way. Copies of the master typescripts can then be altered or converted by authors so that references conform to the instructions of their target journal of the moment (see figure). If an article is rejected the procedure can be repeated for a second journal, using fresh copies of the master.

The main features of the revised recommendations are that in the master typescripts names and dates should be used for citations in the text; reference lists should be alphabetical; references should always be made up of the same elements, arranged in the same order, and with the same punctuation; references should always be styled with a maximum of information and a minimum of punctuation; and capitalisation and italicisation should be left for editors or printers to mark up. A dual-access system⁹ is also described, which caters for readers who want to refer back from the reference list to find a particular citation in the text when the name and date system is being used.

The amount of "conversion" an author would have to do before submitting a copy of the master typescript for publication would obviously depend on the particular requirements of the target journal. For example, for journals using the sequential-numeric system reference lists would have to be either retyped or rearranged so that references were listed in order of their citation in the text. On the other hand, it is easy to delete name and date citations in the text and substitute numbers if either

the sequential-numeric or the alpha-numeric system is required. (Camera-ready copy, of course, is another story.)

Comments on the revised recommendations are now awaited from the workshop members. If a consensus is reached the final recommendations will be published as quickly and as widely as possible. It will then be interesting to see who adapts most readily to a uniform system for references—editors, authors, or readers—and which journals adopt the system first. Copy editors, secretaries, and typists will, of course, be only too glad that editors have agreed to agree, while publishers and printers will have no problem in accepting the idea that uniformity saves money and time for them.

References

- ¹ *British Medical Journal*, 1977, **2**, 1428.
- ² Williams, P C, in *Units, Symbols and Abbreviations*, ed G Ellis, p 35. London, Royal Society of Medicine, 1972.
- ³ Paton, A, *British Medical Journal*, 1973, **3**, 691.
- ⁴ Yarmolinsky, M, and Hoogveld-Lepasteur, M-J, *Nature*, 1973, **246**, 540.
- ⁵ Stoldal, P M, and Gordon, D B, *Science*, 1974, **186**, 1158.
- ⁶ *New England Journal of Medicine*, 1970, **282**, 49.
- ⁷ IUB-CEBJ, *Biochemical Journal*, 1973, **135**, 1.
- ⁸ ELSE Working Group, *Earth and Life Science Editing*, 1977, No 5, p 7.
- ⁹ Abbott, K M, *Scientiae*, 1974, **15**, 27.

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Letter from . . . Chicago

Setback for the Graces

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When Dr Eugene Laforet first sent a reprint of his article "The Fiction of Informed Consent,"¹ Professor Hawkins Mumrath was inclined to look upon it with disinterest and let it sink into the Triassic layer of his briefcase. He had already heard too much about informed consent, remembering only too well how several years ago the entire hospital had come to a standstill because an out-of-space lawyer from the planet Zeltoldimar² had dreamed up consent forms for every conceivable medical and paramedical activity. There were forms for speaking to the doctor, for having one's clothes taken off, for having one's liver and spleen palpated, for having an injection, for having one's clothes put on again, and informed consent forms for taking a prescription, going home, and swallowing an aspirin. But then a friendly health planner from the planet Tralfamadore³ saved the day by consulting with a lawyer from Pluto and deciding after all that none of these forms was really necessary, and that written consent should be reserved for such life-threatening emergencies as craniotomy, craniectomy, and medical research.

So it was for research that the forms were kept. Not for the experimental work of the ingenious Dr Norbert Frankenstein, whose favourite and only patient, a billionaire's widow, had

become reduced to nothing but a head, kept standing on a tripod and connected by wires and pipes to a large room filled with pulsing, writhing, panting artificial organs.⁴ No! The forms were kept for the young research fellow who conceived the hazardous project of giving volunteers a cup of coffee and drawing blood for various enzyme studies. A PhD was hired to do the determinations, everything was ready to go, but then the professor had the unlucky thought that the project had not been submitted for scientific review. So the PhD had to cool his heels waiting for institutional approval, and his irritation grew daily as the parking committee pondered and deliberated, and could not decide if he was fish or fowl and if he should park with the doctors or with the laity. And then the committee chairman went on vacation, the minutes of the meetings were lost, and nobody could find out what had been decided.

Elaborate protocol

Meanwhile the research fellow prepared eight copies of an elaborate protocol, met with several subcommittees, was told to prepare an informed consent form explaining in basic English the risks of venepuncture and of coffee, and wasted one month because the front page of the application had not been signed by the chairman of his department. At last Professor Mumrath returned from his ever so successful lecture tour of Zeltoldimar.² The scientific committee met in plenary session and there was a tense moment when a committee member asked who would pay for the coffee, but the project was passed unanimously—subject to final approval by the governing body. By this time, however, the PhD, tired of driving around the hospital looking for a

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parking space, had resigned; so the project, though approved, had to be abandoned.

The Tralfamadorian roared with laughter on hearing this story. "If I hadn't spent so much time studying Earthlings," he said, "I wouldn't have any idea what was meant by informed consent. I've visited 39 inhabited planets in the universe and I have studied reports on 100 more. Only on Earth is there any talk of informed consent."³ And, indeed, only on Earth has informed consent become a lethal weapon. In Miami a patient recently died from a myocardial infarct within hours of giving informed consent for a small bowel biopsy, and another developed paroxysmal atrial tachycardia after learning of all the possible complications of oesophagoscopy.⁵ And then there was also Professor Mumrath's private patient with severe aortic regurgitation, who being persuaded only with the greatest difficulty to enter hospital for cardiac catheterisation promptly signed herself out of the hospital after an encounter with a conscientious intern who read out the local version of Dr Laforet's model form—"A large artery or vein may be cut and I may bleed to death; clots may develop and hit my lungs; I may develop a horrible infection; I may die from general anaesthesia; I may be paralysed from spinal anaesthesia; the ether may explode inside my body; I may slip in the hospital bathroom; I may be run over going to the hospital; and the hospital may burn down."¹

A large dose of common sense?

Dr Irving Page thinks we need a large dose of common sense, and attributes what he calls an unhappy situation to armchair practitioners, non-medical authors, and ambitious politicians, short on experience but long on theory.⁶ A University of Chicago professor considers it an indignity to have his research monitored by a lay committee. Mr Kilgore Trout is convinced that the air is being poisoned and becoming unbreathable, and that bad chemicals are making bad ideas.² But Dr Robert Levine, before his kidnapping by a flying saucer from the National Institutes of Health, placed his trust in "our own system of courts," the 650 research institutional review boards "carefully constructed so as to provide a wide spectrum of opinion for the decision-making process,"⁷ forgetting that there will always be someone dumb enough to ask who will pay for the coffee.

Some time later, being invited to contribute an editorial on a subject of his own choice, and still peeved about the lady with the aortic valve, Professor Mumrath decided to write about informed consent: "Like the chameleon, ever changing his color in a jungle of bureaucratic verbiage," he wrote, pleased with his metaphor (or was it a simile?)—but also mindful of the admonition that if you like a sentence too much you should throw it out—"like the chameleon," he wrote "informed consent represents the triumph of form over substance, and of forms over reason." But soon, tired of writing and deciding that it had all been said before, he bade farewell to the ever changing chameleon, and, tearing up his masterpiece, escaped into the world of literature with *Lord Chesterfield's Letters to his Son*.⁸

One must learn to carve, writes his Lordship, to dance, to speak three languages to perfection; one must never laugh, though one may smile; one must avoid proverbs and vulgar expressions, use perfect grammar, never argue, never tell stories, never talk about oneself, and, above all, one must always cultivate the Graces.⁹ One should also probably not write hostile editorials, and one should certainly not lose one's temper and scream at petty bureaucrats.

And yet it happened, the screaming, only a few months later, during an appearance before the lay committee on human experimentation, as Professor Mumrath was explaining that the unlucky research fellow had now contracted his horizons to measuring enzyme levels in urine specimens routinely collected at the clinic for sugar and albumin determinations. The meeting had started in a friendly enough manner—until the lady with the rosegarden hat insisted in no uncertain terms that informed

consent was clearly indicated for this project. During the ensuing exchange the grocer looked puzzled, the priest kept on smiling, and Ahutosh Lal Deb¹⁰—the bureaucrat chairing the meeting—kept on muttering something under his beard about confidentiality and protecting the dignity of patients. The discussion becoming increasingly heated, the professor promised not to send the results of the study to the CIA and explained that the risk of patients slipping on the bathroom floor was no greater if an additional determination was performed on the product of their nephrons. At which stage the rosegarden began to quake violently, everybody began to shout at once—the priest kept on smiling, the grocer kept on looking puzzled, the chairman hastily adjourned the meeting, and Professor Mumrath left feeling ashamed at not having heeded his Lordship's precepts—and, thinking of a sentence he had read in his recent obituary ("in committee he was often too uncompromising to be effective"), he at last decided to dig deep into the Triassic layer of his briefcase for the reprint submerged by time.

A fiction and a fraud

It is a semantically felicitous term, this informed consent, writes Dr Laforet, but also a fiction and a fraud and quite unattainable, being understood only by lawyers, by medical academicians insulated from the realities of patient care, by directors of research who delegate the conduct of their experiments to a host of underlings, and by people too confused to puzzle out whether a separate form must be signed for each litre of intravenous fluid or whether one form would cover the entire 24 hours' treatment. Having cultivated the Graces, he brings in Plato and some Latin, the Random House dictionary and the Oxford dictionary, and politely points out that the term informed consent is "so easy to say, so straightforward and uncomplicated, that it must seem churlish indeed to suggest that it is a fraud," or that it "destroys good patient care, paralyses the conscientious physician, [and] hedges the experimental situation with barriers that cannot be surmounted."¹ And, indeed, it was to surmount these barriers that the research fellow and the PhD jointly submitted a proposal designed to civilise the manners of our less developed sister planets. The project, rudely interrupted by Professor Mumrath's encounter with a she-cobra,¹⁰ involved sending the grocer and the bureaucrat and the quaking rosegarden and all "our own systems of courts" in a spaceship travelling at the speed of light to the planet of Tralfamadore, 466 120 000 000 000 miles away from the earth, to a geodesic dome filled with hot air and surrounded by a stratosphere of cyanide.³ But alas, the proposal has been under consideration by the space committee these past five years—and meanwhile Professors Frankenstein and Mumrath, Ahutosh Lal Deb, the lady with the now quiescent rosegarden, and the lady-cobra have all gone the way of the billionaire's widow—and their heads, standing on tripods, are joined in everlasting love to a common tangle of pulsing, writhing artificial organs.⁴

References

- 1 Laforet, E G, *Journal of the American Medical Association*, 1976, **235**, 1579.
- 2 Vonnegut, K, jun, *Breakfast of Champions*, p 27. New York, Delacorte Press, 1973.
- 3 Vonnegut, K, jun, *Slaughter House Five*, pp 86, 112. New York, Delacorte Press, 1971.
- 4 Vonnegut, K, jun, *Wampeters, Foma and Grandfalloons*, p 43. New York, Delacorte Press, 1965.
- 5 Kaplan, Sr, Greenwald, R A, and Rogers, A I, *New England Journal of Medicine*, 1977, **296**, 1127.
- 6 Page, I H, *Journal of the American Medical Association*, 1975, **232**, 257.
- 7 Levine, R J, *Journal of the American Medical Association*, 1975, **232**, 259.
- 8 Virginia Woolf, *The Second Common Reader*. New York, Harcourt, Brace and World, 1932.
- 9 *Eighteenth Century Letters*, ed R Brimley Johnson. London, A D Innes and Company, 1897.
- 10 Rudyard Kipling, The pit that they digged, in *Under the Deodars*. New York, Doubleday, Page and Company, 1913.