

Ethical Analysis of Clinical Medicine

A Guide to Self-Evaluation

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To our families,

**Caroline, Janna, and Rosalie Graber
Sandy, Stan, and Ann Beasley
Virginia, Scott, and Blair Eddy**

**who daily teach us the meaning and
value of caring relationships**

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Foreword

For most of this century, clinical investigation has focused intently on the biosciences—and with great rewards to human health. Now the growing power of medicine to sustain health and prolong life has broadened the focus of clinical investigation to include not only health care delivery but clinical practice itself—its efficiency, its effectiveness, and its quality. Such research, while fundamentally based in the biosciences, requires attention as well to the social, behavioral, and ethical aspects of patient care, especially as the burgeoning technology and complex logistics of health care force us to set priorities on our resources. But if the *quality* of clinical care is to be adequately researched as well as its effectiveness and efficiency, how can we avoid the systematic study of the human values that underlie medical practice? Journals now abound with articles, editorials, reviews, and letters about the ethical, philosophical, and legal issues of clinical care, and, indeed, about the ethics of clinical investigation itself. Textbooks of medical ethics of all sizes and shapes are sprouting from our presses, and the medical school curriculum is currently being infused with formal and informal courses in medical ethics, law, and philosophy. Regularly scheduled “ethics grand rounds” and other case conferences are becoming a routine feature of hospital staff educational programs.

The publication of this particular text is representative of the “new” coalition of academic medicine and philosophy. It is a work that has grown out of a living program of the practice and teaching of clinical ethics for more than a decade at the University of Tennessee’s medical units at both Memphis and Knoxville. As such, it is designed for those engaged in “primary care,” that is, those responsible for the comprehensive and continuing care of the individual patient. Drs. Beasley and Eaddy bring their own clinical authenticity to this volume as two highly effective and experienced providers of primary care. It is my own bias that such clinicians bring a special dimension to the formal study of medical ethics that stems from the habitual process of forging doctor-patient relationships. Such relationships are the substance from which some of the most difficult ethical-medical decisions are forged, often as the product of both patient autonomy and physician paternalism. More often, the intensely humanistic role the physician plays as steward of the secrets of his patient’s mind and body fosters a habit of accommodating the patient’s values that are not always congruent with the physician’s own. Thus, physicians tend to be somewhat protective of their prerogative of representing their patients’ ethical positions.

If, however, our physicians’ examining rooms are to be opened to patients of all creeds and cultures, the caring doctors should be knowledgeable about this ethical and religious pluralism and open to advice and consultation by others who are experts. In this pluralistic society we sorely need the erudition, wisdom, and

guidance of our philosophers. Dr. Graber is a philosopher who has obtained first-hand experience by working for some years as a clinical associate in a medical ethics program, as well as directing a graduate program in medical ethics within a philosophy department. He represents a new breed of disciplinary consultants to medical practice that will soon be, in my opinion, a routine resource of our medical center.

The textbook that has been written by this expert team is highly practical to physicians in its approach and content. It is not only a philosophical exercise in critical reasoning and a lexicon of human values, but it is infused with a personal dedication that emanates warmth as well as light from its pages. Such works may help us physicians in our efforts to make caring decisions for our patients and ourselves.

1985

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Preface

The pursuit of clinical wisdom is one of humankind's boldest and noblest undertakings. The physician attempts to understand the awesome mysteries of the inner workings of the human body and to gain control over these powers in order to serve the needs of her' patients. This book is written in the conviction that philosophy (etymologically, "love of wisdom")—and especially its branch concerned with ethics and values—can be a helpful partner to medicine in this quest. In the chapters that follow, you are invited to reflect upon the ethical and value dimensions of clinical practice; e.g., your own expectations about medicine, the nature of the physician-patient relationship, features of practice settings, and elements of specific decisions, such as those to limit life-sustaining treatment for terminal patients.

As in life, in the pages that follow you will find that answers are less plentiful than questions. The authors do not presume to offer definitive solutions to the ethical issues discussed. Rather, the emphasis is the development of your analytical processes, through which you can work toward answering specific questions on your own. When concrete recommendations *are* offered, they are to be regarded as material for further critical reflection on your part rather than as the last word on the matter.

This is not meant to suggest that any answer is as good as any other. Such a stance would turn morality into a subjective equivalent of whim. Rather, the presupposition is that the ethical dimensions of concrete cases are extremely complex and often subtle, and thus that the variations between cases make general pronouncements ("cookbook ethics") less than helpful. The goal is for you to develop *your own* clinical wisdom.

Wisdom is objective or interpersonal in its requirement that conclusions be supported by reasons that can be communicated and defended to others (including both colleagues and patients); but it is subjective or personal in that the understanding and acceptance of these reasons must be discovered within yourself rather than imposed from without. They must be both *good* reasons and also *your own* reasons.

To achieve this state requires active exercise of critical reasoning; and thus this book is intended to be approached in this fashion. You are frequently asked to stop reading and think through an issue on your own before you resume reading the text. You should keep in mind your own personal values as well as personal experiences as physician, patient, or friend of patients, and reflect upon the implications of these concrete examples for the issues presented. Above all,

1. Masculine and feminine pronouns will be used alternately throughout this book. In each case, they are to be taken as generic terms embracing both genders.

formulate *questions*, and look for the answers as you read on. (If you do not find the answers, bring the questions up in class discussion.) In philosophy, a probing question is far more valuable than a glib answer.

The authors approach this study from a background in both medicine and philosophy. The two physicians combine a career-long involvement in medical education with more than ten years of close association with a program of graduate studies in philosophy, concentrating on medical ethics. The philosopher has served for some years as a clinical associate in medical ethics in a teaching hospital as well as directing the graduate program in medical ethics within a philosophy department.

Note to Teachers: This book is designed to prompt active reflection on the issues. The case studies and exercises found in the text can be employed to bring this about in the classroom as well. The authors have developed additional exercises along similar lines, which will be made available upon request.

Acknowledgments: We express gratitude for what we have learned from our parents, our teachers, our students, our colleagues, our patients, and our friends. The analysis of situations we present in these pages reflects our heritage and life experiences. It is not meant to be definitive or exhaustive, but rather illustrative and suggestive.

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Cerebrospinal fluid analyses for the diagnosis of subarachnoid haemorrhage and experience from a Swedish study. What method is preferable when diagnosing a subarachnoid haemorrhage? by Nagy, Karin/ Skagervik, Ina/ Tumani, Hayrettin/ Petzold, Axel/ Wick, Manfred/ KÃ¼hn, Hans-JÃ¼rgen/ Uhr, Manfred/ Regeniter, Axel/ Brettschneider, Johannes/ Otto, Markus/ Kraus, JÃ¼rg/ Deisenhammer, Florian/ Lautner, Ronald/ Blennow, Kaj/ Shaw, Leslie/ Zet...Â Aims and Scope. Objective Clinical Chemistry and Laboratory Medicine (CCLM) publishes articles on novel teaching and training methods applicable to laboratory medicine. CCLM welcomes contributions on the progress in fundamental and applied research and cutting-edge clinical laboratory medicine. Principles for the ethical analysis of clinical and translational research Jonathan A. L. Gelfond,^a * â€ Elizabeth Heitman,^b Brad H. Pollock^c and Craig M. Klugman^c Statistical analysis is a cornerstone of the scientific method and evidence-based medicine, and statisticians serve an increasingly important role in clinical and translational research by providing objective evidence concerning the risks and benefits of novel therapeutics.Â Too often, clinicians and biomedical scientists are not adequately proficient in statistics to analyze data or interpret results, and statistical expertise may not be properly incorporated within the research process. We argue for the ethical imperative of statistical Home. Material Detail: Ethical Analysis of Clinical Medicine. Material Detail. Ethical Analysis of Clinical Medicine. Complete Textbook online - was written with medical students as focus, but covers standard topics in clinical bioethics, including consent, confidentiality, death & dying, allocation of resources, etc. - chapters are in Adobe Acrobat (pdf) format. Disciplines: Humanities / Philosophy.