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Current Literature

Catholic Physicians' Guild

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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)

Ingelfinger FJ: Ethics of human experimentation defined by a national commission. *New Eng J Med* 296:44-45 6 Jan 1977.

The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research was established by Congress in 1974. Initial reservations about its usefulness and productivity now seem groundless in the face of its performance to date. The Commission has considered the areas of fetal research, research on prisoners, and psychosurgery; in each area it has produced helpful recommendations. A fourth major item, dealing with research in children and in institutionalized, mentally infirm patients, remains to be considered. Apart from its deliberative results, the Commission has proven valuable as a model of open communication involving the public, the scientific community, and the government.

Noll JO: The psychotherapist and informed consent. *Am J Psychiat* 133:1451-1453 Dec 1976.

A mental health professional who is employed by an institution or agency is at risk of acting as a double agent. In this circumstance the needs of the institution will almost always supersede those of the patient. The patient, however, usually assumes that his therapist has no other purpose except to help him and is unaware that the psychiatrist also holds allegiance to an agency. The patient may therefore disclose matters that will be used to his detriment. The number of third parties

who have access to such information is increasing and includes potential employers and insurance carriers. Strict adherence by the psychotherapist to the requirements of informed consent will help to reduce such abuses.

Alexander L: The double-bind theory and hemodialysis. *Arch Gen Psychiat* 33:1353-1356 Nov 1976.

The high incidence of psychiatric morbidity among patients on chronic hemodialysis has generally been attributed to stresses inherent in the therapy. The role of the medical staff in contributing to such morbidity has been neglected in the past. It is apparent, however, that the relationship between hemodialysis patient and staff is an intense and on-going one that may involve permanent interpersonal relationships. As a result, attitudes of the medical staff may foster psychopathology in the patient.

Skegg PDG: The case for a statutory 'definition of death.' *J Med Ethics* 2:190-192 Dec 1976.

Although there has been little agitation in the United Kingdom for a statutory definition of death, the situation is different in North America. If therefore seems appropriate to re-examine the matter. One objection to legislation is the fact that there is no consensus in the medical community on such a definition. However, this fact itself could be construed as indicating the need for a legal definition. Furthermore, if no legal action is taken the

atmosphere of uncertainty will continue. An alternative to legislation might be possible if an informed consensus of doctors and the public were reached, but such unanimity seems unlikely. There seems to be a strong *prima facie* case for the enactment of a statutory definition of death.

Wolfe JE, Bone RC: Informed consent in critical care medicine. *Clin Research* 25:53-56 Feb 1977.

Acute broncho-pulmonary aspiration of gastric contents is a life-threatening condition for which ideal therapy has yet to be determined. In an effort to evaluate treatment, a prospective study was undertaken in which the protocol adhered to all ethical stipulations, with particular reference to informed consent. It soon became apparent that the informed consent requirements could not be followed in the acute clinical situation for a variety of reasons, and the protocol was abandoned. The definitive study remains to be done.

Graham JB: Ethical and social issues posed by genetic studies of cardiovascular disease. *Perspect Biol & Med* 20:260-270 Winter 1977.

Among the human diseases that concern both cardiologists and geneticists are: (1) congenital malformations of the heart and great vessels; (2) atherosclerosis; (3) thrombosis, embolism, and infarction; (4) hereditary diseases with cardiovascular aspects, such as diabetes and the hyperlipidemias; and (5) hypertension. Extensive genetic research is in progress in an effort to elucidate these diseases. However, some types of genetic study

may create ethical and social problems. Included in this category are: (1) collection of family data; (2) screening of large populations for genetic defects; (3) gene therapy; (4) prenatal detection and selective abortion; and (5) genetic counseling.

Baker AA: Slow euthanasia — or "she will be better off in hospital." *Brit Med J* 2:571-572 4 Sept 1976.

An elderly person living alone in a dilapidated house, perhaps chronically ill and malnourished, is often admitted to a hospital for care, with or without consent. Such people generally tend to become apathetic, bewildered, and restless, even though their physical appearance is initially improved. "Cruelty to the elderly can take many forms. Co-operation between medical practitioner and social services should make it possible for the frail elderly to die in peace and dignity in their own homes, even if alone."

Culliton BJ: Psychosurgery: national commission issues surprisingly favorable report. *Science* 194:299-301 15 Oct 1976.

The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research has evaluated psychosurgery and recommended that the procedure not be banned. It did note, however, that the mechanism of action was unclear and that much research was needed. It also indicated that its tentative approval concerned only the newer, more selective varieties of psychosurgery and not the clearly destructive prefrontal lobotomies of the past.