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Current Literature

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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., 170 Middlesex Rd., Chestnut Hill, MA 02467.)*

Shuster, E: Fifty years later: The significance of the Nuremberg Code. *New Engl J Med* **337:1436-1440, 13 Nov 1997**

Although 50 years have passed since the formulation of the Nuremberg Code, it has not been officially adopted in its entirety by any nation or major medical association. Nevertheless, certain basic requirements, such as that of informed consent, have achieved wide acceptance. The Nuremberg Code has definitely altered the ground rules for the conduct of human experimentation.

Miller, FG, Meier, DE: Voluntary death: a comparison of terminal dehydration and physician-assisted suicide. *Ann Int Med* **128:559-562, 1 April 1998**

The legalization of physician-assisted suicide continues to provoke heated debate. Insufficient attention has been accorded alternatives such as terminal dehydration. The latter affords significant advantages in such areas as self-determination, access, professional integrity, and social implications. However, it also poses substantial problems. Since it is already available, terminal dehydration should be considered an option to physician-assisted suicide.

Spitz, IM; Bardin, CW; Benton, L; Robbins, A: Early pregnancy termination with mifepristone and misoprostol in the United States. *New Engl J Med* **338:1241-1247 30 April 1998**

A drug regimen combining mifepristone and misoprostol proved effective in producing abortion in a study group of 2,121 women who were pregnant for 63 days or less. The results were particularly striking among those women pregnant for 49 days or less.

Quill, TE; Dresser, R; Brock, DW: The rule of double effect - a critique of its role in end-of-life decision making. *New Engl J Med* **337:1768-1771 11 December 1997**

The rule of double effect is an ethical principle that is sometimes cited to justify an action that would be morally wrong if fully intended. It was developed in the Middle Ages to address unavoidable moral dilemmas. As classically formulated, the rule has four requirements: (1) the act itself must not be intrinsically evil; (2) the evil effect must not be intended; (3) the good effect must not follow directly from the bad effect; and (4) the reason for permitting the bad effect must be proportionally serious. Although frequently employed in end-of-life decision making, the rule of double effect presents many defects. Its origin in the context of a particular

religious tradition does not recommend its use in the diverse American culture. Furthermore, the analysis of intention as required by the rule is difficult. And people are generally considered to be responsible not only for intended consequences but for reasonably foreseeable ones as well. Patient autonomy, in addition, is a more fundamental value than is physician intention. Finally, the results of the rule in practice have been mixed. The appropriate care of dying patients is best accomplished by eschewing the rule of double effect and by relying instead on informed consent, the degree of suffering, and the unavailability of alternatives that are less harmful than those proposed.

Spencer, EM: A new role for institutional ethics committees: organizational ethics, *J Clin Ethics* **8:372-376 Winter 1997**

Managed care and other modes of health care financing have generated new problems in health care ethics. As a result, the Joint Commission for Accreditation of Health Care Organizations (JCAHO) has promulgated new standards concerned with the managerial and business aspects of health care organizations, while still continuing its attention to ethical issues directly related to patient care. The traditional institutional ethics committee has concerned itself with the individual patient and avoided matters related to business and management. There is thus a certain reluctance for the institutional ethics committee to assume the added role of overseeing organizational ethics. However, a "super" ethics committee combining these functions seems the most feasible approach. Such a reformulated committee should expand its membership to include administrators, directors, business and billing personnel, and others. It could be divided into two subcommittees, one dealing with patient care and the other with organizational ethics. Finally, its recommendations would continue to be advisory only but they would represent a consensus of the entire "super" committee.

_____ : The Pope's message on evolution and four commentaries, *Quart Rev Biol* **vol. 72, no. 4 (special issue) December 1997**

The message of Pope John Paul II on evolution, delivered to the Pontifical Academy of Sciences, is presented in its original French and in English translation. There follow commentaries by Edmund D. Pellegrino ("Theology and Evolution in Dialogue"), Michael Ruse ("John Paul II and Evolution"), Richard Dawkins ("Obscurantism to the Rescue"), and Eugenie C. Scott ("Creationists and the Pope's Statement").

Bretscher, ME; Creagan, ET: Understanding suffering: what palliative medicine teaches us. *Mayo Clin Proc* **72: 785-787 August 1997**

Modern medicine often fails to understand the nature of suffering or the means to relieve it. For too long the focus has been on the physical aspect of suffering to the detriment of caring for the whole patient. In response to this deficiency and as an outgrowth of the hospice movement that began in the 1960s, the discipline of palliative medicine has arisen. While symptom management remains a priority of palliative medicine, the whole-person approach requires that attention also be given to emotional, social, functional, and spiritual issues. Although it is not clear that the various managed-care approaches to the provision of health care offer any distinct clinical advantage, nevertheless the concomitant rise in health care consumerism has provided a fresh impetus to such matters as palliative care.