropriate individuals with an interest in clinical ethics decision making.

There will be an annual membership levy, the rate of which we will be set at the AGM.

3. There will be a Board of Trustees, who will replace the current Network Committee). Initially the Board of Trustees will consist of the Network Committee membership, but there will be a process for electing new Trustees from the membership of the Network.

4. A Trustee will be required to resign after three years, but may stand for re-election.

5. The Board of Trustees (Committee) will devise a programme of annual conferences on behalf of the membership.

As the Network will now be a registered charitable organisation it is very important that the membership of the Network register their views, particularly at the Annual General Meeting. The AGM will now be held on the same day as the annual conference (at lunchtime) to make it easier for members to attend.



## ISSUES OF INTEREST

### **More Ethics Teaching Materials Available Online**

The Ethox Centre has placed more handouts for the core undergraduate seminars in medical ethics at the University of Oxford on their web site at <http://www.ethox.org.uk/education/teach/edmaterials.htm>

The topics covered include

- Consent
- Confidentiality
- End of Life
- Genetics
- Research with Humans
- Treating Patients without their Consent
- Termination of Pregnancy
- Organ Transplantation

The documents are available to view online and can be downloaded, as Word files, for use in your own teaching and education.

### **Human Tissue Authority draft codes of practice for consultation**

The Human Tissue Authority has released its draft codes of practice and is requesting feedback on them. The documents are available at <http://www.hta.gov.uk/consult/codes/>

Dr Jane Kaye of the Ethox Centre has also compiled A Guide to the Human Tissue Act 2004 which is available on the UK Clinical Ethics Network website under the Commentaries section at:

<http://www.ethics-network.org.uk/comment/kaye.htm>

### **Mental Capacity Act 2005**

The Mental Capacity Act received Royal Assent in April 2005.

The full Act is available at

<http://www.opsi.gov.uk/acts/acts2005/20050009.htm>

Alternatively, the Department of Health website provides a summary of the Act, which is available at

[http://www.dh.gov.uk/PublicationsAndStatistics/Bulletins/ChiefExecutiveBulletin/ChiefExecutiveBulletinArticle/fs/en?CONTENT\\_ID=4108436&chk=z0Ds8/](http://www.dh.gov.uk/PublicationsAndStatistics/Bulletins/ChiefExecutiveBulletin/ChiefExecutiveBulletinArticle/fs/en?CONTENT_ID=4108436&chk=z0Ds8/)

## GMC vs Burke ruling

The General Medical Council has won its appeal against the Burke ruling. The GMC press release states:

The GMC welcomes the judgement today which has endorsed its guidance. The GMC hopes that Mr Burke is now reassured he will receive the treatment he needs, including artificial nutrition and hydration and that nothing in its guidance prevents this.

### Further reading

- GMC Press Release  
<http://www.gmcpressoffice.org.uk/apps/news/latest/print.php?key=181>
- Report on the Original Case by Liz Mulvaney  
<http://www.ethics-network.org.uk/comment/mulvaney.htm>
- Summary of Clinical Ethics Committees Views on the Case, compiled by the UK Clinical Ethics Network  
<http://www.ethics-network.org.uk/comment/burke.htm>
- Withholding and Withdrawing Life-prolonging Treatments: Good Practice in Decision-making. GMC guidance  
<http://www.gmc-uk.org/standards/whwd.htm>
- End of Life Decision Making by the UK Clinical Ethics Network  
<http://www.ethics-network.org.uk/Ethics/eendlife.htm>



## USEFUL WEBSITES

- 📄 UK Clinical Ethics Network <http://www.ethics-network.org.uk>
- 📄 The Ethox Centre <http://www.ethox.org.uk>
- 📄 Journal of Medical Ethics: <http://jme.bmjournals.com/>
- 📄 Journal of Medical Ethics pre-published papers:  
<http://jme.bmjournals.com/misc/ecurrent.shtml>
- 📄 British Medical Journal: <http://bmj.com/>
- 📄 British Medical Association: <http://www.bma.org.uk>
- 📄 General Medical Council: <http://www.gmc-uk.org/>
- 📄 Cardiff Centre for Ethics, Law and Society: <http://www.ccels.cardiff.ac.uk/>



## DATES FOR YOUR DIARY

 **UK Clinical Ethics Network Annual General Meeting and Annual Conference  
Thursday 11<sup>th</sup> May 2005**

Themed around Clinical Ethics and the Extremes of Life this conference will be hosted by the James Paget Healthcare NHS Trust Clinical Ethics Committee and held at the Norwich City Football Club.

 **Ethics in Health Care: a 5-day course accredited by the University of Oxford  
22, 29 September, 6, 11, 13 October**

Health professionals need tools that can help them to consider all aspects of controversial decisions, and to justify these decisions to individual patients and the general public. This course will help a wide range of health care professionals deal with the difficult decisions they have to make on a day-to-day basis. The aim of the course is to provide practical skills that can be immediately applied to the process of ethical health care decision making.

Contact [cpdhealth@conted.ox.ac.uk](mailto:cpdhealth@conted.ox.ac.uk)

 **Medical Ethics: a 5-day intensive course  
19 – 23 September**

This course has been designed to provide medical, nursing and allied professionals with an extended and intensive opportunity to review and update their approach to the analysis of key “medico-moral” issues, with the help of leading authorities in the field of medical ethics.

Web site: <http://www.imperial.ac.uk/cpd/medeth/> Email: [cpd@imperial.co.uk](mailto:cpd@imperial.co.uk)

 For details of other courses go to the Courses and Conferences page on the website. If you would like to advertise an event with us please contact the Network.



## CONTACT DETAILS

Listed below are the names of the CEC grouped by geographical area in the UK. All the details are now available online.

If you do not have access to the website, and would like the contact details of any clinical ethics committee, please contact the Network.

We would like to take this opportunity to update our records. We have enclosed a form with the newsletter for each CEC Chair to complete and would appreciate it if this could be returned soon. Alternatively I can supply an electronic version of this form or you can complete the online committee registration form which is available at [http://www.ethics-network.org.uk/Committee/reg\\_cec.htm](http://www.ethics-network.org.uk/Committee/reg_cec.htm)

As well as your contact details, we would like to know your CEC name, i.e. Oxford Radcliffe Hospitals NHS Trust Clinical Ethics Committee.

We would also like to know of any policies that you may have developed, or have had input into developing. This will not only help us to identify the kind of areas which policies are being developed for, but also facilitate the sharing of information and best practice.

By providing details of issues you have discussed will help us to identify areas for future support and education.

Thank you for taking the time to complete this form.

### **Scotland**

Dundee Medical Forum  
Grampian NHS Board

### **North East**

Newcastle Upon Tyne NHS Trust  
Northgate and Prudhoe NHS Trust

### **North West**

Calderstones NHS Trust  
Pennine Acute Clinical Ethics Committee  
Royal Manchester Children's Hospital  
Wythenshawe Hospital  
Cheshire and Wirral Partnership NHS Trust  
Wirral Hospital NHS Trust

### **Yorkshire and Humberside**

Doncaster Royal Infirmary  
Hull and East Yorkshire Hospitals NHS Trust  
Leeds Teaching Hospitals  
Mid Yorkshire Hospitals NHS Trust  
South Tees Hospitals NHS Trust

### **Northern Ireland**

Royal Hospitals

### **Wales**

Cardiff and Vale NHS Trust  
North East Wales NHS Trust

### **West Midlands**

Birmingham Children's Hospital  
Birmingham Heartlands and Solihull NHS Trust  
Birmingham Women's Health Care NHS Trust  
Mid Staffs General Hospitals NHS Trust  
Shelton Hospitals  
University Hospitals Coventry and Warwickshire NHS Trust

## **East Midlands**

Derbyshire Mental Health Services NHS Trust  
Highbury Hospital  
Nottingham City and University Hospitals  
Sheffield Childrens Hospital NHS Trust  
Sheffield Teaching Hospitals Trust  
Sherwood Forest Hospitals NHS Trust  
St Andrews Hospital  
Southern Derbyshire Acute Hospitals NHS Trust  
University Hospitals of Leicester NHS Trust

## **Eastern**

Addenbrooke's Hospital  
East Anglian Ambulance NHS Trust  
King's Lynn and Wisbech Hospitals NHS Trust  
James Paget Healthcare NHS Trust  
Norfolk and Norwich University Hospital  
Princess Alexandra Hospital NHS Trust  
Peterborough Hospitals NHS Trust  
Queen Elizabeth II Hospital  
Southend Acute Hospital Trust  
St Johns Hospital

## **London**

Barts and the London NHS Trust  
Central and North West London Mental Health NHS Trust  
Cromwell Hospital  
Great Ormond Street Hospital for Children NHS Trust  
Homerton University Hospital NHS Trust  
King Edward VII Hospital  
Kingston Hospital NHS Trust  
Northwick Park Hospital  
Queen Elizabeth Hospital NHS Trust  
Royal College of Anaesthetists  
Royal College of General Practitioners  
Royal College of Nurses  
Royal College of Obstetrics and Gynaecology  
Royal College of Ophthalmologists  
Royal College of Paediatrics and Child Health  
Royal College of Pathologists  
Royal College of Physicians  
Royal College of Psychiatrists  
Royal College of Surgeons of England  
Royal Free Hospital  
St Christophers Hospice  
St Georges Hospital  
St Marys Hospital  
The London Clinic  
UCLH NHS Trust

**South East**

Brighton and Sussex University Hospitals NHS Trust  
Dartford, Gravesham and Swanley PCT  
Hastings and Rother NHS Trust  
West Kent NHS and Social Care Trust

**South**

British Association of Paediatric Surgeons  
High Wycombe General Hospital  
Oxford Radcliffe Hospitals NHS Trust  
Poole Hospital NHS Trust  
Portsmouth Hospitals NHS Trust  
Royal Berkshire Hospital  
Salisbury Health Care NHS Trust  
Southampton University Hospitals Trust  
UK Genethics Club

**South West**

Plymouth Primary Care Trust  
Royal Devon and Exeter Hospital  
Royal United Hospital NHS Trust  
Taunton and Somerset Hospital



## UK CLINICAL ETHICS NETWORK NEWSLETTER

**Issue 15, Summer 2005**

### **Index of Contents**

Page 1	Editorial
Page 2	Outcome of GMC appeal against Burke ruling
Page 4	2005 Network Annual Conference and AGM
Page 5	2006 Annual Conference and AGM
Page 6	Case Consultation Survey
Page 7	Ethical Issues and their Management in Primary Care Conference
Page 8	New constitution for UK Clinical Ethics Network
Page 9	Issues of Interest
Page 10	Useful Web Sites and Dates For Your Diary
Page 11	Contacts Details
Page 15	Index

Editors: Anne Slowther & Jane Goodall,  
The Ethox Centre, Department of Public Health and Primary Care, University of Oxford, Old  
Road Campus, Headington, Oxford OX3 7LF.  
Tel: 01865 226936. Fax: 01865 226938.  
E-mail: [admin@ethics-network.org.uk](mailto:admin@ethics-network.org.uk) Web Site: [www.ethics-network.org.uk](http://www.ethics-network.org.uk)