The goal of indexing for the Bioethics Information Retrieval Project is to enable users of the online data base, BIOETHICSLINE, to retrieve documents relevant to their areas of interest without having to wade through many irrelevant documents. Accordingly, the indexer should assign as many terms as necessary to represent all concepts which are substantively discussed in the document and which may be of interest to BIOETHICSLINE users. The indexing terms assigned, known collectively as keywords, consist of three types of terms:

Descriptors are terms chosen by the indexer from a controlled vocabulary, the Bioethics Thesaurus. Approximately 6-10 descriptors are assigned to a typical document, though the number may range from 3 to over 20. At least 1, and usually 3-6, of these descriptors should be preceded by a star (asterisk) to show that they represent the major topics of the document. The starred terms allow a user of BIOETHICSLINE to limit his search to only the most relevant documents; they will also be used in the future to generate indexes to the annual Bibliography of Bioethics.

Proposed descriptors are terms suggested by the indexer for possible future inclusion in the Bioethics Thesaurus. No more than 2 proposed descriptors may be assigned to a document, and the most appropriate existing terms in the Bioethics Thesaurus should be assigned along with them. Proposed descriptors may be starred. The indexer should attach a note to the document giving the source of the candidate term and its nearest MeSH (NLM Medical Subject Headings) equivalent.

Identifiers are proper nouns (the names of persons, places, institutions, laws, court decisions, etc.) supplied by the indexer as required by the particular document. Up to 10 identifiers may be assigned to a document, but most documents have 0-2 identifiers. Identifiers are starred if they represent an important aspect of the document. The appropriate broader descriptor is assigned along with an identifier.

As a rule, a concept is indexed by the most specific appropriate keyword. For example, if a document discusses voluntary euthanasia, the descriptor "voluntary euthanasia" is selected in preference to the broader descriptor "euthanasia." If the document focuses on voluntary euthanasia, but also discusses euthanasia in general, both descriptors are assigned to it.

Two other types of subject terms are assigned to every document for purposes other than online retrieval:

Subject headings are used to group documents for listing in the Subject Entry Section of the Bibliography of Bioethics. They are chosen from a List of Allowable Subject Headings, which also indicates which subheadings--if any--are allowed with a particular heading. Approximately 1-3 subject headings are assigned to a typical document, though the number may range up to 6.

Subject captions are broad categories, represented by 2-letter mnemonics, with which documents are labeled to permit generation of current awareness listings. They are chosen from a very limited list of Subject Caption Mnemonics. Up to 6, but rarely more than 2, captions are assigned to a document.
Bioethics Information Retrieval Project

INDEXING GUIDELINES

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Bioethics Information Retrieval Project

ANNOTATION GUIDELINES

Nature of the Annotation

The annotation serves as a brief (50-75 words), nonevaluative guide to the contents of a document. Its purpose is to help a reader decide whether or not to obtain the document by conveying what the document is about and how the subject matter is presented.

The annotation should describe the document's scope; the principal topics discussed; and the author's general viewpoint or conclusions, if any. Where appropriate, it should also indicate that the document is of a special character, either in form (e.g., a collection of essays, a literature review, a speech, a textbook) or conceptual approach (e.g., theoretical, historical, brief, intended for a particular audience). Information already contained in the document title should not be repeated in the annotation.

Style of the Annotation

The annotation must be clear, concise, and objective. It should be written as a single paragraph consisting of from one to four full, grammatically correct sentences. These sentences will generally be in the present tense, and frequently in the passive voice.

To avoid monotony, verbs and sentence length and structure should be varied. Except in the case of unusual publication types, it is best not to start an annotation with the words "This document (article, etc.)."

Numbers at the beginning of a sentence, and the numbers one through ten in any position (except as parts of dates, percentages, etc.) should be spelled out. No abbreviation or acronym should be used unless it has first been spelled out in full followed by the abbreviation in parentheses.
Discovery in Mental Health Class Action Litigation

A proposal is discussed which would protect all patients, participating or not, in class action suits. Litigants can obtain the information they need while non-participants can have their confidential records protected.

The response of Norwegian doctors to requests for information on patients is surveyed. Applicants for information are divided into two classes: health and nonhealth personnel. Doctors are considered to be more restrictive towards healthy personnel, and less restrictive towards nonhealth personnel, than would be expected.

In its effort to improve the delivery of mental health services around the world, the World Health Organization recently conducted an extensive survey of the laws affecting mental health in WHO countries. Drs. Harding and Curran, the principal coordinators of the survey, provide a summary of the survey's findings, outlining the salient conclusions of the WHO report. They conclude by offering recommendations for establishing a comprehensive legal framework for mental health programs in both developing and developed countries.

The special problems associated with degenerative joint disease are examined. Basic elements of a conservative treatment program are outlined. (REG)

The distinguishing clinical manifestations, assessment, and management of inflammatory joint disease are covered. Emphasis is on comprehensive management by the multi-disciplinary arthritis health professional team and includes the role of the patient in self-care. (AA)

Latest techniques in animation are used to present the role of immune mechanisms in arthritis. Particular attention is given to the structure and function of bone, cartilage, and tissue. Varied evidence is presented which purports that inflammation can be either primary or secondary. (AA/MRS)

In response to a question on appropriate topics for utilization review studies, the author provides some general guidelines that emphasize the importance of staff input and support. She includes a list of criteria to evaluate the appropriateness and timeliness of referral to an outpatient psychiatric clinic.


The author describes how care for alcoholic patients is monitored in a utilization review program of the alcohol and drug abuse unit at a private psychiatric facility. The program covers all phases of each patient's treatment, including inpatient admission and extended stay review plus review of the appropriateness of treatment in an associated day hospital.


Problems in defining quality are discussed, followed by a brief review of such quality assurance mechanisms as utilization review, patient care audit, PSRO, licensure, certification, and accreditation. The relevance of quality assurance to the alcoholism field is explored.


A study was conducted of how well psychotropic drug prescribing practices in Nebraska's three state mental hospitals comply with recognized guidelines for psychotropic drug use. A sampling of 1326 prescriptions issued over a five year period was reviewed. The study showed that prescribing practices were generally good and identified areas still requiring improvement.


The public has not been kept adequately informed on the nature and extent of peer review. The author suggests ethical guidelines for physicians and committees participating in peer review and recommends that review of professional ethics be incorporated into the review of the quality, cost, quantity, and availability of medical services.
INDEXING GUIDELINES, 9/14/04

MeSH (MH) indexing should represent the concepts discussed in detail in the document, with starred indexing terms (IM) reserved for the main topics of the document. In selecting IM terms, consider particularly the title of the document, abstract, and author’s statement of the purpose and summary of the document. Keep in mind that a searcher looking for a specific topic should not be overwhelmed by documents peripheral to the topic.

As a rule, a concept should be indexed by the most specific appropriate MH. If the document focuses on “voluntary active euthanasia,” use that rather than the broader MH “euthanasia.” Usually, narrower terms should not be indexed if a broader MH is appropriate. In rare cases, when there is significant discussion of both a broader and a narrower concept, both MH may be used. Very narrowly focused, and very broadly diffuse, documents usually require fewer indexing terms.

Below are some general guidelines on the typical number of MH and IM to be assigned to a document. Always use judgment concerning how important (substantive, comprehensive, original, etc.) the document is, why (for which topics) bioethics searchers would want to retrieve it, and how many indexing terms would meet the searchers needs. (Note that sometimes one or two MH does it!)

**PubMed - Substantive Articles**
- Total MH: 8-10 (not including checktags & geographies)
- Starred MH: 3-4; up to ca 6 in rare cases

**PubMed - Non-Substantive Articles**
(e.g., news, editorials, letters; notes & comments in law journals; superficial overviews; borderline scope)
- Total MH: 5-6
- Starred MH: 2-4

**PubMed Subheadings per MH (any article)**
- Maximum: 3; 4 in rare cases
- Starred: 2

**LocatorPlus - Modified Monographs**
- Total MH: 0-6
- Starred MH: 0-2

**LocatorPlus - Created Monographs**
- Total MH: 6-8 (3-6 if analytics are also indexed)
- Starred MH: 1-3

**LocatorPlus - Created Analytics**
- Total MH: 6-8
- Starred MH: 2-4
Using the MeSH Browser to find appropriate MeSH Headings [MH], for each article:

1) assign 2-4 * MH [for the major topics discussed]

2) assign 3-4 unasterisked MH [for secondary topics discussed] [do not count geographics & checktags such as Humans, Child, etc.]

3) assign checktags such as Humans and Child as checktags if relevant

4) Optional: assign 1-2 of the following subheadings with an MH, if relevant: [FYI: other subheadings may also be relevant]

   /es       ethics
   /lj       legislation and jurisprudence
   /td       trends

5) Using the provided list, assign 2-3 appropriate Subject Captions [use the 2-letter mnemonic]
Bibliographers’ indexing of test articles:

The birth of the empirical turn in bioethics.
Bioethics; 2005 Feb; 19(1) [4 of 4]

Bioethics/*td
*Empirical Research
*Interdisciplinary Communication
Ethics, Clinical
Evidence-Based Medicine
Philosophy
Social Sciences

be; an [bioethics]

New Genetics and Society; 2004 Dec; 23(3): 255-268

*Genome, Human
*Human Genome Project
*Metaphor
Comparative Study
Newspapers/*td
Periodicals/*td
Science
Humans

br; gr; em [genome mapping]

Human clones and God’s trust: an Islamic view.

Cloning/*es
*Islam
Commodification
Dehumanization
Reproductive Techniques, Assisted
Humans

gr; re [cloning]