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Abstracts of Current Literature

Catholic Physicians' Guild

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The Speed Culture: Amphetamine Use and Abuse in America. Lester Grinspoon, M.D. & Peter Hedblom. Harvard Univ. Press, Cambridge, Mass. 1975, VIII + 340 p., \$15.00

Why Would a Girl Go into Medicine? Medical Education in the United States: A Guide for Women. Mar-

garet A. Campbell, M.D. The Feminist Press, Old Westburg, N. Y. 1973, V + 1114 p., \$3.50

Witches, Midwives, and Nurses: A History of Women Healers. Barbara Ehrenreich & Deirdre English. The Feminist Press, Old Westburg, N. Y. 1973, 48 p., no price given.

Current Literature

Material appearing below is thought to be of particular interest to Linacre Quarterly readers because of its moral, religious, or philosophic content. The medical literature constitutes the primary but not the sole source of such material. In general, abstracts are intended to reflect the substance of the original article. Contributions and comments from readers are invited. (E. G. Laforet, M.D., 2000 Washington St., Newton Lower Falls, MA. 02162.)

Spiro H: Constraint and consent—on being a patient and a subject. *New Eng J Med* 293:1134-1135 27 Nov 1975.

The informed consent given by patients or research subjects is rarely valid. Freedom to choose may be restricted by many extraneous elements. In the area of clinical research a conflict of interest might be avoided if the physician caring for a patient did not simultaneously wear the hat of clinical investigator. This separation of interests has precedent in the matter of the living kidney donor.

Hausman DB: What is natural? *Perspect Biol & Med* 19:92-100 Autumn 1975.

The notion of what is natural and unnatural is difficult to apply. With the emphasis on application to human beings and in the medical context of the dichotomy between

disease and health, the basic Aristotelian framework is examined. Such a study of the natural and of deviations therefrom may prove useful in the clarification of disease.

Lister J: Private rights and public good. *New Eng J Med* 293:1135-1136 27 Nov 1975.

In Britain there has been much emphasis by health-care planners on the use of computers and data banks, with little concern for the loss of privacy that this might entail. Although "the public in general has been remarkably submissive," occasional voices have been raised about the potential threats of modern technology to the individual. In the past, possibly damaging information concerning patients has been under the control of the individual physician. Control is lost when files are computerized. Although bureaucrats have maintained that the computer will not be misused in a dem-

ocratic society, there have already occurred several instances in which the reputed safeguards proved ineffective.

Weber LJ: Should physicians and nurses give moral advice? *Hosp Prog* 57:68-69, 80 Jan 1976.

Health professionals may occasionally and properly be asked for moral advice. However, there are dangers in either giving or withholding such counsel. If given, it may become invested with the weight of medical authority. If withheld, the tolerance ethic of moral relativity may be fostered.

Culliton BJ: The Haemmerli affair: is passive euthanasia murder? *Science* 190:1271-1275 26 Dec 1975.

Urs Peter Haemmerli, M.D., Chief of Medicine at a municipal hospital in Zurich, has been formally charged with murder for failing to utilize more than intravenous electrolytes to maintain the life of comatose, brain-dead patients. Although the charges seem politically motivated, the affair has sparked considerable controversy on the Continent. Society is still struggling with the mixed blessings that result from modern medical technology.

Tiefel HO: The cost of fetal research: ethical considerations. *New Eng J Med* 294:85-90 8 Jan 1976.

The 1973 Supreme Court decision on abortion has made the issue of fetal experimentation a matter of great concern. The status of the fetus as a member of the human community is crucial to the debate, and there are compelling reasons for so considering it. Furthermore, the consent of the subject is essential for the legitimate conduct of any experiment, and this cannot be obtained in the case of the fetus. Since ends do not justify means, the bene-

fits of fetal research are irrelevant to the discussion. "The conclusion, therefore, is that such experimentation with living human fetuses is morally unjustifiable."

Grady M: An assessment of the behavioral scientist's role with the dying patient and family. *Military Med* 140:789-792 Nov 1975.

The stress of terminal illness for patient and family can be mitigated by the involvement of behavioral scientists. This will require an extension of their traditional role and require them to become involved with terminally ill patients and their families in many different settings. Crisis intervention is a feasible model for such therapy.

Jonsen AR: Ethicists' heyday. *Am Rev Resp Dis* 113:5-6 Jan 1976.

While the physician deals with acute problems at the specific level, and often must make immediate decisions of ethical import, the philosopher is concerned with general ethical principles. Ethicists and physicians should meet on a middle ground between principle and decision, the ground of "ethical considerations." It is hoped that discussion at this level will produce clinical and policy decisions that promote humane, just, honest, and merciful medical care.

Prescott JW: Abortion or the unwanted child: a choice for a humanistic society. *The Humanist* March/April 1975.

Sociologic and cross-cultural data "support the view of those who defend legalized abortion as a moral and humanitarian act that is characterized by a concern for the quality of human life." Since 37 per cent of Catholic bishops voted in favor of capital punishment at the National Conference of Catholic Bish-

ops in 1974, the right-to-life principle is an inconsistent and arbitrary principle that cannot be used to resolve the abortion issue. An essential prerequisite for a humane and compassionate society is the right of the woman to be pregnant by choice and to be a mother by choice.

Sobran MJ Jr: Abortion: the class religion. *Nat Rev* 28:28-31 23 Jan 1976.

In point of fact, there is a discernible grouping by class in the abortion issue. Pro-abortionists are largely from the upper middle class, liberal community and anti-abortionists are concentrated further down the social ladder. To oppose abortion is now a sign of inferior breeding. Those opposed to abortion have tried to argue their position strictly on its merits and are thus at a disadvantage. Pro-abortionists claim that the question of when life begins is a "religious" question. "It is not, of course; biological science is not a legacy of the Buddha or the popes."

Lappe M: Reflections on the non-neutrality of hypothesis formulation. *Clin Res* 24:56-63 Feb 1976.

Although the freedom to formulate hypotheses has almost universally been considered essential to scientific endeavor, moral strictures may be applied at this level and not merely when the resultant data have been collected. Unethical types of hypotheses include the following:

- (1) Hypotheses which are intrinsically dangerous.
 - (2) Hypotheses which are mischievous.
 - (3) Hypotheses which are socially invidious.
 - (4) Hypotheses which are holistically threatening.
- (cf. editorial same issue: Pellegrino ED: Hypothesis formulation—another "inviolable" realm open for ethical inquiry. *Clin Res* 24:53-55 Feb 1976.)