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Abstracts of Current Literature:

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.

Conducted by Eugene C. Laforet, M.D.

Stetten D Jr: Freedom of inquiry.
Science 189:953 19 Sept 1975.

Some lines of research have recently been opposed. These include the relationship of genetics to intelligence, screening for genetic defects, in vitro fertilization, abortion, and cloning. Freedom of inquiry is analogous to freedom of speech, and should be treated in a similar fashion, i.e., "agree to abstain when there is a real and present danger." We should strive to arrive "at the balanced state where all questions may be asked save those which pose a real danger to the community, the environment, or the individual." (For three comments on the above editorial, as well as Stetten's response, see *Science* 190:324-330 24 Oct 1975).

Siegler M: Pascal's wager and the hanging of crepe. *New Eng J Med* 293:853-857 23 Oct 1975.

When communicating prognostic information to the family of a critically ill patient some physicians adopt the strategy of "crepe-hanging," i.e., offering the most pessimistic prediction. This is done in the hope that the family's suffering will be minimized should the patient die. As such, it resembles Pascal's wager

on the belief in God. As proposed by that 17th century philosopher, if God exists and one so believes, all is gained; if God does not exist, nothing is lost by so believing. Both Pascal's philosophy and that of the crepe-hanging physician are popularly viewed as no-lose situations. However, more careful assessment of these approaches discloses significant disadvantages. In the clinical situation, crepe-hanging may adversely affect patient care. The alternative strategy of *prognostication*, i.e., an attempt to predict accurately the outcome, is superior, despite the uncertainty that always underlies it.

Carney FS: The crisis of legitimacy in human experimentation. *Clin Res* 23:199-201 Oct 1975.

The medical research community is not yet fully aware of the crisis of legitimacy that human experimentation is undergoing in the American mind. The crisis is primarily a moral, not a legal, one. Although some criticism of biomedical research made in the name of morality may be superficial or uninformed, other criticism "derives from the special moral beliefs and ideals of particular religious and secular groups." Such criticism

should be heeded because our traditional commitment to pluralism suggests accommodation to minority groups and because it may be prophetic. However, such particular beliefs cannot form a basis for general social policies unless they happen to coincide with a societal consensus. But if the criticism of human experimentation is based on the moral notion of respect for persons the challenge is greater. This concept is not merely a part of a risk-benefit analysis. The social morality of our society is based on notions, that of respect for persons and that of risk-benefit. These are frequently in tension. The erosion of legitimacy in the biomedical research community can be arrested if a better understanding of fundamental moral principles can be gained, if the research community can review its present research policies from the aspect of a broader moral framework, and if better use is made of consultative input from lawyers, ethicists, and others.

Milunsky A: Risk of amniocentesis for prenatal diagnosis. *New Eng J Med* 293:932-933 30 Oct 1975.

Statistical study has proven the general safety of amniocentesis for prenatal diagnosis but the risk has yet to be established in a few specific areas. For example, the possibility of sensitization after early amniocentesis in the Rh-negative woman is not known. And amniocentesis early in the second trimester should be considered safe but not risk-free.

Paris JJ: Forced medication: by whose right? *America* 133:323-325 15 Nov 1975.

In July 1975 a California Superior Court justice ordered a blood transfusion for a Jehovah's Witness who had been seriously injured but whose religious beliefs forbade this type of therapy. The leading prece-

dent for this judicial decision was *Application of the President and Directors of Georgetown College, Inc.* (1964). In virtually all subsequent cases of a similar nature the decisions have favored the use of transfusion but the basis has not been rules of law but rather "spasmodic sentiment." The Constitutional guarantee of religious liberty requires a less emotional consideration of the problem. "... an appellate court reviewing the question of compulsory medical treatment of nonconsenting adults who object to intervention on religious grounds should be sensitive to H. Richard Niebuhr's reminder, in *The Responsible Self*, that in the Judeo-Christian tradition all our actions are to be done in response to God's actions for us and with the realization that they are ultimately to be judged by Him on the loyalty and trust they manifest in Him."

Gordon JA, Amelar RD, Dubin L, Tendler MD: Infertility practice and Orthodox Jewish law. *Fertility & Sterility* 26:480-484 May 1975.

Religious restrictions may make difficult the management of infertility problems in Orthodox Jewish couples. The genesis of laws governing such matters as semen collection, menstruation, and artificial insemination is reviewed, and contemporary Rabbinic opinion is cited.

The October 1975 issue of *Clinical Research* includes the principal papers from a symposium entitled "Toward a definition of fetal life: Ethical and legal options and their implications for biologists and physicians," presented at Atlantic City on 3 May 1975:

Levine RJ: Viability and death of the human fetus: biologic definitions. *Clin Res* 23:211-216 Oct 1975.

Fletcher J: Ethical options in fetal research. *Clin Res* 23:217-222 Oct 1975.

Capron AM: A legal analysis of definitions of fetal status. *Clin Res* 23: 223-228 Oct 1975.

Mahoney MJ: Implications of restrictions on fetal research for biomedical advance. *Clin Res* 23:229-232 Oct 1975.

Mirkin BL: Impact of public policy on the development of drugs for pregnant women and children. *Clin Res* 23:233-237 Oct. 1975.

McCormick RA: Transplantation of organs: a comment on Paul Ramsey. *Theol Studies* 36:503-509 Sept 1975.

Paul Ramsey, in his book *The Patient as Person*, presents a "deliberately inconclusive inquiry" into the subject of the living organ donor. Until recently there has been general agreement that the principle of totality did not justify *inter vivos* transplantation. Recently, however, some theologians have invoked this principle to validate organ donation by a living subject. It ought still to be argued, nevertheless, "that the principle of totality does not, in any more than a most general sense, justify organ donation on the part of the living donor." Ramsey is correct in insisting that "there must be a thrust away from use of living donors and that such use must be viewed as only transitionally justifiable." If the same benefit can be gained by artificial or cadaver organs there is no proportionate reason for the use of living donors.

Kabat EA: Ethics and the wrong answer. *Science* 189:505 15 Aug 1975.

There has quite properly been heightened concern about the protection of the human subject in the

experimental situation. Unfortunately such concern may reach the point where it may not be possible to secure accurate data from a given study. Valid experimentation technique in clinical trials involving immunization, for example, calls for the use of a control group who receive a placebo. Unfortunately there is a growing tendency to design experiments in which the controls do not receive a true placebo. As a result the data accrued are inconclusive. "While it is manifestly desirable that every participant derive some direct benefit, this must not be a *sine qua non* . . . Whenever receiving a true placebo does not adversely alter the risk compared to non-participation in the trial, such a group should be included."

Milunsky A, Reilly P: The "new" genetics: emerging medicolegal issues in the prenatal diagnosis of hereditary disorders. *Am J Law & Med* 1:71-88 March 1975.

Major advances in prenatal genetic diagnosis have occurred in the past few years which pose difficult challenges to the law. This paper raises questions relative to family history taking, genetic counseling, carrier detection, amniocentesis, and prenatal genetic studies, and also raises questions with respect to the rights and responsibilities of the patient, the fetus, the physician, and society in light of such modern advances. Law reform often occurs only after prior harm to an individual, family or group. Perception and delineation of the most important issues in this area should serve to stimulate the development of medicolegal guidelines and corrective legislation prior to the occurrence of a genetic tragedy.