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Current Literature: Titles and Abstracts

Catholic Physicians' Guilds

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Current Literature:

Titles and Abstracts



Material appearing in this column is thought to be of particular interest to the Catholic physician because of its moral, religious, or philosophical 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. Parenthetical editorial comment may follow the abstract if considered desirable. Books are reviewed rather than summarized. Contributions and comments from readers are invited.

Shanbrom, E.: Malthus, morality and "miracle" drugs. J.A.M.A., 182:856-857, Nov. 24, 1962.

The availability of modern antibiotics has made possible the survival of many victims of crippling disorders who would otherwise die of pneumonia or other infections. The resulting problem thus confronting physicians is whether they have the right to decide who shall be made to live, i.e., the right to interfere with nature's law of survival of the fittest.

(Cf. Hartmann, H.: Plea for more mercy. [Correspondence] *Modern Med.*, pp. 341-342, Dec. 10, 1962.)

Ayd, F. J., Jr.: The hopeless case: medical and moral considerations. J.A.M.A., 181:1099-1102, September 29, 1962.

(Author's Summary) There are divergent views as to the physician's duty when a patient is critically ill. Some contend that the physician must sustain life as long as possible; others hold that he should alleviate suffering and make no effort to prolong life. The latter are supported by moralists. Physicians must recognize man's right to live and die peacefully. Otherwise life-preserving treatment may become a scientific weapon for the prolongation of agony.

(For an opposing view, cf. Samter, M.: To doctors, death is always the opponent. *New Med. Materia*, 4: 48-49, September 1962.)

Kornofsky, D. A.: Rationale for aggressive or extraordinary means of treatment of advanced cancer. CA (American Cancer Society), 12:166-170, Sept.-Oct. 1962.

Resort to extraordinary means of treating the patient with advanced cancer has been condemned by social workers, philosophers, theologians, economists, and humanitarians. The individual physician, however, is committed to active treatment of disease and "must carry on until the issue is taken out of his hands." The rationale for such a philosophy is as follows: (1.) treatable symptoms may incorrectly be ascribed to malignancy; (2.) appropriate treatment may produce remarkable results; (3.) most patients are eager to live and will insist on vigorous and continuous therapeutic efforts, and (4.) therapeutic defeatism is a major barrier to advances in medical knowledge.

Silberman, I. A. and Adams, D. A.: The nephrotic syndrome and pregnancy. New Eng. J. Med., 267:1286-1290, Dec 20, 1962.

Since coincidence of the nephrotic syndrome and pregnancy is rare, opinions have varied concerning the management of this complication. On the one hand, therapeutic abortion has been advocated in order to prevent further renal damage. On the other hand, the availability of steroid therapy has permitted a more conservative approach. Support for the latter view is adduced from the case of a patient with the nephrotic syndrome who became pregnant twice during the course of her disease. Long-term, massive steroid therapy was employed with marked benefit to the mother and no apparent detriment to the infants. "Although the long-term prognosis may be guarded, there is

no evidence for interruption, or even interdiction, of pregnancy in cases of the nephrotic syndrome in which clinical remission might be obtained with current modes of therapy."

Traut, E. F.: *Equivocation as a bedside manner.* (Editorial) *Chicago Med.*, 64:5, June 9, 1962.

For many physicians equivocation has become an accepted professional attitude, particularly when managing the patient with malignancy. Its frequent use, however, can be embarrassing or even harmful. Honesty need not be brutal or abrupt. "The discerning patient . . . may consider the equivocator uninformed or untruthful."

O'Driscoll, M. K., Coyle, C. F. V., and Drury, M. I.: *Rheumatic heart disease complicating pregnancy; the remote prospects.* *Brit. Med. J.*, No. 5307, pp. 767-768, September 22, 1962.

A total of 539 pregnancies in 385 mothers with rheumatic heart disease were studied from 1949 to 1956. On the basis of this material it is concluded (1.) that the immediate maternal hazards can be almost completely eliminated by early diagnosis and adequate supervision; (2.) that life expectancy is not significantly altered if the immediate hazards are overcome, and (3.) that therapeutic abortion does not improve the immediate or remote welfare of mothers with rheumatic heart disease.

FURTHER DISCUSSION of the Catholic viewpoint concerning victims of the thalidomide tragedy is available as follows:

(Editorial): *Lesson of Liege, America*, 107:1239-1240, Dec. 15, 1962. **Ogle, Alice:** *What about thalidomide babies?* *America*, 107:1128, Nov. 24, 1962. **McNaspy, C. J. (S.J.):** *Murder for mercy's sake, America*, 107:1242-1244, Dec. 15, 1962.

Gibbons, W. J. (S.J.): *Medical research and fertility control.* *Catholic World*, 191:86-93, May 1960.

Recent advances in our knowledge of the reproduction function and body chemistry which are relevant to the "regulation of births" have made this one of the key moral problems of our age. Some brief, nontechnical evaluations of various

procedures are made in order to bring into focus the moral implications of the various possible methods of controlling fertility physiologically.

According to Catholic moral teaching valid reasons can exist for couples to regulate fertility, when this can be done licitly. Modern science has much to teach about the improvement of morally licit means of regulating fertility. Certain of the physiologic means proposed are morally unacceptable. Intensive research should be fostered on the regulatory procedures which are acceptable to the Catholic conscience.

—J.S.N.

Casey, T. J. (S.J.): *Catholics and family planning.* *The American Sociological Review*, 21:125-135, Summer 1960.

Is there a trend toward conformity to secularistic or Church norms among Catholics in the area of family planning? This question arose partly because of a recent survey that showed that the fertility rate between a Catholic community and a mixed community dropped from 92 per cent above to 13 per cent below for the years 1920 to 1960. What explanation can be given for the fact that Catholic birth rates have dropped so notably? One explanation could be the adoption of the "rhythm method," but there are many reasons to doubt this. Another explanation is seen in the results of the following surveys. One survey showed that three out of every ten Catholic married couples resorted to condemned practices in family planning. In another, 69 per cent of the Catholic women interviewed on the question of the availability of material on birth control said that it should be made available. Eighteen percent of a troupe of 75 Catholic women in a non-Catholic college would consider use of contraceptives, and only 51 per cent of another group of Catholics interviewed on the topic of artificial or mechanical methods of birth control were in clear agreement with the Church's stand.

Of 475 Catholic respondents out of about 2,400 interviews with urban married women on the use of contraceptives, 43 per cent of this Catholic sampling admitted to family planning practices other than

safe period, plain douche, or withdrawal. Although it may be true that many of the so-called Catholics in these surveys would be considered either dormant or marginal Catholics, we do see a serious secularistic trend in the above facts brought about possibly by the socio-economic pressures of the times and a notable weakness in the religious training and spirit in the Catholic home. We submit that a satisfactory solution to the problem has not yet been sufficiently thought out. One might ask whether the need for such thinking is generally accepted.

—J.A.M.

INDICATIVE OF AN increased interest in medical ethics has been a series of editorials appearing in J.A.M.A. over the signature of its editor-in-chief, Dr. John H. Talbott. The first, "Jewish Medical Ethics," (180:403, May 5, 1962) was based largely on Jacobovits' book of the same title. Next came "Catholic Medical Ethics," (180:834, June 9, 1962) an exposition that stimulated at least one dissenting letter (J.A.M.A., 182:93, Oct. 6, 1962). Completing the triad was "Ethics of a Protestant Physician," (181:253, July 21, 1962) probably the best piece, in which the writer was more familiar with his material and consequently more relaxed.

Laforet, E. G.: *The large urban Catholic hospital: its role in contemporary America.* *Carney Hosp. J. (Boston)*, 4:2-6, December 1962.

The role of the large urban Catholic hospital has evolved from an apostolate of the indigent to an apostolate of the intellectual. This transition has been subtle and not fully appreciated. The need for increased intellectual activity within Catholic hospitals must be recognized and acted upon if such institutions are to fulfill their present-day mission.

D'Esopo, D. A.: *Hysterectomy when the uterus is grossly normal.* *Am. J. Obs. & Gyn.*, 83:113-121, Jan. 1, 1962.

Due to conditions peculiar to this organ, the uterus is found to be essentially normal in the pathologic sense in approximately 15% of all hysterectomies. There are several reasons for this surgical paradox, among which is the following: "Cer-

tain patients to whom sterilization by tubal ligation is unacceptable are sterilized by hysterectomy."

[Although not specifically stated, it seems likely that this category is composed principally, if not entirely, of Catholic patients. If this is so, it should be pointed out that variation in operative technic does not of itself necessarily alter the element of intent and consequently does not ameliorate the moral aspect of that intent.]

[Cf. also: Dees, D. B. Jr.: *Should hysterectomy replace routine tubal sterilization?* *Am. J. Obs. & Gyn.*, 82:572, 1961, which concludes that "the routine use of hysterectomy simply to accomplish sterilization is unwarranted."]

THE FOLLOWING are additional items of interest:

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Campbell, D.: *The doctor's code.* *Brit. Med. J.*, pp. 561-566, September 1962.

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