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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)

Pollock WF: "Cognitive" and "sapi-ent"—which death is the real death? *Am J Surg* 136:3-7 July 1978.

Difficulty in reaching a consensus on the definition of death has posed serious problems. Legal definitions may vary from state to state. The situation is compounded by the escalating cost of medical care. The criteria proposed in 1968 by the Harvard Ad Hoc Committee on the definition of brain death represented an early attempt to clarify the situation, but in the Karen Ann Quinlan case the court ruled that these criteria had not been met. The issue is further beclouded in the matter of abortion, as exemplified by the Edeline case. "Common sense demands that these criteria of 'life' and of 'death' must be based on medical findings." Furthermore, legislatures must eventually address the need to define in law the circumstances under which a fetus acquires the legal rights of a "person."

Murphy EA: Eugenics: an ethical analysis. *Mayo Clin Proc* 53:655-664 Oct 1978.

It is difficult to devise a rational and responsible eugenic policy. Public support for clinical genetics is getting closer, however, and there is therefore a need to address the ethical considerations that this will entail.

Kaste M, Hillbom M, Palo J: Diagnosis and management of brain death. *Brit Med J* 1:525-527 24 Feb 1979.

The first nation to accept the defin-

ition of brain death for legal purposes was Finland. In 37 cases of brain death reviewed since 1975, clinical criteria were satisfactory in 21; confirmatory studies, including electroencephalography and cerebral angiography, were needed in the remainder. The main concern in the diagnosis of brain death is to distinguish it from drug intoxication. In general, the criteria for brain death as delineated in the Finnish code are reliable and suitable for routine use.

Ryan M: Aspects of ethics (1). *Brit Med J* 2:585-586 8 Sep 1979.

Although the health services of the UK and USSR are similar in many respects, the role of the physician in each society is quite different. In Britain, for example, physicians still see themselves as members of a "free and learned profession" while their Russian counterparts have lost this image completely. Soviet physicians are basically technicians who lack an effective power base. How this has developed is difficult to determine, but much is due to the pervasive influence of the Communist Party. In the Soviet Union it is compulsory to take a professional oath upon completion of medical studies. This is similar in many aspects to the Hippocratic Oath. However, it avers the primacy of the state over the individual patient when these interests conflict, and the interests of the state "are articulated by individuals and agencies that may persuade and coerce to a degree that is hard to imagine if one lives in a pluralistic liberal democracy."

Nelson LJ, Mills J: Ethics and research involving celibate religious groups. *Clin Research* 26:322-329 Oct 1978.

Celibate religious groups, predominantly Catholic, have been used in research projects of three types: 1) studies of conditions associated with sexuality; 2) studies of conditions associated with life style; and 3) studies of a sociopsychologic nature. Canon law does not prohibit participation in such investigations. However, ethical problems arise in connection with the research use of celibates. These include the areas of confidentiality and privacy, informed consent, autonomy of consent, satisfactory justification for the use of such a population, and conflicts between religion and science.

Novack DH, Plumer R, Smith RL, Ochitill H, Morrow GR, Bennett JM: Changes in physicians' attitudes toward telling the cancer patient. *JAMA* 241:897-900 2 Mar 1979.

In 1961 a questionnaire study indicated that 90 per cent of physicians preferred not to tell a cancer patient the diagnosis. A similar survey in 1977 showed that 97 per cent of physicians favored informing the patient. The reasons for this reversal of attitude are multiple and incompletely evaluated at present.

Silber TJ: Placebo therapy: the ethical dimension. *JAMA* 242:245-246 20 July 1979.

The use of placebo therapy in medicine poses ethical difficulties. In the utilitarian view it may be morally justified if it proves effective, but in the deontological view it may be unethical because of the deceit involved in the act itself. However, placebo therapy may imply a special form of symbolic communication that renders it ethical. But in any event such therapy must be part of a careful clinical plan aiming at health. "Thus, placebo therapy is accepted as moral when it enhances physician-patient communication, and it is accompanied by active efforts to achieve health. Conversely, placebo therapy is viewed as immoral if it diminishes or replaces patient-physician communication and there is no genuine pursuit of health."

Stevenson I, Greyson B: Near-death experiences: relevance to the question of survival after death. *JAMA* 242:265-267 20 July 1979.

There is increasing interest in the phenomenon of near-death experience. The tendency of popular writings is to adduce from them strong support for man's survival after death, while scientific studies generally fail to concede this possibility. However, persistence in the latter attitude may preclude "appropriate inquiries that could clarify the many questions with which near-death experiences abound."