Medical Ethics’ “Dirty Dozen”

The following 12 are candidates for the most difficult moral issues in medicine.

A. Many difficulties involve the question of what the physician ought to do with certain information gained within the context of the doctor-patient relationship. The physician has from time immemorial been understood as the servant of his patient, always placing the good of his patient above all other considerations, obliged to respect the confidential nature of the information obtained within this privileged setting. When (if ever) should he disclose certain pieces of information contrary to the wishes of his patient?

ONE. Should a genetic counselor who knows that his client is at serious risk for transmitting a severe genetic defect inform the client's prospective spouse of this fact? Should he warn his patient's siblings that they too are at risk for giving birth to a defective child?

TWO. Should a psychiatrist warn individuals whom he believes are endangered by his patient's paranoid delusions?

THREE. Should a genetic counselor ever withhold information he knows his client will use to decide in favor of an abortion? What if the information in question is that the child is female and the counselor knows that the couple want desperately to have only one child and that a boy?

B. Other questions arise over the level of individual freedom permissible in a good and just society.

FOUR. Ought a person have the legal right to sell one of his kidneys should he choose to do so?

FIVE. Does an individual at risk for transmitting a genetic defect ever have a responsibility not to procreate? Should a law be passed making it illegal for him to have children?

SIX. Is it ever morally right to hospitalize against his will a mentally ill adult who is no danger to others or to himself?

C. The area of human experimentation contains many ethical difficulties. Especially problematic is the requirement of free and informed consent.

SEVEN. If a fetus is going to be aborted anyway, is it ethical to engage in harmless non-therapeutic experimentation on it? What if the experimentation might be useful in saving other fetal lives, such as experiments involving an artificial placenta?

EIGHT. Is it ever morally permissible to engage in experimentation on children who cannot be expected to benefit from the experiment? How old must a child be before he is able to consent to such experimentation?

NINE. In view of the nature of a total institution like a prison, can inmates ever be said to give free consent to non-therapeutic experimentation?

D. Questions of cost/benefit analysis pose peculiar problems in deciding how to allocate scarce medical resources. Can we ever legitimately decide on the value of a human being, and should we take those determinations into consideration when deciding how to allocate our resources?

TEN. In deciding whether and to what extent to treat a defective newborn, should estimates of the quality of the child's life be taken into consideration? Estimates of cost?

ELEVEN. Assuming a specified amount of funds to spend on medical care, should priority be given to crisis care of those who are sick or to the maintenance of the health of those who are well? Should the deciding factor be the number of lives that can be saved by either approach?

TWELVE. If there are too few renal dialysis machines to treat all prospective patients, should consideration be given to their moral worth in deciding whom to test? Should a self-sacrificing social worker be given preference over a convicted felon? Should a person's usefulness to

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Guest Editor

This issue of Ethics and Medicine has been produced under the guest editorship of Gary M. Atkinson, Ph.D., currently an Assistant Professor of Philosophy at William Woods College in Fulton, Missouri. Dr. Atkinson's interests led him to become involved with the Center's task force on the ethical aspects of genetic diagnosis and counseling. He is spending this summer at the Center working as a research associate.


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MEDICAL ETHICS’ “DIRTY DOZEN”

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society be taken into account? Should a prominent surgeon be preferred over a housewife with three small children?

Have you found any issues more perplexing? If so, please send them along to us as your entry in the Grand Sweepstakes for Medical Ethics’ “Dirty Dozen.”

by the bonds of Christian belief, do we need to be aware of and to assist those who are the direct or indirect victims of torture. Recently, Jesuit Bishop Francisco F. Claver of Malaybalay (Philippines) found it necessary to excommunicate those persons associated with government repression and torture. (National Catholic Reporter, February 4, 1977, Page 7). Such ecclesiastical sanctions will probably increase in number.

Although there is no publicized account of medical personnel involvement in torture in this country, the danger is not remote, increasing violence, and seeming tolerance of violence, in our midst reflects a mind set that encourages the increasing use of torture in prisons and other areas of involuntary detention. This is an additional reason why the use of prison populations for medical research must be carefully controlled. Aware of these problems, the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research in its study of research on prisoners not only studied reports but made a number of visits to corrective institutions. Dr. F. J. Ingelfinger reviewing their recommendations writes that “by and large, they were horrified by what they saw, not in the conduct of biomedical experiments, but in the general conditions under which they live.” (“Ethics of Human Experimentation Defined by a National Commission,” The New England Journal of Medicine, Vol. 296, No. 1, January 6, 1977, Pages 44-5). Among the requirements for such research the Commission recommended prior consultation with a national ethical review body, compelling reasons for prisoner involvement, important social or scientific need, and high degree of voluntariness in a setting of adequate living conditions, all of which may be seen basically as discouraging the use of prisoners in medical research.

While not exactly in the same situation as the prisoner, the “charity” patient is sometimes placed in the position of appearing ungrateful if he does not volunteer to enroll in an experimental program. This can be experienced by the patient as a form of coercion. The human dignity of all patients regardless of their economic status in the hospital needs to be protected by all personnel.

CenterNews

In early March Father Albert spoke to the annual meeting of the Catholic Physicians’ Guild of Los Angeles on the topic of the use and non-use of extraordinary means of maintaining life. He also discussed briefly some of the ethical issues emerging from the rapidly developing biomedical technology. He visited the Salk Institute in La Jolla to review with Dr. Roger Guillemin, the head of the team that isolated and identified alpha-endorphin, a member of the new class of compounds (endogenous opiate-like substances) recently found in brain and pituitary gland tissues (see “Endorphins, Brain Peptides That Act Like Opiates.” New England Journal of Medicine, January 27, 1977, Pages 226-8).