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## Current Literature: Abstracts and Titles

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# Current Literature:

## *Abstracts and Titles*

*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.*

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*Dr. Eugene Laforet returns to Linacre as conductor of the popular "Abstracts" section, a feature which we hope will be of service to our readers. Dr. Laforet is on the editorial board of **Annals of Thoracic Surgery** and is Alumni Lecturer in Medical Ethics for the Department of Theology at Boston College. He received the Thomas Linacre Award in 1958 and the Pope John XXI International Prize for Medical Ethics in 1962.*

**Braceland FJ:** Taking care of the caretakers. *Milit Med* 140:319-324 May 1975.

The health, physical and mental, of people in high places poses great problems for those physicians responsible for its maintenance. The medical histories of Presidents Wilson, Harding, and Roosevelt provide illuminating examples. *Sed quis custodiet ipsos custodes?* asked Juvenal—Who will take care of the caretakers? Sociologically, caretakers include not only government officials, civil and military, but others such as physicians, clergymen, and social workers. Those who care for the caretakers may encounter significant ethical problems. Who assumes responsibility for the physician who becomes mentally incom-

petent but continues to practice? Who for the President with a serious organic disease that may affect his judgment? "It is necessary to keep in mind that practitioners of medicine face two-fold ethical perplexities: one simply as men and members of society where they encounter problems and make decisions which other men must meet; but then, as members of a specialized and highly trained group, they encounter specialized problems not shared by others. They will have their own codes of behavior and, in the case of both medicine and psychiatry, those codes must be stringent for we deal with the lives of men."

**Kalisch BJ:** Of half gods and mortals: Aesculapian authority. *Canadian Nurse* 71:20-26 June 1975.

Patient participation in the decision-making process is thwarted by the physician's Aesculapian authority. This is compounded of his expertise, the patient's faith in him, and the unwarranted belief that he has almost mystical powers. The Aesculapian concept "does not dispose toward sharing information about diagnostic studies, treatment approaches, prognoses, and other data with the patient." The nurse, too, may develop such an authoritarian attitude toward the patient, and "if she imposes her own notion

of what is good onto the patient, she will at the same time reduce his dignity."

**Crane D:** Decisions to treat critically ill patients: a comparison of social versus medical considerations. *Milbank Memorial Fund Quart/Health and Society* 53:1-33 Winter 1975.

The results of a questionnaire indicate that physicians evaluate chronically and terminally ill patients both in physiologic and sociologic terms. However, there is an apparent disparity between the traditional ethic concerning the therapy of such patients and the actual performance of some physicians. Medical guidelines for the withdrawal of treatment in such instances should be developed in order to avoid this inconsistency.

**Shah SA:** Dangerousness and civil commitment of the mentally ill: some public policy considerations. *Am J Psychiat* 132:501-505 May 1975.

"Dangerousness to others" is an ill-defined, inaccurate, and overpredicted psychiatric characterization that may result in civil commitment with its involuntary and indeterminate loss of liberty. It seems likely that the invocation of this concept may result in the use of psychiatric professionals as agents of social control rather than as individuals functioning in their traditional role as therapists. And it should be noted that "some of the most predictably and demonstrably dangerous persons," such as drunk drivers, are *not* preventively detained.

**Jonsen AR:** Scientific medicine and therapeutic choice. *New Eng J Med* 292:1126-1127 22 May 1975.

"... there may be an inverse relation between scientific, technologic medicine and freedom of therapeutic choice. If so, this could be the most crucial ethical problem of modern medicine."

**Collins RJ:** A physician's view of college sex. *JAMA* 232:392 28 April 1975.

"The 'new morality' is a fad—it ignores history, it denies the physical and mental composition of human beings, it is intolerant, exploitative, and is oriented toward intercourse, not love."

(Editorial): An easy death. *Brit Med J* 1:704 29 March 1975.

A working party of doctors, philosophers, and priests has produced a report on voluntary euthanasia for the Church of England's Board for Social Responsibility. The report is clear and incisive. It opposes any change in the law that might permit voluntary euthanasia because it would weaken the confidence of patients in their doctors and would create a new form of distress for the sick who might become unduly concerned about being a burden. But most especially objectionable would be the change in attitudes that it would produce.

**Levine MD, Camitta BM, Nathan D, Curran WJ:** The medical ethics of bone marrow transplantation in childhood. *J Pediat* 86:145-150 Jan 1975.

Bone marrow transplantation is a useful procedure in the management of severe aplastic anemia. However, it poses difficult ethical dilemmas. Continuing concern is needed to protect the rights of children without impeding the scientific advance of pediatrics.

**Levy NB, Wynbrandt GD:** The quality of life on maintenance haemodialysis. *Lancet* 1:1328-1330 14 June 1975.

The quality of life for 18 patients on chronic hemodialysis was evaluated by interview. In only six patients was it judged good; it was fair in five and poor in seven. Women adapted better than men.

**Culliton BJ: XYY: Harvard researcher under fire stops newborn screening.** *Science* 188:1284-1285 27 June 1975.

Chromosomal studies have been performed on all baby boys delivered at a Harvard obstetrical hospital since 1968. Particular attention has been paid to XYY patterns, at one time thought by some to be associated with asocial behavior. Although the concept of a "criminal chromosome" has been discarded, however, the XYY pattern may be associated with learning disabilities and behavioral difficulties. The study was attacked, largely on philosophic and sociologic grounds, and a formal faculty inquiry was made which approved continuation of the study by a vote of about 200 to 30. Despite this, continuing harassment of one of the two primary investigators has resulted in suspension of the study.

**Freymann JG: Medicine's great schism: prevention vs. cure: an historical interpretation.** *Medical Care* 13:525-536 July 1975.

Although the demand for therapeutic services has characterized both primitive and advanced societies, that for preventive services has been less articulate. This schism persists for several reasons including the orientation of activist physicians toward cure, the tradition of reimbursing only for active treatment, and the individual-oriented aspect of the Hippocratic ethic.

**Stubblefield PG: Abortion vs. manslaughter.** *Arch. Surg.* 110:790-791 July 1975.

Although most women seeking abortion do so in the first trimester, those seen at a later point in pregnancy raise the question as to when "elective abortion is no longer medically and morally advisable." Progress in neonatology continues to revise downward the limit of

ing a fetus that is viable remains viability. The possibility of aborting a major concern. A guide is presented for estimating when this might be the case and when, therefore, elective abortion might be refused. If an abortion must be done after this point, for reasons of maternal health or fetal defect, the mother should be informed of the possibility of fetal survival and an agreement should be reached regarding the use of a neonatal intensive care unit in that eventuality.

**Clouser KD: Medical ethics: some uses, abuses, and limitations.** *New Eng J Med* 293:384-387 21 Aug. 1975.

Misunderstanding of the purpose and limitation of medical ethics has occasioned a backlash. Medical ethics is simply general ethics applied to a special area, and as such it relies on general ethical principles. In addition, it is involved in structuring the issues. Among its limitations is the fact that "ethics is a fairly blunt instrument" and the fact that many of its key concepts must be found in other disciplines. But ethics is not just a matter of opinion. "Arguments, facts, and good reasons are very much to the point. The object of ethics is a harmonious and just society, and that is a matter for careful reasoning; one opinion is simply not as useful to that end as any other opinion."

**Fost NC: A surrogate system for informed consent.** *JAMA* 233:800-803 18 Aug. 1975.

In the experimental situation there is universal acceptance of the requirement that the informed consent of the subject be obtained. However, there are numerous obstacles in the practical sphere that make informed consent virtually impossible. A surrogate system might obviate many of the difficulties associated with the traditional means of securing informed consent.

Ryan KJ: The legitimacy of a diverse society. *JAMA* 233:781 18 Aug. 1975.

The Supreme Court decision in *Roe v Wade* reflected the general public mood toward the subject of abortion. However, the recent Edelin case indicates that "the divisive moral issue of abortion seriously challenges the legitimacy of our diverse society." Although liberal attitudes toward abortion are favored by most Americans, the Edelin verdict has encouraged the introduction of legislation challenging the Supreme Court ruling. Physicians can help assuage the problem by reaffirming the legitimacy of diverse views on abortion.

Walter SD: Sex predetermination and epidemiology. *Soc Sci & Med* 9:105-110 Feb 1975

In the near future it may be technically possible for parents to choose the sex of their offspring before conception. Technologic aspects of sex predetermination are reviewed, and implications of a demographic, sociologic, and epidemiologic nature are discussed.

Ingelfinger FJ: The unethical in medical ethics. *Ann Int Med* 83:264-269 Aug 1975.

An overly rigid attitude concerning the requirements of medical ethics is inimical to medical progress.

ADDITIONAL ARTICLES of interest include the following:

*The Ethics of Human Gene Manipulation*. A Symposium, arranged by the Biophysical Society Ethics Committee, presented at the Biochemistry Biophysics 1974 Meeting, Minneapolis, Minnesota, June 4, 1974. Chairman: J. Eisinger.

Eisinger J: The ethics of human gene manipulation: introductory remarks. *Fed Proc* 34:1418-1420 May 1975.

Roblin R: Ethical and social aspects of experimental gene manipulation. *Fed Proc* 34:1421-1424 May 1975.

Lappé M: The human uses of molecular genetics. *Fed Proc* 34:1425-1427 May 1975.

Nicholson R: Should the patient be allowed to die? *J Med Ethics* 1:5-9 April 1975.

Wilson M: Communicating with the dying. *J Med Ethics* 1:18-21 April 1975.

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Levine RJ: Symposium on definitions of fetal life. *Clin Research* 23:103-105 April 1975.

Mirkin BL: Drug therapy and the developing human: who cares? *Clin Research* 23:106-113 April 1975.

Hart DS: Fetal research and anti-abortion politics: holding science hostage. *Family Planning Perspective* 7:72-82 March/April 1975.

Kerppola-Sirola I: The death of an old professor. *JAMA* 232:728-729 19 May 1975.

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- (Editorial): Research on children. *Lancet* 1:1369 21 June 1975.
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Readers interested in submitting abstracts, please send to:

Eugene G. Laforet, M.D.  
2000 Washington St.  
Newton Lower Falls, Mass. 02162

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## AUTHOR INDEX — VOL. 42, 1975

### — A —

- Annas, George J., J.D., M.P.H.  
*Decision-Making and the Critically Ill Patient: Some Legal Aspects of a Patient Classification Scheme, May, 116*

### — B —

- Battaglia, Frederick C., M.D.  
*Book Review: The Ethics of Fetal Research by Paul Ramsey, Nov., 285*
- Blaske, Lee A., Ph.D.  
*A Sociologist Looks at Death and*

*Dying Nov., 256*

### — C —

- Cassem, Ned H., S.J., M.D.  
*Controversies Surrounding the Hopelessly Ill Patient, May, 89*
- Cassem, Ned H., S.J., M.D.  
*Editorial: Ever Say Die? May, 86*
- Cavanagh, John R., M.D.  
*Bene Mori: The Right of the Patient to Die With Dignity, Aug., 157*
- Cavanagh, John R., M.D.  
*President's Page, Feb., 3; May, 75; Aug., 153*