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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.

Nieman LK, Choate TM, Chrousos GP, et al.: The progesterone antagonist RU 486: a potential new contraceptive agent. *New Engl J Med* 316:187-191 22 Jan 1987

The progesterone antagonist RU 486 interferes with the function of the corpus luteum and may prove an effective and safe contraceptive agent when administered on a monthly basis.

Schneiderman LJ, Arras JD: Counseling patients to counsel physicians on future care in the event of patient incompetence. *Ann Int Med* 102:693-698 May 1985

"Advanced directives", indicating the extent and type of treatment desired by a patient in the event of his incompetence, may be important factors in decision-making. They are of two types: 1. Instruction Directives, which describe treatments to be administered or avoided, and 2. Proxy Directives, in which a third party is nominated to make decisions. Physicians should counsel their patients in the matter of advanced directives.

Coulter DL: Neurologic uncertainty in newborn intensive care. *New Engl J Med* 316:840-844 2 April 1987

Management decisions in the neonatal intensive care nursery are often difficult because of medical and moral uncertainty. Neurologic disorders are particularly prone to pose problems. The criteria for brain death in adults are not always transposable to infants; the most reliable test is that of determining intracranial

blood flow. Management of infants in a vegetative state depends upon the established diagnosis and upon the prognosis. "Infants with a neurologic disorder who are not in a vegetative state and who are likely to survive, with or without a disability, should receive all appropriate medical treatment, since the actual outcome may be much better than anyone might expect."

Gordon EC: Child health in the Middle Ages as seen in the miracles of five English saints, A.D. 1150-1220. *Bull Hist Med* 60:502-522 Winter 1986

The accounts of miracles attributed to five English saints (Becket, Wulfstan, William of Norwich, Frideswide, and Godric) provide information not elsewhere available about the health of children in this period of the Middle Ages.

Baum M: Do we need informed consent? *Lancet* pp. 911-912 18 Oct 1986

Formal, reliable clinical trials which compare alternative therapies are often considered unethical, particularly in the absence of full informed consent. On the other hand, informal and unreliable comparisons, using inadequate controls, raise no ethical concerns. There are arguments for and against full informed consent in the clinical trial context. In general, informed consent should be aimed at the protection of the patient-subject rather than that of the physician investigator. There is a pressing need for fully ethical controlled clinical trials in place of the informal and inadequately controlled trials which are commonplace.

Glover J: The MRC and informed consent. *Brit Med J* 293:157-158 19 July 1986

The policies of the Medical Research Council (MRC) on informed consent have raised questions related to the ethics of clinical trials. The MRC holds that there may be exceptions to the requirement for informed consent in some situations. However, until there has been adequate public debate on the issue, the principle requiring informed consent should stand.

Fletcher J: The moral dimension in clinical decision making. *Pharos of Alpha Omega Alpha* 50:2-4 Spring 1987

In a few decades medical ethics has grown from a guild-oriented corpus of moralistic advice on matters of etiquette to a large and philosophically sophisticated discipline. Today the major problem to be addressed by medical ethics concerns the role of economics in clinical decision making, i.e., "is medical economics compatible with clinical conscience?"

Kolder VEB, Gallagher J, Parsons MT: Court-ordered obstetrical interventions. *New Engl J Med* 316:1192-1196 7 May 1987

When a pregnant woman refuses treatment considered necessary for the well-being of the fetus, obstetrical intervention may be given legal sanction by a court order. This practice, which is growing, is a controversial one with a dubious legal basis. Furthermore, it is potentially counterproductive to its avowed aim of fostering maternal and fetal health because pregnant women may avoid prenatal care. Finally, professional liability for obstetricians may be expanded rather than reduced.

Annas GJ: Protecting the liberty of pregnant patients. *New Engl J Med* 316:1213-1214 7 May 1987 (editorial comment on preceding article)

Legal coercion of pregnant women in the interest of their unborn fetuses

should be resisted because "the moral and legal primacy of the competent, informed pregnant woman in decision making is overwhelming". Court intrusion destroys the integrity of the doctor-patient relationship and may even harm more fetuses than it helps.

Rothenberg I.S: The dissenting opinions: biting the hands that won't feed. *Health Prog* 67:38-45, 99 Dec 1986

The *Brophy* case (Massachusetts) received wide public attention which culminated in a legal decision that permitted the withdrawal of food and water from this comatose patient. Three justices dissented, and their opinions are of considerable interest as perhaps reflecting the more traditional, longer established Catholic views. However, today there is growing support in Catholic moral and theological circles for withdrawing nutrition and hydration in some circumstance. But questions still remain about the reliability of a prognosis of irreversible coma, about the role of economic issues in such decisions, and about the categories of patients for whom such decisions are considered appropriate.

Smith T: AIDS: a doctor's duty. *Brit Med J* 294:6 3 Jan 1987

Although caring for the sick has always been hazardous, some doctors appear to be irrationally fearful of contracting AIDS nosocomially. HIV is not as infectious as the hepatitis B virus. The General Medical Council should follow the lead of the Royal College of Nursing in disciplining any member who refuses to care for a patient infected with HIV.

Jonsen AR: What does life support support? *Pharos of Alpha Omega Alpha* 50:4-7 Winter 1987

Although crucial to the question posed in the title, the very concept of life remains difficult. The technology of life support has progressed from the primitive Drinker respirator of the 1930s to the sophisticated equipment and techniques available today. Two features of these advances, however, tend to raise ethical problems. First,

technical developments have gone from *partial* to *total* support. Second, the time frame has gone from *temporary* to *permanent*. There should be less concern about the maintenance of life than about the maintenance of personhood. "... we will always return to the intuition that life is supported, not by any machines, however wonderful, but by the personal perception of one's history, by the love of one's family and friends, by engagement, however simple, in the ongoing currents of the social and natural world. Unless our life-support technology can support such life, it is empty of human significance."

Stevenson DK, Ariagno RL, Kutner JS, Raffin TA, Young EWD: The 'Baby Doe' rule. *JAMA* 255:1909-1912 11 Apr 1986

"Baby Doe" was born in Bloomington, Indiana, on 9 April 1982. The medical management of this patient resulted in the now-famous "Baby Doe" rule. (A useful chronology of events in this case is appended to the article.) Although medical decision-making is a complex problem, the establishment of an Infant Care Review Committee raises serious questions about responsibility and legal liability. Most of the decisions about treatment or non-treatment made in this setting are based upon medical feasibility rather than upon moral principles. Consequently "the government should stay out of medicine and medical decision making as much as possible".