

5.3 The BMA's ethical publications address the type of questions which doctors routinely raise with the Association at a given time. The absence of debate about some issues does not imply that they were regarded as unimportant but indicates that doctors are likely to have felt that they were part of a professional consensus, precluding the need for questions. The priority given to certain issues in the BMA's publications at different times can provide a crude barometer registering areas of ethical anxiety or uncertainty at those times. The relatively low level of emphasis given to issues of consent in the 1984 ethics handbook indicates that this was not an area viewed by doctors as ethically problematic with two broad exceptions - the provision of contraceptives to patients under the age of 16 and refusal of blood products by Jehovah's Witnesses. The fact that treatment refusal by Jehovah's Witnesses was included in the 1984 handbook as an appendix section dealing with particular ethical dilemmas indicates how under-developed was the notion of informed refusal of those treatments which doctors considered to be in patients' interests. The concept of informed refusal of treatment is nowhere else discussed in the 1984 BMA handbook. Parental refusal is only discussed in connection with Jehovah's Witnesses, perhaps implying an expectation that no other groups of parents would refuse treatments which doctors recommended. The advice provided in that particular context is that a parental refusal can be overridden by the opinion of two doctors. With hindsight, this may have contributed to an erroneous impression about the option to act contrary to parental wishes or to not involve parents more generally in decision making. Although the attention given to issues of consent and refusal in the BMA's earlier publication is unsatisfactory by later standards, it may be regarded as a good indication of thinking in 1984.

5.4 By 1993, it is very clear from the BMA's published advice that professional guidance was already moving distinctly in a rights-based direction. Recognition of the patient's right to consent to or refuse treatment and the duty of doctors to provide relevant information in an