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Book Reviews of *Sex and Sensibility* by Dr. H.P. Dunn -- *Death in the Nursery* by James Manney and John Blattner -- *Caring for the Special Child* by John Glaser

Catholic Physicians' Guild

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35. Department of Health and Human Services, Child Abuse Treatment Act, p. 15.
39. This is required for the reason that there are so few, if any, situations in which nutrition and fluids could be legitimately withdrawn from patients that the strong probability is that any denial of nutrition and fluids would be an instance of culpably direct killing.
41. Sacred Congregation for the Doctrine of the Faith, Declaration on Euthanasia, sec. IV.
42. Department of Health and Human Services, Child Abuse Treatment Act, p. 16.
44. Weir, Robert, Selective Nontreatment of Handicapped Newborns (New York: Oxford University Press, 1984), p. 216. Weir claims that there are many meanings of "nontreatment" but in only one of them will an infant not die imminently from the denial of treatment. His views on the nature of "nontreatment" are so elastic, however, that he considers the administration of potassium injections to infants who will not die when all other treatments are removed to be a form of "nontreatment." [Italics added]
45. Ibid., p. 235. It also seems as if he considers these children to be candidates for direct killing, for many of them will not die imminently when all other treatments are withdrawn, and therefore they can be directly killed by swift and painless lethal injection.
46. Ibid., p. 216. Weir argues that direct killing is morally tolerable when nothing can be done to prevent the suffering of an infant. It might even be mandatory to give lethal injections, according to him, to abide by the principle of nonmaleficeance.
47. Ibid., p. 249.
48. President's Commission, op. cit., p. 446.

BOOK REVIEWS

Sex And Sensibility
by Dr. H.P. Dunn

Published by E.J. Dower, PTY, LTD. Sydney and Wellington; distributed by Costello Publishing Co., Box 9, Northport, N.Y. 11768 S8.95.

In this masterful undertaking, New Zealand's Dr. Pat Dunn asks and answers 133 questions in nine chapters and 131 pages in the tradition of our dear departed colleagues, Drs. Bill Lynch and Sean O'Reilly.

What is most remarkable is that Dr. Dunn is not a theologian, but a conservative, busy OB-GYN. His advice is always practical. His nine chapters cover Love, Sex Gone Wrong, Marriage and Normal Sexuality, Contraception, Sterilization, Abortion, Investigation of Sterility, Artificial Insemination, and Something About Everything. There are no surprises. While Pat Dunn opposes modern marriage manuals, he proceeds to write what may be the best marriage manual yet. Who should read it? Surely doctors, nurses, and married couples, those about to marry, high school students, and, above all, the religious—priests and nuns.

One of the most unfortunate changes of our times is that sexual morality is seldom if ever, taught from the pulpit. Many young couples, even those who have attended Catholic high schools, are not aware that there is such a thing as sexual morality. Many Catholic hospitals appear to be no different from public hospitals. There is enough material in this book for all of next year's sermons in your parish and mine.

Homosexuality, masturbation, abortion, contraception and sterilization are all vehemently condemned. Homosexuality and masturbation are wrong because it is only our reproductive organs which are made to share permanently with a person of the opposite sex.

Pat Dunn uses a postcoital uterine sample for sperm study of the husband in infertility problems. Everything he says is consistent with what has been taught by the Popes of the 20th century. In Casti Connubii, it is said, "it is indeed of utmost importance that the faithful should be well instructed concerning matrimony both by word of mouth and written word.

Many of our Catholic colleagues provide for each patient's needs. Dunn says, "The doctor is the servant of the patient, not the slave. . . . " He must have freedom to make decisions according to his experience and principles to protect her interests. . . . "She cannot oblige him to act against his better judgement." We should all read question #123.

Q: "Should a young Catholic doctor take up obstetrics and gynecology?"
A: "He will safeguard the natural rights of both mother and child and will make an important contribution to the nobility and dignity of the profession. There is no doubt that the latter choice is the only one if he wants to do the proper thing in life. Unless a large number of decent young men enter the specialty it will be doomed and mothers of the future will have only abortionists to serve them during pregnancy."

Dr. Pat Dunn, it is a doctor's first responsibility to a patient to be her teacher, not her technician.
Caring for the Special Child is a brief compendium of papers related to the same issues raised by Manney and Blatter in Death in the Nursery. The selection of the papers is useful in helping us to understand why it took so long to achieve protection for handicapped newborns at the federal level. The book is apparently intended as a study guide. It is difficult to imagine a more undesirable way to introduce an uninstructed student to the topics covered in this book.

The following gems of disinformation can be gleaned from the carefully selected materials:

1. Parents should always decide whether to exert maximal effort to sustain life. Doctors should be available to advise but parents will "act unselfishly" where life is at stake (AMA Judicial Council). In the city where the AMA headquarters are located, there were 250,000 reports of child abuse last year.

2. The "morally relevant" issue is not whether the retarded have rights but rather whether they impose unacceptable burdens on the family (Carson Strong).

3. The investigation of the Spina Bifida case in Robinson, Illinois was a "politically responsive prosecutorial threat" to a non-treatment decision (Paris and McCormick). The baby who was being neglected in Crawford Memorial Hospital was, as a result of the investigation, surgically treated, adopted, and now walks with braces in a loving home.

4. Intravenous or oral "forced feeding" should not be given to a child with meningencephalocoele, necrotizing enterocolitis, or a child with perinatal asphyxia who is not brain dead (Paris and Fletcher).

5. The number of babies born with handicaps has "doubled" in the last 25 years according to some unidentified "pediatricians and statisticians" (source unknown).

6. The real problem in the care of handicapped infants is that all advised "right to life" (quotes in the original) groups intervene inappropriately to reduce difficult moral choices to a "crusade of slogans" (Paris and McCormick).

7. In Great Britain, the problem of trying to save very small infants could be better addressed by "abortion reform". The Swedes are wiser than the Americans because they do not try to save any baby under 750 grams (Young).

8. We should not try to save lives in which "the potential for human relationships is simply non-existent or would be utterly submerged and undeveloped in the struggle to survive" (McCormick). (Try to translate that statement into a useful guide for bedside decision-making.)

9. The federal government's role was "well intentioned but heavy handed and has promoted only controversy and further confusion." (Glaser).

If your view of the handicapped newborn controversy is that noble physicians were allowing hopelessly deformed infants to die until the federal government needlessly stepped in to demand inappropriate extra-ordinary care, then this is the book for you. Despite some useful chapters by John Robertson, the Bioethics Committee of the American Academy of Pediatrics, and the Sacred Congregation for the Doctrine of the Faith, the book is fatally flawed. It should be kept out of the hands of the young and impressionable at all costs. Companion video cassettes were not reviewed.

—E.F. Diamond, M.D.
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November, 1985
Imhof AE: From the old mortality pattern to the new: implications of a radical change from the sixteenth to the twentieth century. Bull Hist Med 59:1-29 1985

There has been a radical increase in life-expectancy in the 20th century compared with that in the preceding four centuries. This has not been an unalloyed benefit, however. In the past, death in the course of an epidemic was quick and merciful; in contrast, death "caused by today's chronic illnesses in old age... often means waiting for death for years." This has not been a good exchange. In addition and as a corollary, modern man has lost a sense of the eternal. Earthly life has become the only accepted aspect of human existence, whereas in the past "life was composed of a more or less important earthly phase and a much more important and longer other worldly, eternal phase."

"Along with the transition into the new mortality pattern we lost this vision... Life and death have become completely separated at the moment, they are two totally different things for us, hard to combine. As long as we are willing to accept only the first one and to reject the other, we will remain in an unsolvable dilemma..."


The author, an American Catholic, who has always believed in just war theory as articulated by Augustine and Aquinas. Specifically, he considered that the Vietnam conflict qualified as a just war. "And once acquiesced to my role as a military psychiatrist, I then had to accept that my obligation to my individual patient was far superseded by my obligation to the military and, eventually, to my country. This is the main ethic of military psychiatry."


Among the problems associated with the AIDS epidemic are those of an ethical nature. These include difficulties of allocation of financial and other resources to AIDS research and treatment. Concentrating treatment and support of AIDS patients in specialty designated hospital wards is very ethically stigmatizing. Furthermore, the advent of the HTLV-III antibody test poses issues of confidentiality and of consent, and provokes anew the tension that exists between the rights of an individual patient and legitimate public health concerns.


There has been a long tradition in medicine that physicians and surgeons should be willing to hazard their own health if necessary in the care of the sick. The epidemic of the 80s was the last significant occasion where such a situation arose. However, the present AIDS epidemic raises similar problems. "Taking risks requires courage, and facing a danger that is direct and threatening is the highest test of courage." Assessing the moral obligation of a surgeon to operate on an AIDS patient and thus to risk his own health requires that the answer always be "conditioned by the particular set of circumstances involved..."
The psychiatric patient is already impaired by his disease in matters such as decision-making. In cases of severe mental illness, the psychiatrist must try to resolve ethical dilemmas of justice, autonomy, and beneficence. The Kantian ethical ideal involving a physician/patient contract may never be achieved in this situation. Paternalistic intervention may therefore be required since most mentally ill patients are not truly autonomous.

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