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## Current Literature: Titles and Abstracts

Catholic Physicians' Guilds

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# Current Literature:

## *Titles and Abstracts*



Material appearing in this column is thought to be of particular interest to the Catholic physician 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. Parenthetical editorial comment may follow the abstract if considered desirable. Books are reviewed rather than summarized. Contributions and comments from readers are invited.

Beecher, H. K.: Ethics and clinical research. *New Eng. J. Med.* 274:1354-1360 16 June 1966.

The great increase in the need for human experimentation since World War II has raised numerous ethical problems, largely in situations where experimentation on a patient is conducted not for his personal benefit but for that of patients in general. Not only has the *potential* number of opportunities for unethical studies been multiplied but there is reason to believe that this has been paralleled by an *actual* increment. Basically all "codes" dealing with the problem of human experimentation require the informed consent of the subject; however, in any meaningful sense such consent may not always be possible. Twenty-two examples of patently unethical clinical investigations, culled from the recent medical literature, attest to the gravity of the problem. The editors of medical journals have a responsibility to determine that the experimental data appearing in articles accepted for publication have been obtained ethically; if this cannot be shown, the paper should be rejected.

In summary, informed consent should be striven for in every case of human experimentation, even though there may be some question in occasional instances about its validity; the conscientious, informed, responsible investigator himself represents the subject's most reliable safeguard; the expected gain from an experiment must be commensurate with the potential risk to the subject; whether or not an experiment is ethical is intrinsic in its design, and does not depend upon the acquiring of significant data; when data obtained from human experimentation are published it should always be made clear that the proprieties have been observed — and, as a corollary, it is probable that unethically obtained data should never be published.

[Cf. editorial comment on Beecher's article, "Ethics and Experiments," *Med. Tribune* 7:11 4 July 1966 and "Experimentation on Man," *New Eng. J. Med.* 274:1382-1383 16 June 1966.]

(For further insights see Elkinton, J. R.: The experimental use of human beings. *Ann. Int. Med.* 65:371-

373 Aug. 1966 and also a special article: Human experimentation: Declaration of Helsinki. *Ann. Int. Med.* 65:367-368 Aug. 1966. It is of interest—and perhaps some concern—that several national congresses, and at least one international meeting, have been devoted to the ethical problem of human experimentation during the past year, none, unfortunately, under the aegis of the National Federation of Catholic Physicians' Guilds or of related organizations.)

MORE THAN two years ago the public press was full of details about what may conveniently be called the "Sloan-Kettering case," involving a clinical investigation in which viable tissue-cultured cancer cells were injected into human subjects. The crux of the difficulty concerned the question of informed consent on the part of the subjects. The background, developments, and significance of the case are reviewed in *Science* (Langer, E.: Human experimentation: New York verdict affirms patient's rights. *Science* 151: 663-666 11 Feb. 1966). The article also contains the official statement by the Regents of the University of the State of New York, the body administratively responsible for investigating the matter. As might be expected, the article attracted a considerable correspondence, concerned chiefly with the core issue of "informed consent" (Bolinger, R. E.: Burnham, P. J.: Medical experimentation on humans. *Science* 152:448-449 22 April 1966; Harwood, P. D.: Experimentation on humans. *Science* 153:692 12 Aug. 1966.)

Additional references on the gen-

eral subject of human experimentation include:

———: Human research ethics PH S emphasizes ethics rules. *Med. Tribune* 7:1,8 8 Aug. 1966.

———: Declaration of Helsinki wins AMA backing. *Med. World News* 7:42 29 July 1966.

Curran, W. J.: The law and human experimentation. *New Eng. J. Med.* 275:323-325 11 Aug. 1966.

———: Researchers favor guidelines. (Federal guidelines dealing with clinical research. *Med. World News* 7:34 20 July 1966.

———: Versailles Congress. European MDs discuss ethical problems. *Med. World News* 7:66-67 2 Sept. 1966.

Williamson, W. P.: Life or death—whose decision? *J.A.M.A.* 193:793-795 5 Sept. 1966.

Although most people acknowledge that dominion over human life is the prerogative of God, it is nevertheless a fact that the physician, by his skill, decisions, and therapy, may be the immediate instrument in determining life or death for his patient. The problem is compounded by the increasing availability of potent medical means of preserving life. Outright murder, of course, is condemned by virtually all moral codes and societies, and direct euthanasia has many practical, moral, and legal strictures. Physicians, however, have an obligation to relieve suffering as well as to prolong life. A quandary arises when the prolongation of life involves the prolongation of pain. The Catholic

Church has established guidelines in this situation by indicating that, while one is obligated to take ordinary means to preserve life, resort to extraordinary means is not required. The distinction, however, is not always apparent. At the practical level, therefore, the dilemma remains, but this is not disturbing as long as it is recognized as such and thoughtful consideration is given the problem.

[Cf. also "MDs urged to ask clergy's advice on moral issues," *Med. Tribune* 7:23 18 May 1966, an account of Dr. Williamson's paper at the first National Congress on Medical Ethics, held in Chicago and sponsored by the Judicial Council of the American Medical Association.]

Miller, S. E.; Rokeach, M.: Psychology experiments without subjects' consent. (correspondence) *Science* 152:15 1 April 1966.

(Miller) Scientific articles may occasionally disclose more about the attitude of the author than about the matter being investigated. A recent paper by Rokeach and Mezei is an example. In this study job applicants were examined psychologically without their knowledge. This represents "an invasion of fundamental human rights, namely the right to privacy and the right not to be subjected to manipulation and experimentation" without consent. There is no place in science for such practices.

(Rokeach) While it is true that the experiments alluded to were conducted without the consent of the subjects, this does not constitute

an invasion of fundamental human rights. The moral issue is more complicated since the choice is rarely between absolute and opposed alternatives. Much behavioral research would be invalid if it were necessary to inform the subject of the purpose of the experiment in advance. There is no simple formula to solve the moral dilemma. As aids, the behavioral scientist must rely first on his own conscience; secondly, he must be guided by the judgment of his colleagues; and finally, he must abide by the moral standards of his profession.

Murphy, E. A.: A scientific viewpoint on normalcy. *Perspect. Biol. & Med.* 9:333-348 Spring 1966.

"Normalcy is a vestigial concept left in medicine from its unscientific era. It is properly a subject for the philosopher to explore and not one to be settled by observation and experimentation which are the methods of science."... If the concept is used at all in specific circumstances, it should be appropriately defined. "However, such tailor-made definitions would do little to advance science itself since if normalcy has any meaning at all to science, it is a relative one. If normalcy is to be thought of in terms of fitness to survive, then clearly it is peculiar to the environment to which the organism is exposed (which may show wide variation from place to place and from time to time). To expect from the scientist an absolute definition which transcends all circumstances is manifestly absurd."

Niswander, K. R.; Klein, M., and Randall, C. L.: Changing attitudes toward therapeutic abortion. *J.A.M.A.* 196: 1140-1143 27 June 1966.

Based on an analysis of the records concerning therapeutic abortion in two teaching hospitals in the Buffalo area, for the period 1943-1964, there has been found a striking increase in the number of therapeutic abortions performed; paralleling this has been a liberalization of the indications therefor. Among Catholic women the incidence has remained stable, while among Protestant and Jewish women the increase has been pronounced. Indications have included psychogenic considerations and the possibility of defective offspring due to teratogenic virus diseases complicating pregnancy; in addition, there has been greater emphasis on social indications. In fact, "social pressures are displacing purely medical and psychiatric indications for legal abortion," and this should be reflected in new laws governing therapeutic abortion.

A MANY-FACETED approach to the problem of death and dying has been presented by the Group for the Advancement of Psychiatry, and is published in symposium form by GAP as follows:

Dovenmuehle, R. H.: Death and dying: attitudes of patient and doctor. II. Affective response to life-threatening cardiovascular disease. *GAP* (S) 5:607-613 Oct. 1965.

Feder, S. L.: Death and dying: attitudes of patient and doctor. III. Attitudes of patients with advanced malignancy. *GAP* (S) 5:614-622 Oct. 1965.

Feifel, H.: Death and dying: attitudes of patient and doctor. V.

The function of attitudes toward death. *GAP* (S) 5:633-641 Oct. 1965.

Greenberg, I. M.: Death and dying: attitudes of patient and doctor. IV. Studies on attitude toward death. *GAP* (S) 5:623-631 Oct. 1965.

THE RIGHT of a patient to privacy has long been held by the medical profession as a basic tenet. There is growing evidence, however, that it may be observed more in the breach than in the keeping. Lord Moran's medical memoirs (Winston Churchill, for example, have been condemned — though not universally — as a betrayal of a patient's right to privacy. (Editor, J.: By the London post: medical memoirs. *New Eng. J. Med.* 34:1497-1500 30 June 1966; —: Man's the word for British MDs. *Medical World News* 7:78 2 Sept. 1966.)

A patient's right to privacy is also a major factor to be considered in what many believe to be the ill-advised, sensational, or overtly unethical publicity attending medical innovations. The Baylor University series of implanted left-ventricular by-pass pumps, under the direction of Dr. Michael E. DeBakey, has been criticized by many as instances in which this fundamental right of a patient to privacy has been violated (—: Medical publicity — editorial — *Med. Tribune* 7:15 9 May 1966.) A dissenting letter from Lois DeBakey appeared in the July 13th issue of *Medical Tribune* suggesting that "publicity" is not injurious to scientific progress. Also in July, the American College of Surgeons took

note of "concern" among its members about "recent publicity regarding new operations" and its Board of Regents was therefore "obliged to enunciate again the policy of the College regarding publicity. . . . Traditionally, announcements of surgical innovations have first been made to professional audiences and have been followed by reports in scientific journals before appearing in newspapers and lay periodicals." (*FACS Newsletter* 1:1 July 1966.) Dealing specifically and in detail with the "TV spectacular emanating from Houston" Dr. Irvine H. Page has scored the entire performance because he would rather be unpopular than a "silent sycophant." (Page, I. H.: I wonder! *Modern Med.* 34:79-84 20 June 1966.)

ADDITIONAL ITEMS of interest include the following:

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Smothers, E. R. (S.J.): The bones of St. Peter. *Theol. Stud.* 27: 79-88 March 1966 (Medical archaeology).

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(Editorial): Kidneys from cadavers. *Brit. Med. J.* 1:999-1000 23 April 1966.

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