


11-1-1979

## Current Literature

Catholic Physicians' Guild

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### Recommended Citation

Catholic Physicians' Guild (1979) "Current Literature," *The Linacre Quarterly*: Vol. 46: No. 4, Article 15.  
Available at: <http://epublications.marquette.edu/lnq/vol46/iss4/15>

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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., 2000 Washington St., Newton Lower Falls, MA 02162)*

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Trebbin WM: Hemodialysis and pregnancy. *JAMA* 241:1811-1812 27 Apr 1979.

There is concern about continuing a pregnancy when it is complicated by renal failure sufficiently severe to require dialysis. Experience has indicated, however, that survival of the fetus, and even conception, are possible under these circumstances.

Curie-Cohen M, Luttrell L, Shapiro S: Current practice of artificial insemination by donor in the United States. *New Eng J Med* 300:585-590 15 March 1979.

Data from 3,576 AID births in 1977 were analyzed. AID was used not only to treat infertility but also to prevent transmission of genetic disease. Ten percent of practitioners in this series employed AID for single women.

Behrman SJ: Artificial insemination and public policy (editorial). *New Eng J Med* 300:619-620 15 March 1979 (comment on article of Curie-Cohen *et al.*).

Annually in the United States 6,000-10,000 children are conceived by artificial insemination. Despite this, the social and moral attitudes are hostile and the legal aspects ambiguous. Curie-Cohen and colleagues show that the indications for AID are being expanded beyond treatment of infertility to include prevention of genetic dis-

ease. Furthermore, the procedure was used for single women or lesbian couples in 10 percent of their patient population. (The article by Curie-Cohen states 10 percent of practitioners, not 10 percent of patient population. — Ed.) State law on AID is uneven and evasive. This is primarily due to opposition by certain church groups. It is strange that this procedure should have uncertain legal and moral status when it involves a spontaneous abortion rate no higher than normal and brings children into an ideal home environment.

Cousins N: Medical ethics: is there a broader view? *JAMA* 241:2711-2712 22 June 1979.

The purview of medical ethics has tended to be selective and even restrictive, dealing with such specific issues as the right to health care, human experimentation, and confidentiality. However, it should also be concerned with broader societal issues, specifically those of government morality such as armament, nuclear power, and violence.

Fye WB: Active euthanasia: an historical survey of its conceptual origins and introduction into medical thought. *Bull Hist Med* 52:492-502 Winter 1978.

Although active euthanasia has probably occurred through history, it did not become a topic of discussion

until the late 19th Century. It was proscribed by the Hippocratic Oath and by Judeo-Christian teaching. More, in his *Utopia* (1516), seemed to favor active euthanasia but this had little impact on medical practice. The topic figured heavily in the "romanticism" of early 19th Century Germany, and in the second half of this century the influence of theology on Western culture began to wane. In 1870 an English schoolmaster, Samuel D. Williams, Jr., of Birmingham, openly advocated active euthanasia, but his proposals were overlooked or ignored by the medical profession. In 1879, the South Carolina Medical Association discussed the topic and concluded that euthanasia was murder, although there were dissenting voices. In the 1880's, the subject was actively debated in the American medical literature, and a distinction was made between "active" and "passive" euthanasia in an 1884 editorial in the *Boston Medical and Surgical Journal*. As the 19th Century closed, there were few significant medical contributions to the subject of active euthanasia, and emphasis shifted to its legal aspects.

**Editorial: What is to be done with the XYY fetus?** *Brit Med J* 1:1519-1520 9 June 1979.

Selective abortion to avoid the birth of defective infants has become widespread as a result of the availability of prenatal chromosome analysis. Some chromosome defects may be identified which do not cause gross abnormality — 47XYY is an example. The putative increase of asocial behavior in XYY males has not been proven but is strongly suspected. A prospective study at Harvard Medical School which attempted to resolve the issue was abandoned because of violent criticism. Since the facts are not known, the proper course of action when XYY is discovered prenatally remains a dilemma.

**Gray BH, Cooke RA, Tannenbaum AS:** Research involving human subjects: the performance of institutional review boards is assessed in this empirical study. *Science* 201: 1094-1101 22 Sept 1978.

Federally mandated institutional review boards (IRBs) arose in an effort to protect human subjects involved in research. IRBs have had some direct effect on about half of the proposals reviewed. A major persisting problem is that of informed consent and relates to the content of the consent form rather than to the way the consent was obtained. Serious efforts should be made to improve the effectiveness of IRBs.

**Stahlman MT:** Ethical dilemmas in perinatal medicine. *J Pediat* 94:516-520 March 1979.

Abortion is permissible only before the conceptus achieves the ability to become independently "human," i.e., only in the first half of pregnancy. All live-born infants, regardless of birth weight or gestational age, should be resuscitated; the decision about prolonging such treatment should be made by the responsible physician. Biomedical research on children, infants, and fetuses is a necessity but requires suitable safeguards.

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