

2-1-1989

Current Literature

Catholic Physicians' Guild

Follow this and additional works at: <http://epublications.marquette.edu/lnq>



Part of the [Ethics and Political Philosophy Commons](#), and the [Medicine and Health Sciences Commons](#)

Recommended Citation

Catholic Physicians' Guild (1989) "Current Literature," *The Linacre Quarterly*: Vol. 56: No. 1, Article 14.
Available at: <http://epublications.marquette.edu/lnq/vol56/iss1/14>

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.)

Buchanan A: Advance directives and the personal identity problem. *Philos & Public Affairs* 17:277-302 Fall 1988

Advance directives — such as the living will — have become increasingly popular. They putatively protect against unwanted and futile medical intervention, permit self-determination, and relieve others of the decision-making burden. However, the moral authority of advance directives is not absolute and is constrained by several important asymmetries. But beyond these, the moral authority of advance directives may be severely limited by the problem of personal identity and its psychological continuity. "... the very process that renders the individual incompetent and brings the advance directive into play can ... destroy the conditions necessary for ... personal identity and thereby undercut entirely the moral authority of the directive".

Lavin M: What doctors should call their patients. *J Med Ethics* 14:129-131 Sep 1988

The form of address that a physician uses toward a patient has moral implications. A first-name approach suggests inequality, particularly if a formal mode of address is used for the physician. A *JAMA* study recommends that patients not be addressed informally without a specific invitation to do so. But even with this caveat, first-naming of a patient is not morally acceptable because it does not preserve the individual's full agency nor does it foster an egalitarian relationship.

O'Rourke KD: Two ethical approaches to research on human beings. *Human Prog* 69:48-51, 58 Oct 1988

In discussing the ethics of research involving humans, both the Catholic Church and various study groups agree on several issues, such as the need for informed consent, the requirement of proportionality, the distinction between therapeutic and non-therapeutic research, and the necessity of prior animal studies. There is disagreement, however, on such issues as non-therapeutic research on embryos, genetic research, and in vitro fertilization. This is the result of differing ethical analyses in which the intrinsic good or evil of human actions is either affirmed or denied.

Callahan D, Dunstan GR (eds): Bio-medical ethics: an Anglo-American dialogue. *Ann N Y Acad Sci* 530:1-175 1988.

A conference sponsored by the New York Academy of Sciences addressed such issues as the new reproductive technologies, the physician-patient relationship, research on human subjects, the privatization of the health care system, and treatment of seriously ill neonates.

Brodner RA, Shuster E: Fetal therapy: ethical and legal implications of prenatal intervention and clinical application. *Fetal Therapy* 2:57-64 1987

Rapid advances are being made in the development of technics to treat fetal

abnormalities in utero. This raises as yet unresolved questions of fetal rights, redress for injury, mechanism of consent to treatment, coerced treatment of a pregnant woman, and the role of the fetus as a patient. While a consensus in the debate over maternal versus fetal rights may never be achieved, it is possible that advances in fetal therapy "may generate new moral arguments favoring the fetus".

Thomasma DC: The quest for organ donors: a theological response. *Health Prog* 69:22-24, 28 Sep 1988

Organ donation may be viewed not only as an optional good deed in the secular context but also "as a profoundly religious, even sacramental, extension of the eucharistic sacrifice itself".

Peters DA: An individualistic approach to routine cadaver organ removal. *Health Prog* 69:24-28 Sep 1988

Consent to the taking of one's organs after death is a moral duty — the duty to consent — which derives from a more general moral duty — the duty to attempt an easy rescue of an endangered person. These two duties can be justified within the framework of factual and value beliefs associated with the general intellectual orientation called "individualism", which informs the liberal democratic tradition in the spirit of John Locke. (From the author's summary.)

Taylor RMR, Salaman JR: The obligation to ask for organs. *Lancet* pp. 985-987 30 Apr 1988

A majority of the British population would wish to be considered organ donors. However, their right to donate organs is impeded by the absence of a law mandating that a specific request be made by the attending physician to this end. Such a required request has been proven effective in increasing the supply of donated organs. (cf. related correspondence, "Asking for Organs", *Lancet* pp. 1229-1230 28 May 1988).

Peters TG, Strong C: Bioethics and transplantation. *South Med J* 80:805-806 July 1987

Both bioethics and transplant technology are relatively new developments. The role of bioethics is to resolve situations in which "cherished human values are in conflict", as in the case of organ transplantation. "Development of policies that deal with transplantation issues should be based on careful bioethical and technical analysis that builds upon a broad information base".

CMA Policy Summary: Organ donation. *Canad M A J* 136:752A 1 Apr 1987

The demand for donor organs has far outstripped the supply, largely because the medical profession has not been fully committed to identifying donors and requesting permission as appropriate. Therefore the Canadian Medical Association recommends "recorded consideration" whereby hospital personnel are routinely required to consider in a timely fashion the suitability of a patient for organ donation.

New Developments in Biotechnology. 1 Ownership of human tissues and cells. (OTA Report Brief) March 1987

The commercial use of human tissues and cells for diagnosis and treatment is increasing. This raises legal, ethical, and financial issues. The ownership of human tissues and cells is not clearly established in law. Furthermore, the concept of informed consent is not settled — some argue that foreknowledge of possible financial gain would militate against true consent on the part of research subjects, while others maintain that justice requires such information. Finally, the basic ethical question about the morality of buying and selling bodily materials is yet to be answered.