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### Bulletin of the Park Ridge Center, 1988, V3 N6, November/ December

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# BULLETIN

## OF THE PARK RIDGE CENTER

Volume 3, Number 6

November/December 1988

### Physicians, writers probe the medical imagination

by James P. Wind

Director of Research  
and Publications  
The Park Ridge Center

Most of those who live and work in the world of modern medicine end their long and demanding days by diverting their attention, turning energies toward refreshing alternatives like home, family, hobbies, or exercise. They weed the garden, compare Chardonnays, or listen to a newly purchased compact disc. Most of the rest of us who intermigrate through that world—as patients, or their families or friends—express similar preferences, opting for familiar scenes rather than the strange and sometimes frightening ones of hospital, clinic, or doctor's office. Rare indeed are the individuals who, like well-known physician-writer Richard Selzer, rise in the middle of the night to muse about the meaning of the day's events. Like tongues that cannot keep away from aching teeth or hungry dogs

that worry worked-over bones, these exceptional individuals seem driven to squeeze more from their experiences with medicine than the rest of us. What lures them? Or goads them? What within modern medicine keeps a special few circling the flame of this most intense realm of modern experience?

A conference held in November on "The Physician as Writer" suggests some preliminary answers. Sponsored by the Cooper Institute for Advanced Studies in Medicine and the Humanities, this symposium brought together a small but diverse group of gifted writers to discuss their common vocation. As might be expected their projects and interests varied. Dr. Gerald Weissmann, distinguished rheumatologist and author of *The Woods Hole Cantata*, strives to bridge the gap between the research laboratory and the public imagination, to share with the world the scientific glories that medical science is discovering. Dr. Robin Cook, author of best-selling "medical-

mystery-thrillers" *Coma* and *Mortal Fear* uses that genre to reveal the suspense, drama, and danger of modern medicine. Dr. Fitzhugh Mullan, who "daylights" in the office of the Surgeon General, has written in his moonlight hours about how experience as a cancer patient jostled his physicianly preconceptions. Quite different is Dr. Samuel Shem's *House of God*, which portrays the ordeal of a fictional young doctor finding his way through medical residency. Dr. David Pyke of London's Royal College of Physicians represented still another genre, writing and editing papers that interpret medical science's achievements for a more general audience.

In addition to these physician-writers there were several other authors who had gravitated toward medicine for their subject matter. Dr. Renée C. Fox, Annenberg Professor of Social Sciences at the University of Pennsylvania, who

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*"Becoming a doctor brings one in palpable ways in contact with the human body, the human psyche, and human suffering [through] a very complex, profane, and sacred relationship."*

—Sociologist Renée Fox,  
moderator at the Cooper  
Institute's "Physician as  
Writer" conference





## NEWS DIGEST

*An expanded news section will be included in the January "News Digest", which will record news events from the months of September through December.*

### Psychiatric patients suffer AIDS delusions

A number of psychiatric patients not at risk for AIDS are claiming to have the disease, according to two psychiatrists at the VA Medical Center in Durham, N.C. Reporting in the September issue of *Psychiatry* magazine, Drs. Steven Mahorney and Jesse Cavenar wrote that AIDS seems "made to order" for certain psychiatric patients.

"The very concept of having AIDS becomes an ideal delusion for a patient whose sense of guilt seeks a rational and tangible form," Mahorney and Cavenar said. "If sexual indiscretion is the dynamic source of guilt being magnified by affective disorder, AIDS provides both sexual motif and punishment." The authors said that in past

years syphilis was a focus of such delusions, but now "AIDS has taken its place."

The article described the cases of several mature heterosexual men who believed they had AIDS although they had not engaged in behavior to put them at risk. Mr. A, for example, a 53-year-old married man, complained of feeling tired and weak and told doctors that he'd contracted AIDS during his one extramarital sexual contact, more than 20 years ago. Even though tests turned out negative, Mr. A began grabbing doctors in hospital hallways and telling them he had AIDS. After seven electric shock treatments, the patient began to sleep, regain weight, lose his AIDS delusions, and discuss the guilt he felt over his extramarital encounter.

Drs. Mahorney and Cavenar said that AIDS tests are given to these patients to reassure relatives but that negative results alone are usually insufficient to quell patients' fears.

### Chinese herb component may help Alzheimer's patients

American chemists have synthesized a component in a Chinese plant that is believed to aid memory among the elderly, an achievement that may offer promise to Alzheimer's patients. Tea brewed from the plant has been used in China for hundreds of years to improve memory among the elderly; three years ago, doctors in Shanghai isolated the relevant alkaloid.

The American responsible for the artificial synthesis, Alan Kosikowski of the University of Pittsburgh, cautioned that "this is not a cure" but said his achievement was important because chemists should be able to "improve on nature" by making a more effective form of the alkaloid. More than 2 million Americans suffer from Alzheimer's, a progressive degenerative illness for which there is no known cause or cure.

The natural form of the compound "significantly improved" the memories of 200 Chinese test subjects, and the synthetic form has been found to be effective in tests on rats and monkeys

in the U.S. Kosikowski said, however, that more animal tests will be necessary before the artificial form is ready for humans.

### New law on surrogate mothers raises questions

A Michigan law that went into effect on September 1 makes it a felony to arrange a surrogacy contract. The law immediately raised challenges and prompted claims of victory from partisans on both sides of the surrogacy debate. The Michigan attorney general agreed to interpret the law liberally, allowing surrogacy contracts that do not require the mother to give up her maternal rights. Several infertile couples agreed to drop their legal challenges to the new law if that interpretation was upheld. A circuit court judge said that the attorney general's interpretation was constitutional and promised to issue further rulings on which kinds of surrogate agreements would be permissible.

In a news analysis in the *New York Times*, Harvard law professor and surrogacy expert Martha Field called the

### Bulletin of the Park Ridge Center November/December 1988 Volume 3, Number 6

The *Bulletin of the Park Ridge Center* is published bi-monthly and sent to all Center Associates. Its purpose is to present accessible, useful information in fields related to health, faith, and ethics, and to provide Associates with a forum for interaction with each other. We welcome contributions from all Associates in the form of letters to the editor, research suggestions, and manuscripts for review and possible publication in the *Bulletin* or in the Center journal, *Second Opinion*. Additional copies and back issues of the *Bulletin* (if available) may be purchased for \$3.00 each, \$2.00 for Center Associates (write or call about quantity discounts). The editor of the *Bulletin* is Micah Marty; the copy editor is Sandy Pittman. Other contributors are Kathleen Cahalan, Martin Marty, Donna Ray, and James Wind. All material copyright 1988 by the Park Ridge Center.

To subscribe to the *Bulletin* and *Second Opinion*, Associates pay a single annual membership fee of \$35 per year (\$65 for two years, \$95 for three). In addition to the *Bulletin*, published six times per year, and *Second Opinion*, published three times per year, Associates receive discounts on Center books and periodicals; advance notice of forthcoming events and publications; and a greater opportunity to contribute to the Center's conversation on health, faith, and ethics. All inquiries, including editorial correspondence, research suggestions, manuscripts, subscription orders, and requests for information should be sent to the Park Ridge Center, 676 N. St. Clair, Suite 450, Chicago, Illinois 60611. The phone number is 312/266-2222.

### Correction

In the July/August *Bulletin* "News Digest" item "Scientist proposes using Nazi test data," a quotation from a published newspaper story misrepresented the viewpoint of Thomas Murray (director of the Center for Biomedical Ethics at Case Western Reserve University). The quotation implied that Dr. Murray believed that the potential life-saving value of Nazi test data might make it permissible to use the data despite the horrible means by which it was obtained. Contrary to the newspaper's representation, however, Dr. Murray had not reached a conclusion on the ethics of using Nazi data and says that if anything he is "moving towards a conclusion opposite to that implied by the quote." We apologize for this misunderstanding.



Michigan compromise "reasonable," saying that it seems self-evident that the mother has the right to change her mind. "But given the reality that women can choose to [be surrogates], and the history that shows it is not a good idea to tell women what to do with their bodies, I don't think it makes sense to outlaw it completely," Field said.

Field said that the effect of surrogacy laws will depend on the resolution of issues surrounding compensation. "I think that while most states won't want to get involved in prosecuting people, they might try to discourage surrogate agreements by prohibiting payment. We don't have a lot of experience with surrogacy contracts yet, so I think it will be useful to have a period where some states allow compensation and we see whether there are a lot of messy lawsuits."

The article noted that the courts may be asked to grapple with such unresolved questions as: "How long after the birth should the surrogate mother be allowed to change her mind and keep the baby? How much can she be paid for agreeing to carry the baby? Are brokers' fees acceptable? If the payments to the surrogate mother are really for gestating the baby, and not for giving up her parental rights, must she be paid before the birth? And if it is a contract for gestational services and not for the baby as the product, must the surrogate mother be paid as much for a stillborn baby as a live one?"

### NIH delays human gene transplants

The director of the National Institutes of Health delayed final approval of the first government-endorsed human gene transplants because of "unresolved questions." Sources close to director James B. Wyngaarden said he wanted to see preliminary experiments repeated on a larger number of animals before involving humans. It was also speculated that Wyngaarden wanted further access to data from an NIH genetic research team, data that were being withheld because of fears that

widespread publicity would jeopardize their chances of publication in a scientific journal. (Many journals refuse to publish findings that have been widely disseminated elsewhere.)

The proposed experiments, intended to measure the effects of a cancer treatment, would have genetically altered patients' blood cells by transplanting a bacterial gene into a type of white blood cell that attacks tumors. The implanted gene would not have had any direct effect on the cancer, but would rather have served as a "marker" to aid in tracking which cells are active against the cancer. The tests would have involved no more than 10 patient volunteers, all of whom have tried most other forms of cancer therapy and who have been given less than 90 days to live. Since the gene transplants were not expected to help the patient and also involved attendant minor risks, only terminally ill patients were selected for the project.

### Dr. Bowen weighs use of fetal tissue

Health and Human Services Secretary Otis Bowen remarked about the transplantation of tissue from aborted fetuses for experimental treatment of diseases that "there are some good pros and some good cons." He added that he does not plan to make any formal statements on the issue until a National Institutes of Health advisory panel presents its findings.

Bowen is opposed to abortion but said that "inasmuch as abortions are legal, being unable to utilize the tissue... would result in the waste of a resource that is lifesaving and curing for several diseases." On the other hand, he noted that the practice might lead to "sale of fetal tissue by those who intentionally become pregnant and then have an abortion with the intent to sell the tissue."

Opponents of abortion tend to oppose fetal tissue transplants for fears that fetuses would be "harvested" for their tissue, even though researchers who have conducted such transplants claim their tissue came from "spontaneously aborted" fetuses.

Dr. Lars Olson of Sweden, who has done extensive fetal tissue transplantation among animals, says that "the animal data are so promising that we have reached a point where I believe it is unethical not to do this in human studies."

### Southern Baptists halt distribution of surgeon general's AIDS report

The Christian Life Commission of the Southern Baptist Convention, the largest Protestant denomination in the U.S. (14.6 million members), withdrew its endorsement of the Surgeon General's Report on AIDS. The commission previously had reprinted and distributed copies of the surgeon general's report accompanied by a warning that it was "not a guide to Christian morality." In September, however, the commission voted to limit sponsored material to that which insists on heterosexual relations within marriage as the only moral option.

The new director of the Christian Life Commission also said he believes there is a biblical mandate for retaining capital punishment. Richard Land described the death penalty as "society's way of upholding the sanctity of human life."

### AMA proposes new type of health worker to ameliorate nursing shortage

In response to the U.S. nursing shortage—estimated at 200,000 positions nationwide—the American Medical Association proposed creating a new class of health care worker. The new category of professionals, "registered care technicians" (RCTs), would perform high-technology medical procedures and occupy a pay and responsibility level between that of nurses and physicians. A spokesperson for the AMA acknowledged that one objective of the RCT classification was to attract males who wouldn't be attracted to nursing.

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(continued from page 3)

The proposal was immediately attacked by nursing organizations, who claimed that nurses can handle, and in fact already do handle, many fairly complex medical procedures. They also saw the creation of the RCT class and the goal of recruiting males into that class as an additional threat to their efforts to enhance the image of their profession.

The dispute is only the latest in a series of recent conflicts at the national level between nurses and physicians. Most of the disagreement has occurred over issues of whether nurses have the competence—and thus the right—to examine certain types of patients and

bill Medicare and Medicaid directly. Nursing home care has been a focus of nurses' rights advocates, because doctors frequently shun such work while contending that too powerful a role for nurses compromises quality of care. Nurse practitioners (R.N.'s with postgraduate training) can now assess whether patients need nursing home care but are not permitted to bill Medicare or Medicaid directly.

## (yawn)

If all of this news has left you yawning, you might be interested in the findings of several researchers at the University of Maryland. Contrary to popular

belief, the Maryland study found that yawning is related neither to carbon dioxide nor to oxygen levels. The researchers conducted various tests on the relation between breathing and yawning and found very little correlation. What they did find, according to a report in *Science News*, is that it is "very difficult, if not impossible, to perform a satisfying yawn with the mouth taped shut." Furthermore, "subjects attempting to yawn with clenched teeth often reported the unpleasant sensation of being stuck in mid-yawn."

The theological and ethical implications of the Maryland study were still being debated as this issue of the *Bulletin* went to press.

## Imagination from page 1

guided the symposium, has devoted her scholarly career as a sociologist of medicine to understanding some of the latent dynamics and meanings in the field. Professor Judith Swazey, a historian of medicine, has written extensively about the larger social and cultural significance of recent artificial heart experiments. Dr. Lee Gutkind, formerly a writer for *Sports Illustrated* and other popular publications, is now writer in residence at the University of Pittsburgh, where he has immersed himself in the stories of transplant patients and the people who care for them. And novelist Peggy Anderson has captured the atmosphere and nuances of medical institutions in her books *Nurse* and *Children's Hospital*. Lady Jean Medawar, wife of Nobel Laureate Sir Peter Medawar, now writes about and edits the work of her late husband.

One would expect that such a varied group of participants would see many things differently. They did. Some wrote for technical audiences. Others wanted to reach the widest of publics. Some chose fiction to tell their truths. Others preferred nonfiction. They disagreed over the outcomes of modern medical training, some believing it essential to the formation of a medical identity, others viewing it as a process of desensitization, even brutalization. Some wrote to convey a moral perspec-

tive, others to entertain. Nonetheless, all wrote and all wrote about medicine.

Like any good conversation, this one ended just as it got going. The participants considered but did not definitively answer several important questions. They pondered what about modern medicine so captures the imagination. Is its power found in its proximity to death? In its heroic achievements and pretensions? In its glimpses into the depths of human character? Another major question had to do with the distinctive vantage point of those who work within modern medicine. Is there such a thing as a medical imagination? What do physicians, nurses, and other health care professionals see about human life that others miss? A remaining topic was the type of language employed to discuss medical experience. Some of the participants heard religious overtones in much of the group's discussion. Others eschewed religious categories entirely, preferring more secular modes of interpretation. All writers expressed a desire to learn more about their craft, and each expressed some type of compulsion to return to this experience in search of perspective and meaning.

At one point in the conversation novelist Walker Percy's metaphor of "the message in the bottle" evoked several descriptions of the messages these authors hoped to convey. Among them: we have lost touch with what we are doing to our planet and are running the risk of extinction. Or, there is more

of beauty and value in the human spirit than we recognize. Yet another was, "break up the bombs right now." A fourth wondered about the possibility of any motivating idealism in the face of a bewildered and cynical modern consciousness. The messages varied, but each of the authors had some core concern that they wanted to make sure was heard.

The Cooper Institute is the legacy of Dr. Irving S. Cooper, a neurosurgeon who, like these authors, could not leave medical reality alone at the end of a working day. A novelist as well as a physician, Cooper created his institute in Naples, Florida, to foster additional reflection on the deep questions one confronts in the practice of medicine. Since Dr. Cooper's death in 1985, the institute has continued to flourish under the able administration of his widow, Sissel Cooper. With its first conference on "the physician as writer" the institute began an open-ended conversation. A second conference is being planned for next year that will focus upon the genre of books that explores the experience of medical residency. As this first conference made clear, this realm attracts both physician and non-physician writers. Medicine raises some of our most baffling questions. And these writers deepen our awareness of our predicament and our possibility as humans—using many different and wonderful lenses to bring our intricate humanity into fuller view.



## Bulletin to expand, change production schedule

Starting in January 1989, this publication—the *Bulletin of the Park Ridge Center*—will be expanded and published on a different schedule. Instead of appearing every other month, the *Bulletin* will be produced three times a year, in January, May, and September. It will include new features and longer articles than were possible in the smaller bimonthly format.

As a result of this change, subscribers will receive one publication from the Center every other month, alternating between the *Bulletin* and *Second Opinion*. Here is the schedule for 1989:

January 1989 —

*Bulletin*, vol. 4, no. 1

March 1989 —

*Second Opinion*, vol. 10

May 1989 —

*Bulletin*, vol. 4, no. 2

July 1989 —

*Second Opinion*, vol. 11

September 1989 —

*Bulletin*, vol. 4, no. 3

November 1989 —

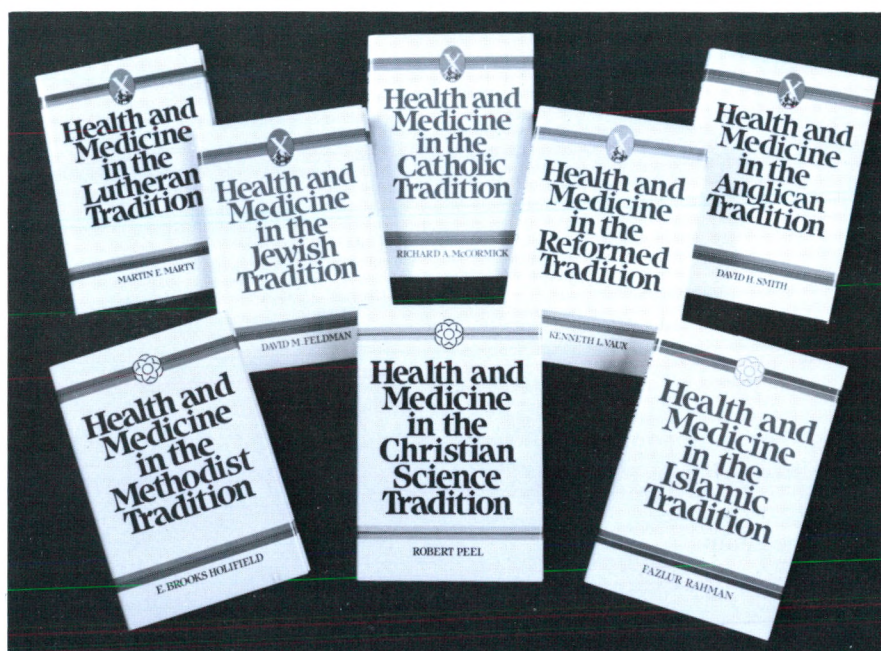
*Second Opinion*, vol. 12

The annual membership fee will not be affected by these changes in the *Bulletin*.

### Center relocation completed

After much preparation, the Park Ridge Center moved to its new Chicago office in early December. Boxes are still being unpacked, but research, editing, and production work is proceeding at the usual frenetic pace. The new address is 676 N. St. Clair, Suite 450, Chicago, Illinois 60611. The new phone number is 312/266-2222. All inquiries, including editorial correspondence, research suggestions, manuscripts, subscription orders, and requests for information should be sent to this St. Clair address.

Associates who are changing their mailing address should notify the Center's order department, in writing, listing both the old and the new address and making sure to include zip codes. The order department is now at our office, 676 N. St. Clair, Suite 450, Chicago, IL 60611.



### Free book offered to new members, renewers

For a limited time, the Center is offering a free book to anyone who becomes an Associate of the Center or renews an existing membership. Associates may choose any one of the eight books published to date in the *Health/Medicine and the Faith Traditions* series (see photo). The eight books focus on the Lutheran, Reformed, Catholic, Anglican, Jewish, Methodist, Islamic, and Christian Science tradition. All are published by Crossroad, and the usual prices range from \$14 to \$20 plus

\$2.00 for postage. A one-year membership is \$35; two years is \$65, and three years is \$95, and the free book will be sent upon receipt of the membership payment. There is no charge for shipping during this offer. The free book offer ends on February 28, 1989. No books other than those in the series are available in this free offer. Orders should be sent to the Park Ridge Center, 676 N. St. Clair, Suite 450, Chicago, IL 60611.

### AIDS bibliography in second printing

The Park Ridge Center bibliography *AIDS: Issues in Religion, Ethics, and Care* is available once again after a second printing in September. The bibliography contains more than 300 annotated citations referencing scholarly articles, denominational statements, and various publications that treat ethical and theological questions related to AIDS. The bibliography is intended for use by students of medicine, ethics, and reli-

gion; those engaged in scholarly research; ministers in hospitals and congregations; and counselors, social workers, therapists who care for persons with AIDS. Citations listed are from 1981 through June 1987. Research has begun on a second volume of the AIDS bibliography.

The first volume of the AIDS bibliography may be ordered by sending \$9.95 (\$7.95 for Center Associates) plus \$2.00 for postage to the Park Ridge Center Order Department, 676 N. St. Clair, Chicago, IL 60611.



## RESEARCH SUMMARY

### Is it proper to perform research on the newly dead?

LaPuma, John, M.D., "Discovery and Disquiet: Research on the Brain-Dead," *Annals of Internal Medicine* 15 (Oct. 1988): 2-4.

For more than 20 years physicians have been transplanting organs from brain-dead patients. But is such surgery justifiable when the end is research? Even though the benefits from the research could someday save countless lives, it might be years before those benefits could be realized—if ever. This editorial explores under what conditions it is valid to use neomorts in experiments and teaching. What was once considered futuristic, the author writes, is now reality: a report in the same issue of the *Annals of Internal Medicine* involved using a 78-year-old brain-dead man's circulatory and hematologic system to evaluate an antibody treatment. The guidelines for research on the brain-dead established by the report's authors were "useful, but not enough," in light of the fundamental ethical issues raised by such research, LaPuma says, and he offers seven additional guidelines:

1. The dignity and humanity of the body should never be violated, even in the pursuit of the most valuable scientific knowledge.
2. The experiment should be precisely designed, and limited to a few minutes or hours, instead of days or weeks.
3. The diagnosis of brain death must be unequivocal, made in accordance with the standard of care and by the patient's clinicians.
4. The fully voluntary, knowledgeable consent of the next of kin is necessary; if possible, the next of kin must act as the patient would.
5. The experiment's medical importance must be clear and vital to clinicians; that is, the results should be likely to yield valuable information, such as safe, efficacious, innovative treatment for a lethal or severely disabling disease.
6. Prospective review and approval of the research protocol by an Institution Review Board...is necessary.

7. Any charges for the time or resources spent on "life-support" systems after the declaration of death should be paid for by the investigators.

The author also explores "the ethical difference between medical research and organ procurement from the neomort; the role of the patient's proxy in decision making; and the changing image of the medical profession in society."

Noting that how society looks at physicians depends on physicians' "integrity, self-respect, and professionalism," LaPuma concedes that "the idea of physician-investigators hanging around waiting to experiment on dead patients may not readily contribute to the positive image researchers need to advance medical education and medical care."

Yet LaPuma believes that experimenting on neomorts is acceptable if doctors "who are investigators can combine sensitive medical practice with their desire and ability to help others through research."

### Should anencephalic infants be used as organ donors?

Fost, Norman, et al., "Anencephalic Infants: A Source of Controversy," *Hastings Center Report*, Oct./Nov. 1988, pp. 5-33.

The better part of this issue of the *Hastings Center Report* is devoted to a wide-ranging debate over the propriety of removing organs from infants born with anencephaly (babies with intact brain stems but no cortical function and a maximum expected life span of a week or two). The issue has been forced by the constant need for transplantable infant organs, the fact that more than a thousand anencephalic babies are born in the U.S. each year, and the actual performance of one such transplant at Loma Linda University Medical Center in late 1987. Would permitting such transplants require redefining modern notions of death or creating a special category for such infants allowing them to be judged under a different standard? Would permitting the transplants mean treating the in-

fant as mere means for someone else's ends, or would it be a justifiable way for shattered parents to find "some meaning" in their tragedy? These and other subjects are addressed in five excellent responses:

Norman Fost, a medical ethicist at the University of Wisconsin, argues that it is "an idea whose time has not yet come" and calls for a moratorium on all such transplants "while we gather facts, debate the reasons, and develop consensus." Conceding that this policy may mean the death of some potential recipients, Fost nonetheless asks,

If our leading medical centers and practitioners tell us that it is responsible to "act first, talk later," that doctors are entitled to make profound policy, what message does this send to the hospital and surgeon inclined to cross yet newer boundaries, to identify new sources of organs beyond those with anencephaly? Just as war is too important to leave to the generals, transplantation policy is too important to leave to the physicians. The questions raised by the debate about anencephalic infants are not primarily medical questions.... They are fundamentally philosophical and ethical questions.

D. Alan Shewmon, a professor of pediatrics and neurology at UCLA Medical Center, approaches the issue from a physiological and epidemiological perspective. Part of the problem, Shewmon says, is that there is no clear definition of anencephaly, which leads to the disagreement about how much neurological activity, if any, is present in an anencephalic infant: "Whether or not an anencephalic infant, or even a normal infant, is 'conscious' or capable of 'suffering' is a philosophical question that is empirically unanswerable."

Noting the "worldwide steady decline of the prevalence of anencephaly over the last several decades," Shewmon isn't certain that the numbers warrant the philosophical revisionism necessary to remove organs from anencephalic infants. In fact, by his projection, in ten years the number of infants in the U.S. who would receive organs from anencephalic donors



would total about 45 at most, including hearts, livers, and kidneys (two recipients per kidney). Shewmon suggests that this low figure be borne in mind "before we expend great effort in modifying diagnostic criteria for brain death, changing statutory definitions of death, or relaxing fundamental principles of transplantation ethics in order to obtain anencephalic organs."

Two members of the protocol committee at Loma Linda, James Walters (professor of Christian ethics) and Stephen Ashwal (professor of pediatrics and neurology) call for humane research on anencephalic infants to permit more informed judgment on the ethics of using such infants as organ donors. "Regardless of the future of organ procurement from anencephalic newborns, we believe that attaching volunteered [through parents], select anencephalic infants to respirators for determination of brain death is an ethically and medically appropriate step within the law toward meeting a severe shortage of neonatal organs."

In the fourth essay, a committee from the Transplant Policy Center in Ann Arbor, Michigan, considered three positions.

The committee rejected the idea that "organ donations from anencephalic infants are impermissible because they are living human beings and attempting to preserve their organs until they are brain dead treats them as mere means." Among other reasons, the analysts thought that "solace for the parents of the anencephalic infants" should be a consideration.

The committee also rejected the idea of changing the definition of death to encompass anencephalics, reasoning that "changing the conception of brain death would have considerable impact on an array of patients far beyond brain absent newborns."

The position endorsed was that "infants born with the top half of their brains missing are so very different from other living infants—and their future so radically limited—that it is permissible, with the fully informed and freely given consent of their parents, to remove their organs for transplantation."

Two members of the National Right to Life Committee, Director J. C. Willke, a physician, and Dave Andrusko, an editor, wrote the final essay. They reject the practice of anencephalic organ donation, suggesting that this "raw utilitarian" use of infants could break "the fragility of the public's confidence in the entire organ transplant program." Concerning the notion that parents might "redeem" the death of their anencephalic baby, the authors suggest that "it is a profound misreading of what it is that gives life meaning, no matter how brief that life may be, to say that the only way an anencephalic child's life can have significance is if his organs can be transplanted."

### Should physicians attempt to mix medicine and spirituality?

John, Chandy C., "Faith, Hope and Love in Medicine," *Pharos*, Fall 1988, pp. 12-17.

A young medical resident at the University of Michigan invites physicians to acknowledge the spiritual side of patients, if not of themselves. "Religion is never mentioned in medical school classes, with the possible exception of ethics classes," John writes. "Even there it tends to be brought up in instances where its observance obstructs the practice of scientific medicine, as in the case of Jehovah's Witnesses who will not permit doctors to give them blood transfusions. In clinical medicine, if a patient is brave enough to share his religious beliefs with his doctor, he is often called 'one of those religious people,' in tones of disgust and wariness. . . . The student quickly learns from both general tacit assumptions and from overt example that the discussion of religion and spiritual beliefs has no place in medicine."

But John does not think that this desire for separation is shared by patients: "The success of books like *Love, Medicine, and Miracles* (by Bernie S. Siegel) and ministries of people like Peter Popoff and Oral Roberts suggest that patients feel otherwise. People go to faith healers because they offer integration of the person's beliefs with

their healing; people read *Love, Medicine, and Miracles* because it offers involvement of persons' minds and beliefs in their healing."

John finds helpful physician Daniel Foster's comment that "Doctors are not required themselves to believe, but they need to know that others believe, sometimes intensely." Adds the author: "Physicians must know the patients' beliefs make a great deal of difference in how they respond both to the illness and to the doctor's treatment of the illness. . . . Avoiding all discussion of beliefs with a patient because one claims to fear imposing one's beliefs on the patient is taking an easy way out." John says that through a case where he casually said he'd "pray for" a patient and a case in which the patient felt he was the only caregiver who was willing to listen, he realized a basic point: "optimal medical care includes understanding what the *patient* considers optimal medical care. . . . I may not agree with him, but at least I know where both he and I stand; I do not feel that I am battling an unknown entity."

John, who says the ethics courses he was required to take were repetitive and of little use in understanding the role of spirituality, suggests "a mini-class with selected readings from eminent, compassionate physicians and perhaps small group discussion of these readings" during the first two years of medical school. "Talks by staff role models might also be eye-opening and inspirational. . . . Films of people like Mother Teresa [and] physicians working in inner-city clinics could provide practical examples of the spiritual side of patient care. Better yet, a few opportunities to actually work with good caring physicians attuned to their patients' beliefs might be most effective.

"I realize that compassion cannot be taught," John concludes. "Those who do not have it will probably not be changed by a few passages in a book or a discussion on the subject. Nonetheless, their eyes may be opened, and they will at least be exposed to the idea."



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# The Park Ridge Center

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of Health, Faith, and Ethics**

The Park Ridge Center is an interreligious, multidisciplinary institute for the study of health, faith, and ethics. Through research, discovery, and publication, the Center functions as an international forum for experts in health care, religion, and ethics, and as a resource for information on religion and bioethics. The Center aims to fulfill a perceived worldwide need for the study of religious aspects of human well-being, especially as they relate to prevention and treatment of disease, interpretation of illness and health, and similar concerns.