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Current Literature: Titles and Abstracts

Catholic Physicians' Guilds

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Current Literature:

Titles and Abstracts

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Stumpf, S. E.: Some moral dimensions of medicine. *Ann. Int. Med.* 64:460-470 Feb. 1966.

The advances of medicine have raised new moral questions and these are no longer the concern only of the physician but of the entire citizenry. Nor can the moral philosopher alone solve the newer problems; indeed, "moral philosophy has its own problems in the modern world." By example, human experimentation is a pressing concern today, involving not only medicine and philosophy but also law and sociology. No one discipline can provide a final answer. The law, for example, can establish codes of conduct for experimentation but these are necessarily modified by medical progress. One cannot distinguish "good" from "bad" practice in specific instances, and customary practice is not always the best indication of goodness. Although the influence of theology was significant in resolving such difficulties in the past, "it cannot be said that it has sustained this influence to the same degree in the modern world." But despite some difficulties there still seem to be certain guidelines that form a virtual consensus:

1. Life is better than death.
2. Health is better than sickness.

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

3. A human being should be treated as an end, and not only as a means.

4. We all owe something to the society to which we belong.

"I believe that within these limits, all the avenues of creative research can be vigorously carried on, and carried on with a deep sense of freedom which comes from realizing that we are working well within the boundaries of humanity's conscience."

Beecher, H. K.: Consent in clinical experimentation: myth and reality. (Editorial) *J.A.M.A.* 193:34-35 Jan. 3, 1966.

Experimentation on one individual for the benefit of patients in general presents many unresolved problems. These cannot be resolved by promulgating "codes" of conduct, which may merely engender a false sense of security. Most such codes emphasize the need for obtaining the consent of the subject, but in reality informed consent "is often exceedingly difficult or impossible to obtain in any complete sense." That ends justifies means is a "particularly pernicious" myth; a study is ethical or not at its beginning and does not become so merely because significant information was obtained.

The greatest protection for the patient—in experimentation as in treatment—is the presence of "the skillful, informed, intelligent, honest, responsible, compassionate physician."

Glass, B.: The ethical basis of science. *Science* 150:1254-1261 Dec. 3, 1965.

"It has been said that science has no ethical basis, that it is no more than a cold, impersonal way of arriving at the objective truth about natural phenomena. This view I wish to challenge, since it is my belief that by examining critically the nature, origins, and methods of science we may logically arrive at a conclusion that science is ineluctably involved in questions of values, is inescapably committed to standards of right and wrong, and unavoidably moves in the large toward social aims."

As basic ethical principles evolved, so too did science. In proper perspective science is not only an instrument by which man's power and progress can be increased, it is also an instrument that permits the improved adaptation of man to his environment and the adjustment of his environment to man. "Ultimately, what is right for man is what is right for the entire community of life on earth." A true ethical principle in science is the integrity or honesty of the scientist. The scientist has a related obligation to see that his ideas are disseminated promptly and correctly. He is also necessarily involved, in the social sphere, in such problems as nuclear war and population control, and a future problem, posed by the research of the geneticists, is "the ethical problem of the control of man over his own biological evolution."

"Science is not only to know, it is to do, and in the doing it has found its soul."

MAY, 1966

Special Note: Every physician interested in the great contraceptive debate, whether he be "conservative" or "liberal," should become acquainted with the following paper which may well be the "preliminary final report" on the subject: Greenstein, J. S.: Studies on a new peerless contraceptive agent: a preliminary final report. *Canadian Med. Assn. J.* 93:1351-1355 Dec. 25, 1965.

Kummer, J. M. and Leavy, Z.: Therapeutic abortion law confusion. *J.A.M.A.* 195:96-100 Jan. 10, 1966.

The social, medical, and legal problems arising from criminal abortion are extremely complex. In the western world, laws related to abortion purport primarily to protect the expectant mother but because of their severity tend to drive many women into the hands of the unskilled abortionist. There is now, however, an increasing tendency to broaden the legal indications for abortion to include pregnancies due to rape or incest, possible deformity of the offspring, and socio-medical reasons. In the United States, the state of California has been in the vanguard of efforts to liberalize abortion laws.

(cf. also: —: Californians press for a liberal law on abortion: it is state's leading factor in maternal death; other causes decline but it remains constant. *Med. Tribune* 7:7 5-6 Feb. 1966.

Pflum, F. A.: Concerning abortion. (correspondence) *J.A.M.A.* 193: 1128 Sept. 27, 1965.

—: Population experts weigh abortion trends; some nations seek to emulate Eastern Europe's liberal laws. *Med. World News* 6: 70-74 Oct. 22, 1965.

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Robitscher, J. B.: Sterilization and abortion. *Medical Science* (Lippincott) 16:41-45 Oct. 1965.

Zimmerman, A. (S.V.D.): Postwar family life in Japan as seen from the Catholic viewpoint. Pamphlet No. 1 of the Family Life Bureau, National Catholic Committee, 10 Rokubanchō, Chiyoda-Ku, Tokyo. 1964. 64 pp.

This pamphlet was prepared at the request of a Japanese government official who sought to determine the Catholic viewpoint on the reasons for the deterioration in family life in Japan following World War II, and possible remedial measures therefor. In 10 sections the publication discusses in turn "The Birth Control Policy and Catholic Teaching," "Abortion," "Contraception," "Family Allowances," "Housing," "Working Wives and Mothers," "Large Families," "Family Life Organizations," "Mass Communications," and "The Role of Religion."

(A revised edition in Japanese, sponsored by Senator Kojima, was published in January 1966.)

Dogliotti, A. M.: Moral dramas and dilemmas in the practice of surgery. *Bull. New York Acad. Med.* 41:1107-1116 Nov. 1965.

More than 45 years of surgical experience in war and peace have occasioned numerous encounters with moral dramas and dilemmas. Among these is the psychic trauma sustained by the surgeon when he loses a patient, particularly if such an outcome was unexpected. Under such circumstances the surgeon is obligated to undertake a "serene retrospective analysis" in order to determine the cause. A second difficulty arises from the need to perform hazardous surgery in a poor-risk patient; if the operation is necessary and the surgeon competent, he cannot evade his responsibility to

undertake it even if a poor result may detract from his reputation. In the case of a very urgent operation, the surgeon must forego all considerations except those related to the patient at hand; an exception to the general rule of operating first on the most seriously ill patient occurs in war, when the need for triage supersedes. Another difficulty concerns the desirability of telling the truth to a patient with an incurable disease or facing a serious operation; in general, this decision depends upon the surgeon's assessment of his patient's ability to cope with such information. Finally, the requirement of professional secrecy may raise many difficulties because the rights of individuals concerned may conflict. (also reported in *Ethics in Surgery: A Call for Greater Latitude.* *Med. Tribune* 6:8 Sept. 1-12, 1965.)

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