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Current Literature

Catholic Physicians' Guild

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provided that while maintaining the bond of unity among themselves and with Peter's successor, and while teaching authentically on a matter of faith or morals, they concur in a single viewpoint as the one which must be held conclusively" (*Lumen Gentium*, no.25). To appreciate the profound significance of that teaching, with regard to the Church's teaching on contraception, one might consult the long and scholarly article recently published by John Ford and Germain Grisez (*Theological Studies*, 39:2, June 1978, pp. 258-312). The final conclusion of these two eminent scholars is: "We think there is an extremely strong case for the position that the received Catholic teaching on the immorality of contraception has been infallibly proposed by the ordinary magisterium" (i.e., by the long standing teaching of the bishops in union with the Roman Pontiff as described above).

All of this clearly demonstrates that the teaching of the Church on contraception is, even if not certainly infallible, certainly more than just encyclical teaching and certainly less open to the facile dissent of some theologians which, as the Holy See has recently pointed out: "cannot be considered as a 'theological source' which the faithful might invoke and thereby abandon the authentic magisterium and follow the opinions of private theologians which dissent from it" (Congregation for the Doctrine of the Faith, Prot. 2027/69, March 13, 1975). Ashley and O'Rourke have made a genuine effort to soften the edges of the controversy over contraception and blend the various elements of dissent into a reasonable synthesis with the teaching of the Church, but the result is more of a compromise than a commentary; and fails to reflect the unambiguous teaching of the Church in this regard.

— Rev. Thomas J. O'Donnell, S.J.
Seminary of St. Pius X

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Current Literature

Material appearing below is thought to be of particular interest to Linacre Quarterly readers 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. Contributions and comments from readers are invited. (E. G. Laforet, M.D., 2000 Washington St., Newton Lower Falls, MA 02162)

Black P McL: Brain death. *New Engl J Med* 299:338-344 17 Aug 1978; 299:393-401 24 Aug 1978 (and related editorial: Sweet WH: Brain death. *New Engl J Med* 299:410-411 24 Aug 1978).

Written by a neurosurgeon, this is a comprehensive survey of the concept of brain death. Medical, historical, legal, social, and ethical concepts are presented.

McCormick RA: Abortion: rules for debate. *America* 139:26-30 22 July 1978.

Legalized abortion is a topic which has polarized Americans and there seems little hope of reaching any kind of national consensus. Because of its intrinsic emotional aspect, "the level of conversation (on the subject) is deplorably low." The following suggestions are therefore offered in an

effort to improve the quality of dialogue on this topic:

1. avoid the use of slogans;
2. represent the opposing position accurately and fairly;
3. distinguish the pair right-wrong, good-bad;
4. try to identify the core issue at stake;
5. admit doubts, difficulties, and weaknesses in one's own position;
6. distinguish the formulation and substance of a moral conviction;
7. distinguish morality and public policy;
8. distinguish morality and pastoral care or practice;
9. incorporate the woman's perspective, or women's perspectives.

Thomas L: Hubris in science? *Science* 200:1459-1462 30 June 1978.

Although the quantity and quality of modern science exceed what we have known in the past, public concern about its risks — as in the areas of cloning and of recombinant DNA research — is high. While goal-oriented research is in general favor, basic science is poorly understood and frequently suspect. Basic science cannot be regulated although there should be better political mechanisms for directing technology. In the final analysis, the drive to reach a comprehensive understanding of nature is an eminently human one which is suppressed at our risk.

Hudson RP: Death, dying, and the zealous phase. *Ann Int Med* 88:696-702 May 1978.

There has been a massive resurgence of interest in death by all of society and many individuals of dubious credentials have become authorities. Although medical practice is ideally patient-centered, the physician is not immune to social forces which might work to the detriment of his patient. "Unthinking physicians, in the popular demand for a dignified dying process, will have to guard against contributing to premature deaths."

Crompton DO: Medical ethics and hospital-acquired disease. *Lancet* p. 146 15 July 1978.

The secrecy that tends to be imposed in instances of hospital-acquired infection of major proportion is improper. Whether due to negligence or not, the interest of the patients requires full disclosure.

Tiefel HO: The unborn: human values and responsibilities. *JAMA* 239:2263-2267 26 May 1978.

The controversy surrounding abortion, fetal experimentation, and non-treatment of defective newborns raises basic questions which concern the definition and value of a human being, the human status of the unborn, and our responsibilities towards beings whose human status is in doubt. The definition of a human being represents a human decision. The unborn are sufficiently like us to warrant the recognition and protection that the term "human being" grants. "By applying it to the unborn we admit that the unborn belong to us and we to them. We insist that we are morally responsible for what happens to them."

Jonsen AR: Do no harm. *Ann Int Med* 88:827-832 6 June 1978.

The medical maxim "do no harm" designates the practice of medicine as a moral enterprise which implies that the physician will render due care but that such care will consider both risk-benefit and benefit-detriment.