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## Current Literature

Catholic Physicians' Guild

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(Coincidentally, a similar statement is to be found in the preface to Macquarrie's work above: "We have followed no party line, but have tried to bring together in this volume some of the most significant thinking that is currently going on about Christian ethics.") There is a wealth (or at least a welter) of information in *The Concise Dictionary*, but the "fundamentals of ethics" do not really stand out. This is unfortunate, especially since the work seems designed for persons other than professional ethicists, at least if the bibliographies are any indication.

Apparently as a convenience to English-speaking persons, foreign titles are not included in the bibliographies even though most of the 30 or so authors are German-speaking and even though professional ethicists whose native language is English must have a facility with other modern languages (German, for example). Some major entries (e.g., "Norm") have no bibliography, and when a name is used in other entries (e.g., "Biblical Ethics") there is no reference in the bibliography. Nor is every bibliographical reference accurate: in the bibliography appended to "Celibacy," R. Francoeur's book *Eve's New Rib* becomes *Eve's Spare Rib!*

There are other inaccuracies as well. For example, in the same entry on "Celibacy," this is said: "... by the Reformation a theoretically celibate clergy was taken for granted in the West. This was reaffirmed at Trent, and again in the Decree on Priestly Formation of Vatican II. A flurry of encyclicals in the same sense, before and since, is perhaps the clearest indication that change will eventually come about" (p. 40). The fact is, there has been no "flurry of encyclicals" in any sense, and it is certainly misleading to suggest this as an indication (let alone "the clearest") that things will change. There is an abundance of typographical errors, a few instances of lines being left out and other lines repeated, some awkward translations and, most notably, major omissions for a work of this type.

In brief, the publication of this *Dictionary* is not one of Seabury's better editorial decisions.

— Dennis J. Doherty, Dr. theol.  
Marquette University

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

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Pruitt RD: On science and ethics.  
*Mayo Clin Proc* 1978; 53:684-685.

Andre Courmand has advocated the "Code of Science" as the most appropriate ethical basis for modern society. But despite his assertion that the ethic of science "should provide a basis for going beyond the competing ideologies and religions of our day," its tenets are

curiously similar to those embodied in some of the world's great religions. Nevertheless, demonstrating these parallels between the Ethic of Development and the Judeo-Christian ethic demeans neither. In fact, "science in its role as the 20th century Messiah may give to those teachings a power for dispersion and general acceptance that they would not otherwise achieve."

**Callahan D:** Contemporary biomedical ethics. *New Eng J Med* 302:1228-1233 29 May 1980.

The past decade has been marked by vigorous activity in the field of biomedical ethics. The time has now come for a rethinking of its role, methodology, and relation to other disciplines. In addition to working more closely with people in medicine, biomedical ethicists must also begin a more earnest dialogue with those in law and the social sciences.

**Green MB, Wikler D:** Brain death and personal identity. *Phil & Public Affairs* 9:105-133 Winter 1980.

A continued capacity for mental life is what makes life valuable. Personal identity is a crucial component of this capacity. "For the position we hold here is not simply that a mindless future life would be of no value to us, but that such a life, whatever else might be true of it, could not be ours."

**Chapman CB:** On the definition and teaching of the medical ethic. *New Eng J Med* 301:630-634 20 Sept 1979.

Although the relation between the medical profession and patients is one of social covenant, this remains an unwritten ethic. Organizational articulations of medical ethics neglect this crucial aspect and instead represent guild rules which are codes of conduct and etiquette relating only to intra-professional matters. This is not sufficient for modern medicine and a true expression of the covenant between the profession and society is needed.

**Osmond H:** God and the doctor. *New Eng J Med* 302:555-558 6 March 1980.

Aesculapian authority has long been part of medicine and has been fostered not only by physicians but also by patients. However, its unrestricted application poses serious problems. The sick-role is not well under-

stood by health-care professionals and needs to be studied more intensively. Aesculapian authority, as a powerful modality, is open to abuse and its nature and limitations require examination.

**Alexander E Jr:** A 'truth in mending' act. *JAMA* 243:1239-1240 28 March 1980.

Patients who have industrial accidents or injuries involved in litigation may request the physician to lie explicitly for their benefit or to cooperate in a fraud by remaining silent. This may be encouraged by government or by employers. Physicians, too, by over-using diagnostic studies that are paid for by third parties, may encourage this behavior. Without constant attention, truthfulness and integrity may erode. Physicians should resist such corruption by refusing to participate in such fraud.

**Lewis TLT:** Legal abortion in England and Wales 1968-78. *Brit Med J* 295-296 2 Feb 1980.

Since the Abortion Act of 1967 there have been 1,325 legal abortions in England and Wales.

**Hoff C:** Immoral and moral uses of animals. *New Eng J Med* 302:115-118 10 Jan 1980.

Although animal experimentation in general is morally defensible, certain strictures obtain. For example, if substantial benefits cannot be expected to accrue, painful experiments are not justifiable. On the other hand, animals may be employed in painful and dangerous experiments when vital benefit is anticipated.

**Reiser SJ:** Words as scalpels: transmitting evidence in the clinical dialogue. *Ann Int Med* 92:837-842 June 1980.

The perspective of medical history is brought to bear on the difficult problem of how or whether to inform

the patient about the presence of a serious disease. In the past there has been a tendency to suppress unpleasant medical information, but recent trends favor full disclosure. This would appear to be the appropriate stance, but problems persist with both the method and timing of conveying such information.

Norberg A, Norberg B, Gippert H, Bexell G: Ethical conflicts in long-term care of the aged: nutritional problems and the patient-care worker relationship. *Brit Med J* 377-378 9 Feb 1980.

The dying geriatric patient who requires infusions or tube-feeding for support poses a dilemma for the care professionals. Often infusions or tube-feeding are undertaken for their benefit rather than for that of the patient. In general, it may be preferable to allow such a patient a painless death

from dehydration rather than to prolong pain and discomfort by resorting to infusions or tube-feeding.

Rubenstein HS: Allergists who alarm the public: a problem in medical ethics. *JAMA* 243:793-794 22-29 Feb 1980.

Some allergists, for whatever reason, "have a long tradition of alarming their patients." This is particularly so in the case of bee stings. Death from such events is extremely uncommon and not readily predictable. Despite this, we now witness an expensive and "frantic race for venom vaccine and rush immunization programs for a disease with an almost zero mortality and for which people at risk have not been identified." This results in a grave disservice to countless trusting patients who are not at risk from bee stings but who are victims of alarmist propaganda.