The Linacre Quarterly

Volume 58 | Number 2 Article 17

5-1-1990

Current Literature

Catholic Physicians' Guild

Current Literature

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., 170 Middlesex Rd. Chestnut Hill, MA 02167.)*

Skrabanek P: Why is preventive medicine exempted from ethical constraints? *J Med Ethics* **16:187-190 Dec 1990**

For the past three to four decades medical experimentation involving individual human subjects has been subject to fairly stringent regulation. On the other hand, human experimentation involving whole populations of people—under the guise of preventive medicine or health promotion—entails no such scrutiny. In particular, the issue of informed consent is largely ignored in this situation. Further, the putative advantages of many "preventive medicine" programs, such as breast self-examination, hypertension screening, and cervical cancer screening, have yet to be confirmed scientifically. Some programs, indeed, may actually prove harmful. The ethical norms of respect for autonomy, beneficence, nonmaleficence, and justice should be applied to preventive medicine and to health promotion as rigorously as to other areas of medicine.

Hyman DA: How law killed ethics. *Perspect Biol & Med* **34:134-151 Autum 1990**

The ubiquitous and burgeoning intrusion of law and lawyers into the practice of medicine has inhibited ethical discourse almost to the point of disappearance.

Levine RJ: Institutional review boards. (editorial) *Brit Med J* **298:1268-1269 13 May 1989**

In both Britain and the United States there is a mechanism for overseeing research activities from an ethical viewpoint. However, Britain lacks the governmental regulatory process that exists in the United States. Although ethical improprieties in British clinical research have stimulated a call for reform, this should not necessarily be patterned after the American system because of societal and other differences between the two nations.

Loeb JM, Hendee WR, Smith SJ, Schwarz MR: Human vs animal rights. In defense of animal research. *JAMA* **262:2716-2720 17 Nov 1989**

Animal research has been a crucial component of medical progress. Opposition to such activities has escalated to embrace not only legislative strictures but also terrorist attacks. "The American Medical Association recognizes the moral obligation of investigators to use alternatives to animals whenever possible, and to conduct their research with animals as humamely as possible. However, it is convinced that depriving humans of medical advances by preventing research with animals is philosophically and morally a fundamentally indefensible position."

Dubler NN, Sidel VW: On research in HIV infection and AIDS in correctional institutions. *Milbank Quart* **67:171-207 1989**

AIDS research among prision inmates

requires additional ethical safeguards beyond those already in place for such a population. These include issues of informed consent, confidentiality, IRB review, and minimal risk.

Lantos JD, Frader J: Extracorporeal membrane oxygenation and the ethics of clinical research in pediatrics. *New Engl J Med* **323:409-413 9 Aug 1990**

When the classification of any new treatment changes from "experimental" to "standard" it raises important legal, ethical, and financial considerations. Although many insist that only controlled prospective clinical trails can validate a change in category, in smoe instances such an unflexible requirement may be inappropriate. This would appear to be the case with extracorporeal membrane oxygenation (ECMO) as used to treat some types of respiratory distress in newborns. At the present time there is no universal agreement about the role of ECMO, but "... a desire for rigid rules and for a clear demarcation between standard and experimental therapy may be unwise and unrealistic. Instead, virtue may lie in acknowledging that a degree of uncertainty is the price we have to pay in order not to sacrifice other important ethical values."

Battin MP: Seven caveats concerning the discussion of euthanasia in Holland. *Perspect Biol & Med* **34:73-77 Autumn 1990**

The practice of euthanasia in the Netherlands has been cited with increasing frequency in the United States as debate on the topic accelerates. However, the Dutch experience cannot be validly translated to the U.S. without observing certain caveats. These include the following:

1. firm data about the Dutch practice are not available
2. there are frequent exaggerations
3. the issue is clouded by the existence of semantic differences (in which, e.g., withdrawal of life-sustaining treatment is not distinguished from active euthanasia)
4. the status of euthanasia in Netherlands law is often misunderstood
5. the home-oriented delivery of health care in Holland stands in contrast to the U.S. norm
6. because of the universality of health insurance in the Netherlands cost is not a factor in the euthanasia debate
7. since society in Holland is much less stratified than in the U.S. there is less tendency to abuse euthanasia.