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

Weiss BD: Confidentiality expectations of patients, physicians, and medical students. *JAMA* 247:2695-2697 21 May 1982.

Patients' expectations regarding the handling of confidential medical information are stricter than those of physicians or of medical students. Even neophyte medical students without any clinical experience tended to assume the attitude of physicians in this regard. Knowledge of patients' expectations should improve the attitude and practice of physicians in the area of privileged information.

Szasz TS: The psychiatric will: a new mechanism for protecting persons against "psychosis" and psychiatry. *Am Psychologist* 37:762-770 July 1982.

A psychiatric patient who refuses treatment generates a conflict between his individual freedom and his need for treatment. This problem may be resolved by the psychiatric will, an instrument analogous to the living will. By writing a psychiatric will a person could indicate, while sane and rational, to what extent (if any) he would desire psychiatric intervention should he become mentally disabled.

Thomas S: Ethics of a predictive test for Huntington's chorea. *Brit Med J* 284:1383-1385 8 May 1982.

The lack at present of an ideal predictive test for Huntington's chorea has produced an ethical dilemma for

the medical profession. One group has tended to advise against procreation by potential transmitters of the disease until such time as a reliable predictive test becomes available. A second group would withhold any future test from applicants until improved therapy or cure is developed for the full-blown disease. The problem requires continuing informed discussion.

Lasagna L: Murder most foul. *The Sciences* (NY Acad Sci) 22:7-8 Aug-Sept 1982.

In a well-publicized case, a newborn with Down's syndrome died in an English hospital and the consultant pediatrician was charged with, and later acquitted of, murder. Nourishment and antibiotics had been withheld, and depressant drugs administered. The verdict was not in keeping with British legal tradition and "its implications for the ethical fabric of British medicine and law are chilling."

Margolin G: Ethical and legal considerations in marital and family therapy. *Am Psychologist* 37:788-801 July 1982.

The ethical standards of the American Psychological Association dealing with marital and family therapy are insufficient as guidelines. Issues that relate to the responsibility of the therapist, confidentiality, and informed consent, ambiguous to begin with, become extremely complex when multiple family members are

involved. In addition to ethical aspects, clinical and legal considerations—sometimes in direct conflict with the former—must be addressed.

Dunea G: Death by judiciary order.
Brit Med J 284:1462-1463 15 May 1982.

The increasing and troublesome intrusion of lawyers and law into the practice of medicine is well exemplified by the proliferating legal requirements that surround care of terminally ill or mechanically sustained patients. Care of defective newborns poses similar difficulties.

Bulmer M: Are pseudo-patient studies justified? *J Med Ethics* 8:65-71 June 1982.

Useful information may sometimes be obtained by studies in which an investigator masquerades as a patient. Such an approach, however, involves issues of deception, privacy, freedom, human dignity, and risk to the investigator. On the other hand, this approach may be vital in monitoring patient care or in obtaining information available in no other way. The ethical problems involved in this type of research "are likely to defy definitive solution and remain dilemmas requiring the exercise of moral choice."

Favazza AR: Modern Christian healing of mental illness. *Am J Psychiat* 139: 728-735 June 1982.

Christianity has a long but fluctuating tradition of healing mental illness by religious practices. Currently there is a resurgence of interest in such healing not only by Fundamentalists but also by middle-class conservative Christians. Psychotherapists should understand and respect such beliefs in their patients if they hope to provide effective treatment.

Brody H: The lie that heals: the ethics of giving placebos. *Ann Int Med* 97:112-118 July 1982.

The ethics of administering placebos has been questioned by some because of the assumption that deception was necessarily involved. However, successful placebo therapy does not require lying. Recent research on placebos suggests a re-evaluation of the strictures sometimes applied to this mode of treatment. The placebo effect, in fact, is an integral part of the doctor-patient relationship and "clinicians turn to alternative, non-deceptive ways to elicit positive placebo responses in all patient encounters at the same time that they apply the most appropriate medical technology."