The Linacre Quarterly

Volume 50 | Number 4 Article 19

11-1-1983

Current Literature

Catholic Physicians' Guild

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)*

Watchko JF: Decision making on critically ill infants by parents: conflict of interest or primacy of interest. *Am J Dis Child* **137:795-798 Aug 1983.**

Traditionally the responsibility for decision-making in the case of critically ill infants has been either in the hands of a committee or in the hands of parent(s)/physician. A third approach is the matrix paradigm. This potentially encompasses the needs of all participants more fully. It evolves from the fact that "consideration of all potentially involved parties . . . discloses not a spectrum of primary authorities, but a matrix of potential alliances from which decision making could arise."

Levine RJ: Informed consent in research and practice: similarities and differences. *Arch Int Med* **143:1229-1231 June 1983.**

Although there are some similarities, the informed consent process in the research milieu has significant differences from that in clinical practice. For example, in clinical medicine the process is considered quite informal, while in research it is highly formal and heavily regulated. And in clinical medicine the relationshp of patient to physician is generally long-term, while in research the subject/investigator relationship may be quite brief. Furthermore, there is a difference in purpose between informed consent and the consent form — the object of informed consent is to protect the autonomy of the person; that of the consent form is to protect the interests of the investigator/institution in terms of legal liability. In the research situation there is occasionally a tendency for regulations to be excessive and inflexible, thus inhibiting the process. Conversely, in the clinical situation there is occasionally a tendency to belittle informed consent because it is difficult to obtain and because "fully informed consent" is impossible. Both of these tendencies should be resisted.

Under the rubric "ABC of Brain Stem Death," the *British Medical Journal* has presented a 9-part article on the subject by neurologist Christopher Pallis. The topics are as follows: Reappraising death (13 Nov 1982), From brain death to brain stem death (20 Nov 1982), Diagnosis of brain stem death — I (27 Nov 1982), Diagnosis of brain stem death — II (4 Dec 1982), Pitfalls and safeguards (11 Dec 1982), The declaration of death (1 Jan 1983), Prognostic significance of a dead brain stem (8 Jan 1983), The position in the USA and elsewhere (15 Jan 1983), and The arguments about the EEG (22 Jan 1983).

Christie RJ, Hoffmaster CB, Bass MJ, McCracken EC: How family physicians approach ethical problems. *J Family Practice* **16:1133-1138 1983.**

The existence of ethical issues in family practice has been obscured by the dramatic life-or-death situations that occur in medical centers. Nevertheless family practice continues to

pose problems in medical ethics but "references to ethics in the literature of family medicine do not usually relate to day-to-day reality of practice." On the basis of a questionnaire it was shown, for example, that interference with patient lifestyle is a vexatious area for family physicians. Furthermore, the perception of physician response to ethical problems by academic departments of family medicine may be quite different from that manifested by family physicians in community practice.

Micetich KC, Steinecker PH, Thomasma DC: Are intravenous fluids morally required for a dying patient? *Arch Int Med* **143:975-987 May 1983.**

Although medical ethical theoreticians have largely discarded the notion of ordinary versus extraordinary means in discussions about prolonging life, clinicians still seem to find the distinction useful. The administration of intravenous fluids to a dying patient is a case in point. Usually this is not considered an extraordinary means. However, the writers hold that, under specific circumstances, such use of intravenous fluids is not morally required. In order to justify such withholding of fluids, the following conditions must obtain: 1) the patient must be dying, 2) the patient should be comatose, and 3) the family must concur in the decision.

Bracken MB, Vita K: Frequency of non-hormonal contraception around conception and association with congenital malformations in offspring. *Am J Epidemiol* **117:281-291 1983.**

Non-hormonal contraceptive techniques — including rhythm, spermatocidal agents, and the intrauterine device — have been said by some to be associated with an increased risk of congenital malformations. A case-control study was therefore undertaken to study this possibility. No definite association of congenital defects with the rhythm method was found. Cleft lip/palate and congenital hydrocele, the two anomalies thought to be significantly associated with the rhythm method, are difficult to evaluate and would seem to be chance findings. Spermicides and the IUD similarly seem to lack an association with congenital defects. However, further studies are necessary before the relationship, or lack of same, between all three methods of contraception and the development of congenital defects can be firmly established.

Gunter LM: Ethical considerations for nursing care of older patients in the acute care setting. *Nurs Clin N A* **18:411-421 June 1983.**

Although every patient admitted to an acute care hospital is vulnerable, the geriatric patient is more vulnerable than most, and in this setting, ethical difficulties may be accentuated. The more apposite ethical concepts include the sanctity of life, freedom, rights, dignity, respect, privacy, and informed consent. The nurse has a particular responsibility to observe these ethical principles when caring for older patients. "To practice nursing in such a way as to preserve the sanctity of life and the autonomy of the individual within a caring relationship is an ethical duty."

(The Legal Advisors Committee of Concern for Dying): The right to refuse treatment: a model act. *Am J Public Health* **73:918-921 Aug 1983.**

There is a wide discrepancy between the universally acknowledged right to refuse treatment and its implementation in practice. In an attempt to remedy this situation some states have enacted "living will" or related legislation. This has proven suboptimal and a model act that circumvents many of the difficulties is proposed and is presented as a 15-section appendix.

Gulati RS, Bhan GL, Horan MA: Cardiopulmonary resuscitation of old people. *Lancet* **pp. 267-269 30 July 1983.**

Although terminal illness is generally considered a contraindication to attempted cardiopulmonary resuscitation, advanced age by itself is not. In a prospective study of 52 elderly patients in whom cardiopulmonary resuscitation was attempted, the outcome was determined principally by the nature of the cardiac dysrhythmia, whereas age, sex, and time of arrest were not relevant. But even though cardiopulmonary resuscitation may prove successful in patients of advanced age, nevertheless "we feel it right to exclude patients with chronic, progressive disabling diseases who are highly dependent on others."

(Cf. related editorial, "Should dying be a diagnosis?" *Lancet*, p. 261 30 July 1983.)

Moskovites JPG: The dying patient: some ethical considerations. *Military Med* **148:632-633 July 1983.**

Advances in medical technology continue to aggravate the ethical problem of prolonging the life of a dying patient. In this situation, nurses must realize that they are obliged to care not only for the patient but also for the patient's family. "A nurse's compassion involves respect, interest, and candid expressions of judgment."

Statement of Ownership, Management and Circulation

(Required by 39 U.S.C. 3685)

Title of publication: Linacre Quarterly; Pub. No.: 00587100
Date of filing: October 10, 1983
Frequency of issue: quarterly
Number of issues published annually: four
Annual subscription price: $20
Location of known office of publication: 850 Elm Grove Rd., Elm Grove, WI 53122
Location of the headquarters of the publisher:
850 Elm Grove Rd., Elm Grove, WI 53122
Publisher: National Federation of Catholic Physicians' Guilds, Inc.
850 Elm Grove Rd., Elm Grove, WI 53122
Editor: John P. Mullooly, M.D., 8430 W. Capitol Dr., Milwaukee, WI 53222
Managing editor: Robert H. Herzog, 850 Elm Grove Rd., Elm Grove, WI 53122
Owner: National Federation of Catholic Physicians' Guilds, Inc.
850 Elm Grove Rd., Elm Grove, WI 53122
Known bondholders, mortgages, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages or other securities: None

The purpose, function and nonprofit status of this organization and the exempt status for federal income tax purposes have not changed during the preceding twelve months.

Total number of copies printed: 3,700
Mail subscriptions: 3,237
Total paid circulation: 3,237
Free distribution by mail: 335
Total distribution: 3,572
Copies not distributed: 128
Total: 3,700