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Current Literature

Catholic Physicians' Guild

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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.)

Singer, PA, Siegler M: Euthanasia — A critique. *New Engl J Med* 322:1881-1883 28 June 1980

Although long proscribed as unethical, euthanasia is rapidly gaining support. This is evident in such diverse areas as Dutch public policy and proposed legislation in California. Proponents of euthanasia base their argument on the need for relief of suffering and on the autonomy of the individual patient. Opponents argue that euthanasia is perilous public policy and violates the norms of medicine. The increasing costs of health care will increase the pressure to legalize euthanasia, but this must be resisted. Should euthanasia be legalized, physicians should refuse to participate.

Snyder L: Life, death, and the American College of Physicians: The Cruzan Case. *Ann Int Med* 112:802-804 1 June 1990

In an *amicus curiae* brief filed in support of Nancy Cruzan before the United States Supreme Court, the American College of Physicians argues that "there is a fundamental right to bodily integrity under the due process clause of the Fourteenth Amendment that allows Nancy Cruzan, through her parents and guardians, to refuse life-sustaining medical treatment".

Berger RL: Nazi science — The Dachau hypothermia experiments. *New Engl J Med* 322:1435-1440 17 May 1990

The issue of whether it is ethical to use data obtained by the unethical Nazi hypothermia experiments is moot because

the information has no scientific validity. (and cf. related editorial: Angell M: The Nazi hypothermia experiments and unethical research today. *New Engl J Med* 322:1462-1464 17 May 1990)

Tegtmeier JW: Ethics and AIDS: A summary of the law and a critical analysis of the individual physician's ethical duty to treat. *Am J Law & Med* 16:249-265 1990

Requiring an individual physician to treat an AIDS patient on the basis of a virtue-based theory of professional ethics cannot be sustained as an ethical imperative. Such a duty to treat should be established in law, which would tend to protect the freedom and autonomy of the medical profession.

Lock S: Monitoring research ethical committees. *Brit Med J* 300:61-62 13 Jan 1990

Research ethics committees came about because of the perception that some research protocols violated rights of the subjects in such areas as informed consent. Although guidelines have been established, the mechanism for their enforcement is weak or absent. Since governmental intervention would result in a vast and inefficient bureaucracy (as in the United States), the profession must adopt a satisfactory program of monitoring itself. This would be expedited by the establishment of a national ethics committee to standardize and monitor the activities of local committees, as long advocated by the British Medical Association.

Jabbari D: The role of law in reproductive medicine: a new approach. *J Med Ethics* 16:35-40 1990

Legal regulation of reproductive medicine is frequently viewed as an unwelcome intrusion into the clinical and research communities. However, analysis of regulations already in place suggests that they tend to promote discussion and compromise.

Lo B, Steinbrook RL, Cooke M, Coates TJ, Walters EJ, Hulley SB: Voluntary screening for human immunodeficiency virus (HIV) infection: weighing the benefits and harms. *Ann Int Med* 110: 727-733 1 May 1989

Voluntary screening for HIV infection has an important role in preventing the spread of the epidemic. Such screening, however, should conform to the ethical principles of autonomy, confidentiality, beneficence, and justice. Follow-up care and counseling are significant adjuncts to screening programs.

Drinan RF: The right to die reaches the U. S. Supreme Court *America* 162:60-61 27 Jan 1990

In 1988 the Supreme Court of Missouri refused permission to terminate hydration and nutrition in the case of the permanently and irreversibly comatose Nancy Cruzan. In 1989 the U. S. Supreme Court agreed to review this decision. It is hoped that this action will not result in further confusion.

Devine RJ: Save the body, lose the soul: Catholic healthcare professionals should respect Jehovah's Witnesses' right to refuse a transfusion. *Health Prog* 70:68-72 June 1989

The Jehovah's Witnesses base their belief that they must not submit to blood transfusions on a biblical prohibition against consuming blood. It is a fundamental religious conviction for the Witnesses, one that has the most profound consequences for them: eternal salvation.

In their zeal to promote health and save lives, however, some healthcare institutions have reacted to a patient's refusal to receive a blood transfusion by appealing to the courts. In a few cases, this action sought a clarification of professional obligations and responsibilities. In others, however, the institution sought authorization from the court to give a blood transfusion to a patient against his or her will.

In several instances over the past 25 years, the courts did not consider the cases in light of the First Amendment right to freedom of religion, despite the fact that the constitutional issue clearly lies at the heart of the controversy. Because the free-exercise clause deserves the "preferred status" of First Amendment liberties, only a compelling state interest could justify its limitation. Where the courts tried to balance interests, they have adduced various concerns to justify state interference.

The question is more than legal, however; it is profoundly religious. Vatican II's "Declaration on Religious Freedom" proclaimed that all people have a fundamental right to religious freedom and an inherent freedom from coercion based on human dignity. In *Ethical and Religious Directives for Catholic Health Facilities*, the bishops say, "The total good of the patient, which includes his higher spiritual as well as his bodily welfare, is the primary concern of those entrusted with the management of a Catholic health facility."

—Author's Summary