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## Current Literature

Catholic Physicians' Guild

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includes the goods of prolonging life and combatting of natural death. Theoretical issues aside, I fear Veatch's position will be read by industrialized countries as further justification for expending every more resources in the area of extending life and defeating death — for the benefit of the affluent. In his concluding statement, Veatch acknowledges that an allocation of resources question is involved, and that in a sequel to this paper he intends to defend the distributional principle that medical resources should go first to those least well off. Such a discussion, for me, would give an entirely different perspective to his natural death paper. I wish the sequel had been included here or that he had reserved an entire section at least to sketch the main lines of such a thesis.

Two articles concentrate on euthanasia — John Ladd's "Positive and Negative Euthanasia" and Michael D. Bayles's "Euthanasia and the Quality of Life." Both cover what is by now well-trodden ground. They seem to be in basic agreement on major issues. For example, both contend that there is no moral difference between killing and permitting a patient to die by ceasing life-prolonging treatment. Adequate representation of the opposite view would have added to the usefulness of this book.

Overall, I do not recommend *Medical Treatment of the Dying*. For better balance and general coverage of issues in this area, for useful organization of the material with introductions and bibliographies for each section, I recommend the paperback *Ethical Issues in Death and Dying*, edited by Beauchamp and Perlin (Prentice-Hall, 1978).

— R. J. Connelly, Ph.D.  
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*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)*

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Position statement on medical participation in capital punishment. *Am J Psychiat* 137:1487 Nov 1980.

The American Psychiatric Association "strongly opposes any participation by psychiatrists in capital punishment, that is, in activities leading directly or indirectly to the death of a condemned person as a legitimate medical procedure."

Koryagin A: Unwilling patients. *Lancet* 821-824 11 April 1981.

In the Soviet Union the diagnosis of psychopathy may often be based on

political criteria, and dissenters may be committed to mental institutions for punitive purposes. These individuals receive no psychiatric treatment while institutionalized. (Cf. Chapman article following.)

Siegler M: A physician's perspective on a right to health care. *JAMA* 244:1591-1596 3 Oct 1980.

The claim of a right to health care is, in the first place, ambiguous. Confusing a right to health care with a right to health may result in an inappropriate emphasis on health care

rather than on health itself as a desideratum. In addition, insistence on a right to health care would diminish the freedom of choice that currently exists in the doctor-patient relationship, and would substitute a narrow contractual model of medicine. Most important, however, establishing a right to health care would impinge severely on the liberty of the patient.

**Bulger RJ: Narcissus, Pogo, and Lew Thomas' wager. *JAMA* 245:1450-1454 10 April 1981.**

The fundamental values of modern society are being undermined by narcissism. In medicine this is manifest by the tendency to consider good health as the single greatest blessing rather than as one of several. This results in a destruction of individual and family responsibility and the transfer of same to society and to the helping professions. Furthermore, morality has become a matter of majority vote, and all taboos are to be extirpated. However, societal narcissism is the last step before mass cynicism and pessimism, and Lew Thomas' wager offers a more optimistic alternative.

**Donnai P, Charles N, Harris R: Attitudes of patients after "genetic" termination of pregnancy. *Brit Med J* 282:621-622 21 Feb 1981.**

Based on a study of 12 women who had undergone abortion for "genetic" reasons, it would seem that "persistent adverse psychological and social reactions" are more common in this group than in those undergoing abortion for "social" indications.

**Chapman CB: The importance of being ethical. *Perspect Biol & Med* 24:422-439 Spring 1981.**

Law and medicine are the critical professions if the term "profession" is considered as a form of covenant in which society grants definite privileges to specially competent groups in return for a professional ethic that is

centered on the interests of the person being served. However, codes of professional ethics through the ages have consistently focused on the needs of the profession rather than on those of the patient or client. It is necessary to persuade members of the critical professions (about 1 percent of our total population) of the need to be truly ethical and not to confuse codes of etiquette with norms of ethical behavior. This is crucial for our times because otherwise the only morality becomes legality, as in a collectivist totalitarian society in which the only ethical obligation is that exacted by the state.

**Stone AA: The right to refuse treatment. Why psychiatrists should and can make it work. *Arch Gen Psychiat* 38:358-362 March 1981.**

The right to refuse treatment is included in the legal doctrine of informed consent. This right may be overcome, however, if the patient is incompetent. Numerous legal opinions have been offered to deal with the contradictions that may arise. Ideally it should be possible for psychiatrists rather than neutral arbiters to make treatment decisions for their patients.

**Maddison, F., Pelling, M., Webster, C. (eds.): *Linacre Studies: Essays on the Life and Work of Thomas Linacre, c. 1460-1524*. Clarendon Press: Oxford 1977.**

Readers of *Linacre Quarterly* might be interested in this collection of 12 essays dealing with various aspects of the career of Thomas Linacre.

**Altman DG: Statistics and ethics in medical research. *Brit Med J* 281: 1182-1184 1 Nov 1980.**

In the first of eight articles dealing with statistics and ethics, the author contends that research that is statistically substandard is unethical because it involves misuse of patients, misuse of resources, and the possibility of publishing misleading results.