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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.)*

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**Wardle LD: Conscience clauses offer little protection. *Health Prog* 74:79-83 July-Aug 1993**

The right of health care providers to refuse to take part in procedures that they consider morally objectionable has been protected in federal and state law. However, most conscience clause laws are seriously deficient and have encountered hostile judicial interpretations.

**Emanuel EJ, Emanuel LL: The economics of dying: the illusion of cost savings at the end of life. *New Engl J Med* 330:540-544 24 Feb 1994**

It has long been assumed that the use of such measures as advance directives, hospice care, and less aggressive therapy would lessen the cost of caring for terminal patients. However, studies indicate that substantial savings are unlikely to result from this approach, even though it remains ethically appropriate. ". . . we must stop deluding ourselves that advance directives and less aggressive care at the end of life will solve the financial problems of our health care system."

**Iserson KV: Postmortem procedures in the emergency department: using the recently dead to practise and teach. *J Med Ethics* 19:92-98 June 1993**

Using the recently dead to teach and to practice non-invasive or minimally invasive lifesaving procedures is ethically and legally permissible. Consent of next-of-kin is neither necessary nor desirable.

**Zilinskas RA (ed): The microbiologist and biological defense research: ethics, politics, and international security. *Ann***

***NY Acad Sci* vol. 666 (239 pp & index) 1992**

Biological warfare is considered from historical, scientific, political, and ethical perspectives in these proceedings of a conference held in Catonsville, Maryland, 4-5 April 1991.

**Bernardi PJ: Coming soon: your neighborhood T.S.C. *America* 170:6-9 30 April 1994**

Under the aegis of "right to choose", the movement to legalize euthanasia in the United States has gained momentum. As with the legalization of abortion, a slippery slope scenario can be applied to the issue of euthanasia (despite recent objections to the validity of this argument). The Hemlock Society's "Final Exit" is an unhappy term that is reminiscent of the "final solution". Some more likely euphemism might appear, such as "termination-of-suffering" clinics (T.S.C.s). "Ultimately, the religious conviction that life is a gift from God that we are not free to end on our own terms is the most effective motive for remaining opposed to doctor-assisted self-killing."

**OTA Report Brief (Office of Technology Assessment, U.S. Congress): protecting privacy in computerized medical information. Oct 1993**

The computerization of medical information poses great difficulty for the preservation of privacy. Technology alone cannot guarantee such protection, but must be supplemented by education, policies, and disciplinary actions. Health care information may be linked to other data, further eroding privacy. "Federal legislation is necessary to address issues of patient confidentiality and privacy."

**Ryder REJ: "Natural family planning": effective birth control supported by the Catholic Church. *Brit Med J* 307:723-726 18 Sept 1993**

The Catholic Church has been perceived as implacably opposed to any effective method of population control. However, the technic of natural family planning, approved by the Church, has been shown to be efficacious. Furthermore, it is cheap and without side effects. It may be particularly applicable to Third World countries.

**Harvey JC, Pellegrino ED: A response to euthanasia initiatives. *Health Prog* 75:36-39, 53 March 1994**

The outcome of the physician-assisted suicide and euthanasia debate will profoundly influence physicians' role in society, the kind of society we become, and the way physicians and patients relate to one another. Three forces account for the move to physician-assisted suicide and euthanasia: an abuse of scientific advancement, a new political philosophy, and the erosion of religious consensus. The relationship between patients and physicians has often been understood as a covenant with rights on patients' part and duties on physicians' part. Physicians' duties in this covenantal relationship are to act for patients' good (a positive duty) and to do no harm (a negative duty). Euthanasia and assisted suicide are morally wrong because, as the Judeo-Christian ethic teaches, human beings are creatures of God and have only stewardship, not dominion, over life. But in our pluralistic society, which seems to lack consensus on religion, on communal responsibility, and on common values, one cannot argue against mercy killing and assisted suicide on theological grounds. Our society generally agrees, however, that a discussion of values may take place in the language of moral philosophy, a language that expresses right reason.

—*Authors' summary*

**Smith AM: The ethos of the military surgeon. *Pharos of AOA* 56:11-14 Fall 1993**

In the combat situation the military surgeon is faced by the moral dilemma that arises from the conflict between the duty he

owes his individual patient and that due the military organization of which he is a part. "The greater the value that society attaches to the preservation of life and its perfect working order, and the higher that society's expectations are of that being achieved, even on the battlefield, the greater the conflict between the demands made on the military physician by his dual professional loyalties." In this situation some compromise is inevitable. The most durable guides are the spiritual values of the military surgeon's culture, together with his conscience.

**Fleetwood J, Unger SS: Institutional ethics committees and the shield of immunity. *Ann Int Med* 120:320-325 15 Feb 1994**

Institutional ethics committees have been given increasing emphasis as a resource for physicians who may face difficult ethical issues in the course of patient care. However, doctors who follow the advice of such a committee should not be considered legally immune from liability. In part, this is due to questions about the rigor of the ethics committee case review process, the soundness of the recommendations that may result, and the expertise of the committee. "The main value of ethics committees lies in their process and not necessarily their product."

**Keenan JF: What's your worst moral argument? *America* 169:17-18, 28-30 2 Oct 1993**

**Burgess JA: The great slippery-slope argument. *J Med Ethics* 19:169-174 Sept 1993**

**Howe EG: Caveats regarding slippery slopes and physicians' moral conscience. *J Clin Ethics* 3:251-255 Winter 1992**

**van der Burg W: The slippery slope argument. *J Clin Ethics* 3:256-268 Winter 1992**

**Freedman B: The slippery-slope argument reconstructed: response to van der Burg. *J Clin Ethics* 3:293-297 Winter 1992**

**Devettere RJ: Slippery slopes and moral reasoning. *J Clin Ethics* 3:297-301 Winter 1992**

**Ozar D: The characteristics of a valid  
"empirical" slippery slope argument. *J Clin  
Ethics* 3:301-302 Winter 1992**

Although the slippery slope analogy has long been used in moral discourse, its validity has recently been challenged in several quarters. Writing in *America*, Jesuit James F. Keenan considers that the slippery slope argument "is rooted in profound self-doubt, betrays a lack of experience and depicts the future as unavoidably worse than the present". Burgess states that, "Although there are slippery-slope arguments that are sound and convincing, typical formulations of the Nazi-invoking argument are found to be seriously deficient both in logical rigour and in the social history and psychology required as a scholarly underpinning." Wibren van der Burg, Research Fellow at the Center for Bioethics and Health Law, Utrecht University, the Netherlands, holds that "the slippery-slope arguments may have an important and legitimate place in the context of law only, and a very marginal one in the context of positive morality." Howe, Freedman, Devettere, and Ozar provide a lively critique of van der Burg.

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