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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., 170 Middlesex Rd. Chestnut Hill, MA 02167.

de Dombai FT: Ethical considerations concerning computers in medicine in the 1980s. *J Med Ethics* 13:179-184 Dec 1987

The widespread use of computers in medicine has created a variety of new ethical problems. These include such aspects as beneficence, non-maleficence, autonomy (both of physician and patient), justice, and confidentiality.

Muslin H, Schade S: On the do not resuscitate policy. *Perspect Biol & Med* 31:285-290 Winter 1988

Discussions about the patient-doctor relationship in terminal illness have become weighted by legal and ethical considerations. This is particularly evident in the emphasis on decision-making by the patient and by the rejection of medical paternalism. This has not necessarily been to the benefit of the patient. The ultimate norm governing the patient-doctor relationship in terminal illness should be empathy, not social, economic, litigious, or legislative pressures.

O'Rourke K: Evolution of church teaching on prolonging life. *Health Prog* 69:28-35 Jan-Feb 1988

For the most of its history, the Church had largely restricted its teaching on prolonging life to the issues of suicide and of euthanasia. However, with the growing

ability of medicine to prolong life, there arose questions about the application of such medical knowledge in all circumstances. The distinction between "ordinary" and "extraordinary" means of prolonging life gradually gained acceptance. From the 16th to the 19th centuries the principle of the double effect was applied in appropriate circumstances. In 1957, Pius XII presented explicit guidelines.

Caniano DA, Kanoti GA: Newborns with massive intestinal loss: difficult choices. *New Engl J Med* 318:703-707 17 March 1988

With the advent of the technic of total parenteral nutrition (TPN) it has become possible to sustain infants with extensive intestinal loss. For some patients TPN is a temporary expedient that buys time while the intestine adapts and enteral nutrition becomes possible. For others, however, the likelihood of such an outcome is small or nil. In these cases difficult ethical choices ensue. Options include (1) enrollment in one of several small-intestine transplant programs (experimental at present), (2) institution of long-term TPN despite the poor prognosis for intestinal adaptation, (3) enteral feeding, with expected death from starvation in a matter of weeks, or (4) intentional termination of life. With certain caveats, all of the above options except the last may be considered ethically justifiable.

Szawarski Z, Tulcznski A: Treatment of defective newborns — a survey of paediatricians in Poland. *J Med Ethics* 14:11-17 March 1988

When compared to an Australian cohort, Polish pediatricians were more likely to assume an unnuanced attribute in favor of preserving the life of defective newborns by all means available. In addition, Polish pediatricians are more paternalistic when making therapeutic decisions in these situations, and tend to consult other physicians but not parents or nurses. Little attention is given the traditional distinction between ordinary and extraordinary means of preserving life.

Huefner DS: Severely handicapped infants with life-threatening conditions: federal intrusions into the decision not to treat. *Am J Law & Med* 12:171-205 1986

Recent intrusions by the federal government into decisions not to treat severely handicapped infants with life-threatening conditions have been rejected by the U.S. Supreme Court. An effective public policy in these matters requires a synthesis of Kantian, utilitarian, and Rawlsian ethical positions.

Kopelman LM, Irons TG, Kopelman AE: Neonatologists judge the "Baby Doe" regulations. *New Engl J Med* 318:677-683 17 March 1988

On the basis of a questionnaire sent to neonatologists it is suggested that current "Baby Doe" regulations should be re-evaluated.

Gula RM: Euthanasia: a Catholic perspective. *Health Prog* 68:28-34, 42 Dec 1987

According to the Roman Catholic perspective, we are not obliged to ward off death at all costs, but we should not deliberately intervene to bring death about. The "sanctity of life" principle, which rests on the human person's unique relationship with God, is the basis of the Church's honoring of human life as a basic value . . . Catholic moral tradition

distinguishes between actions, on the one hand, or omissions that constitute intervention to put the patient to death and, on the other hand, the withholding of useless treatment that could not significantly reverse or prolong the progressive deterioration of life . . . Also to be considered is the intention — the physician's goals versus the foreseeable yet unintended results . . . (Author's summary)

Winston RML: Why a ban on embryo research would be a tragedy. (editorial) *Brit Med J* 295:1501-1502 12 Dec 1987

Two proposals regulating research on embryos are to be considered by Parliament. One would ban research on human embryos completely (except in the case where such embryos are replaced as part of in vitro fertilization). The other, following the Warnock report, would allow such research up to 14 days after fertilization. A complete ban is generally considered unacceptable by the medical community because it would make important therapeutic research impossible. On the other hand, a 14 day restriction would still permit significant study of genetic and other diseases.

La Puma J, Schiedermaier DL, Toulmin S, Miles SH, McAtee JA: The standard of care: a case report and ethical analysis. *Ann Int Med* 108:121-124 Jan 1988

The concept of "standard of care" and its legal ramifications have undermined the ability of the physician to exercise clinical judgment. "Physicians and ethics consultants must act as patient advocates if relatives or others fail to honor the patient's interests. The responsible clinical judgment of physicians should be the standard of care."

Steinbrook R, Lo B: Artificial feeding — solid ground, not a slippery slope. *New Engl J Med* 318:286-290 4 Feb 1988

There is a growing legal, medical, and ethical tendency to consider the artificial feeding of a patient in a persistent vegetative state as medical therapy rather

than as routine care. Such feeding can be discontinued in incompetent patients who have expressed such a wish earlier. The Brophy case represents a landmark decision in this matter.

Dyer C: Sterilisation of a mentally handicapped woman. *Brit Med J* 294:825 28 March 1987

The Court of Appeals authorized the performance of a sterilization operation on a mentally handicapped girl of 17 with

a mental age of 5 or 6. Parental desire for such a procedure is legally irrelevant in the case of a minor (under 18) and the subject must first be made a ward of the court and the court's consent obtained before sterilization may be done. Furthermore, the situation with mentally handicapped adults is such that no one is in a position to consent to sterilization. (cf. editorial comment - Chakraborti D: Sterilisation and the mentally handicapped. *Brit Med J* 294:794 28 March 1987)
