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EDITORIAL

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ARTICLES

The UNESCO Bioethics Declaration 'social responsibility' principle and cost-effectiveness price evaluations for essential medicines

Thomas Alured Faunce

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ABSTRACT

The United Nations Scientific, Education and Cultural Organisation (UNESCO) has commenced drafting a Universal Bioethics Declaration. Some in the relevant UNESCO drafting committee have previously desired to restrict its content to general principles concerning the application (but not necessarily the goals) of science and technology. As potentially a crucial agenda-setting statement of global bioethics, however, it is arguably important the Universal Bioethics Declaration transparently address major bioethical dilemmas in the field of public health, such as universal access to affordable, essential medicines. Article 13 (Social Responsibility) of the Preliminary Draft Universal Bioethics Declaration states: 'Any decision or practice shall ensure that progress in science and technology contributes, wherever possible, to the common good, including the achievement of goals such as: (i) access to quality health care and essential medicines, including for reproductive health and the health of children.'

Cost effectiveness pricing systems, such as that most notably used in Australia's Pharmaceutical Benefits Scheme (PBS), arguably represent one of the most scientifically effective mechanisms whereby public monies may be utilised to assist in the provision of medicines for the common good. They contain two essential elements: first, a process of scientific evaluation of objectively demonstrated therapeutic significance, and then, a fiscal lever (the government reimbursement price) attached to that

evaluation.

It is now well established that the US Pharmaceutical Research and Manufacturers Association (Pharma), through the assistance of the US Trade Representative (USTR), saw the Australia United States Free Trade Agreement (AUSFTA) as an opportunity to fulfill a legislative mandate to 'eliminate' the cost-effectiveness pricing system in Australia's PBS. One of the most remarkable features of the arguments raised against the PBS in this context was the fact that they made almost no reference to the normative discourse of bioethics or international human rights. Provisions such as Article 13 in UNESCO's Universal Bioethics Declaration, although they will create no immediate obligations under international law, may play an extremely valuable role in legitimising the use of bioethical and human rights concepts in access to medicines debates surrounding multilateral and bilateral international trade deals such as the AUSFTA.

Financial incentives, cross-purposes, and moral motivation in health care provision

Helen McCabe

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ABSTRACT

Financial incentives and disincentives are fundamental to a category of proposals, usually characterised as forms of managed care, whereby the pecuniary interests of health care providers are directly affected by their clinical decision-making. Presently, Australian health care administrators and private insurers are adopting financial incentives as a means of ensuring provider compliance with 'health outcome' and cost-constraint objectives. To the extent that this has occurred, health-care relationships are transformed to emulate, more closely, a commercial transaction.

This paper questions the ideological assumptions which inform the use of financial incentives in the health care domain and raises concerns with regard to the potential for financial incentives to undermine the moral integrity of clinical decision-making. It also challenges the legitimacy of rationing health care resources through the use of this measure, particularly when adopted by private insurers of health care.

Best interests, dementia, and end of life decision-making: the case of Mrs S.

Rosalind McDougall

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ABSTRACT

In this paper, I present an ethical analysis of the case of an elderly woman with dementia, Mrs S. The hospital treating Mrs S sought to cease her dialysis treatment despite Mrs S's family's protestations that continuing the treatment was in her best interests. Assuming Brock's framework as a theoretical background, I consider the case in terms of three questions. Firstly, was 'best interests' the appropriate basis for deciding on a course of action in this situation? Secondly, assuming the appropriateness of a best interests principle, was it in Mrs S's best interests for the dialysis treatment to be withdrawn as the hospital suggested? And thirdly, if it was in Mrs S's best interests for dialysis to be withdrawn, was the hospital right to pursue this course of action in light of the family's disagreement? Based on the changes to the patient's 'self' associated with dementia, I argue that a best interests principle was appropriate, that continuing dialysis was not in Mrs S's best interests, and that the hospital should have pursued cessation of treatment even in light of the family's contrary wishes.

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ARTICLE

**The ethics of complementary and alternative medicine research:
a case study of Traditional Chinese Medicine at the
University of Technology, Sydney**

Chris Zaslowski and Susanna Davis

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ABSTRACT

This article considers various approaches used in complementary and alternative medicine research, and discusses the challenges that reviewing such research poses for Human Research Ethics Committees. Drawing on our experience with the University of Technology Sydney HREC, we offer some suggestions about how ethical principles governing conventional medical research can be applied in the context of research in complementary and alternative medicine. We argue that effective HREC review requires members to gain familiarity with such research, which helps ensure that such research is conducted rigorously and ethically.

Commentary on C Zaslowski and S Davis

Kylie O'Brien

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