

25 patients were given no real idea of the risks to which they were being subjected. They had a right to assume that they were receiving the best care available for their infections.* In any case, even if the doctors had told the test group the whole story, even if each airman's consent had been asked, and given, the situation would have been suspect because of the military status of the patients. Soldiers, like prisoners hoping for parole, welfare cases hoping for attention, students hoping for good marks, are favorite subjects of experimentation. ("College students are particularly apt to believe that refusal to volunteer as subjects in an instructor's experiment will jeopardize their progress," notes a professor of medical psychology at the University of Nebraska College of Medicine, "and they are often right.")

Another group that cannot protest for themselves are children—popular subjects for all manner of tests, some of which have been hailed as medical achievements. In a celebrated experiment done after the war, researchers produced conclusive evidence that the oxygen-rich atmosphere customarily used for premature infants could cause blindness. They thereby saved countless babies from a life-long handicap—at the expense of six cases of blindness

*The only circumstances in which alternative treatment of an ailment is permissible, according to the British Medical Research Council, is when doubt exists as to which of two approaches is better. If the doctors were certain of the benefits of penicillin, yet did not use it, their decision ran counter to the basic rule of the physician, *primum non nocere*—first of all, do no harm.

among the infants who happened to be placed in the high-oxygen group for purposes of the test. Although there are critics who charge that those six cases were unnecessary, that statistical evidence had already established the dangers of too much oxygen, this experiment caused little controversy. It was, after all, successful in a way that everyone can understand. But what would our response have been if babies in the low-oxygen group had been injured by being deprived of the needed and available oxygen? How many children saved from blindness would it have taken to make up for the loss of one infant's life, arbitrarily hazarded for the sake of an experiment?

What of the Willowbrook test criticized by Dr. Beecher and denounced by Senator Thaler, in which 500 mentally defective children were injected with a hepatitis virus? Their parents consented, but whether they fully understood the risks they were consenting to is hazy. Was this test (sponsored by the Army, which is interested in the possibility of developing an immunization to this highly contagious disease) justified by the fact that the incidence of hepatitis, heretofore endemic to the institution, has been dramatically reduced? Dr. Beecher replies with a ringing negative: "There is no right to risk an injury to one person for the benefit of others." Even a million others? Even an enormous benefit? Even an infinitesimal risk of an inconsequential injury?

One point on which all critics of human experimentation seem agreed is that no person should be used without his informed consent. "A patient has the right to know



SCHOOL SHOT—The Salk polio vaccine required large-scale tests before final acceptance. Here, a child is inoculated at a New York public school.



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