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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.)*

Annas GJ: Death by prescription. The Oregon initiative. *New Engl J Med* **331:1240-1243 3 Nov 1994**

Legal proposals in the states of Washington, California, and Oregon have addressed the issue of voluntary euthanasia. Controversy continues, however, and it is possible that federal regulations regarding the prescription of drugs may not be satisfied by state laws. Furthermore, the role of pharmacists in this scenario is uncertain. Euthanasia and physician-assisted suicide are complicated issues that require detailed public debate, the absence of which was probably at least partially responsible for the defeat of the Washington and California measures. As for the Oregon proposal, "In my view (it) should be rejected by the voters because it is likely to do more harm than good for terminally ill patients. Even if it does pass, it will be some time before either the people of Oregon, or their physicians, will know what it means."

(Council on Ethical and Judicial Affairs, American Medical Association): Ethical issues in managed care. *JAMA* **273:330-335 25 Jan 1995**

In an effort to reduce health care costs, managed care places constraints on both patients and physicians. For physicians, there may be a conflict between their loyalties to their individual patients and the interests of other patients. In addition, the imposition of negative incentives may result in a conflict of interest for physicians. Several guidelines are proposed to assist in the resolution of these difficulties.

Schindler TF: What makes "Catholic" managed care Catholic? *Health Prog* **76:52,54 June 1995**

Catholic-influenced managed care is based in part on such normative principles as the dignity of the individual, the common good, stewardship of resources, and care of the poor. These principles, however, are not unique to the Catholic tradition. And even if Catholic-influenced managed care may limit the availability of some forms of treatment, this "does not betray its Catholic roots. The real questions are: On what basis is the decision reached to limit those types of treatment? and, Who has a voice in the decision?"

Keenan JF, Kopfensterner TR: The principle of cooperation. *Health Prog* **76:23-27 April 1995**

Evaluating the morality of cooperation between Catholic health care facilities and those under secular auspices is facilitated by distinguishing between formal and material cooperation. In the former, both parties intend the wrongful objective and such cooperation is morally unacceptable. On the other hand, cooperation is material if the object of the immoral activity is not intended. Such cooperation may be morally licit. The legitimacy of material cooperation may be further assessed by distinguishing between mediate and immediate types. Except for some instances of duress, immediate material cooperation is always wrong. Furthermore, according to Directive 45, Catholic health care facilities may not provide abortions even if this is legitimized by the principle of material cooperation. (For additional background, see Deblois J, O'Rourke KD: Introducing the revised Directives. *Health Prog* 76:18-22, April 1995)

Connors EJ: Arranged marriages, unlikely partners. *Health Prog* **76:18-21, 58 May 1995**

In the new era of managed care, many religious health care providers are making "arranged marriages" - permanent partnerships with secular organizations. As they do so, the religious partners naturally ponder how best to ensure that their values permeate the new entity and thus prevail in later organizational "offspring".

The organizations most likely to perpetuate their values are those with ethical corporate cultures and climates. These include religiously based healthcare providers, but such providers seem to lack confidence today in their ability to maintain culture and climate in newly formed partnerships. That may be fortunate because it prevents them from trying to impose their values on secular partners. Nevertheless, such values are often attractive to a prospective partner.

A religious health care provider will need market leverage, as well as attractive values, to make a good "marriage". Even so, religious providers and secular investor-owned organizations are unlikely partners, because their motives and incentives differ radically. But religious providers can form solid relationships with secular, not-for-profit health care organizations if they take care to negotiate a binding commitment to maintain an ethical culture and climate.

However, Catholic providers are at a disadvantage in such negotiations because Catholic religious congregations are unlikely to continue as owner-sponsors much beyond another decade. It is crucial that a stable source of influence develop to ensure a religious presence in the offspring of new partnerships.

Author's Summary

Keyserlingk EW, Glass K, Kogan S. Gauthier S: Proposed guidelines for the participation of persons with dementia as research subjects. *Perspect Biol & Med* **38: 317-362 Winter 1995**

This special supplement presents guidelines for ethical research in the increasingly important areas of Alzheimer's disease and other dementias.

Gottlieb BR: Abortion - 1995. *New England J Med* **332:532-533 23 Feb 1995**

Although elective abortion is legal, abortion clinics continue to be harassed and physically assaulted. This is partly due to the fact that abortion services have not been integrated into the mainstream of health care delivery. As a partial remedy to this, abortion should be included in undergraduate medical curricula. Furthermore, residency training programs should provide instruction in the techniques of abortion and experience in its performance. "Residents who wish to opt out of abortion training should be required to explain why in a way that satisfies stringent and explicit criteria."

Reese TJ: Women, violence and prayer -The U.S. bishops meet. *America* **171:4-6 10 Dec 1994**

The issues discussed at the 1994 meeting of the National Conference of Catholic Bishops (Washington, DC, 14-17 Nov) included women in the church, violence, liturgical prayers, and guidelines for Catholic hospitals. In the last category, an updated set of "Ethical and Religious Directives for Catholic Health Care Services" was approved. In addition, the bishops rejected euthanasia and physician-assisted suicide, but supported the appropriate use of analgesics even though even though they might hasten death. The bishops also considered the changing economic status of Catholic hospitals. While supporting universal health care, the bishops noted that "economic conditions are forcing Catholic hospitals into partnerships where their Catholic identity and autonomy can be threatened". Such partnerships may be with entities which provide services that are not consonant with Catholic teaching. "The bishops note that cooperating with such entities could be licit under certain circumstances: if the services are not performed in the Catholic hospital or if the services are performed under duress. Duress, for example, could be applied to a Catholic clinic in a poor neighborhood that is dependent on interns from a non-Catholic medical school. The school might refuse to send interns unless a full range of birth control services were offered. If the clinic refused, it might be forced to close and the poor would not be served."

Baird PA: Identifying people's genes: ethical aspects of DNA sampling in populations. *Perspect Biol & Med* **38: 159-166 Winter 1995**

The new DNA technology offers the possibility of remarkable medical advance but also poses serious ethical questions. Since DNA samples can be obtained in a non-invasive fashion, it is possible to establish DNA files without appropriate consent and other protections. The principle of autonomy demands that informed consent be obtained prior to sampling an individual's DNA. ". . . population DNA sampling in an ethical and beneficial manner may be possible, but only if (certain) . . . pitfalls and implications are seriously weighed and taken into account."
