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Catholic Physicians' Guild

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In the case of infants and young children as subjects for clinical investigation, the problem of their “informed consent” has by common acceptance been transferred to the parents or guardians. It is not at all certain, however, that this practice has full legal justification.

It is unthinkable that clinical research in American children may be conducted without blood transfusions because of the difficulties involved in grappling with the issue of “informed consent.” In many circumstances, a reasonable approach to the ideal informed consent seems possible by placing the consent-giving responsibility in the hands of the patient’s personal physician.

“Acceptable formats must be found for the conduct of formal, carefully safeguarded clinical investigation in children, otherwise physicians will be forced to fall back on the unplanned, observational method to solve the clinical problems which confront them. The traditional, informal, anecdotal method is not only scientifically unsound, but it may also be misleading and, to the extent that it delays the solution of human problems, it is also unethical.”


Open heart surgery poses an unusual problem in the case of Jehovah’s Witnesses because transfusion is proscribed. However, by using 5% dextrose in water for prime and a disposable plastic bubble oxygenator, it was possible in seven patients to perform successful cardiac valve replacement without resort to transfusion.


Using the technic of hemofiltration, open-heart surgery was performed in six patients of the Jehovah’s Witness faith without employing blood transfusion at any time. There was one operative death. The remaining five patients were improved and showed no permanent morbidity related to the avoidance of transfusion, although the average hospital stay of this group of patients was approximately one week longer than that of a comparable group who had been transfused.

The evolving Catholic hospital will still be Catholic but will bear little resemblance to its predecessor of the recent past.

The OCTOBER 1966 issue of Catholic Medical Quarterly (London) contains four of the papers read at the Guild’s Ampleforth Symposium in July:

1. McReavy, L. L.: The doctor’s responsibility for the formation of his professional conscience.
3. King, A.: The doctor is responsible for the formation of his own professional conscience.


Although it is impossible to formulate a universal statement, Catholic hospitals have generally been administered under the concept of authoritarian religious government. The role of the emerging layman as defined by Vatican II suggests that staff physicians at Catholic hospitals may be permitted more active involvement in their area of special competence, viz., medicine. Economic factors, too, are operative and suggest that the Catholic hospital will necessarily become oriented to the civic community in which it is located rather than to the religious community which administers it.

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imals and orphans as subjects. Advances in microbiology stimulated further human experimentation but most studies were poorly planned, unsystematic, and often dangerous. The epochal work of Walter Reed on yellow fever at the turn of the century represented a pronounced change in attitude; his experiments were carefully planned and comprehensive, utilizing subjects who were true volunteers. Despite such obvious exceptions as the infamous human experiments of the Nazis, the years since Reed have witnessed an increasing concern for the ethical aspects of human experimentation; there has been, for example, "more concern by the medical profession for the rights and welfare of volunteers, more care in the planning and conduct of human experiments, less exploitation of disadvantaged groups, many attempts to define the meaning of informed consent...."

ADDITIONAL ITEMS of interest include the following:


---: U. K. abortion reform seems certain; law in past has been adaptable to "legal" operations, though few MDs have risked lenient interpretation. Med. Tribune 7:8 24 Sept. 1966.


(Family Planning Association, London): Abortion in Britain. Pitman Medical 1966. 12 s. 6 d.


Vrube, J. et al.: Etické a právní otázky transplantace organů. Rozhl. Chr. 45:231-236 April 1966 (Ethical and legal questions in organ transplantation.)


(The physician and human life.)
Monnerot-Domaine: Après le Congrès de Morale Médicale. II.

**Roll Call**

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