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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.)

Roach PJ, Fleming C, Hagen MD, Pauker SG: Prostatic cancer in a patient with asymptomatic HIV infection: Are some lives more equal than others? *Med Decision Making* 8:132-144 Apr-Jun 1988

A patient with HIV infection (asymptomatic) had carcinoma of the prostate. The therapeutic options were either radical prostatectomy or radiation therapy. The latter appeared appropriate, in large part because of concern about the risk of infection for surgical personnel. However, analysis indicated that operation would offer substantial benefit to the patient and small risk to the surgeon. The issue of possible infection with HIV when operating on patients who are HIV-positive is a real one but should not automatically preclude surgical intervention in these individuals. "Rather than rhetorical positions about *who* should do *what*, we need to consider all patient contacts, especially those with HIV-infected patients, as tradeoffs. We must ask how much risk a physician should accept to provide how much benefit to a patient."

Singleton R Jr: Paradigms of science/society interaction: the abortion controversy. *Perspect Biol & Med* 32:174-193 Winter 1989

Science alone is insufficient to resolve the abortion controversy. Additional perspectives are required, including those that are political, philosophical, and theological.

Swann SW: Euthanasia on the battlefield. *Military Med* 152:545-549 Nov 1987

Although discussions about battlefield euthanasia have recurred throughout the history of military medicine, the issue is now more acute because of the greater destructiveness of modern weapons. The number and extent of resulting casualties would tend to overwhelm any medical support system. Under these circumstances the morality of euthanasia for the mortally wounded on the battlefield can be supported.

Rhoads GG et al.: The safety and efficacy of chorionic villus sampling for early prenatal diagnosis of cytogenetic abnormalities. *New Eng J Med* 320:609-617 9 March 1989

Prenatal diagnosis of cytogenetic abnormalities is possible in the first trimester of pregnancy by the use of chorionic villus sampling. This method thus has a temporal advantage over amniocentesis which is usually performed later in pregnancy. Chorionic villus sampling, while safe and effective, probably involves a greater risk of fetal loss and of procedure failure than amniocentesis. The level of skill of the operating team could be enhanced by employing the procedure in patients who intended to undergo induced abortions anyway.

Engelhardt HTJr, Rie MA: Morality for the medical-industrial complex: a code of ethics for the mass marketing of health care. *New Eng J Med* 319:1086-1089 20 Oct 1988

Although the practice of medicine has always had legitimate economic aspects, the present-day mass marketing of health care has raised ethical questions. Despite the reservations of some about the morality of pursuing medicine as a business, for-profit medicine is an ethical venture. However, in instances of moral conflict the following code has been proposed: 1. Tell the truth; 2. Help people buy what they want; 3. Make a profit; economies involving scarcity are bad for everyone; 4. Love thy neighbor, and be charitable; 5. Honor, respect, and advance the learned profession of medicine; 6. Market virtue. Combine the provision of health care services with a commitment to the rights and best interests of patients.

Campbell ML: The Oath: an investigation of the injunction prohibiting physician-patient sexual relations. *Perspect Biol & Med* 32:300-308 Winter 1989

The proscription by the Hippocratic Oath of sexual relations between physician and patient has not received the attention accorded its other prohibitions. Although there are several possible explanations for this, historical analysis indicates that the Oath in this matter is consonant with a wide variety of medical traditions extending over several millennia. "... the Hippocratic Oath provides a unique point at which to begin studying the development of medicine's sexual ethics. (Such a study) is of continuing relevance today."

Heaney SJ: Aquinas and the humanity of the conceptus. *Human Life Rev* 15:63-74 Winter 1989

In response to a primitive biology, and attempting to find a metaphysical explanation consistent with it, Aquinas found himself in the position of proposing a late

infusion of the human rational soul, using a replacement of soul to explain the movement from vegetative life to animal life, to human life. What we have discovered, however, is that the conceptus, from fertilization, is not a plant or an animal, but a uniquely human being. Employing Thomistic principles, while abandoning misguided conclusions, we find that the biological evidence can only receive its proper metaphysical explanation from an understanding of the human rational soul as present from conception. Thus, despite the lack of an empirical test for, or a revealed statement about, the time when the soul is infused, the metaphysical evidence is clearly in favor of the theory of immediate hominization, and the Catholic Church cannot be accused of inconsistency in holding this position as highly probable. (Author's summary)

Levine RJ: Medical ethics and personal doctors: conflicts between what we teach and what we want. *Am J Law & Med* 13:351-364 1987

Ethical reasoning may be either care-oriented or justice-oriented. The care-oriented approach is more consonant with the behavior one wishes in a personal physician. However, teachers of medical ethics have tended to give priority to justice-oriented reasoning. While certain justice-oriented norms are necessary, the virtues of a personal doctor should be grounded in an ethics that transcends these.

Drane JF: "Ethical workup" guides clinical decision making. *Health Prog* 69:64-67 Dec 1988

Shared decision making, along with an explosion in costs and the alternatives associated with the technological revolution in medicine, has moved medical ethics from the status of a professional etiquette to that of a rigorous new discipline. A model for an "ethical workup", which medical professionals can use

in health care settings, has four phases: expository, rational, volitional, and public.

The expository phase includes medical factors, which are the most important for determining the right or wrong thing to do for a patient; ethical factors, which involve the interests, intuition, and feelings of all those involved in a case; and socioeconomic factors, in which costs that create burdens on others become important, and in some cases, decisive considerations.

The rational phase includes medical ethics categories, which determine the type of case one is facing; principles and moral guidelines, which justify decisions; and legal decisions and professional codes, which synthesize accepted wisdom about appropriate ethical behavior.

The volitional phase includes ordering goods and values, which involves establishing priorities and weighing certain factors; ordering the principles, which reflects personal or institutional character and is influenced by religious and philosophical beliefs; and decision making, in which professionals consider a decision's impact on their profession, their facility, and themselves.

The public phase includes making assumptions explicit, which means professionals should try to recognize underlying beliefs, admit their influence on preferred positions, and be sensitive to other perspectives and preferences; correlating initial feelings about right and wrong with the reasons supporting a decision; and organizing reasons for public communication.

(Author's summary)

Cranford RE, Smith Dr: Consciousness; the most critical moral (constitutional) standard for human personhood. *Am J Law & Med* 13:233-248 1987

While a definition of death has been achieved in a general way, the more important definition of human personhood is still being debated. The most critical moral, legal, and constitutional standard of personhood is consciousness. This has relevance in issues related to anencephaly, abortion, and the persistent vegetative state.