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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.)

Thorpe JM Jr, Bowes WA Jr: Prolife perinatologist — paradox or possibility? *New Engl J Med* 326:1217-1219 30 April 1992

Elective abortion is a large part of the practice of perinatology. Advances in antenatal diagnosis of fetal defects increase the putative indications for this procedure. A physician who is opposed to elective abortion for moral, philosophic, or religious reasons faces a serious ethical dilemma should he decide to enter the practice of perinatology. However, frank discussion, non-directive counseling, and clarification of views should permit a prolife perinatologist to practice this specialty.

Callahan S: The limits on self-destruction. *Health Prog* 73:72-73 April 1992

The arguments usually adduced in support of an individual's right to commit suicide are those of personal sovereignty, individual consent, and absence of social harm. None of these is convincing. "Every instance of socially sanctioned killing tends to make all other lives less valued and more precarious."

McCormick RA: 'Moral considerations' ill considered. *America* 166:210-214 14 March 1992

On 12 December 1991 the bishops of Pennsylvania issued a statement, "Nutrition and Hydration: Moral Considerations," which addressed the issue of providing nutrition and hydration to patients in a persistent vegetative state. Intended as a teaching statement, it held that withdrawal of nutrition and hydration in this situation is not moral. This position is at variance with that of other bishops, numerous theologians, some medical organizations,

many ethicists, and legal scholars. (For correspondence related to this article, see *America* 18 April 1992 p. 330 and 2 May 1992 pp. 392-4.)

Misbin RI: Physicians' aid in dying. *New Engl J Med* 325:1307-1311 31 Oct. 1991

In the State of Washington, Initiative 119, permitting physician aid in dying, received sufficient support to be put on the ballot (November 1991). This raises questions about the possibility of involuntary euthanasia as well as about changes in the care of the terminally ill. Additional considerations include the relevance of the Dutch experience, the role of religious views, and legal safeguards.

(Council on Ethical and Judicial Affairs, American Medical Association): Sexual misconduct in the practice of medicine *JAMA* 266:2741-2745 20 Nov 1991

Within a concurrent physician-patient relationship, sexual contact is unethical. Furthermore, such contact with a former patient is also unethical if the physician exploits trust, knowledge, or other aspects related to the prior professional relationship. All levels of medical training should include education about this issue, and information about sexual misconduct by a colleague must be reported to the appropriate agency.

Gray WA, Capone RJ, Most AS: Unsuccessful emergency medical resuscitation — Are continued efforts in the emergency department justified? *New Eng J Med* 325:1393-1398 14 Nov 1991

When, as is most often the case, individuals with cardiopulmonary arrest cannot be

resuscitated in the field, transfer to an emergency department for continued efforts is neither medically nor economically justified.

Drickamer MA, Lachs MS: Should patients with Alzheimer's disease be told their diagnosis? *New Engl J Med* 326:947-951 2 April 1992

There is no consensus about whether or not patients with Alzheimer's disease should be informed of their diagnosis. The case for not telling is supported by the possibility of diagnostic and prognostic inaccuracy, absence of effective therapy, and the paucity of studies indicating that these patients wish to know their diagnosis. On the other hand, informing patients of their diagnosis is supported by the desirability of fostering individual autonomy, the need to formulate advance directives, the ability to make informed choices about possible therapy, and the necessity of making financial and other personal arrangements. In general, the arguments in favor of informing the patient are stronger than those against, and are liable to become even more compelling as knowledge of the disease increases.

Solomon RI: Future fear: Prenatal duties imposed by private parties. *Am J Law & Med* 17:411-434 1991

Currently there is increasing judicial emphasis on the rights of the fetus as opposed to those of the mother. If this trend continues, it is likely that private parties may attempt to assert a legal right to interfere with the behavior of a pregnant woman. This tendency must be resisted.

Williams A: Cost-effectiveness analysis: is it ethical? *J Med Ethics* 18:7-11 March 1992

According costs an influential role in clinical decision-making has been seen as

unethical by some physicians. However, to ignore the untoward effects of such decisions on third parties is itself unethical. Ethical dilemmas about what costs to consider are paralleled by those related to benefits. "One of the advantages of systematic cost-effectiveness analysis is that it exposes . . . hidden assumptions, and requires explicit judgements to be made about which ethical position is appropriate in a particular policy context."

IJsselmuiden CB, Faden RR: Research and informed consent in Africa — another look. *New Engl J Med* 326:830-834 19 Mar 1992

Although individual informed consent is considered an ethical imperative in modern-day clinical research, some argue that the situation in developing areas such as Africa is considerably different. However, the cultural and anthropologic arguments against the need for such consent are based on incomplete and out-dated information. Furthermore, problems of competency and communication are not insurmountable obstacles to obtaining valid consent. Finally, the issue of urgency of obtaining clinical information as an argument against the need for individual informed consent is not sustained by historical or pragmatic data. A definitive mechanism for ethical review of these and other biomedical issues should be developed by Africans themselves.

Knoppers BM, LeBris S: Recent advances in medically assisted conception: legal, ethical and social issues. *Am J Law & Med* 17:329-361 1991

Although controversy persists, international legal attitudes toward medically assisted conception have achieved some consensus which is here discussed.