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## Current Literature

Catholic Physicians' Guild

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philosophically, which Father McKeever seems unable to do. The inevitably sterile consequentialism implied or stated in contemporary attempts at proportionalism escapes him. In his conclusion he assumes that defending proportionalism (which he does not purport to do, in this essay at least) is not directly contrary to the explicit teaching of the Church because, as he says, there is no explicit teaching on it. While he admits that magisterial language implies a position contrary to proportionalism, he says that magisterial statements are not on the level of infallibility. He does not mention the excellent arguments raised by Ford, Grisez, and others on behalf of the infallibility of the ordinary magisterium in moral matters, and notably conception. Moreover, he seems unaware of the fundamental ambiguity involved in the proportionalists' use of the term *ontic* or *pre-moral evil*. The bishops were not well served by this essay.

The concluding chapter strengthens the book. Among many cogent points and several distinctive contributions, Rev. Benedict Ashley, O.P., shows that Church teaching on the inseparability of the unitive and procreative meaning of intercourse involves a corollary: the inseparability of the value of sexual pleasure considered as a positive human good. He finds that the inseparability of pleasure from marital love is solidly founded in Scripture and tradition, and he thinks it is potentially definable by the magisterium. His grasp of contemporary objections to Church teaching is outstanding and his general perspective for their refutation is good. Father Ashley cites three major priorities in the Church's teaching on sexuality and seven major points of consensus among most Catholic theologians. The themes of analysis, dialog, and pastoral care, common to all contributors in this book, are particularly well expressed in this essay.

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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)*

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Gustafson JM: Nature, sin, and covenant: three bases for sexual ethics. *Perspect Biol & Med* 24:483-497 Spring 1981.

In Western society rapid revisions are occurring in prescriptive sexual ethics. Such revisions, however, must take into account three fundamental bases in human nature and experience. These are our nature as humans, the concept of sin, and the social or covenantal aspect of human experience.

Karasu TB: The ethics of psychotherapy. *Am J Psychiat* 137:1502-1512 Dec 1980.

In today's social milieu, psychiatry faces intensified questioning and review from within and without the profession with respect to ethical tenets. Problem areas include dual allegiance of the psychiatrist, homosexuality, confidentiality, and therapist-patient sex. "Ethical dilemmas in psychotherapy are not entirely

soluble; ultimately, the therapist, guided by his or her profession as a group, will be able to find answers to the complex problems that inevitably arise."

Riga PJ: Philip Becker: another milestone. *America* 143:8-9 12 July 1980.

In a decision based on the quality-of-life argument, the courts have decided that an institutionalized Mongoloid child with a congenital heart defect need not undergo recommended corrective cardiac surgery.

Daues VF: More on Philip Becker. *America* 143:211 11 Oct 1980.

A response to the Riga article (*vide supra*).

Brett AS: Hidden ethical issues in clinical decision analysis. *New Engl J Med* 305:1150-1152 5 Nov 1981.

Although clinical decision analysis is a useful and valid technique, its seeming objectivity may disguise important ethical issues that can be resolved only if it is kept in mind "that the ultimate concrete reality of a medical event derives from its interaction with individuals rather than statistically manipulated populations, and that medical decisions involve human beings — both doctors and patients — with unique attitudes and values."

Howe EG: Medical ethics — Are they different for the military physician? *Milit Med* 146:837-841 Dec 1981.

The practice of medicine in a military setting might appear to pose ethical problems that differ from those encountered in civilian life. For example, the military physician may encounter a conflict between his duty to an individual patient and his obligation to the military. However, civilian medical practice is replete with similar conflicts. In other contexts, there may be apparent conflicts between the military and society and between the military and medicine itself. However, there do not seem to be sufficient dif-

ferences between medicine and military medicine to warrant the development of a separate body of ethical considerations. Nevertheless, greater attention should be given to bioethical problems in the context of military medicine.

Sevensky RL: Religion and illness: an outline of their relationship. *South Med J* 74:745-750 June 1981.

For the sick or dying patient, religion may serve three functions. First, it may offer a means of understanding illness and mortality without denying their reality. Second, it may afford a practical means of coping with these problems. And, third, it may confer hope in the face of death.

Fletcher JC: The fetus as patient: ethical issues. *JAMA* 246:772-773 14 Aug 1981.

The growing ability to treat congenital defects in the fetus raises at least four complex ethical issues. First, there may be a conflict between the interests of the fetus and those of the parents. Second, there may be a conflict between undertaking fetal therapy and considering parental choice about abortion. Third, fetal research as such may pose ethical problems. And, finally, there may be difficulties with the social and economic priority assigned to fetal research.

Halleck SL: The ethics of antiandrogen therapy. *Am J Psychiat* 138:642-643 May 1981.

Antiandrogen treatment is currently available for sex deviates whose behavior may have societal implications. Such biological treatment poses both advantages and risks to society, as well as to the individual. Long-term studies are necessary to determine whether the benefits outweigh the risks. Furthermore, the issue of informed consent to such therapy is extremely complicated. There is therefore a pressing need to develop ethical guidelines for this use of antiandrogen drugs.