especially on Alzheimer's disease—which should be supported by facilitating communication between research groups. Secondly, there should be further development of techniques such as positron emission tomography and nuclear magnetic resonance imaging. In view of the complexity and expense of the next generation of these techniques, such as high-resolution positron emission tomography, international cooperation is necessary. Thirdly, since equipment for developing special chemical substances in neurosciences was expensive, existing research facilities should be linked, offering common access to expensive equipment available only at specialist centres. Finally, since increasing mobility of scientists will aid exchange of ideas, technical skills, and research strategies, the Commission should devise a grant system facilitating temporary exchanges of young scientists.

Arthur Rogers

Australia: Federal funding for outpatients

The Australian Federal Government has announced that it will take over funding of all public hospital outpatient medical and pharmaceutical services, including accident and emergency (A and E) departments from July, 1993. It saw the move as necessary because states, which currently manage and fund outpatient services, have been making cutbacks because of budgetary pressures. The complexity of the health-funding system also contributed to the decision. For example, drugs given on discharge from a public hospital are paid for by a state government, whereas those from a community pharmacist get federal support. States bear the cost of public outpatient clinics, yet seeing the same specialist in a private clinic is funded partly by the Federal Government. A and E departments are paid for by states and general practitioners are supported by the Federal Government. As a consequence most states have cut the supply of discharge medications from one month to five days, many outpatient clinics have been privatised or closed, and some A and E departments have closed at night. A few public hospitals have established general practice clinics near A and E departments to which they divert those patients requiring primary care. These actions reduce the number of A and E services and shifts costs from state to Federal Government.

The announcement came with publication of another paper from the national health strategy review, which said that public hospitals had no incentive to improve services because that attracted more patients and put more strain on tight budgets. But the review said that maintenance of outpatient services was essential because many patients could not afford private care—more than 40% of people using outpatient clinics have family incomes of less than A$12 000 per annum, compared with 6% of the population. Also, more than 40% were over the age of 64, compared with 11% of the population. Over 50% presented to A and E departments between 5pm and 9am. In many parts of the country, it is difficult to see a general practitioner during those hours. The Minister for Health, Brian Howe, said federal funding would ensure these services are maintained for the benefit of those of lower socioeconomic status. The doubt that remains is whether a Conservative government would maintain that commitment.

Mark Ragg

Medicine and the Law

Right to refuse treatment

On July 24, 1992, after several days of legal submission, the Court of Appeal overruled the apparent refusal of a 20-year-old woman to be given blood transfusions. The Master of the Rolls, Lord Donaldson, said that doctors were authorised to treat the patient with whatever measures they thought were in her best interests. This ruling allows her doctors to continue to give blood and plasma transfusions to a seriously ill woman and any further operation to be performed, notwithstanding the woman's apparent refusal to consent to blood transfusions when she was conscious.

A 20-year-old woman (T) had been admitted to hospital with suspected pleurisy or pneumonia some 3 days after having been injured in a car accident. She was visited by her mother, a Jehovah's Witness. It was alleged that during this visit, T, "out of the blue", told a nurse that she did not want blood transfusions and later signed a form to this effect. Subsequently T, who was 34 weeks pregnant, gave birth to a stillborn child by caesarean section. Her condition became critical and blood and plasma transfusions were needed. Her parents' marriage had broken down over irreconcilable differences in relation to the mother's commitment to the sect. The father joined with two health authorities representing the doctors in charge of T's care in applying to the courts for authority to overrule T's apparent refusal to consent to such treatment. T was sedated to the point that she was virtually unconscious, and continued treatment with blood transfusions was essential. A further operation for an abscess would probably be needed.

At the court hearing evidence showed that T's mother had forced her daughter to follow the creed for several years, in breach of a custody order. However, T had later rebelled, and her father said that she had never been baptised as a Jehovah's Witness and was not a member of the sect. It was argued that T's decision to refuse blood had been made under undue influence from her mother, who had encouraged her to refuse blood transfusions, and the decision should thus be regarded as void. Mr Justice Ward held that in these unusual circumstances T's refusal should be disregarded.

On behalf of T, the judge's order was challenged in the Court of Appeal on grounds of principle by the Official Solicitor on the point of whether T had been capable of giving a legally valid refusal to receive transfusions or whether there was some feature which justified the court and her doctors ignoring her wishes. In the wake of the Court of Appeal's decision, the Official Solicitor seemed to concede that the decision to over-ride the patient's refusal to have blood transfusions was correct in the peculiar circumstances of this case, but he indicated that he would not decide whether to appeal to the House of Lords until he had studied the court's reasons, which are due to be handed down shortly. The Official Solicitor sought clarification on the general issue of the right of self-determination which, arguably, extends to the right to refuse life-saving treatment in a manner that others might think irrational, absurd, misguided, or perverse. This situation is likely to arise where the patient is a Jehovah's Witness or where he or she is depressed (though not sufficiently to warrant compulsory treatment under the Mental Health Act 1983) or where judgment is so affected that the patient could be regarded as incapable of making a valid decision.[1]

It was suggested that doctors should have tried harder to