Current Literature

Catholic Physicians' Guild

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There is concern about continuing a pregnancy when it is complicated by renal failure sufficiently severe to require dialysis. Experience has indicated, however, that survival of the fetus, and even conception, are possible under these circumstances.


Data from 3,576 AID births in 1977 were analyzed. AID was used not only to treat infertility but also to prevent transmission of genetic disease. Ten percent of practitioners in this series employed AID for single women.


Annually in the United States 6,000–10,000 children are conceived by artificial insemination. Despite this, the social and moral attitudes are hostile and the legal aspects ambiguous. Curie-Cohen and colleagues show that the indications for AID are being expanded beyond treatment of infertility to include prevention of genetic disease. Furthermore, the procedure was used for single women or lesbian couples in 10 percent of their patient population. (The article by Curie-Cohen states 10 percent of practitioners, not 10 percent of patient population. — Ed.) State law on AID is uneven and evasive. This is primarily due to opposition by certain church groups. It is strange that this procedure should have uncertain legal and moral status when it involves a spontaneous abortion rate no higher than normal and brings children into an ideal home environment.


The purview of medical ethics has tended to be selective and even restrictive, dealing with such specific issues as the right to health care, human experimentation, and confidentiality. However, it should also be concerned with broader societal issues, specifically those of government morality such as armament, nuclear power, and violence.


Although active euthanasia has probably occurred through history, it did not become a topic of discussion
until the late 19th Century. It was proscribed by the Hippocratic Oath and by Judeo-Christian teaching. More, in his *Utopia* (1516), seemed to favor active euthanasia but this had little impact on medical practice. The topic figured heavily in the “romanticism” of early 19th Century Germany, and in the second half of this century the influence of theology on Western culture began to wane. In 1870 an English schoolmaster, Samuel D. Williams, Jr., of Birmingham, openly advocated active euthanasia, but his proposals were overlooked or ignored by the medical profession. In 1879, the South Carolina Medical Association discussed the topic and concluded that euthanasia was murder, although there were dissenting voices. In the 1880’s, the subject was actively debated in the American medical literature, and a distinction was made between “active” and “passive” euthanasia in an 1884 editorial in the *Boston Medical and Surgical Journal*. As the 19th Century closed, there were few significant medical contributions to the subject of active euthanasia, and emphasis shifted to its legal aspects.


Selective abortion to avoid the birth of defective infants has become widespread as a result of the availability of prenatal chromosome analysis. Some chromosome defects may be identified which do not cause gross abnormality — 47XXY is an example. The putative increase of asocial behavior in XYY males has not been proven but is strongly suspected. A prospective study at Harvard Medical School which attempted to resolve the issue was abandoned because of violent criticism. Since the facts are not known, the proper course of action when XYY is discovered prenatally remains a dilemma.


Federally mandated institutional review boards (IRBs) arose in an effort to protect human subjects involved in research. IRBs have had some direct effect on about half of the proposals reviewed. A major persisting problem is that of informed consent and relates to the content of the consent form rather than to the way the consent was obtained. Serious efforts should be made to improve the effectiveness of IRBs.


Abortion is permissible only before the conceptus achieves the ability to become independently “human,” i.e., only in the first half of pregnancy. All live-born infants, regardless of birth weight or gestational age, should be resuscitated; the decision about prolonging such treatment should be made by the responsible physician. Biomedical research on children, infants, and fetuses is a necessity but requires suitable safeguards.
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