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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.)

Curran WJ: Court-ordered cesarean sections receive judicial defeat. *New Engl J Med* 323:489-492 16 Aug 1990

The long, quiet, and relatively unchallenged tradition of court-ordered surgical delivery was reversed by the Court of Appeals decision in *In the matter of A.C.*, a District of Columbia case. Initially a motion had been granted by the court to permit operative delivery of a pregnant woman who had terminal cancer. On subsequent appeal it was ruled that the trial judge had erred.

Muller RT: In defense of abortion: issues of pragmatism regarding the institutionalization of killing. *Perspect Biol & Med* 34:315-325 Spring 1991

Neither opponents nor supporters of abortion have addressed the issue of the institutionalization of killing. In modern society killing has been societally sanctioned not only for guilty persons (as in capital punishment of criminals) but also for the innocent (as in war). Today killing is considered a matter of pragmatism rather than of morality. Since the fetus "at most has a status equal to that of human beings", abortion should be considered as acceptable as other forms of institutionalized killing.

Goddwin JS: Mercy killing: mercy for whom? *JAMA* 265:326 16 Jan 1991

Mercy killing, as in the context of Alzheimer's disease, as well as in most other situations, is not an act of mercy for the patient but rather for the family and other associates. It is they, rather than the patient, who are suffering. "There is nothing altruistic about mercy killing."

McManus MA: Genetic counseling in Catholic hospitals. *Health Prog* 71:63-65 Oct 1990

As advances in the knowledge of human genetics change the practice of medicine, Catholic healthcare facilities will, according to ethicists, be increasingly obliged to provide genetic counseling services to their patients. Facilities should ensure that counselors make genetic information available in a context in which no pressure, overt or subtle, is exerted to use that information in a way that may violate an individual's value system. Some hospitals may, for example, set up a separate genetic counseling department, which does not diagnose or treat genetic disorders but does facilitate access to these treatments when patients need them. Effective counseling requires accurate, current knowledge about tests and treatments, as well as about theological discussions and Church decisions on the subject. Counselors also need to be aware of some typical misconceptions people have about genetic disease. Catholic hospitals should also work with other Catholic organizations to influence legislation addressing human genetic issues, especially when such legislation addresses reproductive rights.

-Authors's Summary

Arnold RM, Forrow L: Rewarding medicine: good doctors and good behavior. *Ann Int Med* 113:794-798 15 Nov 1990

In a satiric commentary, Erde has suggested that ethical and humanistic behavior of physicians might be improved by instituting a system of tipping, whereby

physician income would be linked to patient satisfaction. Taken at face value, this proposal is not liable to secure the desired end. Instead, the problem might be mitigated by better selection of candidates for medical careers, by furnishing them with appropriate training and socialization, and by developing more effective institutions and systems.

Howe EG, Martin ED: Treating the troops. *Hastings Center Rep* 21:21-24 March-April 1991

The possibility of biological or chemical warfare against U.S. troops in the Persian Gulf raised the issue of employing "investigational drugs" to protect personnel without first securing informed consent. Such a practice should be considered ethically permissible since the use of such agents would be preventive or therapeutic treatment rather than for research. Furthermore, the compounds have been demonstrated to be safe and effective even though they have not been studied as extensively as would be the case for commercial use. The main ethical issue is that of informed consent, which becomes moot in a combat situation.

Spital A: Living organ donation: shifting responsibility. *Arch Int Med* 151:234-235 Feb 1991

Concerns about the risk to which living organ donors are exposed has led some transplant physicians to question whether this source of organs should continue to be accepted. However, this decision should be mainly that of the prospective donor as long as informed consent and other ethical requirements are met.

Brodeur D: The ethics of *Cruzan*. *Health Prog* 71:42-47 Oct 1990

Although the U.S. Supreme Court justices frequently alluded to ethical concepts in delivering their opinions in the *Cruzan* decision, no clear or consistent ethical framework supported this jargon. The decision, in fact, resolves none of the ethical and professional questions that initially brought the case to the courts. The various arguments about whether

and when it is ethical to terminate treatment are the first source of ethical confusion in questions about death and dying. Individuals arriving at the same conclusion can begin from significantly different ethical principles. An added complexity arises as a result of differences among medical professionals regarding what constitutes a fatal pathological condition. A resolution of these differences would clarify a number of ethical questions. The biggest problem with the Missouri Supreme Court's decision was that it gave absolute precedence to the state's interest in preserving life, excluding quality-of-life considerations and disregarding personal, familial, and professional values that should have affected the decision. In fact, since a medically well-informed family is in most cases in the best position to make a decision that would conform with a family member's wishes, applying the "clear and convincing" evidence standard in the *Cruzan* case shifts the burden of proof to the wrong party. Instead, the state should be obliged to give convincing evidence of why it has intervened in a decision for which the patient's family and physician should have authority.

—Author's Summary

Doxiadis SA: Ethical issues in preventive pediatrics. *Pediatrics* 83:309-310 Feb 1989

Although the ethical dilemmas arising from therapeutic medicine have received considerable attention, those related preventive medicine, while equally important, have tended to be neglected. In the latter, the number of people involved is much greater; the subjects are usually healthy; responsibility is vested in a large bureaucracy; results of a decision take longer to determine; criteria of success or failure are more difficult to define; and multiple constituencies are involved in each decision. Among the ethical issues in preventive pediatrics are those of immunizations aimed at achieving herd immunity, mass screening for congenital abnormalities, the proper agent to direct health education, and the appropriate mode of transmitting accurate health information to children.