

February 1984

## Current Literature

Catholic Physicians' Guild

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### Recommended Citation

Catholic Physicians' Guild (1984) "Current Literature," *The Linacre Quarterly*: Vol. 51 : No. 1 , Article 14.  
Available at: <http://epublications.marquette.edu/lnq/vol51/iss1/14>

## Current Literature

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Schaefer A: The ethics of the randomized clinical trial. *New Eng J Med* 307:719-724 16 Sep 1982.

Although much discussion has been devoted to the ethics of human experimentation, the special problems of the randomized clinical trial have been somewhat neglected. To begin with, the term "experimentation" involves a certain ambiguity—in one sense, every time a physician treats a patient it involves an experiment. But however valid this broad definition may have been in medicine's earlier era, the advent of the randomized clinical trial introduces troubling ambiguities. These may involve a conflict of obligations between the physician's role of investigator and that of personal healer. Furthermore, individualized treatment may have to be sacrificed in the experimental situation. Issues of informed consent and of treatment preference by the physician are also raised. Finally, what is the obligation of the physician to his patient if, early in the course of the clinical trial, one mode of treatment seems definitely superior to another?

Baker MT, Taub HA: Readability of informed consent forms for research in a Veterans Administration medical center. *JAMA* 250:2646-2648 18 Nov 1983.

Beginning in 1966, federal guidelines were developed to protect the rights of volunteers participating in biomedical research. In particular, informed consent documents have undergone numerous revisions in the effort to present full information to

the prospective volunteer. However, the readability and length of such consent forms have combined to render comprehensibility more difficult.

Burrow GN: Caring for AIDS patients: the physician's risk and responsibility. (editorial) *Canad Med Assoc J* 129:1181 1 Dec 1983.

Although the patient with AIDS may pose a significant risk to the physician involved in his care, professional ethics requires that the implicit contract to provide the best possible care to every patient may not be abrogated for this reason.

Kopelman L: Cynicism among medical students. *JAMA* 250:2006-2010 21 Oct 1983.

Cynicism among medical students is higher than among students of other professions. This may derive from their observation that professed ideals are not always met. As an example of adherence to such goals, students should perceive that studies in which they participate as subjects meet all appropriate criteria for such investigations, including the requirements for informed consent, confidentiality, and excellence of experimental design.

Perr IN: Famous and notorious cases, publication and privacy. *Bull Am Acad Psychiat Law* 11:207-213 1983.

The issues of privacy and of confidentiality are generally respected by physicians in medical or psychiatric matters involving their patients. The right of privacy, however, is not an

absolute one. When a patient is famous or notorious, for example, a case might be made for a superseding right of the public to know. But the guidelines are often unclear, and professional organizations should attempt to establish policy in this matter in order to minimize the risk of unethical behavior.

**Lappe M:** Ethical issues in testing for differential sensitivity to occupational hazards. *J Occup Med* 25:797-808 Nov 1983.

The use of hypersusceptibility screening programs for workers is designed to permit the assignment of workers to the most appropriate job and thus to increase efficiency. Such programs may raise ethical issues, however, such as those of consent. Additional issues are those of autonomy versus paternalism, fairness and equity, and balancing benefits and risks.

**Clements CD, Sider RC, Perlmutter R:** Suicide: bad act or good intervention. *Suicide & Life-Threatening Behavior* 13:28-41 Spring 1983.

The act of suicide is neither "good" nor "bad" in terms of value theory.

Intervention is justified on the basis of the therapist's value system, but the intervener's reasons must be "good" ones and he must himself be an ethical individual. Thus there are no "right to die" issues. Furthermore, the therapist must use his value system to counter social pressures that might transform the "right" to die into an "obligation."

**(Committee on Bioethics, American Academy of Pediatrics):** Treatment of critically ill newborns. *Pediatrics* 72: 565-566 Oct 1983.

There is at present no consensus on how vigorously to treat a severely malformed or otherwise critically ill newborn. However, there should be consensus on some ethical principles, the most basic of which is that the primary obligation of the pediatrician is to the child. But it may not be possible for the pediatrician to know the interests of the patient. Consequently such decisions should be reached only after consultation with many parties, including the parents, appropriate clergy, and the institution's ethics committee.

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