but her life is not that bad. This raises a general
ut reproductive technologies: if the intervention
s which unique sperm and egg unite, that partic-
would not have existed without the technological
on. Even if the child is disadvantaged psycholog-
s only wrong to employ the technology *from the pective* if its life is so bad that it is not worth living.

/ and equality

however, at least one thing wrong with the radical
/. There is already strong, justifiable pressure not
rce community resources to provide access to these
nologies. Thus, couples receiving IVF and PGD for
ion in Sydney receive no Medicare rebate and fund
ost themselves. Economic considerations will deny
ople access to these interventions. *Who* will be
x in 2099? It is possible that only the poor will be
x, for either pleasure or reproduction.

ould have at least one bad effect. The rich will enjoy
est pleasures and select or create the babies they
e best. While some people are better off and no-one
ff, this is potentially divisive and inegalitarian. There
erious conflict between efficiency and equality.

may also not be a conflict. If genetic and reproduc-
nology is used to prevent genetic disease or correct
nequality, this may promote both equality and effi-
ome have argued that genetic enhancement of those
taged by the genetic lottery is required by justice.[25]
if there is an irresolvable tension between equality
iency? There are several alternatives. One is to ban
of technology in these ways and so to ensure that
has access to it. If the divisiveness that differential
o these technologies causes is great enough to
social stability, this may be the best option.

ier option is to ensure that everyone has some access
r a right to a "fair go". Consider a parallel: football.
ne can go to the football. Some have better seats,
eet the players, some get to go to the Grand Final,
en have individual boxes, but everyone can go and
nd barrack and feel a part of the footy culture. When
talk of building a new football stadium, no-one ever
least not publicly) that the resources would be better
reduce hospital waiting lists or on improving health
r ways. Our challenge may be to find some way in
ll the community can enjoy, to some level, the per-
benefits of technological advance, whether these be
rms of pleasure or different modes of reproduction,
the benefits are not the prevention or treatment of dis-
ven if we do not use community resources from the
budget to fund access to these new technologies
se they represent "personal preferences" and not
cal needs"), perhaps we can access other budgets —
and leisure for example — to fund more equitable
. At any rate, what all of us have a legitimate claim to
erably good life in a broad sense, and not the longest
even the healthiest possible life.

owledgements

o Evan Hollonds and Ainsley Newson.

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International Society of Doctors for the Environment (ISDE)

In the year 2000, it is proposed to establish an Australian Branch of the International Society of Doctors for the Environment (ISDE). Already there are member organisations in 38 countries, including Canada, New Zealand, the UK and the USA.

ISDE "aims to publicise the relationship between the condition of the environment and human health, promote environmentally-friendly behaviour amongst physicians, patients and the public, and to cooperate at all political levels in the reduction of harmful environmental influences on health."

The executive office of ISDE, in Switzerland, has at present two Web sites <www.isde.org/> and <www.gn.apc.org/noharm/isde> with all relevant information. Those who are interested in email discussions on particular topics can send a request to <info@isde.org>.

The secretariat of ISDE has asked David Shearman, Emeritus Professor of Medicine, University of Adelaide, to be the facilitator in establishing the Australian Branch. It will be necessary to identify a core of potential founding members and then elect a President, Secretary and Treasurer who can devote time and energy to the establishment of a Branch and the representation of issues coming from the Australian medical profession. General practitioners, academics, specialists and public health experts interested in participating should contact David Shearman.

Phone (08) 8339 3972 • Fax 08 8339 4463
mountlofty@ozemail.com.au