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

McCormick RA: The Fox case. *JAMA* 244:2165-2166 14 Nov 1980.

The court decision in the case of Brother Fox reaffirmed the primacy of the courts in deciding whether or not cessation of mechanical support for a comatose patient is appropriate. This decision, however, is too far-reaching and, in fact, may threaten the rights of the individual it is designed to protect. Since this decision is, by its nature, extremely complex, the courts are not uniquely qualified to render such a judgment. Furthermore, the societal interests invoked by the court are no more susceptible to protection by the court than by family and physician. Finally, despite its protestations, the legal process is, by its nature, far from expeditious.

Paris JJ: Brother Fox, the courts and death with dignity. *America* 143:282-285 8 Nov 1980.

The court ruling in the case of Brother Fox is predicated on its concern for the sanctity of life in instances where, in fact, the patient is dead. In arrogating to itself the right to render decisions about the continuation of life-support measures in comatose patients, the court has stated that such decisions "must reside with the judicial process and the judicial process alone." In so declaring, the court stipulates that the right to decline extraordinary treatment rests not with the patient but rather requires "a minimum of four to six physicians, five attorneys and one judge." This is costly, unnecessary, and painful, and "represents a rejection of the tradi-

tional Catholic teaching that the incompetent, chronically vegetative, senile or comatose need not be subjected to useless treatment."

Ingelfinger FJ: Arrogance. *New Engl J Med* 303:1507-1511 25 Dec 1980.

In the context of medical practice, "arrogance" may be considered to include three issues. First, the hubris of the bioscientist; but this is much the same as with any group, and possibly somewhat less. Second, authoritarianism and paternalism; these certainly exist, but to some degree are necessary to good medical care. Third, lack of empathy; this is all too common and is fostered by technologic medicine. "Efficient medical practice, I fear, may not be empathic medical practice, and it fosters, if not arrogance, at least the appearance of arrogance."

Furlong FW: Determinism and free will: review of the literature. *Am J Psychiat* 138:435-439 April 1981.

In the 19th century the traditional view of man as a responsible agent capable of making choices persisted, and in psychiatry the main problem was to explain the apparent lack of responsibility seen in the "insane." However, Freud and others challenged the traditional view and determinism has become a basic tenet of modern psychiatry. But the existential view that freedom and choice are experienced as genuine phenomena has not been adequately dealt with by current theories of mental functioning.