

8-1-1982

## Current Literature

Catholic Physicians' Guild

Follow this and additional works at: <http://epublications.marquette.edu/lnq>



Part of the [Ethics and Political Philosophy Commons](#), and the [Medicine and Health Sciences Commons](#)

---

### Recommended Citation

Catholic Physicians' Guild (1982) "Current Literature," *The Linacre Quarterly*: Vol. 49: No. 3, Article 19.  
Available at: <http://epublications.marquette.edu/lnq/vol49/iss3/19>

---

## 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)*

---

**Kincaid Smith P:** Ethics and in-vitro fertilisation. (editorial) *Brit Med J* 284:1287 1 May 1982.

In-vitro fertilization is an established technique. Ethical issues are polarized in two directions—the Roman Catholic view, which holds it to be immoral, and the alternative view that ethics is independent of religious dogma and a matter for reasoned debate. Reasoned debate, in fact, can dispose of all objections to the practice of in-vitro fertilization as long as the long-term aspects are avoided. If the latter are considered, there remain unanswered socio-economic (allocation of scarce medical resources) and legal problems.

**Sider RC, Clements C:** Psychiatry's contribution to medical ethics education. *Am J Psychiat* 139:498-501 April 1982.

Growing interest in bioethics and in the examination of psychiatry's role in medicine are important trends for psychiatry. In general, however, psychiatry has failed to appreciate and to act upon its potential in the area of bioethics. The issue of informed consent is an example of an area in which psychiatric insights are extremely important.

**Daniels N:** Equity of access to health care: some conceptual and ethical issues. *Health & Society* 60:51-81 1982.

Any discussion of equity of access to health care is complicated by lack of agreement on basic conceptual issues, but these must be addressed

before proceeding to the ethical aspects involved. As for the latter, there are important issues of distributive justice which transcend such arguments as the cost-effectiveness of preventive measures as opposed to acute therapeutic services. A further aspect is that considerations of justice may challenge the traditional view that the physician may act as "the unrestrained agent" of his patient. "The remaining task . . . is to show the level at which constraints should be imposed so as to disturb as little as possible what is valuable in the traditional view of physician responsibility."

**Miles SH, Cranford R, Schultz AL:** The do-not-resuscitate order in a teaching hospital: considerations and a suggested policy. *Ann Int Med* 96:660-664 May 1982.

The availability of modern resuscitative technology has resulted in the need to establish broad policy principles. Those developed by the authors are presented. Such codification has resulted in improved consideration for and communication with both patient and family.

**van Eys J:** Should doctors play God? *Perspect Biol & Med* 25:481-485 Spring 1982.

This query is usually posed in such a context that a negative answer is anticipated. However, the concept of "play" is extremely complex. Play is not the same as playacting. "Through playing God the doctor tries to understand God. Through playing God doctors will learn the limits of their power. Only through playing God will they learn to accept God."