

February 1976

## From the Editor's Desk

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### Recommended Citation

Mullooly, John P. (1976) "From the Editor's Desk," *The Linacre Quarterly*: Vol. 43: No. 1, Article 3.  
Available at: <http://epublications.marquette.edu/lmq/vol43/iss1/3>

vanced state of medical knowledge in arriving at a reasoned judgment that in his opinion the irreversible point had been reached in the disruption of the biologic systems of the totality of this individual patient and that the moment of clinical death had occurred. This would put the authority of the state solidly behind the judgment of the physician and protect him from litigious relatives in discontinuing therapy which serves no true purpose except to preserve a biological preparation in a state of "living death." It would also protect the physicians involved in organ transplantation who would prefer to transplant organs whose oxygenation and circulation has been maintained. How would the patient be protected? He would be protected by the fact that the physician must exercise his best clinical judgment based on current medical theories that the patient truly was beyond the point of no return. No matter how we twist or turn, we physicians will never escape the responsibility of making reasoned clinical judgments of the evidence at hand. We can never become push-button medical technicians who punch out life and death answers in a utilitarian manner. Our responsibility will always be to the patient even to the death.

Edward G. Kilroy, M.D.

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## From the Editor's Desk



It is customary at this time of the year to extend special thanks and appreciation to those who have assisted me in the publication and editing of the *Linacre Quarterly*.

My sincere gratitude goes to the Board of Directors of NFCPG for their total cooperation and support in making *Linacre* preeminent in its field.

I would like to pay special tribute to our working Editorial Advisory Board, who have been always at my beck and call for advice and

criticism, and who have stimulated the submission of manuscripts to LQ.

I am grateful, also, to John R. Cavanagh, M.D., our Associate Editor, for the excellent work he has done over the last several years in putting together one of the annual issues of the journal.

I am indebted to Eugene G. Laforet, M.D., who conducts the *Abstracts* section, and to Paul R. Gastonguay, our Book Review Editor. They have contributed their time and talents most generously, and have been unflinching in their dedication to LQ.

I also extend my gratitude to Robert Herzog, our Executive Secretary, whose overall supervision of LQ contributes to its continuing high quality and professional tone; to our extremely capable Editorial Assistant, Bea Bourgeois, for her technical talents and skills which are reflected in each issue of LQ; and to our printer's representative, Dick Kress, for his untiring efforts in producing the actual magazine.

During these changing times, it has become increasingly apparent that in medical-moral matters there are no easy solutions; and that with the advances of medical science, more questions are raised than are answered. There are encouraging signs, however, which have developed since I assumed the Editorship of *Linacre Quarterly* in 1969. One of these signs is reflected in the resurgence of interest in medical ethics which has been evident, especially in the United States. We have seen the creation of centers of serious medical-moral thought, such as the Kennedy Institute of Bioethics, the Hastings Center, and most recently, the John XXIII Institute in St. Louis. We have observed the very effective work being done at Yale and Harvard and at the Texas Institute of Religion, among others. These Institutes have been real catalysts in stimulating the thought and ideas which are pertinent to our field, and in encouraging interprofessional participation in solving the problems which confront patients and physicians every day.

It has become increasingly evident to me that the history and tradition of the Catholic Church constitute a precious heritage—something which, unfortunately, we all too often take for granted. This is made abundantly clear when we meet our colleagues who have not had the opportunities in their undergraduate training that we have had in theological and philosophical realms.

It is partially with this in mind that we encourage the discussion of serious ethical problems and maintain an open mind in regard to these complex issues. We hope that through a free and open exchange of ideas, we will foster a spirit of discernment in finding answers to the problems which face us in the medical profession. If *Linacre* can make a contribution toward resolving these dilemmas, then its purpose is indeed well served.

**John P. Mullooly, M.D.**