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Current Literature

Catholic Physicians' Guild

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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., 170 Middlesex Rd. Newton Lower Falls, MA 02167.

Holbrook D: Medical ethics and the potentialities of the living being. *Brit Med J* 291:459-462 17 Aug 1985

Contemporary scientific and philosophical analysis has been unable to reach a consensus regarding a workable definition of human life. As a consequence, debate continues about the ethics of matters like abortion, in vitro fertilization, and surrogate motherhood. "Since there are so many mysteries that we do not yet understand . . . it is important to provide protection for the natural processes by which a human being comes into this world, against the Faustian ambitions of some of mechanistic science and of technology which has outstripped ethics and is reckless with its own ignorance."

Kanoti GA: Home care: a shifting of ethical responsibilities. *Cleveland Clin Quart* 52:351-354 Fall 1985

Economic considerations have led to an increased emphasis on home care for many patients traditionally treated in the hospital. This may raise ethical questions. However, ethical requirements may be met if there are well-defined criteria for patient selection, if education programs are available for home care providers, if there is continued evaluation of the adequacy of therapy, and if certain other specific obligations are fulfilled. Home care is an ethical option if the principles of beneficence, non-maleficence, freedom, and justice are followed.

Under the rubric "Philosophical Medical Ethics" a series of articles by Raanan Gillon, editor of *Journal of Medical*

Ethics, has appeared in *British Medical Journal*. These are as follows:

An introduction to philosophical medical ethics: the Arthur case. 290:1117-1119 13 April 1985

Medical oaths, declarations, and codes. 290:1194-1195 20 April 1985

Deontological foundations for medical ethics? 290:1331-1333 4 May 1985

Utilitarianism. 290:1411-1413 11 May 1985

Conscience, good character, integrity, and to hell with philosophical medical ethics? 290:1497-1498 18 May 1985

"It's all too subjective": scepticism about the possibility or use of philosophical medical ethics. 290:1574-1575 25 May 1985

To what do we have moral obligations and why? I 290:1646-1647 1 June 1985

To what do we have moral obligations and why? II 290:1734-1736 8 June 1985

Autonomy and the principle of respect for autonomy. 290:1806-1808 15 June 1985

Rights. 290:1890-1891 22 June 1985

Paternalism and medical ethics. 290:1971-1972 29 June 1985

Beneficence: doing good for others. 291:44-45 6 July 1985

"Primum non nocere" and the principle of non-maleficence. 291:130-131 13 July 1985

Justice and medical ethics. 291:201-202 20 July 1985

O'Brien RL, Haller MJ: Investor-owned or nonprofit? Issues and implications for academic and ethical values in a Catholic teaching hospital. *New Eng J Med* 313:198-201 18 July 1985

Fiscal and related factors have threatened the ability of teaching hospitals to continue their traditional role in education and research. A somewhat related phenomenon is the ascendancy of investor-owned, for-profit hospital companies. The latter have expressed an interest in acquiring a few teaching hospitals. In this connection, negotiations were conducted between St. Joseph Hospital — a Catholic hospital affiliated with a Jesuit medical school in Omaha — and American Medical International, Inc., a for-profit corporation. Such an arrangement would pose special problems because of the specific religious affiliation and ethical norms associated with Catholic hospitals. Abortion is a case in point. An agreement was concluded in which such ethical norms are noted and respected. "Acceptance of our special mission and our values by AMI and the added resources the acquisition brings ensure our ability to meet and expand our educational mission within our ethical framework."

McCormick RA: Therapy or tampering? The ethics of reproductive technology. *America* 153:396-403 7 Dec 1985

In vitro fertilization technics have raised many moral issues, most of which are far from decided. An evolution may be occurring concerning the understanding of the unitive and procreative dimensions of sexuality. Third-party involvement in the reproductive process, classically in the case of donor sperm, raises ethical questions that continue to be debated. Pius XII, in 1949, unequivocally condemned donor insemination; today some Catholic theologians would argue against the absolute primacy of genetic lineage in

this circumstance. Additional problems are posed by the moral status of the preimplanted embryo; John Paul II would grant it full human status, while Father Rahner reaches a different conclusion. Essentially this is an evaluative question, not a directly scientific one. "Catholics have an indispensable contribution to make in such deliberation, for the issues are basic and pervasively moral . . ."

McDonald A: Ethics and editors: when should unethical research be published? *Canad Med Assoc J* 133:803-805 15 Oct 1985

There is no unanimity among editors about publishing articles based on research that was thought to have been conducted in an unethical manner. In one view (Beecher), such a paper should be rejected because the information has been obtained in an unjustifiable way; furthermore, publishing such a paper may encourage further unethical research. Determining whether or not a research protocol is ethical may depend upon the editor's philosophy — a deontologist would view a protocol as being "either completely free of any ethical violation or being unethical no matter how small the violation", while a consequentialist would balance "ethical considerations with the validity and importance of the results". Citation of unethical experiments already recorded in the literature should probably be permitted.

Munetz MR, Roth LH: Informing patients about tardive dyskinesia *Arch Gen Psychiat* 42:866-871 Sep 1985

Informed consent for neuroleptic treatment in a group of schizophrenic patients was obtained either formally (using a written consent form) or informally (orally). Only the latter group were found to retain significant information two months later. "While information about tardive dyskinesia can be safely disclosed to schizophrenic outpatients, such disclosure is evidently most meaningful when

repeated informally in the context of a therapeutic relationship."

Pellegrino ED, Hart RJ Jr, Henderson SR, Loeb SE, Edwards G: Relevance and utility of courses in medical ethics: a survey of physicians' perceptions. JAMA 253:49-53 4 Jan 1985

Courses in medical ethics have burgeoned in American medical schools over the past decade. However, the effectiveness of such courses has not been systematically evaluated, and the present study is an effort in this direction. The survey sample consisted of 3,000 physicians who graduated between 1974 and 1978. Those who had courses in medical ethics thought that such courses were of benefit in confronting actual ethical problems in practice, and were in favor of continuing and expanding such courses. "The responses suggest that the most effective teaching was concentrated on specific cases and was taught in the clinical years by teachers they could see as role models, namely, physicians."

Lawrence RJ: David the 'bubble boy' and the boundaries of the human. JAMA 253:74-76 4 Jan 1985

David was born with severe combined immune deficiency (SCID) syndrome, a condition known in advance to have a 50% chance of occurring. It was erroneously thought at that time that a cure would be available within two years. He died at the age of 12 after having lived his entire life in the isolation of a plastic "bubble". This was a totally dehumanizing process. "If we do not attempt to clarify soon what makes human life human, we may see even more monstrous dehumanizations than those experienced by David."

(See also Rennie D.: "Bubble boy". (editorial) *JAMA* 253:7880 4 Jan 1985; related correspondence in *JAMA* 254: 1036-1037 23/30 Aug 1985).

Steinbrook R, Lo B, Tirpack J, Dilley JW, Volberding PA: Ethical dilemmas in caring for patients with the acquired immunodeficiency syndrome. Ann Int Med 103:787-790 Nov 1985

Ethical problems abound in the treatment of patients with the acquired immunodeficiency syndrome (AIDS). These include decisions about continuing life-sustaining treatment in hopeless situations and making decisions for incompetent patients. Physicians and nurses develop severe stress and anxiety in caring for AIDS patients and this may alter their pattern of care.

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