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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.)*

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**Friedman JM: Eugenics and the "new genetics".** *Perspect Biol & Med* 35:145-154 Autumn 1991

Eugenics, the use of selective breeding to improve the human species, developed from observations on plants and animals by such Victorians as Francis Galton. By 1930 compulsory sterilization laws had been enacted by more than half of the states in the U.S., resulting in more than 60,000 sterilizations. In Germany, by the end of the Nazi regime, the count had reached 400,000. Although eugenics of this stripe has been discredited, some advocate a "new" eugenics that would apply modern genetic technology to human reproduction. They acknowledge that the effects of eugenic policies will be small but insist that any improvement in mankind would be beneficial. However, such benefit would involve a significant societal cost that would inevitably result in loss of personal freedom. This cannot be justified.

**Parson W: A dreadful dilemma: individual versus global health perspectives. (editorial)** *Pharos (AOA)* 54:38 Fall 1991

In global terms, treatment programs in developing countries (e.g., mass oral rehydration projects for infants) must be balanced by acknowledging the fact that overpopulation is the main public health and ecologic problem faced by the world. "The exhortation is clear: life-maintaining strategies must be balanced by family-planning campaigns."

The Spring 1991 issue of *Military Chaplains' Review* is devoted to medical

ethics and includes the following articles:

Medical ethics and the soldier.

Keynote address to Conference on Medical Ethics and the Health Care Provider Team on the Battlefield.

From Plato to NATO: the ethics of warfare.

Ethical principles and the practice of battlefield health care.

The ethical basis of military medicine in peace and war.

Battlefield triage.

Euthanasia on the battlefield.

Discovering Army medical ethical issues.

For information about this issue of *Military Chaplains' Review*, please contact the Editor, Chaplain (MAJ) Granville E. Tyson, US Army Chaplain Corps, 1730 K St. NW, Washington DC 20006-3868.

**Shi Da Pu: Euthanasia in China: A report.** *J Ed & Philos* 16:131-138 April 1991

'Painless killing', the Chinese equivalent of 'euthanasia', has only recently been openly discussed. There has been growing acceptance of the practice among many constituencies, especially in the health-care sector. If public opinion becomes more supportive and if safeguards are established, euthanasia should be legalized in China.

**Howe EG: Ethical issues regarding mixed agency of military physicians.** *Soc Sci Med* 23:803-815 1986

Particularly during combat, the obligations of a military physician towards his patients may conflict with his obligations

towards the organization. Furthermore, trust between doctor and patient may be eroded. "Whether the military's medical priorities and military physicians' general allegiance to them over time prove ethically justifiable awaits future determination."

**Greco PJ, Schulman KA, Lavizzo-Mourey R, Hansen-Flaschen J: The Patient Self-Determination Act and the future of advance directives. *Ann Int Med* 115:639-643 15 Oct 1991**

Effective 1 December 1991, the Patient Self-Determination Act requires that health facilities ask all new patients whether they have prepared an advance directive and record this information on the patient's chart. There are many limitations of the law, however, including lack of specificity about the individual to initiate the discussion, reliance on an inpatient rather than outpatient milieu for the discussion, and lack of funding for the stipulated public education.

**Mitchell JJ Jr: From ethical dilemma to hospital policy: The withholding or withdrawing of artificially provided nutrition and hydration. *Health Prog* 72:22-26 Nov 1991**

In 1990 St. Joseph's Hospital and Medical Center, Paterson, NJ, established a committee to create an institutional policy to facilitate the decision-making process when patients or their legally authorized surrogates request the withholding of artificially provided nutrition and hydration. Before drafting a policy, the committee agreed on the philosophical, ethical, and medical assumptions that would be the foundation for the policy. The group adopted nine policy assumptions and provided guidelines that address concerns common to all healthcare facilities. No policy that addresses the issue of when to withhold or withdraw life-sustaining treatment will be perfect, nor will it resolve all the complexities of such a decision. However, an imperfect policy is preferable to the absence of a policy, which can lead to an abuse of patients'

rights and contribute to arbitrariness in medical decision making.

—Author's summary

**Sugarman J, Powers M: How the doctor got gagged: The disintegrating right of privacy in the physicians-patient relationship. *JAMA* 266:3323-3327 18 Dec 1991**

Although the doctrine of informed consent has long enjoyed judicial support, recent decisions have tended to weaken it. Specifically in *Rust v Sullivan* the U. S. Supreme Court upheld new Title X regulations which prohibit abortion counseling, thus directly infringing on the right of privacy in the patient-doctor relationship. Furthermore, the *Cruzan* decision is another example of the increasing judicial encroachment on the right of privacy and the physician-patient relationship.

**Burnum JF: Secrets about patients. *New Engl J Med* 324:1130-1133 18 April 1991**

Physicians are inevitably the recipients of confidential information about their patients. This poses an ethical dilemma for which there is no universal solution. In general, "a physician who keeps secrets from patients . . . should be presumed to be acting in the wrong; the burden is on him or her to justify it." However, there are many times when secrecy by the physician is justified.

**Passamani E: Clinical trials — Are they ethical? *New Engl J Med* 324:1589-1592 30 May 1991**

History is replete with instances in which generally accepted modes of therapy have eventually been shown to be ineffective. Despite some inherent difficulties, "randomized trials are in fact the most scientifically sound and ethically correct means of evaluating new therapies," provided the experimental design is appropriate, informed consent has been obtained, and the investigation has been properly conducted.

**Robinson J: Catholic doctors and the  
Catholic Church. *America* 165:163-166  
21 Sep 1991**

Affluence and other factors have tended to secularize the Catholic physician and thus make it difficult to live as a truly Christian professional. Furthermore,

unless it is updated, traditional Thomistic philosophy cannot provide the ethical basis needed by today's Catholic doctor. Finally, the Church must respect the professional expertise of its physician members.