

Highlights from this issue

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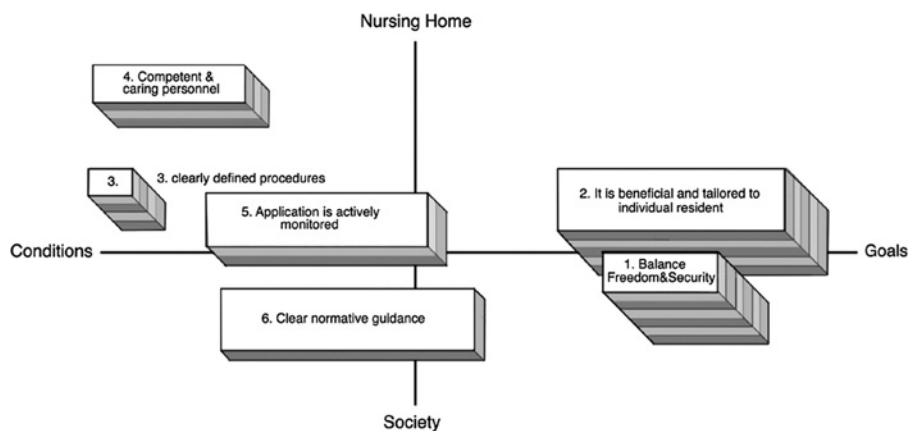
Søren Holm, *Editor*

Big sister is watching you

Modern multimodal surveillance or domotic systems are being increasingly used in the residential care of people with learning difficulties and dementia. The paper by Niemeijer *et al* describes a study using concept mapping techniques to develop a better understanding of the 'ideal application' of such technologies in dementia care, seen from the point of view of ethicists and healthcare professionals (*see page 303*).

The study identifies six categories of considerations that can be graphically depicted in the following way where the x axis represents the context to which the consideration refers and the y axis indicates whether the consideration is mainly about the conditions for use or the goals to be pursued.

The main limitation of the paper is that it defines the users of these systems purely as healthcare professionals and not the people with dementia. It would have been interesting also to have their views.



Parental procreative obligation and cystic fibrosis

Do parents who are at risk of having children with cystic fibrosis have an obligation not to bring such children into the world? The paper by Gabriel Bosslet raises this question and answers it in the negative (*see page 280*). He argues that even if we accept that parents have procreative obligations not to bring certain children into the world, children with cystic fibrosis have lives that although difficult are definitely worth living. He further argues that it is important that children with cystic fibrosis have an open future and uses a specification of Joel Feinberg's concept previously outlined in this journal by Matteo Mamei.¹ Against possible critics of this line of argument, the author notes that our increasing knowledge of genetics may in the future render stricter versions of procreative duties self-defeating since problem genes will be identifiable in every child.

An Islamic perspective on brain death

Are people who are brain dead really dead? This question has been answered with a 'No' both by philosophers who want a return to a more traditional criterion of death and by philosophers who want to go even further and connect death more directly to the cessation of whatever it is that makes us human, for example, higher cortical function. The paper by Bedir and Aksoy in this issue of the journal provides an Islamic analysis of the questions and also reaches a negative conclusion based on an in-depth analysis of the authoritative sources (*see page 290*). The main issue is that according to Islam, a life or the soul is connected with breath or air, so complete death occurs only when the body no longer breathes.

Ask the euthanasia experts: what do veterinarians think about physician-assisted suicide?

An interesting study by Lerner *et al* surveyed Swedish veterinarians on their attitudes towards physician-assisted suicide and compared their attitudes with recent figures of the general population and doctors in Sweden (*see page 295*). Veterinarians routinely perform euthanasia of animals and, according to the authors of the study, they therefore '... have knowledge about what euthanasia really is'. Does this affect their attitude towards physician-assisted suicide? The study shows that veterinarians and the public have almost identical views, but that their views differ from the views of doctors who have a more restrictive attitude.

REFERENCE

1. Mamei M. Reproductive cloning, genetic engineering and the autonomy of the child: the moral agent and the open future. *J Med Ethics* 2007;**33**:87–93.