
EDITORIAL

In April this year The University of Newcastle hosted a conference on the topic of 'Disease-Mongering.' This expression was first used by Lynn Payer in 1992 to describe the way in which pharmaceutical industries exaggerate existing diseases and invent new ones in order to market their products. Payer demonstrated how the exaggeration and pathologisation of everyday conditions forms the basis of disease-mongering.

The vexed role of pharmaceutical companies in health and health care is receiving an unprecedented amount of publicity. Many of the papers delivered at the conference alert to the pharmaceutical industry's more egregious examples of creating disease, including the marketing of bipolar disease as a childhood illness through a storybook called 'Brandon the Bi-Polar Bear'.

The conference on disease-mongering raised many questions, which we investigate in this issue of the *Monash Bioethics Review*. Annemarie Jutel explores the relationship between suffering, disease and clinical practice, and the cultural constructions of health. Jon Jureidini, Iona Heath and Leonore Teifer respond by looking at issues concerning drug companies and sexuality, while Iona Heath alerts us to the importance of ambiguity within clinical practice.

The issue of disease-mongering demonstrates once again the political nature of health and health care. In July this year the Australian Health Ethics Committee changed dramatically.¹ Many of the new members share the same political and religious beliefs as the current Federal Minister, Tony Abbott, who is vigorously opposed to stem cell research. A former committee member, who asked not to be named, stated that it was 'highly unusual to make such sweeping changes to a functioning committee.'²

In her article 'Religion, the state and the law,' Loane Skene discusses the ethical issues that arise when the separation between church and state is not rigorously maintained, commenting on Cardinal Pell's recent direction to Catholic members of parliament on such issues as abortion and stem cell technology, concluding that 'even members of the church should [...] be left to decide according to their own conscience and the church has no moral authority to dictate to non-members how they should decide on [...] difficult moral issues.'

The need for rigorous health ethics education emerges as a significant issue from Skene's paper. It is also the subject of Pam McGrath's paper whose sociological research emphasises the need for hospital ethics committees to take on a broader role. Malcolm Parker's work on prenatal diagnosis also highlights the need for information and education about disability and diagnosis.

¹ See News section

² Diana Streak, 'Abbott stacks health boards', *The Canberra Times*, July 6, 2006.

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ERRATA

In April MBR we published an article by Lynn Gillam, Marilys Guillemin and Doreen Rosenthal entitled “Obstructive and power hungry?: the Australian human research ethics process” with mistaken affiliations. Lynn Gillam and Marilys Guillemin are at the Centre for Health and Society, School of Population Health, University of Melbourne and Doreen Rosenthal works at the Key Centre for Women's Health in Society, University of Melbourne.