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## Current Literature

Catholic Physicians' Guild

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## Current Literature

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**Wilson-Barnett J: Ethical dilemmas in nursing. *J Med Ethics* 12:123-126, 135 Sep 1986**

Nurses have traditionally deferred decision-making in areas of medical ethics to the physician. However, with the increasing professionalization of nursing, there has developed "an emerging professional conscience" which fosters ethical decision-making by the nurse. Appropriate communication with physicians continues to be a problem in this area.

**Bedell SE, Pelle D, Maher PL, Cleary PD: Do-not-resuscitate orders for critically ill patients in the hospital. How are they used and what is their impact? *JAMA* 256:233-237 11 July 1986**

Although do-not-resuscitate (DNR) orders are in common use, some aspects of the practice require review. A study was made of 389 patients designated DNR. In almost all instances, the attending physician was involved in the discussion about such designation, but in only 10% of the cases was there involvement by nurses. Decision-making by families was documented in 86% of cases. When discussions about resuscitation status were begun, most of the DNR patients had become mentally incompetent. The goal of allowing patients to participate in the DNR decision remains unfulfilled.

**Lo B, Dornbrand L: The case of Claire Conroy: Will administrative review safeguard incompetent patients? *Ann Int Med* 104:869-873 June 1986**

In ruling on the case of Claire Conroy, an elderly resident of a nursing home who

had severe dementia and required an indwelling nasogastric tube for feeding, the New Jersey Supreme Court held that tube feedings were no different from other life-sustaining measures. Thus they could be withheld if perceived to be against the patient's best interests or wishes. Rejecting the notion of shared decision-making by physicians and families of incompetent patients, the court specified that a state ombudsman investigate such cases. This ruling may make appropriate decisions difficult to implement. In order to minimize problems, physicians should discuss the issue of life-sustaining treatment in a specific way with patients well before the occasion arises.

**Cohen C: The case for the use of animals in biomedical research. *New Eng J Med* 315:865-870 2 Oct 1986**

The argument against the use of animals in biomedical research is generally based on considerations of animal rights and of avoidable suffering. However, properly speaking, rights can only be possessed or claimed within a community of moral agents; animals therefore cannot be said to have rights. Furthermore, although animals may have no rights, humans *do* have an obligation to treat them humanely. Some opponents of the use of animals in research avoid the issue of rights and instead draw an analogy between racism and "speciesism". "Between species of animate life, however . . . the morally relevant differences are enormous, and almost universally appreciated."

**Arpaillange P, Dion S, Mathe G: Proposal for ethical standards in therapeutic trials. *Brit Med J* 291:887-889 28 Sep 1985**

Informed and uncoerced consent is essential to the ethical performance of therapeutic trials with drugs. Phase I trials must have been preceded by ample and appropriate animal experiments, and must not be conducted either on normal subjects or on patients suffering from a disease other than the one that is the object of the study. Phase II trials, which are aimed at determining the pharmacologic activity of a new treatment, must be "oriented", i.e., the number of patients employed to answer each specific question posed by the study must be neither more nor less than is necessary. In order to reach the objective of completely ethical therapeutic trials, it is recommended that a mixed committee be appointed in each hospital. This committee would include two physicians (one in favor of, and one opposed to, the projected study), a statistician, a lawyer, and a judge.

**Vaughan WP, Purtilo RB, Butler CD, Armitage JO: Ethical and financial issues in autologous marrow transplantation: A symposium sponsored by the University of Nebraska Medical Center. *Ann Int Med* 105:134-135 1986**

Autologous marrow transplantation (AMT) is a useful technic for permitting high-dose chemotherapy for some forms of malignancy. However, it is an expensive modality and insurers have generally tended to refuse reimbursement on the basis that it is still "investigational". If a treatment is both investigational and expensive, problems arise about the selection of patients and other ethical issues. Closer cooperation between insurers and investigators would reduce the ethical ambiguities which arise in this context.

**Strauss MJ, LoGerfo JP, Yeltatzie JA, Temkin N, Hudson LD: Rationing of intensive care unit services: An everyday occurrence. *JAMA* 255:1143-1146 7 March 1986**

Although intensive care units have proven effective in the management of critically ill patients, they are extremely expensive. The availability of intensive care unit beds has a direct bearing on the selection of patients for ICU admission. When beds were in short supply, those patients who were admitted tended to be sicker than those admitted when beds were readily available. Furthermore, patients who were discharged from the ICU under crowded conditions were generally sicker than were those who left when beds were more available. However, such selection for admission and discharge did not affect death-rate in the ICU, post-discharge death, or ICU readmission. Changing ICU admission and discharge criteria, therefore, may make rationing of ICU services possible.

**Engelhardt HT Jr, Rie MA: Intensive care units, scarce resources, and conflicting principles of justice. *JAMA* 255:1159-1164 7 March 1986**

Entitlement to intensive care unit treatment poses many ethical and public policy issues. Since such decision involves the allocation of communal resources, it requires communal discussion.

(See also related editorial: Knaus WA: Rationing, justice, and the American physician. *JAMA* 255:1176-1177 7 March 1986)

**Braithwaite S, Thomasma DC: New guidelines on foregoing life-sustaining treatment in incompetent patients: An anti-cruelty policy. *Ann Int Med* 104:711-715 May 1986**

The decision to forego life-sustaining treatment for incompetent patients usually involves quality-of-life issues, sanctity-of-life concerns, and certain established criteria (e.g., brain death, living will). However, these may often be inadequate. A fourth consideration, based on an "anti-cruelty policy", would assist appropriate decision-making.