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responsibility. The Church stresses responsibility in this sphere, and in several documents speaks of it in detail. Married couples should be entirely familiar with the Church's teaching in this realm.

Conclusions.

1. Sexual education, rightly understood, is a formative process, the result of many different factors.
2. The most important seems to be maintaining a just proportion between information and formation. There exists a real flood of information. It should not be given without a proper moral formation. Much of it need never be given at all.
3. The persons to whom the duty of sexual education belongs in a special way are parents themselves. It is their inalienable right and duty.
4. The Church should help parents in their duties both by pastoral work and by providing approved programs for parents who feel the need of them, and most of all by administering sacraments and the means of grace as a channel of grace necessary for sanctification.
5. Parents should be vigilant with regard to the mass media and their programs, and openly protest when they offend the religious feelings of the spectators or degrade their human dignity.
6. All education requires a parallel self-education. Cooperating with his educators, and with the help of grace, a young person can manage his sexual body perfectly. He will always find his model in Christ and His Mother; he will also find help with those who were able to attain holiness and have been canonized.

Infant Care Review Committees: Their Moral Responsibilities

Robert L. Barry, O.P., Ph.D.

Father Barry, a theology department faculty member at St. Thomas College, St. Paul, Minnesota, is book review editor for Linacre Quarterly.

The moral duties of infant care review committees has become a widely discussed issue in the past few months among physicians, ethicists and legal scholars. It now appears as if these committees will come to have a great deal of responsibility over the care and treatment of handicapped newborns, and it is necessary to outline their moral duties in this role. Recently, very broad, formal, procedural guidelines for their proceedings have been suggested by other authors. In this paper, I wish to present a fuller account of what is morally required of these committees.

Ethics committees had their beginning in the decision rendered by the court in the Matter of Karen Quinlan.1 In this decision, the court urged health care professionals, physicians and families to consult with ethics committees in difficult cases so that there could be full, free and open discussion of treatment issues. This proposal was not generally heeded by medical professionals or parents, largely because most seemed to want to preserve the traditional prerogatives reserved to them. As a result, few institutions established ethics committees after the Quinlan decision.2 In the years that followed this decision, only Catholic hospitals established ethics committees in large numbers.

Infant care review committees received their major impetus from the infamous Bloomington Baby Doe case for, in response to the death of that baby, the Department of Health and Human Services issued regulations to prevent the denial of care and medical treatments to handicapped children for the sole reason that they were handicapped. These regulations were based on section 504 of the Rehabilitation Act of 1973 and these regulations implied that:
The 362 critical problems in a substitute for the requirements of Section additional measure newborns and to promote quality medical benefits. They could acceptance of these committees, along with the growing awareness that the traditional parent-physician-patient relationship was no longer adequate, spurred the present interest in infant care review committees. The Department of Health and Human Services did not view ICRC's as a substitute for the requirements of Section 504, but rather as an additional measure instituted to further protection for handicapped newborns and to promote quality medical decision-making.

Infant care review committees hold out a promise of significant benefits. They could make it less necessary for law enforcement agencies to intervene if they could guarantee that the rights of handicapped infants to normal care and ordinary medical treatments would not be violated. These committees could bring together some of the best minds in medicine, law and ethics to examine and resolve some critical problems in contemporary infant care.

To study the moral responsibilities of infant care review committees, I shall begin by briefly surveying the views of various authorities on the roles and functions of these committees. They will examine some of the concerns and problems that have been expressed about ICRC's. Finally, the general and specific moral obligations of these committees to handicapped infants, parents, physicians and society will be studied.

Infant Care Review Committees: Their Role and Functions

The three general functions of infant care review committees will be examined here. Virtually all authorities and commentators agree that ICRCs can serve a general educational function for both health care facility staff members and the public at large. They also agree that these committees can review treatment proposals both prospectively and retrospectively. And ICRCs are also seen as agencies which could assist in the formation of guidelines, standards and norms for the care of handicapped infants.

The Educational Function of Infant Care Review Committees

While there is general agreement that ICRCs should educate health care facility staff members and the public at large concerning the care and treatment of handicapped infants, there is no unity on what should be taught by these committees. The American Academy of Pediatrics asserted that these committees should educate parents about the means of treatment available in health care facilities and in a community for these children. However, these tasks seem to be better suited to other bodies, and most authorities agree that ICRCs should limit themselves to instruction in ethical matters. The most common view held is that infant care ethics committees should inform parents, physicians and health care staff members of their ethical responsibilities.

There is some debate as to whether ethics committees should merely provide a forum for the discussion of ethical issues, or whether they should assume an explicitly pedagogical role in which they would teach determinate ethical principles and rules. One leading authority has asserted that ICRCs should link societal values with developments in institutions, whatever that might mean. In contrast, some ethics committees in Catholic institutions have assumed a wider role and have aimed at teaching about the social implications of certain medical practices and policies, but this function has not been widely regarded as being necessary for infant care review committees.

Infant Care Review Committees and Case Review

Almost all authorities agree that ICRCs have a role in reviewing the treatment given to or proposed for handicapped infants. A number of writers have asserted that infant care review committees should not make decisions about the cases they review, but they are not clear on what they mean in saying this. If this assertion means that ICRCs should link societal values with developments in institutions, whatever that might mean. In contrast, some ethics committees in Catholic institutions have assumed a wider role and have aimed at teaching about the social implications of certain medical practices and policies, but this function has not been widely regarded as being necessary for infant care review committees.

It is difficult to take this suggestion seriously, however, for shortly after making it, the author asserted that parents should make decisions about the treatment of children unless they are judged incompetent by a court. This view would unduly restrict the freedom of action of ICRCs and it is one that has not been shared by...
many authors. Case review can either be prospective or retrospective. A prospective review of cases, it has been argued that committees should obtain all of the relevant facts of the case, identify the pertinent issues, resolve differences between parents and physicians, and recommend intervention by law enforcement agencies if necessary. A serious problem writers mention is that of determining when ICRCs should intervene. Some have said that infant care review committees should intervene whenever life-sustaining treatments are proposed for withdrawal. Others have said that they only intervene when requested to do so by physicians, parents or staff. Another difficult problem mentioned by authorities is that of determining the authority of judgments or recommendations made by infant care committees. Some claim that ICRC recommendations be binding upon those who treat handicapped infants, while others hold that they should be binding on them in varying degrees according to the circumstances.

When committees do intervene prospectively, there is little agreement among authorities as to how they should evaluate proposals. Some assert that ICRCs should only require "reasonable" or "appropriate" actions be taken in behalf of handicapped infants or that the "best interests" of the child be promoted by ICRCs. Others have asserted that the dignity of the parents and physicians should be affirmed and promoted by ICRCs. But to say the knowledge, few notable authors recommend that infant care review committees intervene when the rights of the infant are in jeopardy. The absence of an affirmation of this should be a cause of concern, for it is in such a situation that the Baby Doe regulations were specifically promulgated. In their prospective review of cases, some writers have suggested that ICRCs should not aim at reaching a consensus in their judgments, but should merely settle for a wide-ranging investigation of the issues. And virtually all authorities agree that courts and law enforcement agencies should only be allowed to intervene and investigate cases as a measure of last resort.

Policy and Guideline Formation

Most authorities hold that infant care review committees should have a role in the formation of policies and guidelines for the treatment of handicapped infants, but there is not much agreement on the nature of these guidelines. No writers have suggested that guidelines be contrary to institutional bylaws be adopted or endorsed by infant care committees. Being predominantly procedural and formal, the review committees are unable to determine the guidelines which have been thus far proposed have not demonstrated that they could effectively protect the rights of handicapped infants in critical situations. As there is little or no mention of these guidelines in Section 504 of the Rehabilitation Act, one can readily draw the conclusion that the primary objective of these guidelines is the protection of parents and physicians. Most authors claim that they wish to promote high quality medical decision-making, but they are not specific concerning the nature of this improved decision-making.

If any judgments concerning the moral responsibilities of ICRCs are to be made, it is not only necessary to understand their roles and functions, but also to grasp the problems and concerns which surround ICRCs. The aim of this next section will be to examine some of these problems and concerns before studying the moral obligations of these committees.

II

Infant Care Review Committees: Concerns and Problems

There are five general areas of concern with infant care review committees:

1) Probably the most significant concern with ICRCs is that they could really become dominated by the interests of one or a small number of groups or individuals to the detriment of physicians, patients and handicapped infants. Reports have shown that it is relatively easy for physicians to dominate these groups and use them to promote their own private interests. This problem has been less acute with other committees in Catholic health care facilities, as they have generally had greater diversity in their membership. Virtually all authorities assert that infant care review committees should strive to attain diverse membership and thereby limit the harmful effects of domination by a single group or individual.

2) Holding infant care review committees accountable for their actions is another major area of concern. ICRCs appear to have a problem similar to that which Institutional Review Boards (IRBs) had when they first began. IRBs often failed to adequately protect the rights of research subjects against immoral research, and it is thus feared by some that ICRCs could jeopardize the rights of handicapped infants by being negligent of their duties to argue in behalf of their rights. ICRCs appear vulnerable to this possibility, and most authors call for measures to make ICRCs accountable for their judgments and actions. Without such measures, it is quite possible that ICRCs could become culpable cooperators in unjust actions against infants.

3) A further problem with these committees is that their roles and functions appear to be so vaguely defined that they could readily arrange to themselves the roles of parents, physicians, surrogate decision-makers, health care institutions, law enforcement agencies or the courts. This is a serious issue because it is not certain that ICRCs have the competence or authority to assume any of these roles completely. Related to this concern is that of the possible violations by
ICRCs of rights of privacy and confidentiality of involved parties because of inadequate procedural standards and regulations. To counter this possibility, many authors have strongly urged the need for measures to protect the privacy and confidentiality of involved parties.

4) There have been few reported instances of infant care review committees requiring excessive treatment, and it is quite possible that these committees might become biased in favor of unjustifiable non-treatment or non-intervention. A number of authors have charged that the activities of ICRCs be severely limited, and if these proposals are accepted, the power of these committees to require treatment could become severely restricted. This problem could be minimized if there were more specific and concrete guidelines for ICRCs, for the guidelines being proposed currently have little capability for compelling committees to require justified treatment.

5) Up to the present time, practically all of the procedures and guidelines suggested for ICRCs have been purely procedural and formal. This raises the possibility that ICRCs could interfere without justification or fail to intervene in review cases where they would be justified or morally required. Enactment of sound, wise, precise and substantive norms and standards has thus been recommended frequently.

In light of these problems and concerns about the duties and functions of infant care review committees, it is now possible to discuss their general and specific moral responsibilities. While this discussion of their responsibilities will focus primarily on their moral obligations, some attention will be given to their legal obligations to the extent that these bear upon their moral duties and responsibilities.

III
The Moral Responsibilities of Infant Care Review Committees

Before discussing the general moral responsibilities of these committees, it is necessary to state that those who establish ICRCs have a strict moral duty and obligation to structure them so that they can fulfill their moral duties in full freedom. If ICRCs are so restricted in their actions that they cannot execute what is morally required of them, then any attempt to impose moral responsibilities on them would be futile.

Infant care review committees have four moral responsibilities in all of their functions and roles.

1) All ICRCs are bound via the duties imposed by what has come to be known as the Kew Gardens Principle. This principle asserts that all moral agents are required to take actions which do not entail grave risk for them if those actions would prevent another from losing a fundamental human good or from experiencing grave sufferings. For infant care review committees, this principle means that they must take whatever actions are reasonably within their means to prevent handicapped infants from suffering grave harm or injury by either commissions or omissions performed by other moral agents.

2) All infant care review committees are under a common and ordinary moral duty to protect innocent human life from direct and deliberate lethal commissions or omissions. This principle is correlative to the Kew Gardens Principle, but it states the nature of this obligation in more technical and precise terms.

3) In all of their actions concerning innocent human life, infant care review committees are morally required to adopt the morally safer course of action. This does not mean that ICRCs must adopt the safest course of action in all circumstances, but only that they must set to guarantee that handicapped infants not be denied any reasonable chance for life and improved health. This principle does not endorse moral rigorism, for it promotes and encourages moral responsibility, prudence and respect for fragile and innocent human life.

4) All infant care review committees are morally obliged to promote, endorse and support laws and efforts of law enforcement agencies which seek to responsibly protect the moral rights of handicapped infants to ordinary medical treatments and care. ICRCs are not meddlesome “do-gooders,” exceeding their authority when they do this, but are only fulfilling a common and ordinary jurisprudential duty incumbent on all moral agents. Because the law is more precise and specific than are moral principles, norms and rules, it is better able to protect the rights of all parties, and there is a moral duty to support it when it is administered responsibly. By doing this, infant care review committees are better able to fulfill their moral responsibilities toward handicapped infants.

These are the general moral duties of infant care review committees, but there are also some specific moral responsibilities of these committees which must be examined.

The Moral Duties of Infant Care Review Committees
In Education and Case Review

In all of their case review activities, infant care review committees are to gather all possible relevant factual data concerning the cases. They are to studiously preserve privacy and confidentiality in doing this. All aspects of their reviews and investigations are to be properly and accurately documented and recorded.

When infant care review committees function in their educational role, they are to recall that their primary function is to instruct physicians, staff members and parents of their moral duties. ICRCs are not simply to provide forums for discussion, or aim at replacing legitimate regulatory functions of the government. ICRCs are to take a pedagogical role in their educational activities because this is required by the principle that the safer course of action is to be followed. Infant Care Review Committees.

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care review committees are to train health care professionals in their
classical moral duties toward handicapped infants. They are to provide
precise ethical guidance which, above all else, positively promotes the
rights of handicapped infants, especially in difficult and complex cases. In
this role, they are to instruct in the requirements of obligatory moral
duties and in what is demanded by the safer course of action in
various circumstances. And it is also a moral obligation of these com-
mittees to instruct parents and physicians in their moral obligations
toward the law.

In their roles of retrospective and prospective case review, infant
care review committees might not be required to make medical deci-
sions, but that does not prohibit them from making ethical judgments
about treatments or treatment proposals. To prohibit the committees
from making ethical judgments is morally equivalent to prohibiting
physicians from making ethical judgments concerning clinical cases
brought to their attention.

In both prospective and retrospective case review, ICRCs are to
take the safer course of moral action and intervene to review three
separate kinds of cases. First, they are to intervene in a matter of
moral obligation and make ethical judgments in cases where life-sus-
taining treatments are being proposed for withdrawal from handi-
capped infants, or where they are actually withdrawn. This is
required because there is imminent danger that the withdrawal of such
treatments or care could be directly lethal or would be violation of
the rights of the infant to care and obligatory medical treatment.
Second, infant care review committees are morally required to inter-
vene in cases in which possible medically beneficial care or treatments
are being proposed for withdrawal or have actually been denied to a
handicapped infant. This is morally required because it is quite pos-
sible that grave harm could come to a child if such proposals or
actions were carried out, and therefore, taking the safer course of
action requires review. Third, infant care review committees are
required to review cases where nutrition and/or fluids are being
proposed for withdrawal or have actually been withdrawn. Taking
the safer course of action requires this because there are few, if any,
situations in which denial of nutrition and/or fluids would not be
direct killing. Whenever nutrition and/or fluids are of nutritional or
hydrational value, whenever they can be successfully ingested by a
human being, they are of benefit and should be provided unless it is
physically impossible to do so. Nutrition and fluids are not medical
benevolents, but are basic resources of the body whose provision sus-
tains life and whose withdrawal certainly causes death. Their provi-
sion directly supports the natural functions of the body and its natural
defenses against diseases. Because they are not specifically medical
treatments, their provision should be regulated by principles other
than those which govern the administration of medical treatments.
Nutrition and fluids are aspects of normal care, and they should be
given whenever they can meet the nutritional and hydrational needs of
the patient, as they are of benefit when they do so. There is nothing
immoral whatsoever in feeding a patient if this will ensure, especially in
sustain life, and there very well might be something seriously immoral in denying
nutrition and fluids to a patient so that death is brought about. Taking
the safer course of action requires that one avoid the risk of unjust
killing by providing life-sustaining food and fluids when they can
preserve life. Food and fluids are different from medical treatments
because they are not directly therapeutic as they do not directly and
proximately correct or ameliorate clinically diagnosable conditions. If
anything constitutes medical abandonment, it is the refusal to provide
food and fluids to persons whose lives can be sustained by them. The
Vatican recognized this in its Declaration on Euthanasia when it
asserted that normal care was always to be given to patients, even to
those who were terminally ill.

In both prospective and retrospective case review, infant care
review committees are to uphold the requirements of the law. Specifi-
cally, this requirement implies that infant care review committees are
not to be used in any fashion to impede the enforcement of the law
seeking to protect the rights of handicapped infants. They are to
instruct individuals in their duty to report suspected cases of child
abuse and neglect, and they are to reprimand individuals or organiza-
tions which fail to do this. ICRCs are not only to report cases of child
abuse when they judge that there is sufficient evidence for a
conviction, but even when there is only a suspicion that neglect or abuse is
occurring. And in both retrospective and prospective case review,
infant care review committees are to take steps to assure that their
actions are carried out.

Infant care review committees also have specific moral duties in
their role of assisting in the development of policies and guidelines,
and these will be examined in the next part.

Moral Duties in Policy and Guidelines Formation

The fundamental duty of ICRCs in the development of policies,
guidelines, norms and standards is to assure that these are not merely
procedural, formal and subjective, but substantive, binding and speci-
fic. This is required by the principle of the safer course of action, as
failure to demand this places handicapped infants in imminent danger.
Guidelines cannot be merely "feasible," for these would not guarantee
the rights of infants to obligatory medical treatments in complex and
difficult situations. Guidelines cannot aim at being merely "reason-
able," "appropriate" or in the "best interests" of the child, for these
will not assure protection of the rights of the child to normal care and
ordinary medical treatments. All of these criteria being proposed cur-
rently are purely procedural and formal, and by themselves they can

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not impose any specific concrete and practical moral duty on any
one. All norms and standards regulating the activities of
review committees must aim at concretely protecting the rights of
disabled infants above all else, as they are far more vulnerable than
any other parties.

All norms and standards endorsed or promoted by ICRCs
must be in full compliance with civil and criminal laws protecting
rights of disabled infants against discriminatory acts. There is no implicit
requirement in this demand which forbids ICRCs from endorsing poli
cies and guidelines which violate the moral rights of physicians, health
care institutions and parents. And it is particularly important that
ICRCs endorse policies which protect the privacy and confidentiality
of all individuals and parties involved in the treatment of disabled
newborns.

Recently it has been suggested that some handicapped infants be
included in a treatment category called “supportive care only,” in
which no life sustaining measures or treatments would be provided.43
Policies such as these, when suggested for handicapped newborns who
are not imminently and unavoidably dying and for whose nutrition
and fluids would be life-sustaining, should never be endorsed by infant
care review committees. There are instances in which palliative care
could be provided morally because nutrition and fluids should not be
ingested, but a policy permitting this for infants who are not immi
ently and unavoidably dying is immoral.

It has also been suggested by some authorities that “nontreat
ment” as a medical policy is morally legitimate when various kinds of other
treatments would be of clear benefit to a child and when “nontreat
ment” would do nothing to improve the child’s clinical picture.44
Adopting “nontreatment” as an option is not morally tolerable
when positive measures would improve a child’s condition or
when the child is not imminently and unavoidably dying. Adopting a
policy of “nontreatment” when positive treatments would promote
the health of the child is nothing but a violation of the rights of the
child by omission rather than commission.

There are quite a number of specific kinds and conditions from
which infants can suffer, and in the next section, we will consider the
moral responsibilities of ICRCs in respect to some of the more impor
tant afflictions of newborns.

Moral Responsibilities of ICRCs in Special Cases

It has been suggested by some authors that compassionate and
humane treatment of infants with various conditions such as Lesh
Nyhan, Tay-Sachs disease, hydrocephaly, trisomy and other al
ments be withdrawn or withheld.45 The justification for this position
is that the suffering experienced by children with these conditions is
so severe that death is preferable to life. This position is highly objec
tionable, however, because it is implied that nutrition and fluids
would also be removed so that the children would be starved or
dehydrated to death. As a result, these children are not killed by being
allowed to die, but are rather killed by culpable omission. Denying the
food and fluids would do nothing to improve their condition and it
would introduce a certain lethal cause which did not previously
exist. Removal of nutrition and fluids does not cause the child to die
due to a condition from which he or she is suffering, but rather it
introduces a new culpable and immoral cause of death.

It has also been suggested that it would be morally permissible to
bring certain handicapped newborns to death by directly killing
them.46 If it was judged that continued life was not in the best inter
ests of a child, if the child suffered in the absence of treatment, and if
death could be brought about intentionally, then it would not be
immoral to directly kill a child, probably by lethal injection.47 This is
also quite objectionable because direct killing is never morally permis
sible, even when its motives are compassion and concern. Life is a
basic and fundamental good and it can never become a burden to one
in and of itself. The conditions from which one can suffer can become
burdensome, but life itself cannot become burdensome. Giving lethal
injections to infants makes physicians killers and it violates the medi
cal canon of “do no harm.” Death is never a friend of a child, and
while it is not an absolute evil, it is never something which should be
deliberately and directly chosen. The moral absolute against direct
killing should be compared to the moral absolute against rape. While
rape might bring some psychological benefits to the rapist, it is always
wrong. Similarly, while direct killing of severely handicapped infants
might bring some benefit to others, it is not something that should
ever be chosen. Handicapped infants have an ordinary moral right not
to be starved and dehydrated to death and they have an ordinary
moral right not to be directly killed because someone thinks that they
are suffering too much.

When considering treatments to be given to children with spina
bifida, any and all treatments which improve the clinical picture of
these children should be given. Any treatment which palliates, allevi
ates or corrects their clinical conditions and which can be given with
out undue burden to the parents or health care providers should be
given in a matter of moral duty. Aggressive treatment of children with
spina bifida should never be regarded as imposing harm on them when
there is a prognosis that such treatment will improve the condition of
the child. But where a child with spina bifida will die imminently and
unavoidably, aggressive treatment which cannot ward off death can
become morally extraordinary. Even in this circumstance, palliative
care and provision of nutrition and fluids are morally required, as the
life of the child is a basic good which should never be deliberate
destroyed or turned against by anyone. “Do not resuscitate” orders should only be given for
capped infants who suffer from terminal illnesses and
futility or burden of resuscitation, but rather they should be
off by further treatment. Tay-Sachs disease is often difficult to detect at birth,
can not be considered as
for handicapped infants when it is clear that death could
imminently and unavoidably dying. These orders should
for handicapped infants when it is clear that death could
off by further treatment.

Tay-Sachs disease is often difficult to detect at birth,
which includes palliative and supportive care should also
be held elective, even though nutrition and fluids
provided.

Conclusion
For all of the discussion of infant care review committees in recent
months, it appears that such committees have been widely under-
utilized in the recent past. One study showed that hospital ethics
commitees were only used once a year on the average in those hospita-
tals which had instituted them. At the present time, there is a con-
cernted effort to create a network of infant care review committees,
and this effort should be regarded with caution. Many authorities
admit that there are not experienced ethicists to be found on most
committees, and this could lead to highly objectionable practices and
judgments by those committees. It is quite possible that ICRCs could
be used in the future as shields against legitimate intervention by law
enforcement authorities, and this would be quite unfortunate if it
were to happen. Thus, it is imperative that ICRCs adopt strict moral
standards and that they be closely monitored during this phase of
their growth and development. The existence and development of
these committees are only tolerable if they enhance protection of the
rights of handicapped newborns and if they facilitate enforcement of
laws designed to protect their moral and civil rights. They cannot be
allowed to become impediments to strict law enforcement, and for
that reason it is imperative that a close watch be kept on them in
coming months as they grow and develop.

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