

August 1984

Current Literature

Catholic Physicians' Guild

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

Recommended Citation

Catholic Physicians' Guild (1984) "Current Literature," *The Linacre Quarterly*: Vol. 51 : No. 3 , Article 11.
Available at: <http://epublications.marquette.edu/lnq/vol51/iss3/11>

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)

Wanzer SH, Adelstein SJ, Cranford RE, Federman DD, Hook ED, Moertel CG, Safar P, Stone A, Taussig HB, Van Eys J: The physician's responsibility toward hopelessly ill patients. *New Engl J Med* 310:955-959 12 Apr 1984.

The care of the hopelessly ill adult patient requires consideration of policies concerning the use of life-sustaining procedures. Under ordinary circumstances, the patient himself has the prime role in making decisions about his treatment. If his competency to do so is limited by circumstances, a previously designated proxy or document (such as a "living will") may suffice. But in any event, the physician has a major role in the decision-making process. His judgment, however, is inevitably modified by subjective and other factors. Communication with the patient remains a crucial element when the physician must take part in making such decisions.

Knight JA: Exploring the compromise of ethical principles in science. *Perspect Biol & Med* 27:432-442 Spring 1984.

Fraud in the scientific community seems to have increased remarkably. Although there is an understandable tendency on the part of the institution of science to look for the cause as a defect in personal character, nevertheless many nonpersonal factors may be contributory. These include competition for the means of research (e.g., grants), the attitude of the public, and certain extrinsic values such as wealth,

power, and prestige. Personal factors include stress, the search for power and glory, and the goal of individual success through competition. A basic explanation for fraud in science lies in the moral neutrality of the modern educational system which encourages "the dangerous myth that technical skills are more important than ethical reasoning."

Chamberlain A, Rauh J, Passer A, McGrath M, Burket R: Issues in fertility control for mentally retarded female adolescents: I. Sexual activity, sexual abuse, and contraception; II. Parental attitudes toward sterilization. *Pediatrics* 73:445-454 April 1984.

Mentally retarded adolescents have special needs for fertility control. Although contraceptives may not be necessary for many, a certain proportion will require their use. The most appropriate means has not been determined and in general must be individualized. Injectable progestogen (Depo-Provera) may be effective if there is no supervision of oral contraceptive use by a responsible adult. In some circumstances IUDs may prove satisfactory. Oral contraceptives have proven least valuable in terms of use effectiveness and parental satisfaction. As for sterilization, there has been wide divergence between those who reject sterilization as an infringement of the right to procreation and those who hold that there is a right not to reproduce. Many parents sought a change in state laws permitting more latitude for them

to make decisions regarding sterilization of their adolescent daughters. For mildly retarded adolescents, the review and consent process should be the same as for others in the same age group. In a surprisingly large number of cases, parents sought sterilization by hysterectomy, not to control fertility, but to eliminate problems associated with inadequate menstrual hygiene.

Chervenak FA, Farley MA, Walters L, Hobbins JC, Mahoney MJ: When is termination of pregnancy during the third trimester morally justifiable? *New Eng J Med* 310:501-504 28 Feb 1984.

Third trimester abortion is morally justifiable if the fetus has a condition that is not compatible with postnatal survival of more than a few weeks or that is associated with absence of cognition and if there is a reliable means of diagnosing either of these situations. Presently anencephaly is the only condition that satisfies these criteria.

Miller CA: The health of children and crisis of ethics. *Pediatrics* 73:550-558 April 1984.

"Our professionalism should reject any suggestion that policies in pursuit of children's health can be driven by the ethics of the marketplace. We work for a higher aspiration. The ethics of the marketplace are certainly not good enough to resolve this nation's ethical crisis nor to serve the health interests of a large and growing number of neglected children."

Narveson J: Self-ownership and the ethics of suicide. *Suicide & Life-Threatening Behavior* 13:240-253 Winter 1983.

The idea of ownerships in reference to a person's life "is a coherent and illuminating one." Although there are some difficulties, the argument for the

legitimacy of suicide based on the concept of ownership of one's self is probably valid. (See Carlin DR. Suicide and private morality: *America* 150:437-438 9 June 1984.)

Woolley FR: Ethical issues in the implantation of the total artificial heart. *New Engl J Med* 10:292-296 2 Feb 1984.

Implantation of a total artificial heart raises many ethical issues. Prime among these is the makeup of the recipient pool; on the basis of ability to grant informed consent and of a favorable risk:benefit ratio, potential recipients were limited to patients who had undergone open-heart surgery and who could not be weaned from pump support. A second difficulty involves the possibility of future orthotopic heart transplant in a patient who has undergone artificial heart implantation; patients consenting to artificial heart implantation should consider this to be the definitive procedure rather than anticipate later heart transplantation. Issues of quality of life constitute yet another element which requires consideration but which remains elusive. Finally, the consent form is necessarily lengthy and deals with such aspects as freedom-to-withdraw, implied promise of benefit, financial considerations, data on alternative therapies, and the role of relatives.

Nora PF: Ethics in housestaff training. *Bull Am Coll Surg* 69:3-5 May 1984.

The training of surgical housestaff raises many ethical problems. Issues of informed consent may become particularly difficult in the teaching-hospital milieu. Similarly, the concept that a surgical team, rather than a single surgeon, is responsible for the patient's care should be communicated to him. (This issue of the *Bulletin* features four additional articles of interest under the rubric, "Ethics in Surgical Training.")

We're waiting for you, Doctor . . .

This is the cry of untold thousands of miserable, diseased, poverty stricken human beings throughout the underdeveloped nations.

Mission Doctor's Association (MDA), a growing lay Catholic medical missionary organization, is moving to answer that cry . . . to respond to the anguish and desperate medical need of the World's forgotten poor.

MDA now has medical doctors serving in such locations as Central Africa and Central America, as well as in a Flying Doctor's Service. Following an appropriate preparatory period, service in MDA is usually three years.

We invite you to inquire now how you may follow the call of Christ in medical missions. Fill out the coupon and send it to MDA!

- I am interested in the opportunity to serve in medical missions. Please send me further details.
- I would like to know more about how I can help finance a fellow doctor in the mission field.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____



Send this coupon or drop a line to:

MISSION DOCTOR'S ASSOCIATION
1531 WEST NINTH STREET
LOS ANGELES, CALIFORNIA 90015