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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)

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**Campbell GS:** Where are the nurses of yesteryear? *Am J Surg* 133:145 Feb 1977.

A combination of involvement in sophisticated technology and the availability of individuals to perform clerical and bedside duties has affected the role of the nurse in the care of the acutely ill patient. Nevertheless, optimal bedside care requires a certain quantity and quality of nurses. "Colleges of medicine have been responsive to societal demands and have arranged educational programs to supply the needed primary care physicians. Colleges of nursing have produced professional nurse practitioners and nurse specialists. Societal needs for nurses in acute care hospitals have not been met. Associate degree nurses and licensed practical nurses have been a great help, but the compassion, dedication, understanding, and skills of the nurses of yesteryear are urgent and unmet needs of today."

**Lewis FM:** The nurse as lackey: a sociological perspective. *Supervisor Nurse* pp. 24-27 April 1976.

"Stratification is institutionalized social inequality." The hospital situation is a case in point, whereby nurses are perceived as subservient to physicians. This is a result of the fact that "doctors have power and use it in turn to define what positions are functionally important." This stratification system should be altered so that the nurse is no longer a lackey. Such change might be effected by increasing the nurse's power in the care setting

and by changing the perception of those in power.

**Bergman R:** Evolving ethical concepts for nursing. *International Nursing Rev* 23:116-117 July-Aug 1976.

The technological revolution and information explosion have resulted in a change in the ethical concepts of nursing. This may be noted by comparing the Code of Ethics adopted by the International Council of Nurses in 1953 (revised 1965) and the new Code approved in 1973. For example, in the new Code prevention of illness is given priority over its treatment; the duty to respect life is emphasized instead of conserving it; and the relationship of nurse to physician is changed from one of subservience to one of collegiality.

**Knopp, Sister Patricia, S.N.D.:** Organ transplants are immoral. *US Catholic* 42:12-16 Jan 1977.

Life-sustaining human transplants, including heart, kidney, and any other organ which is not normally self-regenerating in the body, are unchristian and immoral because "they betray what Christians say they believe about the relationship between this life and the next." Transplants that simply improve the quality of life for someone who will continue to live anyway, e.g., corneal transplants, are licit and different in kind from transplants that are life-sustaining. "If it is immoral to deny that right of God in determining the beginning of life, it is equally wrong to deny God that right in the ending of life."

**Andersen MD: Our expanding role: notes on not nursing.** *Nursing* 77 7:16 Jan 1977.

The role of nursing has been expanded to the point that nurses no longer do nursing. "It's time we stopped taking on more and more functions to justify our contribution to the health care field." Nursing remains the only appropriate function of nurses and this should be recognized by those responsible for health care delivery. "If we're not careful, we'll expand ourselves right out of a job."

**Rogers M: Euphemisms in nursing's future.** *Image* 7:3-9 1975.

"Physician's assistant," "nurse practitioner," "expanded role," and related terms for new nursing functions are euphemisms that seek to obscure the exploitation of nurses by the medical establishment for its financial gain.

**Levinson R: Sexism in medicine.** *Am J Nursing* 76:426-431 March 1976.

By conferring an aura of scientific validity on the sexual mythology of women, medicine has contributed to its perpetuation.

**Kelly LY: The patient's right to know.** *Nurs Outlook* 24:26-32 Jan 1976.

Although "most physicians do not feel that anything more than a superficial explanation is necessary," the patient has a moral and a legal right to full disclosure. This is seen in the growth of malpractice litigation, the burgeoning of the doctrine of informed consent, and open access to medical records. The nurse as patient advocate has an ethical obligation to ensure that the patient's right to know is fully respected even if this results in conflict with the physician.

**Yankauer A: Abortion and public policy.** *Am J Public Health* 67:604-605 July 1977.

The question of abortion continues to polarize society which, as yet, is unable to opt for the more desirable alternative because of ignorance about

human behavior and societal immaturity. Consequently, until and unless the social pressures favoring abortion are resolved, "access to abortion services for those women who desire them would appear to be in the best interests of society at large."

**Berg DL, Isler C: The right to die dilemma. Where do you fit in?** *RN* 40:48-54 Aug 1977.

The role of the nurse in the decision-making process about maintenance of life-support systems for the hopeless patient remains ambiguous. ("As usual, you're caught in the middle.") Although there is no consensus and much ambivalence concerning the appropriate stance of the nurse in such situations, improved communication among all involved parties would prove beneficial.

**Bean WB: Walter Reed and the ordeal of human experiments.** *Bull Hist Med* 51:75-92 Spring 1977.

In an era when the rights of patients and of experimental subjects were imperfectly protected, the work of Walter Reed and the Yellow Fever Commission was a model of ethical concern. Autoexperimentation was made a matter of policy as was a stringent requirement of informed consent.

**Williams RL, Rieckmann KH, Trenholme GM, et. al.: The use of a test to determine that consent is informed.** *Milit Med* 142:542-545 July 1977.

The Department of HEW has established the requirement for informed consent as basic in any effort to protect the rights of experimental subjects. Informed consent is considered to consist of two elements: understanding of adequate information about the proposed study and autonomy of consent. As an aid in determining whether consent is truly informed, a questionnaire has been developed for use in the experimental situation.

Burnum JF: The physician as a double agent. *New Eng J Med* 297:278-279 4 Aug 1977.

Ideally and traditionally the physician has functioned as his patient's advocate. This role is being aggressively eroded by third parties, including insurance companies, utilization review agencies, clinical research programs, PSROs, and others. Although the rights of society vis-à-vis those of the individual patient require respect, it is inappropriate for the physician to function as a double agent because in this role he will not "receive his patient's confidence, the basis of healing."

Taylor CE: Economic triage of the poor and population control. *Am J Public Health* 67:660-663 July 1977.

The concept of triage of national populations, as elaborated by Hardin, "is a morally repugnant confrontation with reality," as is also the related "lifeboat analogy." A more appropriate response to the problems of population and poverty is "to face the challenge of promoting distributive justice."

Imbus SH, Zawacki BE: Autonomy for burned patients when survival is unprecedented. *New Eng J Med* 297:308-311 11 Aug 1977.

Patients with such extensive burns that their survival would be unprecedented are often able, at least initially, to comprehend their situation. Under these circumstances, after the patient has been informed, he is asked if he wishes to choose an intensive treatment regimen or "ordinary care" and is assured that either option will result in continued care. This permits an increase in the self-determination exercised by such patients.

(For editorial comment, see Cassell EJ: Autonomy and ethics in action. *New Eng J Med* 297:333-334 11 Aug 1977.)

Macklin R: Consent, coercion, and conflicts of rights. *Perspect Biol & Med* 20: 360-371 Spring 1977.

With specific reference to the refusal of Jehovah's Witnesses to accept blood transfusions on religious grounds, legal actions to contravene this position are unjustified and represent an infringement of the constitutionally guaranteed freedom of religion.

Curran WJ: Religious objection to a medicolegal autopsy: a case and a statute. *New Eng J Med* 297:260-261 4 Aug 1977.

Maryland law requires a medicolegal autopsy in the case of suspicious or unexplained death. In a recent case, the next of kin opposed such an autopsy on religious grounds as Orthodox Jews. The court rejected their appeal in a precedent-making decision setting the public interest over religious objection.

Navarro V: Justice, social policy, and the public's health. *Medical Care* 15:363-370 May 1977.

Maldistribution of health resources is a direct function of the maldistribution of power. It is not the task of the modern physician to be a leader of the system but rather to be a supporter of the leadership that arises from the community. He should work "for the pursuit of justice; for the pursuit of a society where the many, not the few, will define the meaning of health and medicine; for a society where the distribution of resources, all resources, will be based not on one's ability to pay, but according to his or her needs." (For comment, see editorial by S. Sieverts, same issue, pp. 361-362.)

Cohen C: When may research be stopped? *New Eng J Med* 296:1203-1210 26 May 1977.

It is generally accepted that freedom of inquiry is a value of profound importance; it is also accepted, however, that some research undertakings

might properly be restricted. In the case of recombinant DNA research, the major force for its restriction is its potential hazard. However, this has not been shown, and thus there is no valid reason for prohibiting such investigation.

(For comment, see editorial by R. Goldstein, same issue, pp. 1226-1228.)

(See also: Wade N: Gene splicing: senate bill draws charges of Lysenkoism. *Science* 197:348-350 22 July 1977; Abelson PH: Recombinant DNA. Editorial. *Science* 19 Aug 1977.)

Birley JLT: The closed society and its enemies. *Lancet* 2:184-186 23 July 1977.

It has long been recognized that psychiatry has been prostituted to political ends in the Soviet Union. Although the abuse is not new, it seems to have increased since the 1950s. This is possibly related to a slight increase in civil liberties and to increased publicity about events in the USSR. Psychiatric hospitalization of political dissenters thus is less embarrassing than an open trial. The abuse of psychiatry involves both diagnosis and treatment. Dissident behavior is equated with mental illness and hence is a symptom of a psychiatric disturbance. Once diagnosed, the individual is then hospitalized for treatment in cen-

ters where conditions are execrable and drug therapy abused. There exist "Directives on the immediate hospitalization of mentally ill persons who are a social danger" which imply that compulsory admission should be restricted to individuals with obvious mental illness. The contents of the "Directives," however, are not generally available. Furthermore, a 1969 decree states that the "Directives" should be applied more widely and that such application is mandatory for the *prevention* of socially dangerous actions by the mentally ill. The distortion of psychiatry in the Soviet Union is part of the cold war, but this cold war "is not with the West nor with the C.I.A. but within Russia herself. The Gulag Archipelago is a cold place, and in every war there is a small and hideous element of the absurd." The USSR is sensitive to protests from the international community, and it is possible that the political abuse of psychiatry will be abandoned when a less public means of silencing political dissenters is found. While there can be no hope that such dissenters will be tolerated, at least such a change in strategy might improve the lot of the legitimate psychiatric patient in Russia.

(For another report of the Soviet approach to deviants—in this case Christians, see Broun JA: A Soviet cure for religion. *America* 137:26-29 16-23 July 1977.)