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Current Literature: Titles and Abstracts

Catholic Physicians' Guild

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Current Literature:

Titles and Abstracts



Silverman, W. A.: Informed consent. *Pediat.* 38:373-374 Sept. 1966.

In the case of infants and young children as subjects for clinical investigation, the problem of their "informed consent" has by common acceptance been transferred to the parents or guardians. It is not at all certain, however, that this practice has full legal justification. "It is unthinkable that clinical research in American children may be curtailed . . . because of the difficulties involved in grappling with the issue of 'informed consent'." In many circumstances, a reasonable approach to the ideal informed consent seems possible by placing the consent-giving responsibility in the hands of the patient's personal physician.

"Acceptable formats must be found for the conduct of formal, carefully safeguarded clinical investigation in children, otherwise physicians will be forced to fall back on the unplanned, observational method to solve the clinical problems which confront them. The traditional, informal, anecdotal method is not only scientifically unsound,

Material appearing in this column is thought to be of particular interest to the Catholic physician 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. Parenthetical editorial comment may follow the abstract if considered desirable. Books are reviewed rather than summarized. Contributions and comments from readers are invited.

but it also may be misleading and, to the extent that it delays the solution of human problems, it is also unethical."

Cooley, D. A.: Cardiac valve replacement without blood transfusion. *Am. J. Surg.* 112:743-751 Nov. 1966.

Open heart surgery poses an unusual problem in the case of Jehovah's Witnesses because transfusion is proscribed. However, by using 5% dextrose in water for prime and a disposable plastic bubble oxygenator, it was possible in seven patients to perform successful cardiac valve replacement without resort to transfusion.

Gollub, S. and Bailey, C. P.: Management of major surgical blood loss without transfusion. *J.A.M.A.* 198:1171-1174 12 Dec. 1966.

Using the technic of hemodilution, open-heart surgery was performed in six patients of the Jehovah's Witness faith without employing blood transfusion at any time. There was one operative death. The remaining five patients were improved and showed no permanent

morbidity related to the avoidance of transfusion, although the average hospital stay of this group of patients was approximately one week longer than that of a comparable group who had been transfused.

THE OCTOBER 1966 issue of *Catholic Medical Quarterly* (London) contains four of the papers read at the Guild's Ampleforth Symposium in July:

1. McReavy, L. L.: The doctor's responsibility for the formation of his professional conscience.
2. Webb, B.: The teaching of ethics in medical education.
3. King, A.: The doctor is responsible for the formation of his own professional conscience.
4. Claxton, E.: The teaching of medical ethics.

Kellam, P. W.: More say for Catholic hospital M.D.s *Med. Economics* 43:94 ff. 28 Nov. 1966.

Although it is impossible to formulate a universal statement, Catholic hospitals have generally been administered under the concept of authoritarian religious government. The role of the emerging layman as defined by Vatican II suggests that staff physicians at Catholic hospitals may be permitted more active involvement in their area of special competence, viz., medicine. Economic factors, too, are operative and suggest that the Catholic hospital will necessarily become oriented to the civic community in which it is located rather than to the religious community which administers it.

The evolving Catholic hospital will still be Catholic but will bear little resemblance to its predecessor of the recent past.

Green, R., Stoller, R. J., and MacAndrew, C.: Attitudes toward sex transformation procedures. *Arch. Gen. Psychiat.* 15:178-182 Aug. 1966.

Since a patient's request for sex conversion (surgically or by hormones) raises important ethical, moral, legal, and social difficulties, an inquiry was conducted to determine attitudes of professional and non-professional groups toward this subject. A carefully constructed questionnaire formed the basis of the study. In general, the professional groups (psychiatrists, surgeons, urologists) held a more rigid attitude against such procedures than did the non-medical group (transvestites and homosexuals). However, the psychiatrists proved more liberal than the surgeons. Once a sex transformation procedure had been accomplished, physicians then tended to show a "marked liberalism in viewing such patients." (Cf. also "Sex-change Surgery at Johns Hopkins," *Med. World News* 7:54 9 Dec. 1966.)

Dowling, H. F.: Human experimentation in infectious diseases. *J.A.M.A.* 198:997-999 28 Nov. 1966.

Although investigators are generally loath to induce disease in human subjects, this has not been the case in the field of infectious diseases. In 1721, for example, George I ordered that the efficacy of smallpox inoculation be determined by using condemned crim-

inals and orphans as subjects. Advances in microbiology stimulated further human experimentation but most studies were poorly planned, unsystematic, and often dangerous. The epochal work of Walter Reed on yellow fever at the turn of the century represented a pronounced change in attitude; his experiments were carefully planned and comprehensive, utilizing subjects who were true volunteers. Despite such obvious exceptions as the infamous human experiments of the Nazis, the years since Reed have witnessed an increasing concern for the ethical aspects of human experimentation; there has been, for example, "more concern by the medical profession for the rights and welfare of volunteers, more care in the planning and conduct of human experiments, less exploitation of disadvantaged groups, many attempts to define the meaning of informed consent. . . ."

ADDITIONAL ITEMS of interest include the following:

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McCormick, R. A. (S.J.): The polygraph in business and industry. *Theological Studies* 27:421-433 Sept. 1966.

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Kohlhaas, M.: Folgen gedankenloser Weitergabe von Arztbefunden. *Deutsch. Med. Wschr.* 91:1056-1058 3 June 1966 (Consequences of thoughtless transmission of medical findings.)

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Edwards, R. G. et al.: Preliminary attempts to fertilize human oocytes matured in vitro. *Am. J. Obstet. & Gynec.* 96:192-200 15 Sept. 1966.

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