Book Reviews of *Church Property, Church Finances, and Church-Related Corporation* by Bishop Adam J. Maida and Nicholas P. Cafardi -- *Genetics and the Law II* edited by Aubrey Milunsky and George J. Annas -- *Psychogenesis: The Early Development of Gender Identity* by Elizabeth R. Moberly -- *The Hospice Alternative* by Ann Munley

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More to the point, the logic of this philosophy is now being extended beyond birth to those who have already been born, but who are physically or mentally defective. Since they, too, are not wanted, by reason of their physical or mental defect, such children are now commonly allowed to die in a form of postnatal abortion. The logic of the criterion of wantedness has been extended to yet another group of humans-in-being. Philosophy, like reality, cannot be hidden by words.

In other words, it is difficult to escape the logic of the philosophy of life which we espouse. Not only does the "wanted" philosophy contradict the historical intent of the framers of the 14th Amendment, but also, more importantly, in denying some the protection of their humanity, the rights of the rest of us are jeopardized in a basic and real sense. The issues here, as in Byrn and Roe, are the philosophy and foundation of human rights.

At bottom, the abortion debate is one of inherent human rights, which are founded either in the nature of the human person or in his or her being wanted. There is no middle term between these two inherently contradictory philosophies. "Pro-choice" is a weasel word which bypasses this essential question.

BOOK REVIEWS

Church Property, Church Finances, and Church-Related Corporations

Bishop Adam J. Maida, D.D., J.C.L., J.D. and Nicholas P. Cafardi, J.D.

Catholic Health Association, St. Louis, Mo. 63134, 1984, 339 pp.

Catholic health facilities are prominent among the Church ministries which face the growing challenge of survival. Many of the factors involved are presented in a recent article in Hospital Progress entitled "Survival Strategies for Not-for-Profit Hospitals" (Dec., 1983, pp. 40-60). Another crucial factor, often underestimated, is the religious vocation shortage and hence, a steady decline in religious personnel to staff Church apostolates. It should be of prime interest to all bishops, priests, doctors, nurses and all who are involved in or benefit from Catholic health services to search for an answer to this multi-faceted challenge. Solid grounds for optimism will be found in this recently published book.

The first 11 chapters are devoted to a "Church Perspective"—a lucid explanation of the 57 canons of the new Code of Canon Law (in effect since Nov. 27, 1983) which make up Book Five of that code entitled "The Temporal Goods of the Church." The next 19 chapters present possible solutions in applying canon law concepts to civil law procedures in the administration of church property. These suggested procedures are backed by the extensive scholarship and experience of the authors both in canon law and in civil law. The authors provide a powerful incentive for reading and digesting the contents of this book:

The requirements of canon law explained in this handbook, and the suggested civil law forms they should take...if they are properly followed...will allow the ministries of the Church to thrive and flourish and to ensure that the hungry are fed, the naked clothed, the uneducated are taught the truth, the sick are healed, and hope is held out to those in despair (Preface, p. XIV).

Since canon law and civil law concepts are somewhat unfamiliar to the average reader, the authors follow a consistent policy of repeating basic concepts and of summarizing recommended procedures. This effective didactic ploy is enhanced by a 30-page "Lexicon of Canonical and Legal Terms" at the end of the book. This provides a handy "key to comprehension." Their own translation into English of the 57 canons of Book Five of the Code of Canon Law is another plus feature—"clarity incorporated."

In a "Church Perspective"— chapters one through eleven, a canonical capsule on "The Temporal Goods of the Church" comes first. The Church is people. The effective pursuit of the spiritual mission of the Church, however, depends in large part upon the judicious administration of temporal goods. In view of this imperative, the Church regards the established units or agencies in advancing the mission of the Church as public juridic persons (formerly known as "moral persons"). They are called "juridic" because such entities are "creatures" or creations of the law ("jus + dicit"). People, who make up the Church, are mortal. Public juridic persons continue on, and on, and on and hence can provide assurance that the
temporal goods of the Church will be at hand to sustain and support the mission of the Church from generation to generation (cf. canon 1254).

The Church regards all Church property as owned by one public juridic person or another (e.g., the Church Universal, the Apostolic See, dioceses, parishes, religious institutes, hospitals, etc.), and insists that each of these units is capable of acquiring, holding, administering, and alienating temporal goods according to the norm of law (canons 1255, 1256). All such temporal goods are ecclesiastical property, and the word “Church” applies to each one of them as well as to the aggregate of all of them (canons 1257, 1258). The authors conclude:

This notion of property ownership through public juridic persons is critical because it forms the basis for the applicability of the Canon Law to incorporated apostolates sponsored by public juridic persons (p. 10).

These “creatures of the law” need agents to act in their behalf; dioceses through their bishops (canon 393), parishes through their pastors (canon 532), religious institutes through their major superiors (canon 620), etc. The authors prefer to call these agents or administrators “stewards.” In order to perform their duties as good stewards or “good householders,” particularly with regard to the administration of temporal goods (canon 1284), these human agents are urged to seek the “correct legal structure” both for the public juridic person they represent as well as for the apostolates which they sponsor (care of the sick, education, childcare, etc.).

The appropriate civil-law structure is the “Church-Related Corporation.” Whereas the Church “perceives public juridic persons as a totality, encompassing all of their sponsored activities, regardless of their civil law status” (p. 57), a civil corporation has a legal identity apart from that of the members or trustees comprising it. By structuring an apostolate (a hospital, for example) as a civil law corporation, the members or trustees are protected against liability for debts or for any unfavorable aspects in the management of the corporation. Despite this separate legal identity, however, the apostolate can be so structured in the articles of incorporation and in the by-laws so that both the “faith obligations” (Catholic teachings and values prevail) and the “administration obligations” (property and temporal goods safeguarded) of that apostolate can be fulfilled in the management of the corporation (pp. 56-58).

The authors refer to the “Model Non-Profit Corporation Act” which applies in most states of the U.S.A. They recommend a three-step process: (1) structure the apostolate as a membership corporation thus “creating a level of corporate authority above the board of trustees” of the civil corporate entity; (2) limit corporate membership in the incorporated apostolate to those persons who are canonical stewards of the sponsoring public juridic person (e.g., the provincial superior and her councilors in the case of a hospital); (3) reserve to the corporate members sufficient corporate powers to allow them to exercise their faith and administration responsibilities within the corporation. Within this framework of reserved membership powers, “the board of trustees of the incorporated apostolate will then oversee the management of the day-to-day affairs of the corporation” (p. 156). The word “trustees” is well chosen, for they “stand in a position of trust to the corporation and its members” (p. 119).

As to the third step mentioned above (reserving corporate powers), the authors recommend five reserved powers as “necessary,” and three as “helpful.” As necessary they list: three to ensure the fulfillment of the “faith obligations” (to establish the philosophy of that apostolate, to amend the corporate charter and by-laws, to appoint the board of trustees) and two to ensure the fulfillment of the “administrative obligations” (to lease, sell or encumber corporate real estate; to merge or dissolve the corporation). As helpful they list: to appoint or approve the appointment of the chief executive officer; to approve capital and operating budgets; to require a certified audit of corporate finances and to appoint the certified public accountant to perform the audit (pp. 155-162). The subsequent chapters indicate what variations are possible in the process listed above. Special note should be taken of the wisdom and propriety (in keeping with Vatican II) of including members of the laity on the corporate board.

The last five chapters introduce sensitive and challenging aspects in the operation of Church-related corporations which should stir the interest and curiosity of the reader of this evaluation to become familiar with this “Canon Law Handbook” (chosen sub-title). How can those who “wear two hats” (as officials of the sponsoring group and corporate members of the hospital) meet the demands of “serving two masters” (Ch. 26)? How far can and should the sponsoring group go in including dedicated and well-informed Catholic men and women as members of the corporate board—especially in view of the decline in the number of religious vocations (Ch. 27)? What precautions are essential if and when the hospital must secure capital financing through the issue of tax-exempt bonds—especially with regard to fidelity to the “faith obligations” (Ch. 28)? What if the number of religious personnel for critical management tasks is so depleted, or the board of directors so disoriented, that the hospital is forced to enter some type of an agreement with a professional management company (Ch. 29)? Which one of six suggested types of divestitute should be chosen if, due to failures in funding or shortage of adequate religious or lay personnel, or due to the change in religious mission, the sponsoring group has to make a decision to close the hospital (Ch. 30)?

An excellent five-page summation is presented after Ch. 30. It ends with a fitting commentary on the inspiring slogan which appears on the otherwise blank page just opposite the table of contents: “Salus animarum, suprema lex” (“The supreme law is the salvation of souls”). That commentary is fitting:

In the final analysis, what property or finances the Church holds will be irrelevant; how they were used, the ends they served, will be eternally important.

This “evaluator” has no hesitation in calling this “Canon Law Handbook” the definitive work on the crucial intricacies of Church property administration. The thought readily comes to mind: “How did we manage to get along without it in the past?”

—Rev. Owen Griese

Genetics and the Law II

Aubrey Milunsky and George J. Annas, Editors

Plenum Press, 227 W. 17th Street, New York, N.Y. 10011, ix + 480 pp., $29.50.

This volume of 36 short essays on legal responses to developments in genetics technology represents the proceedings of the Second National Symposium on Law and Genetics held in Boston in mid-1979. Like its predecessor, Law and Genetics I, this work provides a very useful overview of the state of discussion on the legal and ethical dimensions of genetics developments, as of the date of imprint, among the American academic mainstream. The proceedings of the First National
Symposium on Law and Genetics, held in 1975, were published as Law and Genetics I (New York: Plenum Press, 1976).

Contributors include leading scholars in the areas of medicine, public health, law, and ethics. Among major problems addressed are the impact on academic freedom of government regulation; the legal implications of genetics screening; legal standards for the treatment of the genetically defective, especially the unborn and the mentally incompetent; legal regulation aimed at the prevention of genetic disease; legal ramifications aimed at the prevention of genetic disease; legal ramifications of technologically-assisted human reproduction (AID and in vitro fertilization); and legal regulation directed toward the elimination of environmental causes of genetic disease.

In each area, the reader acquires an idea of what the law is and, more to the point, is stimulated to consider what the law should be. The primary focus in the majority of essays is on what role the law can be enlisted to play, without violating protected rights, in the prevention of genetics-related diseases.

The editors introduce their collection of essays as "interdisciplinary musings." And, indeed, the collection's great strength is its successful juxtaposition of the various academic disciplines which have a contribution to make to sound public policy in the area of government regulation of genetics technology. The proceedings of the symposium should be able to suggest in myriad ways the freedom of government regulation; the legal implications of genetics screening; and legal regulation directed toward the elimination of environmental causes of genetic disease.

Even more regrettable is the militantly pro-abortion bias of several essays. Although the particular moral issue posed by abortion as a means of gender selection is raised by some participants, this bias otherwise goes unchallenged. A number of contributors go so far as to promote the notion of a "right" to be born healthy in mind and body. What this proposed "right" translates into, in fact, is a "duty" on the part of parents to terminate a defective child in utero. This view is supported by subsequent "wrongful life" tort suits in the name of the child once born or by a tax on all at-risk parents who refuse amniocentesis. While this specific proposal is adequately challenged within the course of the symposium as leading to "eugenic totalitarianism," the fact that it is suggested at all attracts attention to the unborn child's fundamental right to life.

The pervasive danger to all human rights implicit in this sort of moral insensitivity is nowhere more apparent in the present volume, than in Prof. Sanford Katz's proposal that the status of unborn children (as well as of children already born) be governed by the law of property (bailment, etc.). Katz states that "the products of the human body can make children means that children are chattel.... And what we are talking about is ownership of property, which eventually turns into a youngster" (p. 369).

In sum, this collection of essays is a valuable resource as a record of the state of contemporary discussion, as a general introduction to the problematic of genetics and the law, and as a model for interdisciplinary collaboration in policymaking in this area. At a time when there seems to be an overabundance of unnecessary bioethics texts, this is one volume which deserves careful consideration.

William Joseph Wagner
Catholic University of America

Psychogenesis:
The Early Development of Gender Identity

Elizabeth R. Moberly

ROUTELEDGE, KEGAN PAUL, LTD., BOSTON, 1983.

After seven years' work in gender identity research, "based solely on the existing psychoanalytic data available in this area," Dr. Elizabeth Moberly has provided fresh perspectives on a hotly controversial issue, namely, the etiology of homosexual orientation in a man or in a woman. The author considers both homosexuality and transsexualism from a psychodynamic point of view. She differs significantly from Robert Stoller on the genesis of the male to female transsexuals. She does not accept the hypothesis that such a gender identity is acquired through a nonconflictual process of learning; on the contrary, Moberly suggests that transsexualism in both genders has a similar etiology, and that the condition stems from unresolved childhood trauma. "Radical disidentification from the parent of the same sex results in a psychodynamic structure of same-sex ambivalence: there is a defensive detachment from the same-sex-love-source and a reparative striving for restored detachment."
She adds that the same dynamic is involved in homosexuality, but in varying degree. “At one extreme there is little to distinguish homosexuality from transsexualism, in that both are based on radical disidentification...” More commonly, homosexuality is marked by a lesser degree of same-sex ambivalence. However, the essential dynamic is the same in all cases, and thus the difference between these conditions is one of degree rather than of kind.

Moberly sees far-reaching implications for psychological guidance (and I would add, for pastoral practice) in the hypothesis that defensive detachment from the same-sex-source is essentially the same in all cases, and thus the difference between e se defensive detachment from the love-source, and the missing growth consequent on this. The need for love, dependency, and identification, which are normally met through the medium of an attachment to a parental love-source of the same sex, has remained unmet. Thus, “the capacity for same-sex love is an attempt to restore this disrupted attachment and hence to make up for missing growth. The homosexual response is itself the reparative drive toward restoration...”

Contrary to the common assumption, Moberly sees both homosexuality and transsexualism as implying a defect in the capacity for relating to the same sex. But the capacity for same-sex love constitutes only one side of the overall phenomenon of same-sex ambivalence, “What is pathological about this is the defensive detachment from the love-source, and the missing growth consequent upon this.” The need for love, dependency, and identification, which are normally met through the medium of an attachment to a parental love-source of the same sex, has remained unmet. Thus, “the capacity for same-sex love is an attempt to restore this disrupted attachment and hence to make up for missing growth. The homosexual response is itself the reparative drive toward restoration, that is to say it is not itself the problem, but rather the attempted solution to the problem.” However, the capacity for same-sex love does not have to involve genital intercourse, as Moberly repeatedly points out: “The capacity for same-sex love is not essentially sexual, even if it frequently undergoes eroticisation.”

Moberly stresses that heterosexuality is the goal of human development, but this is possible only if there is a “heteropsychologic personality structure, which is based on the fulfillment of homo emotional needs and not their abrogation.” The fulfillment of these needs is not the goal, but it is the means to the goal, and the goal cannot be achieved without the meeting of these needs. Therapy, then, “should aim at undoing the defensive detachment from the same-sex-love-source, and at bringing the reparative drive to its fulfillment.”

Moberly devotes a significant section of her brief treatise to the lesbian and to the female to male transsexual. She sees the lesbian as suffering from the same kind of ambivalence as the male homosexual and recommends a similar therapy.

The author provides a detail analysis of the structures of ambivalence, and the long process of disidentification. This is followed by a fresh approach to the male and to the female homosexual. She suggests ways of working with the deeply wounded in which she correlates the insights of learning theory with those of psychoanalysis, applying both to the healing of the homosexual.

In the last chapter one finds more than a summary of Moberly’s thesis. Here she makes suggestions for preventing homosexual and transsexual orientations. Parents and counselors should seek means of preventing such a development in the very young child. Early separation from the parent of the same sex, whether temporary or prolonged, is particularly to be avoided. This is not to say, however, that all such experiences have serious pathological consequences, but that there is a high risk of such in any temporary or prolonged separation. Among the examples of such high-risk separations are hospitalization of the child or the same-sex parent, separation or divorce of the parents, death of the parents, adoption, fostering or living in an orphanage, and being brought up by a succession of “parental” figures. Ill-treatment by a parent can also be a factor in the child’s developing defensive detachment from the same-sex parent.

The risk in separation is not that the child may be neglected, but that the specific attachment may not be maintained and re-enforced, and that the absence of the specific attachment figure may result in long-term damage to the child’s capacity for attachment.

The child’s capacity for attachment to the same-sex parent figure is involved in the development of identity, and the “evidence provided by transsexualism and homosexuality that mature gender identity requires a lengthy process of gender identification, which may in some cases be disrupted...” The process of identification should take place through an uninterrupted parent-child attachment, and in the majority of cases this does in fact take place.

But in a number of cases it is clear that the process of identification through attachment has not been completed by the time the adult years are reached. “Psychological needs that are basically non-adult remain in a person who is in other respects adult.” But it is a mistake to attempt to meet these psychological needs through the medium of sexual expression. One misses the meaning of these needs. Although it is understandable that a person who has reached physiological maturity may interpret libidinal as sexual-genital, still “secondary eroticisation of outstanding deficits in growth is essentially a confusion: the emotional needs of the non-adult are confused with the physiological desires of the adult. This is not to deny the importance of a close emotional bond as a means of overcoming past deficits. But these legitimate libidinal needs could well be met without eroticisation” (italics added).

Moberly stresses that mature sexual-genital acts express the desires of both physiological and psychological maturity. The two should be coordinated rather than having the former isolated from the latter. For these reasons “heterosexual relationships are inherently self-limiting. First, the re-emergence of the negative side of the ambivalence may disrupt the attachment short of its fulfillment. Second, if a negative transference is somehow negotitated and attachment-needs are fulfilled, the attachment will have made itself redundant. The fulfillment of homosexuality is itself the attainment of heterosexuality.” This is not a premature attempt to make persons who are still homosexual behave heterosexually, but rather the fulfillment of homo-emotional needs, and hence, “the attainment of a genuinely heteropsychologic personality structure.”

On the other hand, whether they be stable or unstable, heterosexual relationships are not of themselves self-limiting. Sexual object-choice is a function of one’s own identity. Thus, homosexual object-choice stems from an incomplete identity, whereas truly heterosexual object-choice is based on the completion of the gender identification process.

Moberly sees the bisexual person as having a “partial fulfillment of homo-emotional needs sufficient to promote heterosexual activity.” Even though the bisexual is not yet truly heterosexual, the underlying state of incompletion is not as in most homosexuals. On this question Moberly takes issue with Ford and Beach who hold that bisexuality was the original intermediate position, including the capacity for both forms of expression. It is not cultural conditioning, but the vicissitudes of psychological development that account for exclusive homosexuality and exclusive heterosexuality. If one has attained heterosexuality truly, one cannot be either bisexual or latent homosexual.

Moberly distinguishes between what is and what is not pathological in the homosexual condition: “What is pathological is the defensive detachment from the love source, and the missing growth consequent on this. Needs for love, dependency, and identification which are normally met through the medium of an attachment to a (parental) love-source of the same sex, have remained unmet. The capacity for same-sex love is the attempt to restore this disrupted attachment and hence to make up for missing growth. Thus, the homosexual response is not itself the problem, but rather the attempted solution to the problem. It is itself the reparative drive toward restoration:... it is itself not pathological” (italics added).
Moberly goes on to show that the heterosexual person is one who has had his or her homosexual needs fulfilled and who now has the relational capacity to relate to members of the other sex. Thus, it is not the needs of the homosexual which are pathological, but their lack of fulfillment.

Moberly has said something very meaningful not only for the members of the behavioral sciences, but also for those who provide pastoral guidance of homosexuals, and for the parents of small children. Her hypothesis is worthy of further research and testing. In my own work with homosexual men and women, I have stressed the need for solid and deep friendships with persons of one's own sex, but more difficult for persons who have been homosexual in orientation for years, to move toward heterosexuality. From a different perspective, Moberly advocates that the same sex.

It is hoped that her next volume will continue to throw light on these questions. Nevertheless, this volume is a real contribution to a very complex subject.

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**The Hospice Alternative**

**Ann Munley**

*Basic Books, 1983, 347 pp., $17.50.*

It is not by accident that I have been slow to carry out my commitment to read and review this book. For the past five years, I have worked fulltime as a hospice director and chaplain, so I cannot pretend neutrality on the topic of hospice care. Nor do I cherish either reading about or seeing movies on the themes of dying, grieving, or hospice care. The reality of lived experience tends to make one wary of the second- or third-hand interpretations of "what it must be like" as seen by journalists and other media folk.

Nonetheless, a promise is a promise, and it is a pleasure to say that Anne Munley's book is well worth the time and attention it takes to complete. The question she sets out to answer is a significant one: "To what extent does the opportunity for hospice care really make a difference for dying persons and their families?" Since 1979, the number of operative programs across the country has increased from 200 to 1,500. By now there is a sufficient history and variety of programs to undertake the type of exploration this book makes. The initial period of innocence and wholly positive publicity has passed for the hospice movement, and the hard statistical and financial data now make it necessary to judge the hopes and claims of hospice providers with an objective, balanced perspective.

Sister Munley spent six months in an inpatient hospital setting, interviewing patients, family members and staff; she also made short visits to St. Christopher and St. Joseph Hospices in London, England, and read widely in the burgeoning literature on hospice care.

Her gentle but persistent answer to the question she raises — reinforced by numerous examples from her interviews and reading — is that hospice care, clearly and emphatically, does make a difference.

The opening and closing chapters provide the general context for her exploration: "The Problem of Death Today . . . Hospice and Broad Countercultural Trends." Intervening chapters describe what it is like to live and work in a hospice context, the giving of care, the management of pain, the struggle to let go of one's physical and psychic hopes and controls. Two further chapters, superb in their detail and balance, portray how staff members deal with the stress inherent in their work and how spiritual support occurs in a variety of ways, shapes, and times.

The author has a gift for letting those she meets tell their own stories, briefly or at length, and then connecting them with what others have written or what she herself has experienced. She is convinced that all things are possible when vulnerability is shared, and that the context of persons facing death within a few weeks or months gives her ample scope to convince the reader also.

Working regularly in a hospice program makes it difficult to respond to questions which begin with the words "How do people generally . . . ?" The danger is, always, that you categorize individuals and present universal answers in situations where only the particular is relevant. The author resists this temptation almost every time it arises.

She is honest in mentioning that not everyone who is part of a hospice program dies quietly, without pain, and in full acceptance of what is occurring. She also illustrates the reasons why some families are incapable of the type of care-giving that is asked of them, particularly in the home setting:

"Sometimes family members cannot face the reality that death is at hand. Some focus on their own loss, on extraneous details, on almost anything to avoid the presence of death. A young man, not knowing how to relate to his dying father, switched on the television, turned his back to his father, and fixed his eyes on the screen as staff members and volunteers talked to the patient and tried to make him comfortable. In another situation, family members started arguing while the patient was all but comatose. A hospice staff member talked with the patient, found out that she wanted a priest, and made necessary arrangements with the approval of the family."

Positive examples abound of the intimacy and caring which occur when people face a life-threatening illness together. Munley suggests that it is the mutuality of the love which opens the door to intimacy and love. The patient and encouraging support of hospice personnel who make themselves available to family members in the time and way the family chooses, also helps this sharing to flourish. Most of us realize that dying people have a heightened capacity for friendship. What Munley reminds us of is that they also have a great ability to enter into our own distress and need as we struggle with their dying.

The chapter entitled "The Hospice Staff — Stress And How To Cope With It" is a nuanced, non-judgmental evaluation of the reasons why health care professionals choose this type of work and why some stay a short time while others manage it well over a period of many years. Munley indicates that the strains of hospice work emerge out of sustained intimacy, rather than from estrangement from work. Stress comes from vulnerability stimulated by patients, by family members, by things experienced at an intrapsychic level, and by the desire to "do something more" at a time when a quiet presence is the most that can be offered. Also, because most hospice programs are small, poorly financed, and with a large component of volunteer help, the question of continuation and reliable payroll commitments is an additional area of concern for paid staff members. There is
obviously no "right way to die," but, nonetheless, health care professionals who only work with dying patients can occasionally fall into the trap of thinking they can predict when, how, or how best this particular patient should die.

This chapter, along with the one entitled "Towards An Understanding Of Spiritual Support" make the book a bargain, even at $17.50, for anyone attempting to provide support for dying patients and their families. The chart that Munley uses to describe the spectrum of religious orientations of hospice patients, ranging from atheism to personal religion to institutional religion, is most helpful. So, too, is her ability to delineate the implicit and explicit ways in which staff members give spiritual support to their patients:

"Any time that I go in and sit with Jake and hold his hand and stroke his face, that's a religious act. I talk to him and tell him that it's O.K., it's part of the hospice concept: 'The essence of spiritual caring is not doctrine or dogma, but the capacity to enter into the world of the other and to respond with feeling. This fundamental human capacity involves touching another at a level that is deeper than ideological or doctrinal differences.' She shares the convictions of those she interviewed that the compassionate caregiver is capable of sharing the awareness of human vulnerability and assisting the dying person in yielding to the mystery and power of death.

Finally, lest it appear that my hospice-biased eyes can only see positive things in Munley's book, let me mention what I do not wholly endorse about her work. There is little explicit mention of home care hospice, which is the place of care for most patients most of the time (and which is now required under the Medicare Hospice Benefit for 80% of all patient days). Of the 118 people she interviewed, only 15 were dying patients, although those consented to extensive, highly informative interviews. Occasional use of hospital jargon — with the implication that this is common among all programs — leads to untrue generalities: 'the death watch, the 'good death movement,' the belief that telling people 'it's O.K. to let go and die' often makes it happen." These, however, are minor lapses in an otherwise thorough, highly commendable work of research and in-depth observation.

— James M. Ewens
Milwaukee Hospice Home Care

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)

### Current Literature


The President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research was created by the Congress in 1978, and represented the first time that the federal government had claimed broad power in matters of medical ethics which traditionally had been reserved to patient, family, and physician. The term of the Commission has recently expired. However, a continuing federal role in medical ethics seems inevitable. The most suitable approach is periodic use of a temporary commission, similar to the body formed in 1978. Neither of two proposed alternatives is appropriate: an ethics study group housed in the Office of Technology Assessment would suffer from bureaucratisation and politicisation, while one established in the Institute of Medicine might be subject to medical domination.


A number of modern day and quite recent "miraculous" healings are paired with miracle stories recorded by Bede and his contemporaries, and certain similarities are noted. "That the days of miracles are past is a belief still shared by many Christians... In the latter part of the twentieth century, however, there is now an increasing number whose experience and expectations are more in accord with those of Cuthbert."


Administering treatment against the wishes of the patient has long been perceived as peculiar only to the psychiatric situation. However, observations on a medical and surgical ward of a university-affiliated teaching hospital indicate that involuntary treatment is found in the general medical milieu as well. It seems likely that involuntary psychiatric treatment is a reflection of general medical practice and derives from medical paternalism rather than from the function of social control.


A 72-year-old woman refused bilateral below-knee amputation for gangrene. A court concluded that the patient was incompetent from the very fact of this refusal, and ordered the operation. However, the matter became moot when the patient survived the gangrene but died of a pulmonary embolus. In the light of this illustrative case, it would seem that strict criteria should be required if incompetence is to be established. "Competence is pre-