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Catholic Physicians' Guilds

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plaints. Neuroticism is fostered without penalty.

— credit spending becomes the norm of family living with no provision for the future.

— deliberate attempts are made to get "paid back" money paid into the Unemployment Insurance Fund by becoming deliberately unemployed.

The cause of this disease is political in origin but it exists in the greed of each of us. We are victims of political promises because we want something for nothing. The cure must be sought that is, educating the public in general to costs someone something — the world and the government not owes a living.

The goal of political and labour should not be a shorter work week and earlier retirement, but help so that all can remain productive as long as possible.

It is much better to give than to receive.
"In essence, the present-day philosophers, religious, and scientists are talking about three broad concepts: freedom, truth, and love; and it is on the basis of these three ideal that we should judge medicolegal questions. In making an ethical judgment whether regarding capital punishment, abortion, sterilization, transplantation, etc., the legislator, the physician, and the citizen should ask of themselves the following three questions: (1) Does my position permit the individual his personal freedom and his freedom to choose? (2) Is my position based on scientific probabilities, rather than on mere tradition or intuition? (3) Is my position consistent with an empathy and charity that I would expect from someone who truly loves me?"


This is the George W. Gay Lecture upon Medical Ethics, presented at Harvard Medical School on April 2, 1965, and in common with its predecessors is virtually proof against abstracting. Perhaps Freund's peroration may substitute:

In closing, let me say that to me medicine and law have an essential affinity. As the artist himself finds his freedom in the constraints of his medium, so the judge and the physician too find their freedom in the letters and in the symbolic codes that assign them their roles and roles, and to make judgments involving life and death matters that somehow make it possible to surmount the agony and the absurdity of human decisions.


Laws that prohibit the performance of circumcision by a competent physician do not guarantee the health of the child. A.getParents' consent is implied in the stablishment of the infant, and the parent cannot be forced to have the child circumcised except in cases where the parents have rejected the religious belief that requires the practice. The non-circumcised infant is subject to a range of religions and beliefs.


Since at least the second century B.C., attempts have been made to conceal the fact of circumcision (circumcision). In the case of the Jews (the most widespread group practicing ritual circumcision) circumcision has appeared in three periods, each time due to social and political pressures. In the Hellenistic period it was attempted in order to emulate the Greeks who were much admired during the Roman period. The stimulus was an effort to avoid civil disabilities aimed at the Jews. And in modern times it was a matter of life and death for those living under Nazism. The earliest description of circumcision is that of Celsus (The Medics, Book VII, Chapter 25). Even in modern times the operation is only infrequently successful.


The care of the fatally ill child is one of the most difficult tasks in medicine but there has been no systematic study of the problem. Such questions as "Should the child be told he has leukemia?" are irrelevant since the basic issue is not whether to talk to the child but rather how to do so. It is natural for personnel caring for fatally ill children to feel obligated to "protect" them from such knowledge.

However, in order to establish an effective environment in which the child can cope with his serious problems it is important that the child be completely confident about receiving honest answers. On the basis of a study involving 51 children hospitalized for the treatment of acute leukemia it was apparent that most of the patients had some knowledge of the seriousness of their illness, that some knew exactly what was wrong, and that all worried. It was therefore possible to abandon the traditional position of "protecting" the patient by being secretive; instead, personnel could become actively involved in helping to cope with the serious concerns that are inevitable in this situation. "Who's afraid of death on a leukemia ward? Everyone—and the resolution of this fear is everyone's problem."

Melanoma first noted in 1958 in a 50-year-old woman became widely disseminated in 1961. As the patient became terminal her healthy 80-year-old mother volunteered to receive a transplant from the patient in the hope of adding to knowledge about cancer immunity and because it interferes with the sense of future time and the prospect of pleasure. Informing the patient of his condition is another problem area, although the real issue is not whether to tell but how to tell. In assessing how and what to tell a patient, the physician should be guided by: (1) the patient's ego strength, (2) the nature of the organic illness, (3) the meaning of the illness, (4) evidence of denial, (5) the patient's age, (6) the role of the family, (7) previous and current experience with hospitalization, and (8) the vicissitudes of the doctor-patient relationship.

The problem of communication between the physician and his patient who is fatally ill continues to be debated. In large measure this is due to the many aspects of the subject—medical, religious, philosophical, sociologic, and forensic. From the standpoint of the patient's situation the certainty of impending death may be unbearable because it interferes with the sense of future time and the prospect of pleasure. Informing the patient of his condition is another problem area, although the real issue is not whether to tell but how to tell. In assessing how and what to tell a patient, the physician should be guided by: (1) the patient's ego strength, (2) the nature of the organic illness, (3) the meaning of the illness, (4) evidence of denial, (5) the patient's age, (6) the role of the family, (7) previous and current experience with hospitalization, and (8) the vicissitudes of the doctor-patient relationship.

The management of hopelessness and helplessness involves further problems. In this situation the doctor-patient relationship can be disrupted by the physician's insecurity and resultant withdrawal, and by the patient's regression. If, however, a favorable physician-patient relationship is established, the physician can resort to the following techniques to deal with hopelessness and helplessness: (1) the use of regression, (2) continuing palliative therapy, (3) countering adverse effects from hospitalization, (4) anticipating the patient's needs, and (5) providing an "ego prosthesis."

For additional insights into the problem of informing the fatally ill patient, cf. "Patients Know More than


This is a report of an international conference held at Cambridge July 9-11 sponsored by the Medical Association for the Prevention of War in association with the United World Trust. Among the papers summarized are "Population Problem and War" by Dr. Cicely Williams (Family Planning Association, Great Britain) and "War and Medical Ethics" by Dr. Ignacy Alimurung, M. M.: A challenge to Catholic Doctors, Bombay, November 1964. Medical Forum, the official journal of the Catholic Physicians' Guild of the Philippines. Among them are the following:


Additional papers include the following:


NEW CONTRACEPTIVE DRUGS. (New contraceptive drugs. Deter­
logical points of view.)


Ayre, J. E.: Human precancerous cell manifestations associated with polyethylene contraceptive device. In­


Carney, E. A. and Peberdy, Mary: Oral contraception and blood plate­

(Edited): Birth control decision. America 112:875-876 June 19, 1955 (Comment on the U. S. Supreme Court decision declaring the Con­necticut birth control law unconstitutional).

---: Court proclaims couples' rights to birth control. Med. Tribune 6:1, 24 June 21, 1965. (The Supreme Court decision in the Connecticut case.)


Tiptoe, C. and Taylor, H. C., Jr.: Progress report: Intrauterine contracep­


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---: Ethical chemotherapy, JAMA 193:7 June 1965.

---: Induced abortion estimated to reach 30,000,000 per year, Med. Tribune 6:2 Sept. 27, 1965.


---: The Church and the pill: no early resolution, no easy solution is seen in Catholic controversy over the use of oral contraceptives, Med. World News 5:21-23 July 31, 1964.

---: Psychological effect of vasectomy. Modern Med. 32:71 June 8, 1964. ("Men who have had elective vasectomy may show significant psychiatric disturbances for many years following the operation," reported at 120th Annual Meeting of American Psychiatric Association in Los Angeles.)

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