

ReviewWWs

with CyberDoc

Jubilee 2000 campaign <http://oneworld.org/jubilee2000>

Debt and jubilee. What do these have to do with health professionals? Well, if you read through the many pages and links of this excellent site I am sure you will see the significance. Thanks to the burden of debt repayment, the poorest countries of this world actually pay the richest considerably more money than they receive in aid. If this were not enough, they end up paying far more on their debt than they can spend on health, and allegedly part of 'fiscal discipline' imposed by the international community involves limiting health expenditure.

So, concerned as I trust we are by the plight of the world's poor, this site encourages us to get involved with Jubilee 2000. This, in case you hadn't heard, is the campaign to make a one-off 'jubilee style' cancellation of debt owed by the developing world in the year 2000.

The arguments are put very forcibly and include the fact that similar debt relief was given to both Germany and Britain after the Second World War. Some economists argue that allowing countries a one-off chance to escape the poverty trap will be beneficial to the world's economy as a whole.

The site gives links to all the partners in this campaign, who include Tear Fund and many other Christian organisations. To criticise this excellent site seems harsh, but it would be nice to see the arguments against this campaign given a hearing. Perhaps there simply aren't any good ones to find! So, a challenge - tell me why we shouldn't all be joining this campaign?

Ratings (out of five)

Appearance ****

Content *****

Links to other sites ****

What the Internet says about 'Not For Resusc' orders

There seems surprisingly little on the Internet about this subject, despite its controversial nature. Thank you to one of our readers for setting me an impossible task! I could find not a single article on this subject written from a Christian perspective. It is a sign of the Internet's relative immaturity that one can find such holes in its coverage. Anyone interested in contributing articles in this subject will therefore find little competition.

One of the pages that was easily accessible on several search engines was an article from the *Student BMJ* (<http://www.bmj.com/studbmj/data/0397/data/0397s1.htm>).

Unfortunately this article by Suzanne Docherty only included the subject in its title. The paper itself was an interesting anecdotal account of experiences on a resuscitation team.

Ironically, one of the most useful pieces I found was on the Euthanasia Society site (<http://www.euthanasia.org/saunders.html>). These pages provide a concise background to the whole subject of non-resuscitation. The author quotes the BMA/RCN guidelines as follows: 'It is appropriate to consider a DNR decision . . . where the patient's condition indicates that effective CPR is unlikely to be successful . . .' and 'When the basis for a DNR order is the absence of any likely benefit, discussion with the patient, or others close to the patient, should aim at securing an understanding and acceptance of the clinical decision that has been reached'.

He also highlights the ethical basis for DNR orders where resuscitation is futile. He believes 'resuscitation training programmes should routinely include data on survival from CPR in differing circumstances'. The author was less impressed by the argument of poor quality of life as justification for non-resuscitation, pointing out that 'in a study of 21 patients

with spinal injuries requiring ventilation, for example, only one wished to be allowed to die'.

A search of the electronic *BMJ* revealed two papers. In the first, Dyer reported that the legality of non-resuscitation of a baby where it was thought futile had been upheld despite the relatives' objections (http://www.bmj.com/cgi/content/full/315/7099/7/g?maxtoshow=&HITS=&RESULTFORMAT=&FIRSTINDEX=&titleabstract=resuscitation&searchid=QID_NOT_SET).

The second paper is a letter in which Stewart states: 'Doctors have neither a moral nor a legal obligation to offer treatment that is ineffective, even if it is requested by patients'. He later highlights an example of futility in resuscitation - that terminal cancer patients almost never survive resuscitation (http://www.bmj.com/content/full/316/7138/1166/a?maxtoshow=&HITS=&RESULTFORMAT=&FIRSTINDEX=&titleabstract=resuscitation&searchid=QID_NOT_SET#resp1).

It would be nice to see more well-argued articles on this subject published on the Internet, which is, after all, the world's largest library. So get writing!

PS. Good to see that material from Triple Helix is appearing on the Web now: <http://www.cmf.org.uk/pubs/newmag.htm>. Apologies that the address given at the end of my column last quarter was not operative.

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