



From Darwin to Hitler: Evolutionary Ethics, Eugenics, and Racism in Germany

by Richard Weikart *Palgrave Macmillan, New York ISBN 1-4039-6502-1*
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“Survival of the fittest means that might—wisely used—is right. And we thus invoke and remorselessly fulfil the inexorable law of natural selection (or of demand and supply), when exterminating the inferior Australian and Maori races, and we appropriate their patrimony as coolly as Ahab did the vineyard of Naboth, though in diametrical opposition to all our favourite theories of right and justice—thus proved to be unnatural and false. The world is better for it; and would be incalculably better still, were we loyally to accept the lesson thus taught by nature, and consistently to apply the same principle to our conventional practice; by preserving the varieties most perfect in every way, instead of actually promoting the non-survival of the fittest by protecting the propagation of the imprudent, the diseased, the defective, and the criminal.”

Let the reader ponder this concise, unequivocal, rational—very rational—formulation of the practical implications of the evolutionary origin of species. Moral philosophers through millennia searched reason and divinity for salutary guidance and produced countless books recording their results. But here, in a few brush strokes, the long quest culminates in a stark raving scientific insight into humankind's true predicament. The fundamental ethical reality is that we are natural born killers. In this we differ only by degree from the remainder of animal nature, for we may direct our efforts wisely or foolishly. Foolish choices are sanctioned by the prevailing morality, which admonishes mercy to the vanquished and care to the weak and vulnerable. But the light of reason, released from the fetters of superstition, enjoins purposively directed genocide, euthanasia, sterilization, abortion, and positive eugenics.

That message is the core thought of the dozens of biologists and publicists brought together in Richard Weikart's artfully wrought study of the efflorescence of social Darwinism in Germany, 1860-1920. This literature is for the most part untranslated and known in the Anglophone culture—when it is known at all—through secondary writings such as this. To establish a connection between ourselves and that literature, I commenced with the quotation above. Its author is Henry K. Rusden, writing in the debut issue of the Melbourne Review (1876), which he and friends established to promote the secular outlook. Rusden was a public servant, an office bearer of the Victorian Royal Society, and co-founder of the Eclectic Association, a forerunner of Victoria's Humanist Society, which staunchly supports birth control, abortion, euthanasia, and no-limits reproductive technology. (The Society opposes genocide on humanitarian and human rights grounds).

The radical message of Social Darwinism was wrapped in an envelope best described as 'the scientific world view'. By mid-Nineteenth Century it was a robust, widely diffused, and variegated outlook whose exponents championed all-sided progress. It was integral to professional standard of the growing cadres of scientific and technological elites. It was explicit in free trade economics, but socialists of many hues also claimed it as their watchword. It had penetrated literature, theatre, and the arts. From its inception in 17th Century rationalist philosophy and science, whose great metaphor was the World Machine, the scientific worldview posed some acute questions. If nature is ordered by strict laws admitting no exceptions, what is to be made of miracles? If the world is a machine, must not we humans be machines also? If so, does not the soul vanish, taking free will and the moral capacity with it? 'Yes' answers to these questions resulted in militant anti-religious

materialism by the onset of the French Revolution. By mid-Nineteenth Century, this version of the scientific worldview enjoyed cultural penetration of great depth, although its declared exponents were a minority and not one of Europe's leading scientists or statesmen endorsed it.

Recalling this context helps explain the sudden change of climate precipitated by the publication of *On the Origin of Species*. Although the book contained few express statements about scientific principles or method, many of its initial readers interpreted it to be a full-fledged vindication of scientific materialism. Although Darwin would publish not a word about the

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...Continued from page 1

application of his theory to humankind until 1871, the tabloid press instantly labelled Darwin as endorsing the sensational notion of our species' pithecoid origin. Although Darwin's book presented no empirical proof of the evolution of even one species, his partisans vehemently proclaimed that he had proved the evolution of all species. Although the book's reasoning is embedded in technical detail across numerous fields—details whose accuracy is essential to the success of the argument—that forbidding challenge did not prevent numerous readers, including those with no knowledge whatever of natural history, from experiencing Darwin's message as a Grand Revelation.

To instance one example: Richard Goldschmidt, a leading geneticist, wrote that at age sixteen

...it seemed that all problems of heaven and earth were solved simply and convincingly; there was an answer to every question which troubled the young mind. Evolution was the key to everything and could replace all the beliefs and creeds which one was discarding. There were no creation, no God, no heaven and hell, only evolution and the wonderful law of recapitulation which demonstrated the fact of evolution to the most stubborn believer in creation.

This Eureka transformed many persons, male and female, young and old, scientist and non-scientist. Be it noted that life-changing responses to books is commonplace and is unrelated to cognitive merit. This observation helps us to understand what was involved in 'the Darwinian Revolution'. Antecedent cultural change had prepared a wide public for a scientific catechism of thoroughgoing materialism. Darwin's Origin was perceived to fulfill this expectation. This in turn involved a psychological Gestalt switch that shunted aside what was previously self-evident and made room for what was previously unthinkable. Social Darwinism, with its base-line conviction that life is devoid of sanctity, that is, merely animal, occupied this space in the bat of an eye. For example, Clemence Royer was among the initial admirers. In 1862 she published her French translation of Origin, together with a long introduction in which she linked free market economics—for her the social engine of Progress—with natural selection—the natural counter-part—to produce the first clear statement of Social Darwinism. She wrote:

What is the result of this exclusive and unintelligent protection accorded to the weak, the infirm, the incurable, the wicked, to all those who are ill-favored by nature? It is that ills which have afflicted them tend to be perpetuated and multiplied indefinitely; the evil is increased instead of diminishing, and tends to grow at the expense of good.

Those who have probed the ethics of life's sanctity, or the challenges of Creationism vs. Evolution, will be aware that they are dealing with two positions that seem unbridgeable by argument. My remarks are intended to assist understanding why this is so. Those who deny the sanctity of life, on the basis of what I style 'stark raving rationalism', have undergone a conversion experience that shuts off any return to pre-conversion sensitivity to sanctity arguments, even arguments of a prudential kind. By electing to emphasize this point, I have foregone comment on Weikart's rich historical evidence about the initial deniers of life's sanctity. Let me leave it by strongly recommending this study to any ethics student who wishes to understand the actual performance of denial in its initial historical manifestation. You will find that it presents a very different set of historical facts than those usually adduced by Darwin advocates.

¹ Henry K. Rusden, *Labour and capital*. Melbourne Review 1:1 (Jan 1876):67-83.

² For an account of Rusden and his friends, see Ralph Biddington, *Eclectic Association: Victoria's First Rationalists, 1866-1895*, *Australian Rationalist*, 51(2):35-44, 2004.

³ Richard Weikart, *From Darwin to Hitler: Evolutionary Ethics, Eugenics, and Racism in Germany* Palgrave Macmillan, New York, 2004, p11.

⁴ *Ibid.*, p89

Abortion

JAMA 285:08 (28 Feb 2001) 1044-55

SECOND-TRIMESTER ULTRASOUND TO DETECT FETUSES WITH DOWN SYNDROME: A META-ANALYSIS

Hosmer, Wylie, et al (Ultrasound - Fetal Screening - Down's Syndrome - Statistics)

A total of 56 articles describing 1930 fetuses with Down syndrome and 130 365 unaffected fetuses were reviewed. The ultrasonic finding of a thickened nuchal (neck) fold in the second trimester was of some value in detecting fetuses with Down syndrome, "but the overall sensitivity of this finding is too low for it to be a practical screening test for Down syndrome .. the remaining ultrasonographic markers did not discern well .. clinicians should be very cautious about the use of these markers to counsel women about their risk of having a fetus with Down syndrome." - RP

Jnl of Law & Medicine 12:01 (Aug 2004) 17-25

HARRITON (by her tutor) v STEPHENS; WALLER (by his tutor) v JAMES; WALLE (by his tutor) v HOOLAHAN

Young, Rachel (Pregnancy - Abortion - IVF - Duty of Care - Wrongful Pregnancy - Disability - Decisionmaking)

The solicitor author provides a detailed analysis of the recent decisions of the New South Wales Court of Appeal in the matters of *Harriton v Stephens* and *Waller v James* [2004] NSWCA 93 which are currently awaiting an application for special leave to the Australian High Court. These cases concern a wrongful birth claim and a wrongful pregnancy claim. The reasoning of the three appeal judges are analysed including the minority judge's reliance on the High Court's decision in *Cattanach v Melchior* (2003) 77 ALJR 1312; [2003] HCA 38, concerning a claim for wrongful pregnancy due to the birth of a healthy child following failed sterilisation. The article considers the different starting points which resulted in the difference of opinion between the majority and minority. The author notes that Queensland and New South Wales have enacted legislation reversing the *Cattanach* decision and highlights the difference between that decision and the current decisions by considering the distinctions between wrongful life claims, wrongful birth claims and wrongful pregnancy claims in negligence. AMcD

Jnl of Medical Ethics 30:04 (Aug 2004) 418-20

DISABILITY, IDENTITY AND THE "EXPRESSIVIST OBJECTION"

Edwards, S D (Disability - Prenatal Screening - Abortion - Autonomy - Maternal/Fetal Rights)

Edwards defines the "expressivist objection" as the belief that prenatal screening and abortion of foetuses with disabilities causes hurt and offence to people who are living with disabilities. One argument commonly voiced against this view is that disability is just like illness, and it is not offensive to people with an illness for others to seek to cure the same disease. Edwards believes that this argument only stands if it is believed that the person is defined in terms of their disability or illness – the "identity claim". Even if the controversial "identity claim" is accepted, Edwards argues that prenatal screening and abortion for disability is still not morally wrong. The reasons given are (a) there is no reason why parents should place the interests of others above their own reproductive rights, (b) one can consistently believe that prenatal screening is justified and that disabled people should be supported (so it need not follow that prenatal screening and abortion threatens support for disabled people in the community), and (c) the "expressivist objection" combined with the "identity claim" would cause one to conclude that medical treatment for disability is always wrong. SRE

Medical Jnl Aust 181:04 (16 Aug 2004) 201-03

ABORTION: TIME TO CLARIFY AUSTRALIA'S CONFUSING LAW

de Crespigny, Lachlan J, Savulescu, Julian (Abortion - Health Professionals - General Practice - Decisionmaking - Law - Pregnancy - Ethical Issues)

A termination at 31 weeks' gestation was performed at an Australian teaching hospital in 2000, on the request of the patient because it was suspected that the foetus had achondroplasia. The authors argue that the case caused harm to the patient, staff, hospital, medical institutions, and Australian society in general. In their view, this harm occurred because of unclear and complex state abortion laws. They argue that Australian society supports abortion, and that the case in hand "appears to be ethical". Finally they call for clear and consistent abortion laws in Australia. SRE

Aged care

British Medical Jnl 329:7465 (4 Sept 2004) 539-42

ALCOHOL DRINKING IN MIDDLE AGE AND SUBSEQUENT RISK OF MILD COGNITIVE IMPAIRMENT AND DEMENTIA IN OLD AGE: A PROSPECTIVE POPULATION BASED STUDY

Anttila, Tiia, et al (Alcohol - Dementia - Ageing - Genetics)

British Medical Jnl 329:7466 (11 Sept 2004) 611-14

Clinical review: THE JOURNEY: PARKINSON'S DISEASE

Baker, Mary G, Graham, Lizzie (Parkinson's Disease - Patient Care - Carers)

British Medical Jnl 329:7471 (16 Oct 2004) 895-99

RECENT DEVELOPMENTS: SUICIDE IN OLDER PEOPLE

O'Connell, Henry, et al (Aged Care - Suicide - Depression - Public Health)

Elderly people have a higher risk of completed suicide than any other age group worldwide. The effects of problems with physical health are usually mediated by mental health factors, most notably depression. Social isolation and being divorced, widowed or single are risk factors. Men seem especially vulnerable after the loss of a spouse, with a relative risk three times that of married men. While the ratio of parasuicides to completed suicides is 200 to 1 in adolescents, it is 4 to 1 in elderly people, indicating a higher degree of intent and an increased use of lethal means such as firearms and hanging. The authors argue for more vigorous treatment of depression and suicidal feelings in elderly people. RP

Health Care Analysis 12:02 (June 2004) 117-29

LIFE EXTENSION RESEARCH: HEALTH, ILLNESS, AND DEATH

Turner, Leigh (Research - Ageing - Psychological Issues)

Turner explores three factors that might propel general public interest in the prospect of increased longevity. Without attempting to justify or undermine the pursuit of increased longevity, Turner examines fear of death, fear of dying, and the desire to maintain good health, in order to show how these different elements might lead to an interest in the extension of the human lifespan. Turner observes that even the desire to simply preserve good health may unintentionally

lead to increased longevity, and reminds critics of life-extension research that the motivations behind such research are quite ordinary and understandable. Turner concludes by calling for greater multi-disciplinary discussion into the implications of extended human lifespans. ZJA

Nursing Ethics 11:02 (Mar 2004) 150-64

A SURVEY OF ETHICAL ISSUES EXPERIENCED BY NURSES CARING FOR TERMINALLY ILL ELDERLY PEOPLE

Enes, Patricia, de Vries, Kay (Ethical Issues - Nursing Care - Terminal Illness - Aged Care - Cultures)

Nursing Ethics 11:04 (2004) 400-10

ACKNOWLEDGING DEPENDENCE: A MACINTYREAN PERSPECTIVE ON RELATIONSHIPS INVOLVING ALZHEIMER'S DISEASE

Butts, Janie B, Rich, Karen L (Alzheimer's Disease - Carers - Dementia - Personhood)

This article begins with the story of the lead author's father losing his wife, house, car, and independence after his diagnosis of Alzheimer's disease (AD). The authors outline MacIntyre's concept of independent practical reasoners (IPRs): "For our society to flourish and human relationships to develop... human beings must function as IPRs but, at the same time, must acknowledge that they are born as dependent rational animals that progress from a vulnerable state of being to become IPRs." IPRs have a responsibility to promote the common good and human flourishing in society, and to affirm the inherent value of dependent rational animals, with rationality occurring along a continuum based on development and disability. Some characteristics of AD are explained by the authors, and reasons are given as to why those with dementia are often treated as outcasts. The authors conclude by describing the responsibilities of health care professionals, as IPRs, towards people with AD. These include promoting their experiences as a person, granting them respected status in the community, preserving and protecting their dignity, and acknowledging that IPRs also have something to learn from disabled people. SRE

Contraception

Fertility & Sterility Supp. 82:01 (Sept 2004) S26-32

HORMONAL CONTRACEPTION: RECENT ADVANCES AND CONTROVERSIES

Practice Committee of ASRM (IUD - Oral Contraception - Cancer Screening - Hormonal Contraception - Ischemic Stroke - Women's Health)

Clinical ethics

Jnl of Medical Ethics 30:04 (Aug 2004) 359-61

MEDICAL ETHICS, LOGIC TRAPS, AND GAME THEORY: AN ILLUSTRATIVE TALE OF BRAIN DEATH

Riggs, J E (Medical Ethics - Decisionmaking - Clinical Practice - Brain Death - Doctor/Patient Relationship)

Nursing Ethics 11:01 (Jan 2004) 77-83

THE CONCEPT OF FUTILITY IN HEALTH CARE DECISION MAKING

Bailey, Susan (Healthcare - Decisionmaking - Quality of Life - Clinical Care - Futility - Patient Assessment - Ethical Issues)

Cloning

EJAIB 14:06 (Nov 2004) 214-18

RELIGION AND OPINION ABOUT REPRODUCTIVE HUMAN CLONING

Hagelin, Joakim (Human Cloning - Reproductive Technology - Religion)

Ethics & Medicine 20:03 (Fall 2004) 141-49

INEVITABLE HUMAN CLONING AS VIEWED FROM 221-B BAKER STREET

Cheshire, William P (Human Cloning - Pregnancy - Embryos - Human Dignity - DNA Testing)

Fertility & Sterility 82:01 (Sept 2004) S236-39

HUMAN SOMATIC CELL NUCLEAR TRANSFER (CLONING)

Ethics Committee of ASRM (Human Cloning - DNA - Reproductive Technology - Ethical Issues - Infertility - Genetic Issues)

Human Reproduction and Genetic Ethics 10:02 (2004) 68-76

IS REGULATION OF HUMAN CLONING NECESSARY?

Sanchez-Vivar, Alejo (Human Cloning - Biomedical Technology - Reproductive Technology - Cell Nuclear Replacement (CNR))

Consent

British Medical Jnl 329:7465 (4 Sept 2004) 566-68

CONSENT TO THE PUBLICATION OF PATIENT INFORMATION

Singer, Peter A (Patient Information - Clinical Care - Patient Consent - Policy - Medical Care - Confidentiality)

Catholic Medical Qtrly 54:03 (Aug 2004) 05-17

WHO DECIDES? THE LAW AND MENTALLY INCAPACITATED PATIENTS

Craig, Gillian (Mental Health - Law - Decisionmaking - Death & Dying - Hydration/Nutrition)

Euthanasia/assisted suicide

Ethics & Medicine 20:01 (Spring 2004) 35-42

HOLY DYING, ASSISTED DYING?: AN ANGLICAN PERSPECTIVE ON PHYSICIAN-ASSISTED SUICIDE

Fletcher, David B (Physician-assisted Suicide - Terminal Illness - Euthanasia - Autonomy)

Ethics & Medicine 20:03 (Fall 2004) 151-65

TERMINAL SEDATION, TERMINAL ELATION, AND MEDICAL PARSIMONY

Barilan, Michael Y (Pain Management - Patient Medications - Autonomy - Euthanasia (Terminal Sedation) - Death & Dying - Ethical Issues - Palliative Care - Assisted Suicide)

The use of sedatives and pain-killers is well established in the care of terminally ill patients. The use, however, of psychoactive substances to induce an altered state of consciousness is not. In this paper Barilan argues that if physician assisted suicide and euthanasia are acceptable in defined circumstances, then the use of currently illicit mind altering drugs ought likewise to be acceptable. Barilan further suggests that if the use of mind altering drugs can make someone want to go on living when they would otherwise seek death, then the worst moral outcome of an unwanted death can be avoided. Such 'terminal elation', Barilan argues, might be the "greatest gift he can ever get, a few more days or even weeks of tolerable – maybe even rewarding – life". GKP

First Things :145 (Aug/Sept 2004) 31-38

ETHICS & LIFE'S ENDING

Orr, Robert D (Treatment Assessment - Hydration/Nutrition - Withdrawal of Treatment - Medical Treatment - Alzheimer's Disease - Decisionmaking - PVS)

Hastings Center Report 34:04 (July/Aug 2004) 18-20

IMPLICATIONS OF THE PAPAL ALLOCUTION ON FEEDING TUBES

Shannon, Thomas A, Walter, James J (Nutrition/Hydration - Terminal Illness - PVS - Nursing Homes - Palliative Care - Advance Directives - Family - Policies)

Shannon and Walter describe what are, for them, significant difficulties in the recent teaching of Pope John Paul II on the use of artificial feeding tubes for nutrition and hydration for permanently unconscious patients. The first difficulty for them is that the Pope's teaching, that the removal of feeding tubes is euthanasia by omission since it involves the rejection of normal care due to every patient, represents "a significant departure from the Roman Catholic bioethical tradition with respect to both the method and the basis upon which such decisions are made." They say that the Pope's teaching seems to them to be deontological and at variance with the traditional method of decision-making which involves "making a determination about the use of a medical intervention" by considering "the proportional benefits and its harms to the individual, family, and community." The writers then go on to consider the implications of this teaching which, for them, "came out of the blue", for patients, theologians, medical personnel and Catholic hospital administrators. They conclude as follows: "While we certainly support every effort to prevent euthanasia, we do not support policies that require medical staff to provide unwanted medical treatment. Such policies might even drive people toward euthanasia, by making them feel that they have lost a traditional and sympathetic ally in their final journey." The Pope, of course, has denied that the provision of food and fluids is "medical treatment". JIF

Hastings Center Report 34:04 (July/Aug 2004) 21-31

THE CONTRIBUTION OF DEMORALIZATION TO END OF LIFE DECISIONMAKING

Kissane, David W (End of Life Decisionmaking - Physician-assisted Suicide - Palliative Care)

Euthanasia is currently legal in the Netherlands and Belgium, and physician assisted suicide is legal in the US state of Oregon. In each setting controversy still surrounds both practices on a variety of grounds including the slippery slope evident in the Dutch experience with euthanasia. Kissane is a palliative care specialist who makes it clear that he opposes both practices. His purpose in this paper is to discuss the validity or otherwise of informed consent in the context of compromised decision making capacity that so often occurs at the end of life. He proposes that recognition be given to a new category of mental state

that is different from depression and is best understood as 'demoralisation'. The demoralised patient is in a mental state that renders him or her incapable of making a rational decision, particularly one as grave and irreversible as euthanasia. What Kissane calls the patient's 'assumptive world' is so severely disrupted by demoralisation that a morbid state of mind arises in which one's "purpose and place in the overall scheme of things", "sense of inherent worth", and "wider perspectives on the meaning and future of human existence" disintegrate. As a separate diagnostic category, demoralisation, in Kissane's view, ought to be identified and treated. This is particularly important in states where euthanasia and physician assisted suicide are legal. GKP

Jnl of Law, Medicine & Ethics 32:03 (Fall 2004) 486-95

"UNDERGROUND EUTHANASIA" AND THE HARM MINIMIZATION DEBATE

Magnusson, Roger S (Euthanasia - Harm Minimization - Public Health - Medicine - Nursing)

This extensive paper is by the author of the book *Angels of Death: Exploring the Euthanasia Underground 2002* (Yale University Press) and it refers to some of the research discussed in that book. The author starts with the view that physician assistant suicide and active voluntary euthanasia ("the activities") occur in United States and Australia but little is known about the circumstances in which doctors participate in these activities and the effect. The paper concentrates on social policy rather than personal morality in weighing up the potential solutions to the current unsatisfactory position.

Part 1 of the paper draws on the research done for the book and considers the nature of covert euthanasia methodology including the "underground" nature of the activities. The study and paper focus specifically on HIV/AIDS related euthanasia in urban areas. The paper provides some horrific examples of botched attempts at euthanasia. These covert activities have spawned a culture of deception including lying on death certificates etc. Part 2 revisits a number of the key arguments against legalisation of these activities taking into account the growing understanding of what these activities are really like.

Despite these arguments, the paper offers what it claims to be "a cautious, initial assessment" that legalisation may be safer and a preferable policy alternative to the current position of prohibition which is resulting in unregulated and idiosyncratic underground euthanasia. It attempts to counter the "slippery slope" arguments. Due to the prohibition of the activities, there are no guidelines or criteria for deciding when to proceed and what quality assurance should be taken into account. There is also reference to non-consensual euthanasia. The paper is well supported by detailed footnotes. AMcD

Jnl of Medical Ethics 30:04 (Aug 2004)
353-57

IS THE CLOCK TICKING FOR TERMINALLY ILL PATIENTS IN ISRAEL? PRELIMINARY COMMENT ON A PROPOSAL FOR A PROPOSAL FOR A BILL OF RIGHTS FOR THE TERMINALLY ILL

Barilan, Y M (Terminal Illness (Israel)
- Legislation - Death & Dying - Euthanasia
- Palliative Care)

Jnl of Medical Ethics 30:04 (Aug 2004)
362-65

END OF LIFE DECISIONS: ATTITUDES OF FINNISH PHYSICIANS

Hilden, H M, et al (End of Life Decisionmaking - DNR - Health Professionals (Finland) - Euthanasia - Living Wills)

Medical Jnl Aust 181:08 (18 Oct 2004)
442-45

GARDNER re BWV: VICTORIAN SUPREME COURT MAKES LANDMARK AUSTRALIAN RULING ON TUBE FEEDING

Ashby, Michael A, Mendelson, Danuta (Artificial Nutrition - Patients Rights - PVS - Ethical Issues - Law - Palliative Care)

Ashby and Mendelson discuss the BWV case in which the Victorian Supreme Court decided that artificial nutrition and hydration provided through a percutaneous gastrostomy tube to a woman in a persistent vegetative state may be withdrawn. The writers support the judgment as one that is in line with "a substantial body of international medical, ethical and legal opinion" which holds that any form of artificial feeding and hydration is medical treatment which can be withdrawn and not part of palliative care.

Moreover, they say, it is a procedure to sustain life and not manage the dying process. They see the case as a further reinforcement of the principle that a patient has the right to refuse medical treatment and, when incompetent, to have their previously legally appointed representative, to make that decision on their behalf. Towards the end of the paper the writers refer to the Pope's recent declaration that artificial feeding is not a medical act but a natural means of preserving life and morally obligatory. They imply that the Pope is being "rigid" while at the same time declaring that most medical practitioners "will be pleased to hear that, in the Gardner decision, the law has acknowledged the importance of clinical judgment in deciding whether medically administered nutrition and hydration will alleviate the patient's suffering." JIF

National Catholic Bioethics Qtrly 04:03 (Autumn 2004) 473-82

INITIAL REACTIONS TO THE POPE'S MARCH 20, 2004, ALLOCUTION

Kopaczynski, Germain (Clinical Practice - Healthcare - Catholic Issues - PVS - Medical Treatments)

National Catholic Bioethics Qtrly 04:03 (Autumn 2004) 489-93

IRRATIONALITY OF THE IRRATIONALITY ARGUMENT AGAINST SUICIDE

Dougherty, M V (Suicide - Ethical Issues - Catholic Health)

It is the purpose of the author to discuss an argument used against suicide rather than to discuss suicide itself. Dougherty contends that the argument that takes the following form is itself irrational: "Suicide is irrational because the agent does not survive to experience the postsuicidal benefits of the suicidal act." The argument that took this form was put forward by Karl Schudt in an earlier issue of the same journal, and Dougherty suggests that the argument is strikingly similar to a "celebrated ancient logical sophism." Schudt had argued that "the act of committing suicide is irrational because it presents the case of an agent seeking a goal whose achievability is, in principle, unattainable." However, Dougherty thinks that one can rationally seek a good that one does not experience. In this case the good targeted by Dougherty is the absence of pain. The allusion to an "ancient logical sophism" refers to Epicurus, who suggested that one should not fear death since it is something one cannot experience, leading as it does to extinction. GKP

National Catholic Bioethics Qtrly 04:03 (Autumn 2004) 497-12

UTILITARIAN PESSIMISM, HUMAN DIGNITY, AND THE VEGETATIVE STATE: A PRACTICAL ANALYSIS OF THE PAPAL ALLOCUTION

O'Brien, Dan, et al (Humn Dignity - PVS - Catholic Health - Human Life - Personhood - Physician-assisted Suicide)

National Catholic Bioethics Qtrly 04:03 (Autumn 2004) 555-69

TERRI SCHIAVO AND THE CATHOLIC CONNECTION

Marker, Rita L (Withdrawal of Nutrition/Hydration - Medicine - Euthanasia (Terri Schiavo) - Catholic Healthcare - Malpractice - Decisionmaking - Policies - Law - Ethical Issues)

Nursing Ethics 11:03 (2004) 290-97

EUTHANASIA EDUCATION FOR HEALTH PROFESSIONALS IN TURKEY: STUDENTS CHANGE THEIR OPINIONS

Okara, Erdem, et al (Health Professionals - Euthanasia - Physician-assisted Suicide - Patient's Rights)

Nursing Ethics 11:04 (2004) 349-65

NURSES' ATTITUDES TO EUTHANASIA: A REVIEW OF THE LITERATURE

Verpoort, Charlotte, et al (Nursing Practice - Euthanasia - End of Life Decisionmaking - Palliative Care)

Fertility

Fertility & Sterility Supp 82:01 (Sept 2004) S123-130

REPORT ON OPTIMAL EVALUATION OF THE INFERTILE MALE

Practice Committee of ASRM (Male Infertility - Genetic Screening - Patient Assessment - Clinical Testing)

Fertility & Sterility Supp. 82:01 (Sept 2004) S97-101

INFORMATION ON COMMONLY ASKED QUESTIONS ABOUT GENETIC EVALUATION AND COUNSELING FOR INFERTILE COUPLES

Practice Committee of ASRM (Infertility - Genetic Counselling - Tobacco - Alcohol - Mediations - Screening)

Genetics

British Medical Jnl 329:7470 (9 Oct 2004) 839-42

RECENT DEVELOPMENTS AND CURRENT STATUS OF GENE THERAPY USING VIRAL VECTORS IN THE UNITED KINGDOM

Relph, Kate, et al (Gene Therapy (UK) - Disease Therapies - Genetic Research - Public Health)

Cambridge Qtrly Healthcare Ethics 13:04 (Fall 2004) 319-26

THE ETHICS OF BIOBANKS

Hansson, Sven Ove (Privacy - DNA Sequencing - Biobanks - Ethical Issues - Informed Consent - Genetic Information - Guidelines - Proteomics)

Ethics & Medicine 20:01 (Spring 2004) 23-33

ETHICAL CONCERNS OF AMERICAN EVANGELICAL CHRISTIANS RELATIVE TO GENETIC INTERVENTIONS AND THE HUMAN GENOME PROJECT, 1974 TO THE PRESENT

Davis, Jefferson John (Human Genome Project - Genetic Technologies - DNA - Abortion)

Hastings Center Report 34:04 (July/Aug 2004) 40-49

GENETIC RESEARCH & COMMUNAL NARRATIVES

Davis, Dena S (Genetic Research - Ethical Issues - Rights)

Human Life Review 11:05 (2004) 459-71

RELATIONAL ETHICS AND GENETIC COUNSELING

Evans, Marilyn, et al (Genetic Counselling - Ethical Issues - Research - Prenatal Diagnosis)

JAMA 285:05 (7 Feb 2001) 540-44

IMPLICATIONS OF THE HUMAN GENOME PROJECT FOR MEDICAL SCIENCE

Collins, Francis S, McKusick, Victor A (Human Genome Project - Medical Science - Health Insurance - Discrimination - Genetic Diseases)

JAMA 285:05 (7 Feb 2001) 551-55

GENETIC INFORMATION, GENOMIC TECHNOLOGIES, AND THE FUTURE OF DRUG DISCOVERY

Bumol, Thomas F, Watanabe, August M (Genetic Information - Technology - Biology - Pharmaceuticals)

Monash Bioethics Review 21:04 (Oct 2002) 10-31

REFLECTIONS ON GENETIC MANIPULATION AND DUTIES TO POSTERITY: AN ENGAGEMENT WITH SKENE AND CODY

Turnbull, David (Genetic Manipulation - Eugenics - Sperm Donors - Downs Syndrome)

Monash Bioethics Review 21:04 (Oct 2002) 66-81

THE ETHICS OF GERM LINE GENE MANIPULATION - A FIVE DIMENSIONAL DEBATE

Carter, Lucy (Gene Manipulation - Technology - Ethical Issues - Resource Allocation - Informed Consent - DNA - Beneficence)

Monash Bioethics Review 23:01 (Jan 2004) 22-36

RETHINKING THE 'RIGHT NOT TO KNOW'

McDougall, Rosalind (Genetic Information - Patient's Rights - Disease Research - Genetic Testing)

Monash Bioethics Review 23:02 (April 2004) 09-20

THE ETHICS OF PHARMACOGENOMICS

Neil, David, Craigie, Jillian (Ethical Issues - Pharmacology - Toxins - Public Health - Genotyping - Consent - Autonomy - Privacy - Confidentiality)

JAMA 292:12 (22 Sept 2004) 1469-73

THE "DUTY TO WARN" A PATIENT'S FAMILY MEMBERS ABOUT HEREDITARY DISEASE RISKS

Offit, Kenneth, et al (Hereditary Diseases - Genetic Testing - Confidentiality - Medicine - Ethical Issues - Health Professionals -)

This article discusses the conflict between the medical practitioner's ethical obligations to respect the privacy of genetic information obtained for and from a patient and the potential liabilities resulting from failure to notify relatives of the patient of risks to the relative. It looks at the current situation in the United States and briefly discusses the current US position on the practitioner's duty to warn of genetic risk, some relevant US case law and statutes as well as the current position of professional societies in the United States. It ends with a discussion of the current conflicts and the problems with the potential solutions including the statutory imposition of a mandatory duty to warn. AMcD

Health law

Jnl of Law, Medicine & Ethics 32:03 (Fall 2004) 474-84

LITIGATION IN CLINICAL RESEARCH: MALPRACTICE DOCTRINES VERSUS RESEARCH REALITIES

Morreim, Haavi E (Clinical Research - Medical Practice - Informed Consent)

Jnl of Legal Medicine 25:03 (Sept 2004) 351-67

BYSTANDER EMOTIONAL DISTRESS: SHOULD THIRD PARTIES RECOVER REGARDLESS OF THE NEGLIGENT TORT?

Baren, Kenneth B (Medical Error - Law - Medical Malpractice - Negligence)

Emotional distress is categorised under various names such as "mental suffering, mental or nervous shock". This paper is based on United States law. It discusses the evolution of the emotional distress claim as it applies to bystanders (such as parents of patients) in medical malpractice cases. It does this by analysing several cases in the United States. It looks at the quicker evolution of the right of plaintiffs to sue for intentional infliction of emotional distress and the slower evolution of a right to claim for negligent infliction of the same distress. The law-student author discusses what the plaintiff must establish to recover for negligent infliction of emotional distress and analyses several cases dealing with the right of bystanders

to recover for emotional distress based on personal injury that may provide some assistance in the developing the right of bystanders to recover for emotional distress based on medical negligence by a physician. These cases include the historic California case *Dillon v Legg* 441 P.2d 912 (Cal.1968) and subsequent case, *Thing v LaChusa* 771 P.2d814 (Cal.1989). The paper then discusses some difficulties inherent in assessing emotional distress for non negligent procedures as well as the medical negligence aspect. Finally, the author discusses a proposal allowing bystander recovery, whether as an independent or a derivative claim, based on the view that a bystander should be able to recover for emotional distress suffered as a result of facing a negligent act. The author suggests this important right should be made available in all states and that the importance of redress for injuries should outweigh the concerns and court's reluctance to extent the common law. This aspect is dealt with in some detail in the paper and concludes with proposal that uniform legislation should be enacted. AMcD

Human embryos and gametes

European Jnl of Health Law 11:02 (June 2004) 139-51

THE DUTCH 2002 EMBRYOS ACT AND THE CONVENTION ON HUMAN RIGHTS AND BIOMEDICINE: SOME ISSUES

Braake, Trees A M (Human Rights - Biomedicine - Gametes - Law (Netherlands) - Human Dignity - Human Genome - Human Cloning - Infertility)

Fertility & Sterility 82:03 (Sept 2004) 559-63
INFORMED CONSENT IN HUMAN OOCYTE, EMBRYO, AND EMBRYONIC STEM CELL RESEARCH

Lo, Bernard, et al (Informed Consent - Embryonic Stem Cell Research - Assisted Reproductive Technology - Ethical Issues - Infertility - Donors)

The authors begin by stating that "research with human oocytes, embryos, and additional embryonic stem cells lines is needed to address important scientific questions and to fulfil the promise of stem cell transplantation for degenerative diseases." Upon this basis they then discuss the importance of developing

appropriate guidelines to inform the conduct of such research with the aim of gaining public trust. In their introduction, the authors briefly discuss the moral status of human embryos and some ethical issues regarding embryonic and adult stem cells before focusing on the question of informed consent. They discuss the information that needs to be given to clients of assisted reproductive technology and the types of research for which consent should be obtained. The timing of requests for donations is important, as is the possible conflict of interest that anyone making the request might have. GKP

Fertility & Sterility Supp. 82:01 (Sept 2004) S251-52

INFORMED CONSENT AND THE USE OF GAMETES AND EMBRYOS FOR RESEARCH

Ethics Committee of ASRM (Informed Consent - Gametes - Embryo Research - Ethical Issues)

Fertility & Sterility Supp. 82:01 (Sept 2004) S253

DISPOSITION OF ABANDONED EMBRYOS

Ethics Committee of ASRM (Embryo Cryopreservation - IVF)

Fertility & Sterility Supp. 82:01 (Sept 2004) S256-57

EMBRYO SPLITTING FOR INFERTILITY TREATMENT

Ethics Committee of ASRM (Infertility - IVF - Reproductive Technology - Research)

Jnl of Medical Ethics 30:04 (Aug 2004) 410-13

STEM CELLS, EMBRYOS, AND THE ENVIRONMENT: A CONTEXT FOR BOTH SCIENCE AND ETHICS

Towns, C R, Jones, D G (Human Stem Cells - Science - Blastocysts - Ethical Issues - Embryology)

Jnl of Medical Ethics 30:04 (Aug 2004) 414-17

LAW AND POLICY IN THE ERA OF REPRODUCTIVE GENETICS

Caulfield, T, et al (Preimplantation Genetic Diagnosis - Assisted Reproductive Technology - Embryonic Stem Cell Research)

This is a Canadian article which discusses the limitations of legal prohibitions in the field of reproductive genetics. The need and the reasons for the need to regulate reproductive genetics are discussed as are the alternatives as to the appropriate regulatory policy. The authors outline a proposal for what they consider will be an effective, responsive and coherent oversight of new reproductive genetic technologies. They reject legislative bans and prohibitions as usually ad hoc and short term solutions to very complex social and ethical issues and that a flexible and adaptive regulatory model similar to that currently existing in the United Kingdom is appropriate and required for Canada. The authors discuss the problems with their suggested approach as well as the advantages. AMcD

Nursing

Jnl of Medical Ethics 30:04 (Aug 2004) 346-50

THE PATIENT WHO REFUSES NURSING CARE

Aveyard, H (Nursing Care - Refusal of Treatment - Informed Consent - Qualitative Study - Clinical Nursing)

Nursing Ethics 11:01 (Jan 2004) 15-27

EXPANDING NURSES' PARTICIPATION IN ETHICS: AN EMPIRICAL EXAMINATION OF ETHICAL ACTIVISM AND ETHICAL ASSERTIVENESS

Dodd, Sara-Jane, et al (Nursing Practice - Ethical Issues - Training - Patient Care - End of Life Care - Decisionmaking)

Nursing Ethics 11:02 (Mar 2004) 122-37

MORAL PROFESSIONAL PERSONHOOD: ETHICAL REFLECTIONS DURING INITIAL CLINICAL ENCOUNTERS IN NURSING EDUCATION

Lemonidou, Chryssoula, et al (Personhood - Ethical Issues - Nursing Education - Patient Care)

Nursing Ethics 11:03 (2004) 266-76

NURSES' VOICES: POLICY, PRACTICE AND ETHICS

Aroskar, Mila A, et al (Nursing Practice - Policy - Ethical Issues - Patient Care - Quality of Care)

Palliative care

JAMA 285:07 (21 Feb 2001) 925-32

SERVING PATIENTS WHO MAY DIE SOON AND THEIR FAMILIES: THE ROLE OF HOSPICE AND OTHER SERVICES

Lynn, Joanne (Hospice Care - Family - Patient Care - Death & Dying - End of Life Decisionmaking - Palliative Care)

Paediatrics and pregnancy

British Medical Jnl 329:7467 (18 Sept 2004) 675-78

ABC of preterm birth: EPIDEMIOLOGY OF PRETERM BIRTH

Tucker, Janet, McGuire, William (Preterm Births - Prenatal Healthcare - Statistical Analysis)

About 12 per cent of births occur before 37 weeks and about 2 per cent before 32 weeks gestation. While the outcomes for preterm babies have improved greatly over the last 30 years in developed countries, more research into the causes of preterm birth is needed. Most preterm births follow unexplained preterm labour or spontaneous rupture of membranes. Assisted reproductive technology contributes mainly through an increase in multiple pregnancies. Doctors monitoring medical complications of pregnancy may need to balance the risks of preterm birth for baby against the risks of continuing pregnancy for mother and fetus. Fortunately only one baby in 300 is born before 26 weeks gestation, as survival without handicap in this group remains a problem. At 26 weeks completed gestation around 60 per cent of babies survive with around 20 per cent having a degree of disability. RP

Cambridge Qtrly Healthcare Ethics 13:04 (Fall 2004) 346-58

INFORMED CONSENT IN PEDIATRIC RESEARCH

Friedman, Lainie Ross (Informed Consent - Policies - Paediatric Research - Autonomy - Personhood)

European Jnl of Health Law 11:02 (June 2004) 129-37

Editorial: NEONATAL SCREENING, NEW TECHNOLOGIES, OLD AND NEW LEGAL CONCERNS

Roscam Abbing, Henriette (Neonatal Screening - Technology - Law - Genetic Testing - Children's Rights - Informed Consent - Health Professionals)

In 2003 the Council of Europe suggested that two key conditions that should be met in neonatal screening: 1) direct benefit to the newborn, and 2) necessity to screen at that stage of life. The standard is that screening is justified only if there is a significant net health benefit for the tested baby that clearly outweighs any risks. A classic example here is Phenylketonuria, where early recognition allows effective treatment to prevent major physical and developmental problems. In general, newborn screening for adult-onset disorders should be delayed until the child has the legal capacity to decide if he or she wants the test. RP

Human Reproduction and Genetic Ethics 10:02 (2004) 45-48

HUMAN REPRODUCTION AND RIGHTS OF ACTION AND OF RECIPIENCE

McLachla, Hugh V (Human Reproduction - Rights - Moral Issues - Pregnancy)

McLachlan critiques Julian Savulescu's recent comment that there is a right to information, and to make choices about how many children to have, when to have them, and what kind of children to

have. Central to McLachlan's argument is what it means to have a 'right'. He contrasts rights of action and rights of recipience, and discusses justice, rights, interests, and needs. He agrees that pregnant women have a right to information, because it corresponds to the doctor's duty to give it to her. However with regard to the other three 'rights', it is doubtful that we have moral rights of recipience to such things. He agrees that we should have legal rights of action to make these choices. But that we do not, nor should we have, legal rights of recipience in relation to such choices. No person or agency has a corresponding duty to provide individuals with the number, timing and type of children they desire. SRE

JAMA 285:05 (7 Feb 2001) 633-39

PROSPECTS FOR RESEARCH IN REPRODUCTIVE HEALTH AND BIRTH OUTCOMES

Goldenberg, Robert L, Jobe, Alan H (Reproductive Health - Paediatric Care - Deaths)

Jnl of Medical Ethics 30:04 (Aug 2004) 402-09

ETHICS OF REFUSING PARENTAL REQUESTS TO WITHHOLD OR WITHDRAW TREATMENT FROM THEIR PREMATURE BABY/ COMMENTARIES

Boyle, R J, et al (Withholding/Withdrawal of Treatment - Clinical Practice - Autonomy - Personhood - Paediatrics - Neonatal Care)

The UK Abortion Act 1967 permits abortions up to 24 weeks completed gestation. Where babies are born after this stage, the UK Children Act 1989 notes that the welfare of the child shall be the primary concern when making treatment decisions. Paediatricians tend to put what they perceive to be the child's best interests above the parents' wishes when there is conflict. The authors describe a case history in which a woman with threatened premature labour at this gestation was advised that doctors would feel obliged to resuscitate and support a baby born at 25 weeks or later in reasonable condition. The couple were concerned at the (about 30 per cent) risk that a surviving baby would have a disability, and opted to proceed to an abortion before the 24 week legal window had passed. The authors argue that "parents should have greater autonomy over treatment decisions regarding their prematurely born children." RP

Lancet 364:9440 (25 Sept 2004) 1135-40

RESTRICTED FETAL GROWTH AND ADVERSE MATERNAL PSYCHOSOCIAL AND SOCIOECONOMIC CONDITIONS AS RISK FACTORS FOR SUICIDAL BEHAVIOUR OF OFFSPRING: A COHORT STUDY

Mittendorfer-Futz, E, et al (Fetal Health - Neonatal Health - Suicides - Behaviour)

Medical Jnl Aust 181:03 (2 Aug 2004) 136-39

CHANGING AVAILABILITY OF NEONATAL INTENSIVE CARE FOR EXTREMELY LOW BIRTHWEIGHT INFANTS IN VICTORIA OVER TWO DECADES

Doyle, Lex W, et al (Low Birth Weight - Neonatal Care - Disability - Quality of Life)

Medical Jnl Aust 181:08 (18 Oct 2004) 438-40

THROWING OUT THE BABY WITH THE SPA WATER?

de Costa, Caroline M, Robson, Stephen (Births - Health Professionals - Decisionmaking - Antenatal Health - Pregnancy)

Reproductive technologies

Chisholm Health Ethics Bulletin 10:01 (Spring 2004) 01-03
ANONYMITY IN GAMETE DONATION
 Herbert, Michael (Gametes - Donors - IVF - Confidentiality)

Fertility & Sterility 82:02 (Aug 2004) 292-94
OVER A DECADE OF EXPERIENCE WITH PREIMPLANTATION GENETIC DIAGNOSIS: A MULTICENTER REPORT
 Verslinsky, Y, et al (Preimplantation Genetic Diagnosis - Reproductive Technology)

Fertility & Sterility 82:02 (Aug 2004) 300-01
TEN YEARS OF PREIMPLANTATION GENETIC DIAGNOSIS-ANEUPLOIDY SCREENING: REVIEW OF A MULTICENTER REPORT
 Hill, D L (Preimplantation Genetic Diagnosis - Screening - ART)

Fertility & Sterility 82:03 (Sept 2004) 536-42
A SURVEY OF THE PRACTICES AND OPINIONS OF THE DOMESTIC MEMBERS OF THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE
 Keye, William R, et al (IVF - Assisted Reproductive Technology - Infertility - Research - Statistical Analysis)

Fertility & Sterility 82:03 (Sept 2004) 564-67
CHILD-REARING ABILITY AND THE PROVISION OF FERTILITY SERVICES
 Ethics Committee of ASRM (Disabilities - Assisted Reproductive Technology - Policy)

At times, providers of infertility services are faced with patients who may not appear to be able to adequately care for children. This article is the response of the American Society for Reproductive Medicine to this matter. Fertility programs are not generally equipped to make such judgments, and some argue that the decision to treat ought only to be a medical judgment. However the ASRM suggest that providers adopt a policy that they will provide treatment for all persons who qualify medically, except when significant harm to future children is likely. In reaching this conclusion, they discuss (a) the welfare of offspring (including the consideration of whether one can avoid harm by ensuring that the theoretical child is not born at all), (b) the interests of infertile persons, and (c) professional autonomy to choose to provide or to refuse treatment. The Committee recommends that providers establish a procedure for making assessments about child-rearing adequacy, to be used only when there are strong suspicions about the child-rearing abilities of prospective patients, and not as a routine screening program. SRE

Fertility & Sterility 82:03 (Sept 2004) 601-05
PREGNANCIES AND BIRTHS AFTER OOCYTE CRYOPRESERVATION
 Borini, Andrea, et al (Oocyte Cryopreservation - Pregnancy - Statistics)

Fertility & Sterility 82:03 (Sept 2004) 606-09
USE OF SEMEN QUALITY SCORES TO PREDICT PREGNANCY RATES IN COUPLES UNDERGOING INTRAUTERINE INSEMINATION WITH DONOR SPERM

Shyam, S R, et al (Intrauterine Insemination (IUI) - Assisted Reproductive Technology - Donor Sperm - Sperm Banking - Pregnancy)

Fertility & Sterility 82:03 (Sept 2004) 628-33
PRENATAL KARYOTYPES OF FETUSES CONCEIVED BY INTRACYTOPLASMIC SPERM INJECTION
 Joswiak, Esra Aksoy, et al (ICSI - Amniocentesis - Infertility - Assisted Reproductive Technology)

Fertility & Sterility Supp. 82:01 (Sept 2004) S240-44
FINANCIAL INCENTIVES IN RECRUITMENT OF OOCYTE DONORS
 Ethics Committee of ASRM (Oocyte Donors - IVF - Embryo Cryopreservation - Commercialism - Ethical Issues)

Fertility & Sterility Supp. 82:01 (Sept 2004) S245-48
SEX SELECTION AND PREIMPLANTATION GENETIC DIAGNOSIS
 Ethics Committee of ASRM (Preimplantation Genetic Diagnosis - Sex Selection - Reproductive Technology - Genetic Diseases)

Fertility & Sterility Supp. 82:01 (Sept 2004) S249-50
SHARED-RISK OR REFUND PROGRAMS IN ASSISTED REPRODUCTION
 Ethics Committee of ASRM (Assisted Reproductive Technology - IVF - Ethical Issues - Medical Treatment)

Fertility & Sterility Supp. 82:01 (Sept 2004) S254-55
OOCYTE DONATION TO POSTMENOPAUSAL WOMEN
 Ethics Committee of ASRM (Postmenopausal Women - Oocyte Donation - Pregnancy - IVF - Genetic Issues - Ageing)

Fertility & Sterility Supp. 82:01 (Sept 2004) S258-59
USE OF FETAL OOCYTES IN ASSISTED REPRODUCTION
 Ethics Committee of ASRM (Fetal Oocytes - Assisted Reproductive Technology - Fetal Tissue Transplantation - IVF - Consent - Women's Health - Oocyte Donation)

The use of foetal oocytes for conception is, at present, hypothetical, but this article is the American Society for Reproductive Medicine's policy statement on the pursuit of such technology. The proposed technology takes two forms. The first involves removing oocytes from aborted foetuses, maturing in vitro, and using them in IVF. The second involves taking ovaries from aborted foetuses, and transplanting into women who lack ovarian function. At present, the arguments in support are to help meet the demand for oocyte donation, and to avoid risks and complications for adult oocyte donors. The Committee makes several observations. Consent should be obtained from the woman after her decision to abort, but before the abortion procedure. Consent from the father is necessary before removing oocytes or ovaries from the aborted foetus (although not for the abortion itself). Couples will "face uncharted emotional terrain in conceiving a child whose genetic mother was never born", and "using the fetus's ovary to generate life when the fetus itself is not given the opportunity for life may be the height of irony." The psychological and physical well-being of the resulting offspring are briefly discussed, including the potentially disturbing impact of knowing that one's genetic mother was deliberately aborted. The Committee questions the wisdom of a new technology where participants might feel the need for secrecy. Finally, the Committee recommends that such technology not be pursued. SRE

Fertility & Sterility Supp. 82:01 (Sept 2004) S260-62
POSTHUMOUS REPRODUCTION
 Ethics Committee of ASRM (Posthumous Reproduction - Embryo/ Sperm Cryopreservation - Decisionmaking - Deceased Donors - ART - Informed Consent)

"It is expected that posthumous reproduction will be employed in instances when a couple faced with the imminent death of a partner or in anticipation of radiation or chemotherapy for cancer will ask to have gametes obtained and stored. Should death occur, posthumous reproduction using the stored gametes may be requested by the surviving partner .. it is the responsibility of a specialist in assisted reproduction to insist on full disclosure to all participants, to ascertain that all informed consents are obtained, and to ensure adequate screening and counselling of all concerned parties." The ethical issues around creating a child knowing that he or she will have only one parent are not explored. - RP

Jnl of Medical Ethics 30:04 (Aug 2004) 384-86

WOMAN WANTS DEAD FIANCÉ'S BABY: WHO OWNS A DEAD MAN'S SPERM/ COMMENTARY/ WHO OWNS A DEAD MAN'S SPERM?

Spriggs, M, et al (Ethical Issues - Law - Sperm Donors - Cryopreservation)

Jnl of Medical Ethics 30:04 (Aug 2004) 389-92

RESPONSE TO ORR AND SIEGLER - COLLECTIVE INTENTIONALITY AND PROCREATIVE DESIRES: THE PERMISSIBLE VIEW ON CONSENT TO POSTHUMOUS CONCEPTION

Parke, M (Artificial Insemination - Sperm Retrieval - Autonomy - Consent)

Sexuality Reproduction & Menopause 02:03 (Sept 2004) 159-62

HELPING PATIENTS KNOW WHEN 'ENOUGH IS ENOUGH'

Calpp, Diane N (Infertility Treatment - Healthcare - Pregnant - Genetic Issues - Counselling)

Health professionals working in the area of infertility should provide couples with information on various family building options, including donor egg and sperm, embryo donation, surrogacy, adoption and child-free living. "(Assisted reproductive) treatment is hard enough; knowing when to stop is even harder." When ending treatment, couples must address the grief and loss of not having a genetically linked child and of not experiencing pregnancy. A good plan allows a couple to retain some control over the decision to end treatment. If having a break from treatment brings feelings of relief, that they are getting their life back, this may indicate that patients are nearing the 'enough is enough' stage. Confronting this loss of hope can trigger grief from previous losses, and people may need skilled counselling to help them work through the intense turmoil of feelings that can surface at this time. RP

Lancet 364:9443 (16 Oct 2004) 1405-10

LIVEBIRTH AFTER ORTHOTOPIC TRANSPLANTATION OF CRYOPRESERVED OVARIAN TISSUE

Donnez, J, et al (Cryopreservation - Chemotherapy - Bone Marrow Transplantation - Tissue Transplantation - Cancer Treatment)

Research ethics

British Medical Jnl 329:7460 (31 July 2004) 288-89

Education and debate: ETHICAL REVIEW OF RESEARCH INTO RARE GENETIC DISORDERS

Parker, M, et al (Genetic Disorders - Genetic Research - Ethical Issues - DNA - Clinical Practice)

Cambridge Qtrly Healthcare Ethics 13:04 (Fall 2004) 327-45

COMMITTEE FOR OVERSIGHT OF RESEARCH INVOLVING THE DEAD (CORID): INSIGHTS FROM THE FIRST YEAR

Yasko, Laurel L, et al (Brain Dead - Body Parts - Tissue Retention - Guidelines - Research)

JAMA 292:13 (6 Oct 2004) 1593-601

INTERVENTIONS TO IMPROVE RESEARCH PARTICIPANTS' UNDERSTANDING IN INFORMED CONSENT FOR RESEARCH

Flory, James, Emanuel, Ezekiel (Informed Consent - Ethical Research - Assessment)

Jnl of Clinical Ethics 15:01 (Spring 2004) 13-21

ETHICAL PRINCIPLES FOR THE CONDUCT OF RESEARCH INVOLVING HUMAN SUBJECTS: HISTORICAL CONSIDERATIONS

Levine, Robert (Human Research - Ethical Issues - Cultures - Policies - Declaration of Helsinki)

Jnl of Clinical Ethics 15:01 (Spring 2004) 22-29

WHEN EXPERIMENTS GO WRONG: THE U.S. PERSPECTIVE

Capron, Alexander M (Medical Errors - Human Experiments (US) - Clinical Trials - Laws - Negligence)

Jnl of Clinical Ethics 15:01 (Spring 2004) 30-34

CLINICAL TRIALS IN CHINA: PROTECTION OF SUBJECTS' RIGHTS AND INTERESTS

Yuan, Lu (Clinical Trials (China) - Pharmacology - Patient's Rights - Ethical Issues - Patient Medications)

Jnl of Clinical Ethics 15:01 (Spring 2004) 35-37

INFORMED CONSENT IN RESEARCH INVOLVING HUMAN SUBJECTS

Li, Ben-Fu (Informed Consent - Research - Human Subjects - Declaration of Helsinki)

Jnl of Clinical Ethics 15:01 (Spring 2004) 38-47

SPECIAL CHALLENGES TO THE INFORMED CONSENT DOCTRINE IN THE UNITED STATES

Siegler, Mark, et al (Informed Consent - Patient's Rights - Standards of Care - Decisionmaking - Mental Health - Critical Illness - Guidelines)

In the US, the 'reasonable patient' standard is generally favoured for determining adequate disclosure. Disclosure standards become higher as the patient's situation moves from an emergency to elective care and, with the most stringent disclosure requirements, research involving human subjects. Federal regulations for consent in research is outlined and discussed, and the authors proceed to focus on three situations in which the problem of decisional incapacity arises: (1) patients with acquired cognitive impairments such as dementia, (2) patients who are critically ill or in emergency situations, and (3) persons who have been declared brain dead. The authors conclude that such patients are provided with strong protection by US regulations, and that the principle of "do no harm" is emphasised far above the pursuit of scientific knowledge. However they argue a case for developing a middle ground, where the protection of vulnerable patients is balanced with the pursuit of research to improve the care of other patients in the same situations. SRE

Jnl of Clinical Ethics 15:01 (Spring 2004)
48-50

CONFLICT OF INTERESTS IN RESEARCH ETHICS: A CHINESE PERSPECTIVE

Qui, Ren-Zong (Conflict of Interest - Research Ethics (Chinese) - Patient Medications - Clinical Trials - Ethical Issues)

Jnl of Clinical Ethics 15:01 (Spring 2004)
51-54

CLINICAL TRIALS IN TRADITIONAL CHINESE MEDICINE

Xie, Zhufan (Clinical Trials (China) - Ethical Issues - Code of Conduct - Human Subjects)

Jnl of Clinical Ethics 15:01 (Spring 2004)
55-60

RESEARCH WITH VULNERABLE PARTICIPANTS

Lo, Bernard (Research Guidelines - Medications - Public Health - Tishegee Study - Policies - Healthcare)

Jnl of Clinical Ethics 15:01 (Spring 2004)
61-75

EVALUATION OF THE INFORMED CONSENT PROCESS IN A RANDOMIZED CONTROLLED TRIAL IN CHINA: THE SINO-U.S. NTD PROJECT

Wang, Hong, et al (Informed Consent - Controlled Trial (China) - Human Research - Nuremberg Code - Quantitative/Qualitative Studies - Medical Care)

Jnl of Clinical Ethics 15:01 (Spring 2004)
76-86

THE INDIVIDUAL AND THE COMMUNITY IN INTERNATIONAL GENETIC RESEARCH

Marshall, Patricia A (Genetic Research - Clinical Trials - Ethical Issues - Mental Health - Informed Consent - Healthcare - Communication - DNA - Resources)

Jnl of Clinical Ethics 15:01 (Spring 2004)
87-92

FUTURE CHALLENGES FROM THE U.S. PERSPECTIVE: TRUST AS THE KEY TO CLINICAL RESEARCH

Stern, David T (Clinical Research (US) - Managed Care - Confidentiality - Tuskegee)

Lancet 364:9436 (28 Aug 2004) 803-11

CLINICAL TRIALS IN CHILDREN

Caldwell, Patrina H Y, et al (Clinical Trials - Children's Health - Standards of Care - Clinical Practice)

Monash Bioethics Review 21:04 (Oct 2002)
59-65

ETHICAL REGULATION OR REGULATING ETHICS? THE NEED FOR BOTH INTERNAL AND EXTERNAL GOVERNANCE OF HUMAN EXPERIMENTATION

Tomossy, George F (Human Experimentation - Public Health Policy - Bioethics)

Monash Bioethics Review 22:02 (April 2003) 09-26

rites of consent: NEGOTIATING RESEARCH PARTICIPATION IN DIVERSE CULTURES

Barrett, Robert J, et al (Informed Consent - Ethical Issues - Guidelines - Personhood - Medical Research)

Monash Bioethics Review 22:03 (July 2003)
50-65

ETHICS OF RESEARCH INVOLVING HUMANS: UNIFORM PROCESSES FOR DISPARATE CATEGORIES?

Parker, Malcolm, et al (Human Research - Ethical Issues - Healthcare - Public Health - Guidelines)

Monash Bioethics Review 22:03 (July 2003)
66-77

AGE DISCRIMINATION IN TRIALS AND TREATMENT: OLD DOGS AND NEW TRICKS

Godlovitch, Glenys (Age Discrimination - Pharmacology - Ethical Issues - Informed Consent - Evidence Based Trials - Prescription Drugs)

"Every day, older New Zealanders in the thousands, like their counterparts in other countries, are ingesting chemical compounds, registered pharmaceuticals, which were never tested on people in their age groups." Godlovitch explains in detail the current process of drug development, then considers why seniors are usually excluded from trials until the post-marketing phase. Finally she recommends that the scientific community be more honest about the need for research on seniors. She suggests that the current research methodology paradigm be revisited to be more inclusive of the elderly. SRE

Monash Bioethics Review 23:01 (Jan 2004)
75-86

ETHICS COMMITTEE REFLECTION: SHOULD THIRD PARTY CONSENT TO RESEARCH BE MANDATED? SHOULD

THERE BE A RIGHT FOR THIRD PARTIES TO HAVE DATA ABOUT THEM WITHDRAWN FROM A RESEARCH PROJECT? TWO PERSPECTIVES

Delatycki, Martin (Genetic Research - Consent - DNA - Ethical Issues - Privacy - Medical Diagnosis)

Monash Bioethics Review 23:02 (April 2004) 50-59

DOING RETROSPECTIVE CHILD SEXUAL ABUSE RESEARCH SAFELY AND ETHICALLY WITH WOMEN: IS IT POSSIBLE? TWO PERSPECTIVES: II

Coles, Jan, (Violence - Sexual Abuse - Children's Health - Research)

Nursing Ethics 11:03 (2004) 298-308

RESEARCH INVOLVING CHILDREN: SOME ETHICAL ISSUES

Helseth, Solvi, Slettebo, Ashild (Ethical Issues - Autonomy - Confidentiality - Research Ethics)

Monash Bioethics Review 23:03 (July 2004) 39-57

ETHICAL REGULATION AND HUMANITIES RESEARCH IN AUSTRALIA: PROBLEMS AND CONSEQUENCES

Cribb, Robert (Research Ethics - Guidelines - Experimentation - Counselling - Withdrawal of Therapy)

Monash Bioethics Review 23:03 (July 2004) 58-64

EXPERTISE IN RESEARCH ETHICS: IS THERE ANY SUCH THING?

Gillam, Lynn (Research Ethics - Philosophy - Biomedicine - Healthcare - Cultures - Religion - Decisionmaking)

Stem cells

EJAIB 14:06 (Nov 2004) 213-18

THE GERMAN STEM CELL LAW: CONTENTS AND CRITICISM

Jansen, Brigitte, Jurgen, Simon (Stem Cell Research - Law (Germany) - Disease Therapies)

Human Reproduction and Genetic Ethics 10:02 (2004) 53-67

HUMAN STEM CELL RESEARCH

Council of Europe (Human Stem Cell Research - Legislation - Human Embryos - Ethical Issues - Cryopreservation - Disease Therapies - Neonatal Stem Cells - Legal Issues - Therapeutic Cloning - Cord Blood Banking)

JAMA 285:05 (7 Feb 2001) 545-50

GENE AND STEM CELL THERAPIES

Kaji, Eugene H, Leiden, Jeffrey M (Gene Therapy - Stem Cell Therapy - Tissue Research - Embryonic Stem Cells)

JAMA 285:08 (28 Feb 2001) 1034-38

DISCREPANCIES BETWEEN PATIENT AND PHYSICIAN ESTIMATES FOR THE SUCCESS OF STEM CELL TRANSPLANTATION

Lee, Stephanie J, et al (Stem Cell Transplantation - Health Professionals - Statistics)

Law & the Human Genome Review :20 (Jan/June 2004) 217-26

UMBILICAL CORD BLOOD: BANKING AND CLINICAL APPLICATION

Gunning, Jennifer (Cord Blood Banking - Immunology - Bone Marrow Transplantation - Stem Cell Research - Embryonic Stem Cells)

Substance abuse

British Medical Jnl 329:7460 (31 July 2004) 253-57

DOES THE CANNABINOID DRONABINOL REDUCE CENTRAL PAIN IN MULTIPLE SCLEROSIS? RANDOMISED DOUBLE BLIND/ Science commentary: HIGH HOPES FOR CANNABINOID ANALGESIA

Svensden, Kristina B, et al (Multiple Sclerosis (Dronabinol) - Pain Management - Randomised Trials - Statistics)

Svensden and colleagues have conducted a randomised controlled trial to test for the efficacy of the active ingredient in cannabis, delta-9-tetrahydrocannabinol (THC), to control pain. The specific type of pain under investigation was the central pain experienced by multiple sclerosis sufferers. Twenty-four subjects received either placebo or THC in the form of dronabinol. Various scales to measure pain intensity were used, and the primary finding was a modest (21%) but significant analgesic effect of dronabinol over placebo. Adverse events such as dizziness were more prevalent with the active treatment. One of the problems encountered when using a substance with psychoactive properties is the difficulty ensuring the patients in a double blind trial remain unaware of the treatment they are receiving. Patients may have been aware that they were receiving

dronabinol because of the psychoactive effects of the drug. Patients on dronabinol also reported an improved mental health status, indicating that dronabinol's effect may have been partly due to a central action independent of pain perception itself. Although dronabinol may also have exerted its effects through a "non-specific effect on function other than that directly linked to pain", the authors consider this unlikely because the multiple sclerosis disability score was unchanged. Svendsen and co-workers believe that dronabinol should be made available to multiple sclerosis sufferers whose central pain is not controlled by other agents. GKP

JAMA 285:08 (28 Feb 2001) 1056-58

LIVER TRANSPLANTATION AND OPIOID DEPENDENCE

Koch, Monika, Banys, Peter (Organ Transplantation - Substance Use/Abuse - Policies)

Nearly half of all liver transplantations are related to Hepatitis C (HCV) and most patients with HCV acquired it as a result of substance abuse. Most liver transplantation programmes have policies to deal with substance abuse, and treat patients who have abuse alcohol and other drugs. The aim of this survey was to determine the policies held by liver transplantation programmes throughout the USA with regard to "addiction-related admission criteria", with particular interest in patients on methadone maintenance treatment (MMT), one of the most common treatments for opiate addictions. The study found that over 88% of the responding programmes required 6 months abstinence from alcohol and 83% required abstinence from illicit drugs. Most (94%) had requirements for the treatment of addiction. However, only 56% of the programmes accepted MMT patients, and the authors consider this an under-representation. Since 32% of the programmes required discontinuation of MMT before accepting patients, the authors are of the view that this would increase the chances of relapse in these patients, and ought therefore to be changed. GKP

Jnl of Legal Medicine 25:03 (Sept 2004) 333-49

CONVERSATIONS ABOUT MEDICAL MARIJUANA BETWEEN PHYSICIANS AND THEIR PATIENTS

McCarthy, Kathleen T (Marijuana - Medicine - Health Professionals - Patient Therapy - Alternative Therapies - Legislation - Substance Use/Abuse)

Jnl of Medical Ethics 30:04 (Aug 2004) 333-36

PRESCRIBING CANNABIS: FREEDOM, AUTONOMY, AND VALUES

Hayry, M (Cannabis - Substance Use/Abuse - Autonomy - Prescription Medicine)

Jnl of Medical Ethics 30:04 (Aug 2004) 337-40

ETHICAL ISSUES IN USING A COCAINE VACCINE TO TREAT AND PREVENT COCAINE ABUSE AND DEPENDENCE

Hall, W, Carter, L (Ethical Issues - Cocaine Vaccine - Addictions - Mental Health - Substance Use/Abuse - Deaths)

Jnl of Medical Ethics 30:04 (Aug 2004) 341-45

FURTHER ETHICAL AND SOCIAL ISSUES IN USING A COCAINE VACCINE: RESPONSE TO HALL AND CARTER

Ashcroft, R E, Franey, C (Social Issues - Cocaine Vaccine - Pharmacology - Addiction - Substance Use/Abuse - Behaviour - Patient Treatment)

Jnl of Medical Ethics 30:04 (Aug 2004) 344-45

NICOTINE CONJUGATE VACCINE: IS THERE A RIGHT TO A SMOKING FUTURE?

Hasman, A, Holm, Soren (Smoking - Nicotine Addiction - Vaccine Research - Public Health)

Medical Jnl Aust Supp 181:07 (4 Oct 2004) S25-28

OVERDOSE IN YOUNG PEOPLE USING HEROIN: ASSOCIATIONS WITH MENTAL HEALTH, PRESCRIPTION DRUG USE AND PERSONAL CIRCUMSTANCES

Burns, Jane M, et al (Heroin - Substance Use/Abuse - Adolescent Health - Health Professionals - Prescription Drugs)

Mental illness is common amongst people who abuse heroin. The association places these people in a particularly vulnerable position for the risk of overdose. In addition, there are a range of other factors that place heroin users at risk of overdose, including personal circumstances and prescription drug use. The purpose of this study was to attempt to identify which factors are most closely related to overdose history. Young people were

recruited from general practices in inner Melbourne, offered a small incentive to participate, and provided with a questionnaire and consent form to allow access to their Pharmaceutical Benefits Scheme (PBS) prescription drug records. Whilst there was a predictable association between overdose history and factors like previous mental illness, poor social support, poor relationships, hopelessness and antisocial behaviour, the authors were surprised to find the strongest association was between overdose history and the use of prescription drugs like benzodiazepines, tranquillisers, tricyclic antidepressants and other opioids. Whether the link is a direct causal one or an association linked to a common factor will have to await further research. GKP

Sexuality

British Medical Jnl 329:7466 (11 Sept 2004) 618-21

ETHICS OF SCREENING FOR ASYMPTOMATIC HERPES VIRUS TYPE 2 INFECTION

Krantz, Ingela, et al (Screening - Infectious Diseases - STDs (Herpes) - Public Health)

Health & Human Rights 07:02 (2004) 16-47

SEXUALITY, VIOLENCE AGAINST WOMEN, AND HUMAN RIGHTS: WOMEN MAKE DEMANDS AND LADIES GET PROTECTION

Miller, Alice M (Violence - Sexuality - Human Rights - Rape - Torture)

Health & Human Rights 07:02 (2004) 273-304

SEXUALITY AND HUMAN RIGHTS

Fried, Susana T (Human Rights - Sexuality - Cultures - STDs)

Medical Jnl Aust 181:06 (20 Sept 2004) 319-21

ETHICS AND THE PROPOSED TREATMENT FOR A 13-YEAR-OLD WITH ATYPICAL GENDER IDENTITY

Spriggs, Merle P (Gender Identity - Ethical Issues - Decisionmaking - Law - Autonomy)

The Family Court of Australia recently gave permission for a biologically normal girl aged 13 to commence the first stages of treatment that would satisfy her desire to be a boy. 'Alex' suffered from major depression, self-harming behaviour and suicidal thoughts as a result of her gender dysphoria. Her history was deeply troubled, suffering the loss of her father and rejection by her mother at an early age. Whilst in the first instance the Family Court has only authorised treatment that is reversible, the Chief Justice notes that the authorisation is for a "single package of reversible and irreversible treatment". At age 16 'Alex' would be free to continue the second irreversible stage of treatment. The author of this paper takes the view that some commentators, by criticising the courts decision, have not considered all the facts; and furthermore, have not accurately considered the real and present harm to 'Alex'. In the author's opinion, the harm that would occur if treatment were denied is greater than the harm that would occur if treatment were to proceed. In this particular case perhaps the most difficult decision is the level of competency that a 13-year-old child has to decide on matters of this gravity. Nevertheless, the author thinks that the balance of benefit over harm outweighs the need to determine competency. GKP

Transplantation/organ donation

Ethics & Medicine 20:01 (Spring 2004) 07-19

"THE LEAST OF THESE": A CHRISTIAN MORAL APPRAISAL OF VITAL ORGAN PROCUREMENT FROM "BRAIN-DEAD" PATIENTS

Nelson, Stephen N (Organ Procurement - Brain Death - Cadaver Organs - Terminal Illness - Human Embryo - Stem Cell Research - Guidelines - Personhood)

Ethics & Medicine 20:03 (Fall 2004) 167-78

"THE GIFT OF LIFE"? A PERSPECTIVE ON ADULT PARTIAL LIVER DONATION

Rutecki, Gregory W (Organ Transplantation - Hepatitis C - Human Dignity - Brain Death - Informed Consent - Ethical Issues)

European Jnl of Health Law 11:02 (June 2004) 175-86

CONSENT SYSTEMS FOR POST MORTEM ORGAN DONATION IN EUROPE

Gevers, Sjeff, et al (Organ Donation - Consent - Cadaver Organs)

JAMA 285:05 (7 Feb 2001) 573-76

PROSPECTS FOR ORGAN AND TISSUE REPLACEMENT

Niklason, Laura E, Langer, Robert (Organ/Tissue Transplantation - Quality of Life - Medical Practice - Research)

Kennedy Institute of Ethics Jnl 14:03 (Sept 2004) 217-34

DEATH AND ORGAN PROCUREMENT: PUBLIC BELIEFS AND ATTITUDES

Siminoff, Laura A, et al (Organ Procurement - Brain Death - PVS - Organ Donation - Organ Retrieval - Guidelines)

Kennedy Institute of Ethics Jnl 14:03 (Sept 2004) 241-47

POLLING AND PUBLIC POLICY

Hausman, Daniel M (Public Policy - Organ Harvesting - Law - Moral Issues)

Kennedy Institute of Ethics Jnl 14:03 (Sept 2004) 249-60

RECONSIDERING THE DEAD DONOR RULE: IS IT IMPORTANT THAT ORGAN DONORS BE DEAD?

Fost, Norman (Brain Death - Donors - Legislation - Ethical Issues - Public Policy - Medical Practice)

Kennedy Institute of Ethics Jnl 14:03 (Sept 2004) 261-76

ABANDON THE DEAD DONOR RULE OR CHANGE THE DEFINITION OF DEATH?

Veatch, Robert M (PVS - Law - Public Policy - Death - Organ Procurement - Suicide - Consent)

Robert Veatch refers to a study by Laura Siminoff, Christopher Burant, and Stuart Younger which purports to show "substantial confusion and disagreement among the citizens of Ohio over the definition of death and when organs for transplant can be procured". Relying on that study he argues a case in favour of the data being "consistent with a policy that would retain the DDR and modify the definition of death so that life-prolonging organs could be procured from some deceased persons who retained certain brain functions." In this opinion piece Veatch refers to "conservatives", ie those who want to retain the "whole brain death" criterion as determinative of when a person is dead and vital organs harvested. He also labels as "liberals" those who would tolerate a version of "higher-brain death". He believes liberals would support his proposals.

The problem is with the conservatives. Would they tolerate a definition of death which would allow individuals to choose for themselves a more liberal definition to be used for their own cases? He speculates that conservatives might be prepared to tolerate other people choosing a more liberal definition for themselves as long as it was not imposed on them. JIF

Kennedy Institute of Ethics Jnl 14:03 (Sept 2004) 277-300

THE DEAD DONOR RULE: LESSONS FROM LINGUISTICS

Shewmon, Alan D (Organ Transplantation - Death - Ethical Issues)

Shewmon explores the linguistic basis of the ambiguity that surrounds public perception of death, diagnosing the unitary nature of the concept 'death' as a major obstacle in the attempt to understand a fluid and complex process. By examining a number of potential points at which the patient could be declared 'dead', Shewmon shows that a contextually appropriate concept of death is more important than a concrete and universal concept of death. The range of possible points of death is a new phenomenon, coinciding with advances in modern medicine, whilst the language we use vastly predates modern technology. Shewmon asserts that this inappropriate language may in fact be the main cause of the controversy that surrounds death scenarios. Shewmon concludes that we should simply stop searching for the 'true' moment of death, and accept that death can be accepted at any one of a number of 'state discontinuities' depending on the context. He draws on this conclusion to further argue that the point of time at which organs can be removed for transplantation should not be determined on the basis of 'true' death. ZJA

Kennedy Institute of Ethics Jnl 14:03 (Sept 2004) 319-32

THE DEAD DONOR RULE: HOW MUCH DOES THE PUBLIC CARE....AND HOW MUCH SHOULD WE CARE?

Crowley-Matoka, Megan, Arnold, Robert M (Public Policy - Brain Death - Bioethics - Organ Procurement)

Law & the Human Genome Review :20 (Jan/June 2004) 123-46

PREVENTION OF THE XENOGENIC INFECTION RISK AND THE SPANISH AND GERMAN CONSTITUTIONS

González, Jorge Guerra (Xenotransplantation - Infectious Diseases - Immunology - Ethical Issues)

Monash Bioethics Review 23:03 (July 2004) 16-29

BIOETHICAL AND LEGAL PERSPECTIVES ON XENOTRANSPLANTATION

Bowman, Diana M (Bioethics - Law - Xenotransplantation - Medical Research - Human Rights - Organ Transplantation - Animal Donors)

National Catholic Bioethics Qtrly 04:03 (Autumn 2004) 537-51

NON-HEART-BEATING ORGAN DONATION AND CATHOLIC ETHICS

Clark, Peter A, Deshmukh, Uday (Organ Donation - Catholic Ethics - Brain Death - Organ Transplantation - Informed Consent)

Miscellaneous

American Jnl of Bioethics 04:03 (Summer 2004) 01-39

ON THE ETHICS OF FACIAL TRANSPLANTATION RESEARCH/ With Commentaries

Wiggins, Osborne P, et al (Facial Transplantation - Research - Psychology - Patient Assessment - Ethical Issues)

Health Care Analysis 12:02 (June 2004) 69-81

THE VARIETIES OF DIGNITY

Nordenfelt, Lennart (Human Dignity - Quality of Life - Moral Issues)

The subject of human dignity arises consistently in bioethical discourse, but often with limited understanding about what it means, and even less agreement about what it might mean. It has even been suggested that the term is unhelpful and should be abandoned. However, the term dignity is in common usage and there would be benefit to all if its meaning could be clarified. Furthermore, the term cannot easily be abandoned without a complete reworking of international human rights documents where it holds a place of particular importance. Nordenfelt explores a variety of different possible interpretations of dignity, identifying four different meanings. First, universal human dignity possessed by all members of the human family simply by virtue of being human and independent of time or place. The German word "Menschenwürde" best describes this notion of dignity. Second, the dignity of merit that is attached to social rank or position. For example, officials with special civic duties and rights that belong to the position. Third, dignity as moral stature. This meaning of dignity results from the virtue of those who are exemplary with respect to the moral law. The extremely moral person therefore has a special dignity in proportion to the moral value of their actions. Fourth, the dignity of identity that, although difficult to define, "is the dignity that we attach to ourselves as integrated and autonomous persons, persons with a history and persons with a future with all our relationships to other human beings." It is noteworthy that these latter three notions of dignity allow for varying degrees whereas "Menschenwürde" does not. GKP

Human Life Review 30:02 (Spring 2004) 07-15

THE POLITICS OF BIOETHICS

Cohen, Eric, Kristol, William (Bioethics - Politics (US) - Stem Cell Research - Funding - ART - Biotechnology - Embryonic Stem Cells - Cloning - IVF - Eugenics)

In August 2001, US President Bush authorised the use of federal funds for embryonic stem (ES) cell research with the proviso that only stem cell lines already in existence could be used and no new ones created. The rationale behind this move was to protect human embryos from any further exploitation but also to allow some research on ES cells to proceed. In reality, since this only applied to federal funding, many new ES cell lines have since been created using private funding. In this paper, Cohen and Kristol discuss the political context in the US surrounding not only ES cell research, but also that relating to new leading edge biotechnologies that have sprung in part from IVF. The authors suggest that there are three areas of particular concern to bioethicists. These are the "destruction of innocent life, the degradation of the family and the threat of eugenics."

Will the wholesale destruction of nascent human life produce a more callous and indifferent society? Will new ways of making babies undermine familial relationships as we currently know them to be? And does it matter if they do? Finally, will new ways of manipulating human life lead to the development of a designer mentality in which only the best will do? The authors are hopeful that regulatory changes can address these issues and lead to relatively more just outcomes. GKP

Human Life Review 30:02 (Spring 2004) 29-37

DOES DARWINISM DEVALUE HUMAN LIFE?

Weikart, Richard (Darwinism - Human Rights - Abortion - Disability - Eugenics (Germany) - Sanctity of Life)

Weikart details the historical and philosophical development of Darwinism into a form of evolutionary ethics that challenges traditional moral theories. He explores how various aspects of Darwinian theory have undermined some of the key pillars of Judeo-Christian morality in particular, such as the belief in body-soul dualism, the clear delineation between humans and animals, and the sanctity of human life. Weikart traces the development of Darwinism as a description of natural evolution, into a prescriptive theory of social and biological progress, culminating in the eugenics movement of the late nineteenth and early twentieth centuries, and finally the ideology of the Nazi party in Germany.

Darwinian ideology is further implicated – through its devaluing of human life – in the movements to legalize abortion and euthanasia. The devaluing of human life is pursued into contemporary academia, with a survey of key Darwinist philosophers and biologists advocating varying degrees of resistance to the sanctity-of-life ethic. ZJA

Human Reproduction and Genetic Ethics 10:02 (2004) 49-52

BIOETHICS AS A SCIENTIFIC ENTERPRISE

Griniezakis, Archimadrite Makarios, et al (Bioethics - Pharmacology - Biology - Science - Medicine)

JAMA 285:05 (7 Feb 2001) 594-600

PROSPECTS FOR NEUROLOGY AND PSYCHIATRY

Cowan, Maxwell W, Kandel, Eric R (Psychiatry - Huntington's Disease - Schizophrenia - Depression - Public Health)

Neuroscience has moved ahead in leaps and bounds over the last few decades, to the extent that, complemented by discoveries in molecular genetics and molecular cell biology, it is now on the threshold of possibly making major inroads into the understanding and treatment of nervous system illnesses. The costs, both financial and in terms of human suffering, of these illnesses are enormous. Furthermore, with an aging population and few treatment options for many of these conditions, the prospects for the future are

gloomy. Cowan and Kandel chart some of the history of neuroscience and note its early and maintained commitment to understanding the biological basis of behaviour. With such an understanding it is hoped and indeed expected by the authors that advances in neuroscience will eventually provide answers to the myriad afflictions affecting so many people. Thus neurology and psychiatry will benefit from neuroscience's discoveries, and possibly reach a point of unification upon the arrival of a major new discovery. A taste of what's to come may be found in the recent finding that neural stem cells can give rise to new neurons and glial cells. Their manipulation under varying conditions make them potentially useful as treatments for neurological and psychiatric disorders. GKP

Monash Bioethics Review 23:01 (Jan 2004) 10-21

VIRTUE ETHICS AND PUBLIC HEALTH: A PRACTICE-BASED ANALYSIS

Rogers, Wendy A (Public Health - Justice - Ethical Issues)

Monash Bioethics Review 23:03 (July 2004) 06-15

'MIRACLE IN IOWA': METAPHOR, ANALOGY, AND ANACHRONISM IN THE HISTORY OF BIOETHICS

Ferber, D S (Bioethics - History - Medicine - Social Morality)

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