


11-1-1976

Current Literature

Catholic Physicians' Guild

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

 Part of the [Ethics and Political Philosophy Commons](#), and the [Medicine and Health Sciences Commons](#)

Recommended Citation

Catholic Physicians' Guild (1976) "Current Literature," *The Linacre Quarterly*: Vol. 43: No. 4, Article 18.
Available at: <http://epublications.marquette.edu/lnq/vol43/iss4/18>

- One Day at a Time: Meditations and Prayers on the Eleventh Step.** Msgr. Joseph E. Farrell. Liguori Publications, 1976. \$1.00, 61 p.
- The Prevention of Genetic Disease and Mental Retardation.** Aubrey Milunsky. W. B. Saunders, 1975. \$24.00, XV + 506 p.
- Research on the Fetus: Report and Recommendations.** The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. D. H. E. W. Pub. No. (OS) 76-127. 1975, 88 p. (Plus Appendix, D. H. E. W. Pub. No. (OS) 76-128, 639 p.)
- Sex Education in Medicine.** H. I. Lief and A. Karlen, editors. Halsted Press, 1976. \$12.95, 155 p.
- Should Doctors Play God?** Claude A. Frazier, M.D., ed. Broadman Press, 1971. \$1.95, 176 p.
- Sociology in Medicine.** R. K. Jones and P. A. Jones. John Wiley & Sons, 1976. \$9.95, 222 p.
- Teaching in the Health Professions.** C. W. Ford and Margaret Morgan, editors. C. V. Mosby Co., 1976. \$11.95, XIV + 289 p.
- Your Marriage: A Practical Guide for the Engaged and Married.** John F. DeYonker, D.O. and Thomas E. Tobin, C.S.S.R. Liguori Publications, 1976. \$1.50, 144 p.

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.)

Witkin HA, Mednick SA, Schulsinger F, et al: Criminality in XYY and XXY men. *Science* 193:547-555 13 Aug 1976.

Although society has had a legitimate concern about aggression among XYY and XXY men, there is no evidence that such individuals are especially aggressive. The elevated crime rate may be related to low intelligence. Since this group does not contribute particularly to the problem of aggressive crime, identification would not ameliorate the situation.

McCormick RA: The Karen Ann Quinlan case. *JAMA* 234:1057 8 Dec 1975.

The traditional role of family and physician in reaching a decision on the prolongation of life is threatened by the court decision in the Karen Ann Quinlan case. Law must remain open to the service of persons but overemphasis on its role in human affairs will produce grave imbalances. "The Quinlan case never should have gotten to the courts. Obsolete homicide laws and corrosive malpractice atmosphere got it

there; it is what got it there that must be attacked and corrected."

Sagan LA, Jonsen A: Medical ethics and torture. *New Eng J Med* 294: 1427-1430 24 June 1976.

The use of torture as an instrument of political oppression is apparently increasing, and may directly or indirectly involve medical personnel. Physicians have a special obligation to oppose this trend. Furthermore, codes of medical ethics must be strengthened to support and guide the physician who may become involved in these practices.

Kirchner M: How far to go prolonging life: one hospital's system. *Med Econ* 53:69-75 12 July 1976.

In an effort to resolve the ambiguities involved in caring for critically ill patients, the personnel of an intensive care unit established four levels of care and categorize their patients appropriately after extensive discussion in which all personnel participate. The categories are as follows:

- I. all-out therapeutic effort
- II. continuation of all-out effort, but with 24-hour re-evaluation of the patient's prognosis
- III. conservative, passive care, with no heroic measures to prolong life
- IV. all therapy and life-support assistance discontinued — for brain-dead patients

Byar DP, Simon RM, Friedewald WT, et al: Randomized clinical trials: perspectives on some recent ideas. *New Eng J Med* 295:74-80 8 July 1976.

Recent proposals have been made that improved statistical technics may obviate, or at least reduce the

need for, randomized clinical trials. However, such innovations are not readily applicable to the large-scale, complex situation that usually obtains in clinical research. The randomized clinical trial continues to represent the most reliable means of evaluating therapy, and is more suitable than uncontrolled experimentation in protecting the interests of patients.

Liegner LM: St Christopher's Hospice, 1974: care of the dying patient. *JAMA* 234:1047-1048 8 Dec 1975.

Largely through the efforts of Dr. Cicely Saunders, St Christopher's Hospice has pioneered in the humane and efficient care of the dying patient. Medication is used appropriately, and the patients are treated in an atmosphere of warmth and understanding. "The Hospice teaches a new attitude toward dying and death, with the realization and conscious acceptance of dying and death as part of being born and part of the struggle of life."

Holden C: Hospices: for the dying, relief from pain and fear. *Science* 193:389-391 30 July 1976.

Although the United States spends much money on clinical aspects of the cancer problem, little is allocated for the care of those patients whose disease cannot be controlled. In Britain the Hospice movement provides exceptional support for such individuals. However, some feel that the concept cannot be successfully transplanted to the United States, where the British concept of voluntarism and community are absent and where devoted leaders like Cicely Saunders are not available.

Bluestone NR: Teaching of ethics in schools of public health. *Am J Public Health*.

Of 15 schools of public health responding to a questionnaire, the majority (10) did not offer any studies on the ethical basis of public health practice. However, the area of biomedical ethics embraces many topics of concern to public health. Indeed, advances in public health have generated such topics. Nevertheless, schools of public health have tended to ignore this aspect in structuring their curricula. Such schools "have a responsibility to raise the consciousness and broaden the decisional horizons of young administrators who may be intent *solely* upon the efficient, economical, acceptable provision of quality health services."

Hames LN: Physician reporting of driver impairment: searching for answers. *JAMA* 234:1027-1028 8 Dec 1975.

The laws of most states already require that licensing agencies determine what physical, mental, or visual conditions significantly affect driver performance, and the cooperation of physicians is required in this regard. Such cooperation in examining candidates for licensure has generally been forthcoming. However, this is a far cry from requiring a physician to report gratuitously a patient who is seen for reasons other than to be examined for a driver's license. Such a requirement would be objectionable for many reasons, particularly those involving breach of confidence. On the other hand, the principles of medical ethics clearly allow physicians to report impairment when necessary to protect the welfare of the individual or the community. There is as yet no solution to this dilemma, and it remains one of those problems in which even a compromise proves controversial.

Dunphy JE: Annual Discourse — On caring for the patient with cancer.

New Eng J Med 295:313-319 5 Aug 1976.

The care of the patient with cancer poses many problems with which the medical profession continues to wrestle. Specific prognoses about length of life should be avoided, especially since they are apt to be inaccurate. Evidence of concern for the patient's minor problems and the wise use of medication are important. Euthanasia is not "mercy killing" but "therapeutic murder." "The care of the hopelessly ill or mentally incompetent 'non-person' is a trying but noble burden that society and the health professions . . . have assumed and must continue to bear."

McCormick RA: The moral right to privacy: commentary on the Quinlan decision. *Hosp Prog* 57:38-42 Aug 1976.

According to Catholic moral tradition, "there is first a *duty* to preserve one's life, and following on that a *right* not to be interfered with in making moral decisions with regard to this duty. The right of privacy or self-determination is a necessary means because, given the personal or individual character of the considerations that limit this duty and given the personal character of the situations that activate this duty, it is the person himself or herself who is best situated to implement decisions."

Editorial: Antenatal diagnosis of spina bifida. *Brit Med J* 1:414 22 Feb 1975.

Measurement of amniotic fluid alpha fetoprotein levels can permit the antenatal diagnosis of spina bifida. The risks of amniocentesis in mid-pregnancy are not yet established, and "many of the practical and ethical problems associated with antenatal screening and selec-

tive abortion after amniocentesis are unsolved." Nevertheless, it represents "a major advance to be able to identify and offer to terminate 800 pregnancies with spina bifida each year, 300 of which would result in children who grew up seriously handicapped."

McCormick RA: Experimental subjects: who should they be? *JAMA* 235:2197 17 May 1976.

Since there are things we *ought* to do for others simply because we are members of the human community, it follows that proxy consent for experimentation on children (or on fetuses) as members of the human community is defensible, provided there is minimal risk, discomfort, and inconvenience and assuming there is hope of real benefit. In the case of adults it is desirable that informed consent accompany the fulfillment of such communal duty. However, should

insufficient volunteers be available for low-risk, important research, "it would not be unjust of the government to recruit experimental subjects, for example, by lottery," just as the government can draft soldiers for national defense.

Three special articles dealing with hopelessly ill patients have appeared in a recent issue of the *New England Journal of Medicine*, and warrant careful reading by all interested in the subject:

Critical Care Committee of the Massachusetts General Hospital: Optimum care for hopelessly ill patients. *New Eng J Med* 295:362-364 12 Aug 1976.

Rabkin MT, Gillerman G, Rice NR: Orders not to resuscitate. *New Eng J Med* 295:364-366 12 Aug 1976.

Bok S: Personal directions for care at the end of life. *New Eng J Med* 295:367-369 12 Aug 1976.

REPRINTS

Reprints of any article which has appeared in the LINACRE QUARTERLY, beginning with the 1966 issues (Vol. 33) are now available in either (a) full-sized copy, or (b) microfilm, through XEROX UNIVERSITY MICROFILMS, 300 N. Zeeb Rd., Ann Arbor, Michigan, 48106.

Full sized reprints of articles are available at \$3.00 for the first copy, plus 50¢ for each additional copy ordered. This includes first class postage and handling charges. Quantity discounts are also available. For information on the cost of **microfilm** copies, please contact XEROX UNIVERSITY MICROFILMS.

TO ORDER **FULL-SIZED REPRINTS** PLEASE RETURN THIS ORDER DIRECTLY TO: XEROX UNIVERSITY MICROFILMS, 300 N. Zeeb Rd., Ann Arbor, Michigan 48106:

TITLE OF PUBLICATION: *Linacre Quarterly*

TITLE OF ARTICLE: _____

DATE OF ISSUE _____ VOL. NUMBER _____

INCLUSIVE PAGES TO BE COPIED _____ THROUGH _____

NUMBER OF COPIES OF THE ARTICLE NEEDED _____

(Cost is \$3.00, minimum fee, for one copy of a complete article, or portion of the article. Additional copies of the same article are 50¢ each. **Full remittance must accompany this order.** Please write for further information on deposit accounts and quantity discounts. Allow two weeks for delivery.)

YOUR NAME _____

ADDRESS _____

ZIP _____