Current Literature: Titles and Abstracts

Catholic Physicians' Guilds

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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.


The psychiatric indications for termination of pregnancy continue to be much debated. In addition to scientific aspects there are religious and ethical ones as well. These include such questions as: (1) Has the fetus a soul? (2) If it does, what happens to the soul if the fetus dies unbaptized? (3) At what stage does the fetus become a "person"? The most general answer to the last question seems to be at quickening. The state of English law regarding the termination of pregnancy is often a difficult one. Remedies to improve the situation are urgently required, and these are both legal and medical.

The sophisticated technics of diagnosis and treatment available to the modern physician tend to threaten the personal relationship that should exist between physician and patient. This is particularly evident in the area of communication, and yet communication is a physician's most important task. For example, patients frequently fail to comprehend what is being said. "The physician should be straight. Perhaps it will not be pleasant or comfortable, but it should be unobstructed and never dead-ended."

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Dr. Braceland

(Photograph courtesy Fabian Bachrach)

The National Federation announces with great pleasure that Francis J. Braceland, M.D., Sc.D., F.A.C.P., will deliver the first Annual Father Gerald Kelly Lecture at the Breakfast scheduled at the Waldorf-Astoria Hotel in New York, June 23. Dr. Braceland, outstanding in the field of psychiatry, is well-known for his work at the Institute of Living in Hartford, Connecticut where he is psychiatrist-in-chief. The Lecture is named in tribute to Father Gerald Kelly, noted Jesuit priest and writer, over the years he interpreted for physicians the mind of the Church teacher and writer, and in the medico-moral field a dynamo and bureaucrat control of the profession. The Christian tradition has always been the existence of the doctor's freedom by the State, whose function should be to organize services and help in distress, rather than to dominate the whole of life; but this difficult task requires a nice balance.

The Guild in New Zealand is grateful to its colleagues throughout the world, particularly in the United States, Australia and Britain, for the sense of purpose and solidarity which it takes from them.

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CURRENT LITERATURE:

**Titles and Abstracts**


The psychiatric indications for the termination of pregnancy continue to be much debated. In addition to scientific aspects there are religious and ethical ones as well. These include such questions as: (1) Has the fetus a soul? (2) If it does, what happens to the soul if the fetus dies unbaptized? (3) At what stage does the fetus become a "person"? The most general answer to the last question seems to be at quickening. The state of English law regarding the general question is also somewhat uncertain. Consequently the psychiatrist's decision is often a difficult one. Remedies to improve the situation are urgently required, and these are both legal and medical.

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The sophisticated technics of diagnosis and treatment available to the modern physician tend to threaten the personal relationship that should exist between physician and patient. This is particularly evident in the area of communication, and yet communication is an important aspect of proper medical practice. There are many difficulties. For example, patients frequently fail to comprehend what is being said. "The properly oriented physician will have evaluated the intellectual and emotional capability of his patient," and he must avoid communication difficulties such as those related to his own semantic inadequacies or to the patient's lack of attentiveness. And for the patient "with a severe diagnosis and limited prognosis, the road ahead should be straight. Perhaps it will not be pleasant or comfortable, but it should be unobstructed and never dead-ended."

The risks of over-exertion in modern sports for women have increased, largely because male standards of training and performance are used, with no regard to sex differences in the requirements for rest periods. Little regard is paid to differences in performance and to the predisposition to accidents during the pre- and intermenstrual phases, particularly in competitive sports. The use of hormonal agents, such as anovulants, to regulate menstruation in women athletes is potentially harmful and ethically wrong.


Scientific and technologic progress—especially as typified by the ability to utilize nuclear energy—have made the last three decades unique in the history of mankind. Emphasis on science has put traditional values at hazard. "As members of a scientific community, let us not be so engrossed with our accomplishments and with the lure of success that we forget to show to our students and patients that our profession is more than a scientific discipline. It is in fact a ministry of healing to the whole man. When a surgeon forgets this, he becomes a technician."

"As science is unravelling the fabric of the material universe and seemingly approaches the borders of time and space, a new mode of thinking has crept like a silent malignancy into many other areas of man's activity. This modern perspective has robbed the western man of his awareness of the supernatural. It is here to the scientific mind even to consider the possibility of any realm of reality outside the objects and events observable in our three-dimensional universe. Up until 200 years ago, and as far back as history extends, men thought that every experience had both the unseen and the seen dimension. Both were equally real. Since the unseen, the occult or supranatural realities cannot be studied by the tools of science, they have become popular to deny their existence. To deny categorically the possibility of these realities is sheer arrogance. This modern scientific mode of thought has affected art, literature, philosophy and religion. The modern artist no longer tries to communicate beauty, he aims to reveal himself and his concept of the real, and we are invited to discover his meaning in what seems to some a chaotic jungle of form and color. The modern scientific mode of thought has invaded theology. An Anglican bishop writes that if Bultmann is right then the entire conception of the supernatural order, which invalidates and perverts this one, must be abandoned. Either this so-called scientific approach frees mankind from superstition and imaginary reality, or it does man no good and leads him to ultimate reality.

"Finally, this address began by calling attention to the fact that our generation is living in a period which is unique in the history of mankind. This is true. Surely the insights which we have gained into the world of the sun, and into the measureless universe about us, should arouse in each thoughtful person a renewed and deep enquiry as to his concept of life. This is particularly poignant for us as surgeons who are confronted at every operation with the life of an individual, and possible death. The limitless expansion of science now going on, and which we are all involved, brings us face to face with the primary question: 'What is Man?' Is he merely a psychobiological mechanism—a part of the continuum of nature—or is he a being capable of discerning realities other than purely natural phenomena? To realize the truth of this second alternative enables one to rise above a world in which the atomic cloud is a fitting symbol of its science."

(For somewhat similar views, cf. Page, I.H.: The problem of 'two worlds.' J.A.M.A. 189:242-245 Aug. 24, 1964.)


Morality as an abstraction is difficult to define. For the physician, the basis of morality must be "deep concern for the well-being and welfare of the individual patient." With regard to the specific instance of human homotransplantation, such concern requires consideration of the following principles:

(1) The transplant should have some reasonable possibility of clinical success.

(2) The transplant must only be undertaken with an acceptable therapeutic goal as its purpose.

(3) There must be complete honesty with the patient and his family.

(4) The patient must be given every benefit of available general medical knowledge and of specific information concerning transplantation.

(5) Each transplantation should be conducted under a protocol which ensures the maximal possible addition of knowledge.

(6) Careful, intensive, and objective evaluation of results of independent observers is mandatory.

(7) A careful, accurate, conservative approach to the dissemination of information to public information media is highly desirable.

Acute though they are, the moral problems associated with human transplantation procedures are only a manifestation of the impact of rapid medical progress on traditional moral codes. Other pressing moral problems include the use of patients in clinical research, the use of human volunteers in studies concerned with pathogenesis and therapy, and the extent to which the physician is obligated to maintain life actively in the hopelessly ill. The traditional Hippocratic Oath is not adequate to the moral challenges of modern medicine. "Is it not time for a new moral code?"


The points made by Robin [cf. foregoing abstract] are valid and well-considered. Although the homotransplantation of human organs has resulted in some fears and disappointments, "progress has made and will continue to be made if the problem is approached by scientific teams whose program is broadly based on a multi-disciplined laboratory experience tempered by a genuine concern for human welfare and the dignity of the patient."


The scientific aspects of medical progress have created innumerable problems of major magnitude that are not strictly scientific, medical, moral or political. Examples include the intricacies or "informed consent" to therapeutic trials, the laboratory growth of...
human embryos, and the eugenic implications of genetic coding. The National Academy of Science is often suggested as the final arbiter of such problems. This solution, however, is unsatisfactory from many aspects, and it would seem preferable for such organizations as the AMA, AAS, and Federation of Biological Societies to assume such a role. "While I recognize the need for concern with finance, politics, the support of research and education, and similar categories of problems, I must confess to disappointment with the failure of medicine to be in the forefront of discussion of problems concerned with our moral, ethical, humanitarian, and social responsibilities in a modern society."


Typically, young women with myasthenia gravis show an increase in weakness in the preovulatory stage. In three such patients, the use of nor-ethinodrel (Enovid) to suppress ovulation eliminated the pre-menstrual exacerbation of symptoms and resulted in enhanced strength throughout the entire month. There was no such effect in men so treated.


The personal religious conviction of social service case-workers or physician may militate against or fulfill the public policy in such matters as the dispensing of birth control information. This has been made in the June 1964 publication of the Community Service Society of New York under the title, "The Right to Birth Control Information in Family Planning." And in Maryland, a request by Cardinal Archbishop Shehan that a case-worker not be required to refer clients to birth control clinics if it conflicted with the religious convictions of the case-worker was rejected by the Maryland Board. The problems involved are many, but it should be possible to evolve a policy that would both protect the conscience of the case-worker (or physician) and yet permit equal availability of information of therapy to the individual client.


Medical ethics (or medical morality) is a permanent source of concern for every physician, but medical progress has required an updating of the norm. Specific problems include the following: (1) The obligation to study and acquire knowledge, (2) Experimentation which implies risk for the patient, (3) Experiments with new drugs, (4) Experiments conducted on human beings to extend medical knowledge, not to cure the patient, (5) The moral responsibility of investigators, and (6) Medical secrecy. While it may be fashionable and even uncomfortable to speak of medical ethics, "they nevertheless preserve basic values despite corrosion by some aspects of civilization."

Linacre Quarterly


The incidence of malformation, either immediate or latent, among children born of mothers who had rubella in early pregnancy is about 10 percent. Gamma globulin is effective in preventing rubella in most pregnant women exposed to this disease. Current medical opinion appears to favor treatment of the rubella-infected child rather than the performance of therapeutic abortion.


Seventy-five women who had undergone hysterectomy or tubal ligation and who were admitted to a psychiatric unit from the basis of this study. Recommendation for tubal ligation is too frequently sought by patients solely on socio-economic grounds. Sterilization for contraception should be done only when it is absolutely necessary, i.e., when other method has proven unsatisfactory.


The dynamics of anticipatory grief, usually applied primarily to prospective survivors, are equally applicable to the prospective deceased. The nature of a dying person's reaction to grief is determined by the extent and quality of his interpersonal relationships, his use of denial, and the extent of his regression secondary to his illness. Communication with the dying patient should be such as to permit him to deny or accept his prognosis according to his own readiness for same, rather than according to the physician's preconceptions.


Hopeless expenses are those that result from the intensive treatment of patients with hopeless diseases. Such expenses may work an undue hardship on the family and community. The family physician is the individual best able to face reality and be conferring with the family to prevent the extravagance of "hopeless expenses."


The campaign against alcoholism in the Netherlands is an active one, and the establishment of medical centers for its treatment and prevention dates from 1909. Among the 22 current independent institutions for the care of alcoholics, six are under Catholic auspices. Both the Catholic and other institutions are members of the National Federation for Mental Health. Services of psychologists, sociologists, and clergymen are available when needed. A monthly periodical facilitates communication between the groups.

ADDITIONAL ITEMS of interest include the following:


---: Pamphlets are offered to the public on "the pill," other contraceptives. Med. Tribune 5:24 Nov. 16, 1964.


---: Cremation versus transplantation. J.A.M.A. 189:977 Sept. 20, 1964 (The Church's new regulations on cremation)


---: Theologians now debate over 'the pill'; differing views on birth control are held within Vatican circles; discussion of subject would have to consider medical facts. Med. Tribune 5:7 Sept. 19, 1964.

---: Racial differences and the future. ("Racial differences in intelligence and ability should be investigated rather than assumed to exist.") Science 146:375-379 Oct. 16, 1964 (Conception control and eugenics, especially the increased use of artificial insemination, are important measures available to improve the condition of underprivileged minority groups such as the Negro, whose problems will only be partly solved by achieving full civil rights.)


---: Social, economic basis for abortion upheld; more than half of physicians in country-wide survey back such reason, while others vary in opinion. Med. Tribune 5:21-22 Oct. 31, 1964.


---: Theologians now face debate over 'the pill'; differing views on birth control are held within Vatican circles; discussion of subject would have to consider medical facts. Med. Tribune 5:7 Sept. 19, 1964.


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