JOURNALS IN PHILOSOPHY AND THEOLOGY

Bioethics

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Does Professional Autonomy Protect Medical Futility Judgments?

Eric Gampel

Despite substantial controversy, the use of futility judgments in medicine is quite common, and has been backed by the implementation of hospital policies and professional guidelines on medical futility. The controversy arises when health care professionals (HCPs) consider a treatment futile which patients or families believe to be worthwhile: should HCPs be free to refuse treatments in such a case, or be required to provide them? Most physicians seem convinced that professional autonomy protects them from being forced to provide treatments they judge medically futile, given the lack of patient benefit as well as the waste of medical resources involved. The argument from professional autonomy has been presented in a number of articles, but it has not been subjected to much critical scrutiny. In this paper the author distinguishes three versions of the argument: (1) that each physician should be free to exercise his or her own medical judgment, (2) that the medical profession as a whole may provide futility standards to govern the practice of its members, and (3) that the moral integrity of each physician serves as a limit to treatment demands. The author maintains that none of these versions succeeds in overcoming the standard objection that futility determinations involve value judgments best left to the patients, their designated surrogates, or their families. Nor do resource considerations change this fact, since they should not influence the properly patient-centered judgment about futility.

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Legitimizing the Shameful: End-of-Life Ethics and the Political Economy of Death

Miran Epstein

This paper explores one of the most politically sensitive and intellectually neglected issues in bioethics—the interface between the history of contemporary end-of-life ethics and the economics of life and death. It suggests that contrary to general belief, economic impulses have increasingly become part of the conditions in which contemporary end-of-life ethics continues to evolve. Although this conclusion does not refute the philosophical justifications provided by the ethics for itself, it may cast new light on its social role.

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Nothing But the Truth? On Truth and Deception in Dementia Care

Maartje Schermer

Lies and deception are often used in the care for demented elderly and often with the best intentions. However, there is a strong moral presumption against all forms of lying and deceiving. The goal of this article is to examine and evaluate concrete examples of deception and lies in dementia care, while addressing some fundamental issues in the process. It is argued that because dementia slowly diminishes the capacities one needs to distinguish between truths and falsehoods, the ability to be lied to also disappears. When the moral reasons to reject lying are explored, it becomes clear that most of them also hold where demented patients are concerned, although this also depends on the capacities of the patient. Lying, though prima facie wrong, can sometimes be justified with an appeal to well-being. The relationship between well-being and the truth is further explored. Two

examples of deceiving demented patients for reasons of beneficence are discussed, from which it can be concluded that although in some cases beneficent lies or deception will not enhance patients' well-being, there are circumstances in which they do. In general, methods that enhance the well-being of the patient without deception or lies should be favored above options that use deceit, and methods of getting the truth across without hurting the patient should be favored above blunt honesty. Finally, it is important to note that not only the patient but also the nursing and medical staff can be affected by the use of lies and deception.—Abstract abridged.

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Morality, Prudential Rationality, and Cheating

Alister Browne and Katharine Browne

Morality and prudential rationality cannot be perfectly reconciled. There is reconciliation in the case of defensive violations, which are never both prudentially rational and morally impermissible, but not in the case of offensive violations, which are sometimes prudentially rational but never morally permissible. This is an unhappy result, and when such conflicts occur there is no clean way of resolving them. Both one whose fundamental commitment is to prudential rationality and one whose fundamental commitment is to morality must deplore the situation in which there is not general obedience to fair rules of rationing. But once there is general obedience, the former must violate when it is prudentially rational to do so and the latter must obey.—Abstract compiled from text of article.

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Probability Potentiality

Christopher Nobbs

The concepts of personhood and potentiality are central to many bioethical debates concerning the intrinsic value, or moral worth, of existing and potential human beings. Personhood theorists such as John Harris and Peter Singer claim that self-awareness is a necessary condition of moral worth, whereas some of their critics contend that the potential to become self-aware is a sufficient basis for intrinsic value. In this paper, the author illustrates that both these concepts have problems. He goes on to argue that an intuitively appealing way to resolve these problems is to adopt a notion of probability potentiality that states that a potential person's intrinsic value increases with its likelihood of achieving its potential.—Abstract compiled from text of article.

Volume 16, Number 4
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The Hegemony of Money: Commercialism and Professionalism in American Medicine

Larry R. Churchill

First, the author paints the larger picture of commercialism in contemporary American culture, because without this context it is difficult to see how medicine could have become so besieged and seduced by commercial forces. Next, he focuses more briefly on changes in medical practice per se, rehearsing what is for many readers some familiar ground in the recent transition from a service-based professional activity to a managerially driven production model of medicine. One of his chief concerns here is the toll the commercialization of practice organization takes on the sensibility of physicians. Finally, the author responds to the question implicitly posed in the subtitle of this essay: Is there hope for medicine retaining its professionalism in a commercial environment? He believes that professionalism in medicine is still possible,

but he has no illusions that it will be easy. His view is that medicine is not simply a little off course, but profoundly disoriented. Loosening the power of commercial hegemony and sustaining a truly professional role for doctors will require far more changes than either physicians or the general public typically imagine. Real change will require not just tinkering with financial incentives or properly regulating managed care organizations (MCOs). What will be required is a basic reorientation of the aims and purposes of medical work and health care institutions.—Abstract compiled from text of article.

Christian Bioethics

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How Should Christians Make Judgments at the Edge of Life and Death?

Mark Cherry

Without an adequate theology to guide appropriate spiritual preparation for the end of one's life, death surely is banal. For the devoutly secular, the preferred death occurs by choice or without warning; in either case, hopefully after appropriate financial planning, but without the labors of spiritual preparation. In stark contrast, within an authentic Christian appreciation of medicine, life-and-death decision making is integrated with traditional Christian theology. For the traditional Christian, one prays for a foreseen death, with adequate time for confession and repentance. As Christ's parable about the foolish rich man makes clear: At the time of his death, he hears a voice from God saying "'You fool, this night your life will be demanded of you; and the things you have prepared, to whom will they belong?' Thus will it be for the one who stores up treasure for himself but is not rich in what matters to God" (Luke 12:20–21). Christians know that the soul must be prepared.—Abstract compiled from text of article.

Volume 12, Number 3
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Separation of Conjoined Twins and the Principle of Double Effect

David Wenkel

This article examines the relationship between the principle of double effect and justification for separation surgeries for conjoined twins. First, the principle of double effect is examined in light of its historical context. It is argued that it can only operate under an absolutist view of good and evil that is compatible with the Bible. Given this foundation for application, scenarios for separating conjoined twins are considered against the criteria for the principle of double effect. It is concluded that the principle of double effect cannot be applied to cases wherein one of the twins must be killed. However, it is noted that this does not leave decision makers without options.

Developing World Bioethics

Volume 6, Number 1
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Rights of and Duties to Non-Consenting Patients: Informed Refusal in the Developing World

Louis-Jacques van Bogaert

The principle of informed refusal poses a specific problem when it is invoked by a pregnant woman who, in spite of having accepted her pregnancy, refuses the diagnostic and/or therapeutic measures that would ensure the well-being of her endangered fetus. The present essay supports the view of fetal rights to health and to life based on the principle that an "accepted" fetus is a "third person." In developing countries, however, the implementation of the latter principle is likely to be in conflict with a "communitarian" perception of the individual—in this case, the pregnant woman. Within the scope of the limitations

to the right to autonomy of J. S. Mill's "harm principle," the South African Patients' Charter makes provision for informed refusal. The fact that, in practice, it is not implemented illustrates the well-known difficulty of applying Western bioethical principles in real life in the developing world.—Abstract abridged.

Ethics and Medicine

Volume 22, Number 1
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Normative Ethics in Health Care

Jack Hanford

The late David Thomasma insisted on "normative elements" to guide methodology for ethics and bioethics. Normative elements include moral principles from moral philosophy and theology, virtues from philosophy and religious traditions, facts and wisdom from supervised clinical experience, psychology and the history of medicine, and additional knowledge from science, phenomenology, and case material studies. These guides develop good professional teaching and practice. Such work focuses understanding and creates relationships of justice for the needy, personally and socially, from hospitals to the total environment. For example, Thomasma presented normative elements to guide managed care toward the patient's good. These varied comprehensive norms represent some of the rich legacy of Thomasma which can guide us today and into the future. This methodology can be a corrective to the antifoundationalism of current postmodernism.—Abstract abridged.

Volume 22, Number 2
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Supporting Organ Transplantation in Non-Resident Aliens with Limits

Katrina Bramstedt

It is common knowledge that the supply of cadaveric organs does not meet demand. This shortage is often used as ethical argument against transplantation in nonresident aliens; however, this fact in isolation does not present a comprehensive picture of organ allocation in the United States. Even though approximately 153 cadaveric livers, kidneys, and hearts are transplanted into nonresident aliens each year, roughly another 85 livers, kidneys, and hearts are recovered as usable for transplantation but are not transplanted due to inability to find a recipient. These organs are also unable to be exported due to logistics or lack of patient matching. Because usable, recovered allografts are discarded on a yearly basis, there is no justification to use "allograft scarcity" as argument against transplantation in nonresident aliens.—Abstract abridged.

Journal of Medical Ethics

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What's in a Name? Embryos, Entities, and ANTities in the Stem Cell Debate

Katrien Devolder

This paper discusses two proposals to the U.S. President's Council on Bioethics that try to overcome the issue of killing embryos in embryonic stem (ES) cell research, and argues that neither of them can hold good as a compromise solution. The author argues that (1) the groups of people for which the compromises are intended neither need nor want the two compromises; (2) the U.S. government and other governments of countries with restrictive regulation on ES cell research have not provided a clear and sound justification to take into account minority views on the protection of human life to such a considerable extent as to constrain the freedom of research in the area of stem cell research; and (3) the best way to deal with these issues is to accept that many people and most governments adopt a gradualist and variable viewpoint on the human embryo, which implies that embryos can be sacrificed for good reasons and to try to find other, less constraining ways to take into account minority views on the embryo. Finally, another more efficient

compromise that spares time and money will be proposed for those who accept IVF, a majority in most societies.

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Bodily Rights and Property Rights

Barbro Björkman and Sven Ove Hansson

Whereas previous discussions on ownership of biological material have been much informed by the natural rights tradition, insufficient attention has been paid to the strand in liberal political theory represented by Felix Cohen, Tony Honoré, and others, which treats property relations as socially constructed bundles of rights. In accordance with that tradition, the authors propose that the primary normative issue is what combination of rights a person should have to a particular item of biological material. Whether that bundle qualifies to be called "property" or "ownership" is a secondary, terminological issue. They suggest five principles of bodily rights and show how they can be applied to the construction of ethically appropriate bundles of rights to biological material.

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Transfusion Contracts for Jehovah's Witnesses Receiving Organ Transplants: Ethical Necessity or Coercive Pact?

Katrina Bramstedt

The author proposes that it is ethically unacceptable to allow a non–Jehovah's Witness to be a live donor for a Jehovah's Witness recipient, because although the donor's risk of dying is significantly reduced due to his willingness to accept blood transfusions, there is a philosophical mismatch between the donor and recipient; namely, there is the inherent expectation that recipients should maximize the life span of the graft they receive, including accepting blood transfusions if clinically needed. While a non–Jehovah's Witness could argue that he or she can psychologically accept that the graft recipient will refuse transfusion, the author argues that this is ethically problematic. A shared medico-religous value is necessary in order to justify the risk to the donor in a setting where the recipient will knowingly refuse transfusion—risking graft loss and death. Transplant teams should take a paternalistic approach that is similar to that used in cases of alcoholic liver disease. Specifically, some transplant centers (and insurance companies) do not consider patients with alcoholic liver disease appropriate candidates to receive a living liver donation, even though they may have close friends or relatives who are willing to be their living donor.—Abstract compiled from text.

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Just Another Drug? A Philosophical Assessment of Randomised Controlled Studies on Intercessory Prayer

Derek D. Turner

The empirical results from recent randomized controlled studies on remote, intercessory prayer remain mixed. Several studies have, however, appeared in prestigious medical journals, and it is believed by many researchers, including apparent skeptics, that it makes sense to study intercessory prayer as if it were just another experimental drug treatment. This assumption is challenged by (1) discussing problems posed by the need to obtain the informed consent of patients participating in the studies; (2) pointing out that if the intercessors are indeed conscientious religious believers, they should subvert the studies by praying for patients randomized to the control groups; and (3) showing that the studies in question are characterized by an internal philosophical tension because the intercessors and the scientists must take incompatible views of what is going on: the intercessors must take a causation-first view, whereas the scientists must take a correlation-first view. It therefore makes no ethical or methodological sense to study remote, intercessory prayer as if it were just another drug.