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Current Literature

Catholic Physicians' Guild

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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)

Goodman JM, Heck LL: Confirmation of brain death at bedside by isotope angiography. *JAMA* 238:966-968 29 Aug 1977.

The presence of brain death can usually be established on clinical grounds. When additional evidence is needed, isotope angiography done at the bedside may be used to demonstrate absence of cerebral blood flow and thus to confirm the existence of brain death.

Smith RJ: Electroshock experiment at Albany violates ethics guidelines. *Science* 198:383-386 28 Oct 1977.

A public hearing has been convened to investigate charges that psychology experiments conducted at the State University of New York at Albany were in violation of established ethical guidelines. Specific allegations included failure to comply with HEW regulations and to obtain valid consent from the subjects.

Mechanic D: The growth of medical technology and bureaucracy: implications for medical care. *Health and Society* (Milbank Memorial Fund Quarterly) 55:61-78 Winter 1977.

The bureaucratization of medicine is inevitable and in many ways an effective response to the complexity of medical knowledge. However, it represents a serious threat to the concept of physician responsibility for the best interests of his patient. "Within broad guidelines, physician and patient must remain as free as possible to negotiate satisfactory solutions to the personal and social dilemmas that bring them together."

Salzman C: ECT and ethical psychiatry. *Am J Psychiat* 134:1006-1009 Sept 1977.

ECT (electroconvulsive therapy) is an invasive procedure with potentially serious neurologic complications and a history of ill-advised usage. In this context, ethical considerations are inescapable. However, even in its legitimate role ECT raises ethical questions. These involve the right to receive ECT, the right to refuse such treatment, and the nature of informed consent about such therapy. For example, is it ethical for a psychiatrist to withhold ECT if it seems indicated? To what extent is the psychiatric patient's refusal to accept ECT to be respected? And how can the requirement for informed consent for ECT be fulfilled in the psychiatric milieu?

Pruitt RD: On the selection of medical students: a case for the imponderable qualities. *Mayo Clin Proc* 52:588 Sept 1977.

Most medical school admissions committees stress grade point averages and medical aptitude test scores in their selection of candidates. However, the intuition of the evaluator should also be given a role. "Grade point averages and aptitude scores inevitably will have weight in the decision, but let them be placed in the balances with the intuitive appraisals of a skillful clinician, an accomplished scientist, or a perceptive human being of whatever background. The claims of medicine are bonded to the claims of humanity."

Carson RA: What are physicians for?
JAMA 238:1029-1031 5 Sept 1977.

Even within the profession there is a lack of consensus about the proper role of the physician. One perception is that he or she should be concerned primarily with the treatment of disease, another that the physician should be involved with the whole man. But despite the necessity for a rigorous scientific undergirding, the essence of the practice of medicine is to care for patients. This is as true today as it was 50 years ago when Francis Peabody's classic essay on *The Care of the Patient* appeared. As Peabody stated, "... the secret of the care of the patient is in caring for the patient."

Skegg PDG: English law relating to experimentation on children. *Lancet* 2:754-755 8 Oct 1977.

There is no legal "age of consent" pertaining to participation by children in a non-therapeutic experiment. If the child can appropriately comprehend and decide, he is as capable of giving legally effective consent as is an adult.

Ott DA, Cooley DA: Cardiovascular surgery in Jehovah's Witnesses: report of 542 operations without blood transfusion. *JAMA* 238:1256-1258 19 Sept 1977.

Over a 20 year period, 542 Jehovah's Witness patients underwent cardiovascular surgery without use of blood or blood products with an early mortality rate of 9.4%. Early mortality was 10.7% in 362 patients requiring cardiopulmonary bypass. In the entire series, three of the 51 deaths were directly related to blood loss, and in

12 other deaths postoperative anemia was a contributing factor. Children require special consideration, and surgery should not be recommended if extensive blood loss is anticipated. In general, major cardiovascular surgery can be performed with an acceptably low risk in patients whose religious convictions proscribe the use of blood transfusion.

Sanders JB, Kardinal CG: Adaptive coping mechanisms in adult acute leukemia. *JAMA* 238:952-954 29 Aug 1977.

The authors investigated the unique emotional response of adult leukemia patients during remission. Coping involved (1) denial, (2) identification with fellow patients, and (3) anticipatory grief. In order to minimize psychological invalidism, the coping behavior of each patient should be assessed and managed by medical and nursing personnel.

Coe WC: The problem of relevance versus ethics in researching hypnosis and antisocial conduct. *Ann N Y Acad Sci* 296:90-104 7 Oct 1977.

Psychologic research with human subjects often poses ethical problems, particularly with respect to informed consent and the use of deception. Some experiments cannot be performed without resort to deception, in which case "informed consent" consists of telling the subject that he cannot be fully informed. In situations of this nature, the use of deception is justified (1) by the importance of the study, (2) by the non-availability of an alternative, deception-free method, and (3) by the use of proper safeguards.