

2-1-1994

## Current Literature

Catholic Physicians' Guild

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### Recommended Citation

Catholic Physicians' Guild (1994) "Current Literature," *The Linacre Quarterly*: Vol. 61: No. 1, Article 13.  
Available at: <http://epublications.marquette.edu/lnq/vol61/iss1/13>

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## Current Literature

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**Devettere RJ: Clinical ethics and happiness.**  
*J Med & Philos* 18:71-89 1993

Why clinicians should be ethical is not usually addressed in contemporary discussions, but when an explanation is offered it is in terms of providing an important good for the patient, i.e., better care. But this is an inadequate approach. Traditionally, the good of the moral agent — his "happiness" — has provided a major reason for ethical behavior. History therefore suggests that "the personal happiness of the clinician, rightly understood, is a legitimate and important goal of clinical ethics".

**Regelson W: RU 486: How abortion politics have impacted on a potentially useful drug of broad medical application.**  
*Perspect Biol & Med* 35:330-338 Spring 1992

RU 486 is a drug of broad clinical usefulness but because it is an abortifacient its use in the United States has been blocked.

**McKnight DK, Bellis M: Foregoing Life-sustaining treatment for adult, developmentally disabled, public wards: A proposed statute.** *Am J Law & Med* 18:203-232 1992

Little has been written about making decisions to forego life-sustaining treatment for adult, developmentally disabled individuals who are public wards. In this situation, an appropriate statute might facilitate such a process without the need for prior judicial approval, provided the diagnosis has been reliably made.

**Boyd KM: HIV infection and AIDS: the ethics of medical confidentiality.** *J Med Ethics* 18: 173-179 Dec 1992

Medical confidentiality in the case of HIV infection and AIDS involves ambiguities. These can be reduced by identifying recurrent moral factors that relate to the maintenance or breaching of such confidentiality, especially in the area of informed choice by the patient and the physician's primary responsibility to the patient.

**Pellegrino ED: Can the doctor's burden be shifted to the patient?** *Pharos (Alpha Omega Alpha)* 56:34 Spring 1993

Defensive medicine — aimed solely at reducing the risk of malpractice action — has become common. Some have attempted to counter this problem by shifting the responsibility for decisions about care to the patient. But permitting a patient to accede to a test that the physician knows to be unnecessary violates the principles of beneficence and of nonmaleficence. "The best defense against malpractice is — as any good lawyer will attest — the best care of the patient, honestly and sensitively communicated."

**Siegler M: Falling off the pedestal: What is happening to the traditional doctor-patient relationship?** *Mayo Clin Proc* 68:461-467 May 1993

Interrelated factors such as technologic progress and escalating health care costs have profoundly altered the traditional doctor-patient relationship. The autonomy and self-determination of both patient and physician

will be restricted by such factors as time constraints, end-of-life decisions, the futility standard, the quality-of-life standard, social Darwinism, and guidelines for managed care and practice. Medicine in the United States seems headed toward a system of objective, managed medicine. This objectionable trend is best countered by safeguarding "the view that the doctor-patient relationship is the central process in practicing good medicine".

**Kallenberg K, Forslin L, Westerborn O:**  
**The disposal of the aborted fetus — new guidelines: ethical considerations in the debate in Sweden. *J Med Ethics* 19:32-36 March 1993**

Until recently the aborted fetus, in Sweden, had no special status and was considered

"as a waste product generated by the normal activities within the health care system, analogous to an amputated limb." However, guidelines from the National Board of Health and Welfare (1990) regulate more strictly the disposal of an aborted fetus. This has provoked renewed debate about the nature and rights of the fetus. "In our opinion, the value of the fetus has many dimensions. In the first place it has an intrinsic value which is deeply rooted in life itself and which is not dependent on its degree of development or autonomy. But the fetus also has an instrumental value, above all to the woman whose experience of it is primarily dependent on its size and development."