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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.)

McDowell TN Jr: Physician self referral arrangements: legitimate business or unethical "entrepreneurialism". *Am J Law & Med* 15:61-109 1989

The growing practice of physicians referring their patients to health care facilities in which they have a financial investment raises legal and ethical questions. While such arrangements may have aspects that favor competition, there is also an inherent possibility of abuse. Both of these factors must be acknowledged and balanced in designing any effective legal or ethical response.

Lantos, J, Siegler M, Cuttler I: Ethical issues in growth hormone therapy. *JAMA* 261:1020-1024 17 Feb 1989.

The use of growth hormone in short children who are not growth hormone deficient poses clinical and ethical problems. In view of such factors as burden of therapy, uncertain risks and benefits, and indefinite therapeutic end point, the use of this agent in such cases is best undertaken within a clinical research protocol.

Linenthal AJ: Past and present. Can fee splitting continue to be an "evil"? *Pharos* 52:42 1989

In view of the increased competition in medicine and the associated emphasis on fiscal considerations it may be appropriate to abandon the time-honored proscription of fee splitting and openly to acknowledge this practice as acceptable.

Welch, HG, Larson EB: Dealing with limited resources. The Oregon decision to curtail funding for organ transplantation. *New Eng J Med* 319:171-173 21 July 1988

In 1987 the Oregon legislature decided against funding its state transplantation program in favor of extending a program of basic medical care for people not previously covered. Such public-policy issues will become more common as the cost of medical technology increases and public funding decreases.

Vaupel JW, Gowan AE: Passage to Methuselah: some demographic consequences of continued progress against mortality. *Am J Public Health* 76:430-433 April 1986

The steady reduction in mortality poses potentially serious demographic problems. Some projections (2% mortality reduction per year) envisage two-fifths of the population over age 65 by the year 2080, and the number of centenarians almost 19 million. Although the specific scenario remains obscure, demographic change is inevitable and must be analyzed and planned for.

Orlowski JP, Kanoti GA, Mehlman MJ: The ethics of using newly dead patients for teaching and practicing intubation techniques. *New Eng J Med* 319:439-411 18 Aug 1988

Although endotracheal intubation may be a life-saving technic, expertise requires practice. This is often obtained by using newly dead patients, thus raising ethical problems. Although the claim of consent is strong, "the potential danger to those who need intubation mandates the adoption of a program that permits an exception to informed consent. Through open disclosure that practice in intubation occurs and is both necessary and important, patients will have the opportunity to refuse the procedure specifically by

advance directive. In the absence of expressed dissent, the practice should be permitted."

Drane JF: Playing God in the NICU.
Health Prog 70:26-31 March 1989

Physicians, nurses, and administrators of Saint Vincent Health Center, Erie, PA, embarked on a project to refine ethical standards regarding the treatment of severely handicapped infants to meet current government regulations and to express the hospital's Catholic ethical ideals.

The guidelines they developed do not lead to precise conclusions; rather, they direct the search for right decisions. Complicating the development of guidelines are psychological considerations, medical ambiguities, and economics.

One reaction to the attempt to establish guidelines for decision-making for very ill and handicapped infants is predictable: What right does anyone have to decide who will live and who will die? Who can play God? But healthcare providers must all play God because they have no alternative. If playing God means making life-and-death decisions, then being stewards of human life involves just such a responsibility. Medical professionals working with severely handicapped infants know they cannot avoid this responsibility. Caring human beings simply have to decide for helpless others.

The guidelines developed by the Pediatrics Ethics Committee at Saint Vincent Health Center focus on what seems to be best for the dependent and helpless infant, who rightly has a claim on our support, care, love, and concern.
(Author's summary)

Devettters RJ: Reconceptualizing the euthanasia debate. *Law, Medicine & Health Care* 17:145-155 Summer 1989

The important euthanasia debate would be facilitated by reconceptualizing the actions that relate to death in a health care setting. "It is sadly ironic that the refusal to describe life support withdrawals as actions that cause death, motivated so often by the fear such a description will lead to the acceptance and legalization of active voluntary euthanasia, actually reinforces — by its reliance on conceptually unclear and morally dubious distinctions — the very position it rejects."

Malm HM: Killing, letting die, and simple conflicts. *Philosophy & Public Affairs* 18:238-258 Summer 1989

"In summary, neither the factual difference nor the moral difference between killing and letting die rests on the difference between acting and refraining. Thus while there is a morally significant difference between killing and letting die because there are some situations in which other things are equal and letting die is permissible but killing is not, this difference is independent of the difference between acting and refraining."
(Author's summary)

Bricker EM: Industrial marketing and medical ethics. *New Engl J Med* 320:1690-1692 22 June 1989

The relationship between health-related industries and individual practitioners of medicine, while necessary, can give rise to ethical conflicts. These include such areas as product endorsement, paid attendance at promotional exercises, and delivering lectures designed primarily to promote a given product. "It is unacceptable and unethical that physicians should acquiesce in practices that may create bias and loss of objectivity or that result in conflicts of interest affecting their care of patients."