EthxWeb Search Results

Search Detail:
Result=("20.5.1".PC.) NOT (EDITORIAL OR LETTER OR NEWS)) AND (@YD >= "20050000")
2=1 : "
Documents: 1 - 325 of 1798

Document 1
Fromme, Erik K; Zive, Dana; Schmidt, Terri A; Olszewski, Elizabeth; Tolle, Susan W
POLST Registry do-not-resuscitate orders and other patient treatment preferences.
Georgetown users check Georgetown Journal Finder for access to full text

Document 2
Jackson, Emily and Keown, John
DEBATING EUTHANASIA
Call number: K3611_E95 J33 2012

Document 3
Jones, David Albert
"Is there a logical slippery slope from voluntary to non-voluntary euthanasia?"
Kennedy Institute of Ethics Journal 2011 December; 21(4): 379-404
Georgetown users check Georgetown Journal Finder for access to full text

Document 4
Tierney, William M
Chris' tears.
Annals of internal medicine 2011 Nov 1; 155(9): 644
Georgetown users check Georgetown Journal Finder for access to full text

Document 5
Lantos, John D; Meadow, William L
Should the "slow code" be resuscitated?
The American journal of bioethics : AJOB 2011 Nov; 11(11): 8-12
Abstract: Most bioethicists and professional medical societies condemn the practice of "slow codes." The American College of Physicians ethics manual states, "Because it is deceptive, physicians or nurses should not perform half-hearted resuscitation efforts ('slow codes')." A leading textbook calls slow codes "dishonest, crass dissimulation, and unethical." A medical sociologist describes them as "deplorable, dishonest and inconsistent with established ethical principles." Nevertheless, we believe that slow codes may be appropriate and ethically defensible in situations in which cardiopulmonary resuscitation (CPR) is likely to be ineffective, the family decision makers
understand and accept that death is inevitable, and those family members cannot bring themselves to consent or even assent to a do-not-resuscitate (DNR) order. In such cases, we argue, physicians may best serve both the patient and the family by having a carefully ambiguous discussion about end-of-life options and then providing resuscitation efforts that are less vigorous or prolonged than usual.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 6**

Paris, John J; Moore, Michael Patrick

**The resuscitation of "slow codes": fraud, lies, and deception.**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 7**

Morrison, Wynne; Feudtner, Chris

**Quick and limited is better than slow, sloppy, or sly.**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 8**

Mercurio, Mark R

**Faking it: unnecessary deceptions and the slow code.**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 9**

Janvier, Annie; Barrington, Keith

**What is an "appropriate code"?**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 10**

Berger, Jeffrey T

**Misadventures in CPR: neglecting nonmaleficent and advocacy obligations.**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 11**

Kon, Alexander A

**Informed non-dissent: a better option than slow codes when families cannot bear to say "let her die".**

Document 12
Allen, William Lawrence
Let's Do Not Resuscitate Placebo Cardiopulmonary Resuscitation.

Document 13
Clark, Jonna D; Dudzinski, Denise M
The false dichotomy: do "everything" or give up.

Document 14
Weinacker, Ann
The "slow code" should be a "no code".

Document 15
Ladd, Rosalind Ekman; Forman, Edwin N
Why not a transparent slow code?

Document 16
Hickman, Susan E; Nelson, Christine A; Moss, Alvin H; Tolle, Susan W; Perrin, Nancy A; Hammes, Bernard J
The consistency between treatments provided to nursing facility residents and orders on the physician orders for life-sustaining treatment form.

Abstract: To evaluate the consistency between treatments provided and Physician Orders for Life-Sustaining Treatment (POLST) orders.

Document 17
Jox, Ralf J; Kühlmeyer, Katja; Borasio, Gian Domenico
[Vegetative state patient Rom Houben: certainly did not wake up]. = Wachkoma-Patient Rom Houben: Sicher nicht aufgewacht.
MMW Fortschrritte der Medizin 2011 Oct 20; 153(42): 24
Document 18
Mishra, Prasanna K
**Euthanasia: ethical risks.**

Document 19
Franklin, Glen A; Cannon, Robert W; Smith, Jason W; Harbrecht, Brain G; Miller, Frank B; Richardson, J David
**Impact of withdrawal of care and futile care on trauma mortality.**
Surgery 2011 Oct; 150(4): 854-60
**Abstract:** The observed to expected (O:E) mortality based on Injury Severity Scores (ISS) has been used to assess quality of trauma center (TC) care. Injuries in the elderly have increased, and these patients often have advanced directives, on occasion limiting aggressive care even for potentially survivable injuries; unfortunately, there are few data on the impact of these demographic changes on mortality. Additionally, many patients arrive moribund and care provided is likely to be futile. We sought to examine the impact of these situations on TC mortality.

Document 20
Mollberg, Nathan M; Wise, Stephen R; Berman, Kevin; Chowdhry, Saeed; Holevar, Michelle; Sullivan, Ryan; Vafa, Amir
**The consequences of noncompliance with guidelines for withholding or terminating resuscitation in traumatic cardiac arrest patients.**
**Abstract:** The validity of current guidelines regarding resuscitation of patients in traumatic cardiopulmonary arrest (TCPA) and the ability of emergency medical services (EMS) to appropriately apply them have been called into question. The purpose of this study is to demonstrate the consequences of violating the current published guidelines and whether EMS personnel were able to accurately identify patients in TCPA.

Document 21
Bell, David; Crawford, Vivienne
"Murder or mercy?" An innovative module helping UK medical students to articulate their own ethical viewpoints regarding end-of-life decisions.
The Southern medical journal 2011 Oct; 104(10): 676-81
**Abstract:** This module was designed to equip UK medical students to respond ethically and sensitively to requests encountered as qualified doctors regarding euthanasia and assisted dying. The aim was to expose students to relevant opinions and experiences and provide opportunities to explore and justify their own views and rehearse ethical decision making in a safe learning environment. The module is delivered by a multidisciplinary team, providing students with the working knowledge to actively discuss cases, articulate their own views and practice ethical reasoning. Visits to intensive care units, palliative care wards and hospices are integrated with theory. Student assessment comprises a dissertation, debate and reflection. Module impact was evaluated by analysis of student coursework and a questionnaire. Students greatly appreciated the clinical context provided by the visits and opportunities to apply ethical reasoning to cases and debate issues with peers. They reported increased discernment of the ethical and legal position and practical considerations and greater awareness of the range of professional and lay viewpoints held. Many participants were less strongly in favor of euthanasia and assisted dying on module.
completion than at the outset, but all of them believed they were better equipped to justify their own viewpoint and respond to patient requests. The multi-disciplinary nature of this course helps to prepare students to deal effectively and sensitively with ethical dilemmas they will encounter in their medical career. Use of an integrated, learner-centered approach equips students to actively engage with their peers in discussion of such issues and to formulate and defend their own position.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 22

Hardt, John

**Commentary on “murder or mercy?”.**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 23

Russo, James E

**Original research: deactivation of ICDs at the end of life: a systematic review of clinical practices and provider and patient attitudes.**


**Abstract:** The implantable cardioverter-defibrillator (ICD) has become a standard treatment for people at risk for life-threatening cardiac arrhythmias. To restore normal heart rhythm, the ICD delivers a high-energy, painful electrical shock. Because the device is so effective in treating sudden cardiac arrest, people with ICDs are more likely to die from other causes. But their deaths can be needlessly painful if the ICD delivers shocks during the active phase of dying. Although device deactivation is an option, no formal practice protocols address this, and advance planning discussions don't often include potential ICD deactivation.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 24

Grubb, Blair P; Karabin, Beverly

**Ethical dilemmas and end-of-life choices for patients with implantable cardiac devices: decisions regarding discontinuation of therapy.**


**Abstract:** OPINION STATEMENT: It is our belief that a well-designed cardiac device management program should include end-of-life patient and family planning, addressing potential decisions regarding withdrawal of pacemaker and/or implantable cardioverter defibrillator therapy. Guided by the basic ethical and legal principles outlined in the article, it is the responsibility of the electrophysiologist and other involved health care providers to introduce this topic to patients, provide guidance and resources for decision making, and honor both patient and family requests.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 25

Benatar, D

**A legal right to die: responding to slippery slope and abuse arguments.**

Current oncology (Toronto, Ont.) 2011 Oct; 18(5): 206-7

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Document 26

Dyer, Clare

Judge rules that woman in minimally aware state should not be allowed to die.
BMJ (Clinical research ed.) 2011 September 29; 343: d6300

Georgetown users check Georgetown Journal Finder for access to full text

Document 27

Borasio, Gian Domenico

[End-of-life decisions: the general practitioner plays a decisive role]. = Entscheidungen am Lebensende. Der Hausarzt spielt eine zentrale Rolle.
MMW Fortschrritte der Medizin 2011 Sep 15; 153(37): 28

Georgetown users check Georgetown Journal Finder for access to full text

Document 28

Jox, Ralf J; Kühlmeyer, Katja; Borasio, Gian Domenico

[How is the autonomy of the patient best protected? End-of-life decisions for patients with dementia and the vegetative state]. = Wie wird die Autonomie des Patienten am besten gewahrt? Letzte Entscheidungen bei Demenz und Wachkoma.
MMW Fortschrritte der Medizin 2011 Sep 15; 153(37): 31-2, 34

Georgetown users check Georgetown Journal Finder for access to full text

Document 29

García Rada, Aser

Family berates doctor for refusing to follow law and remove feeding tube from woman in a coma.
BMJ (Clinical research ed.) 2011 September 15; 343: d5868

Georgetown users check Georgetown Journal Finder for access to full text

Document 30

Sheldon, Tony

Dutch doctors complain about long wait for judgments in cases of euthanasia.
BMJ (Clinical research ed.) 2011 September 12; 343: d5768

Georgetown users check Georgetown Journal Finder for access to full text

Document 31

Billings, J Andrew

The end-of-life family meeting in intensive care part II: Family-centered decision making.
Journal of palliative medicine 2011 Sep; 14(9): 1051-7

Georgetown users check Georgetown Journal Finder for access to full text
**Document 32**

Pope, Thaddeus Mason  

**Legal briefing: futile or non-beneficial treatment.**  
The Journal of clinical ethics 2011 Fall; 22(3): 277-96  

**Abstract:** This issue's "Legal Briefing" column covers recent legal developments involving futile or non-beneficial medical treatment. This topic has been the subject of recent articles in JCE. Indeed, it was the subject of a "Legal Briefing" in fall 2009. Accordingly, this column focuses on legal developments from the past two years. These developments are usefully grouped into the following 11 categories: 1. Texas Advance Directives Act, 2. Ontario Consent and Capacity Board, 3. Surrogate selection, 4. Ex post cases for damages, 5. Ex ante cases for injunctions, 6. Coercion and duress, 7. Assent and transparency, 8. Brain-death cases, 9. Criminal and administrative sanctions, 10. Conscientious objection, 11. Penalties for providing futile treatment.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 33**

Gristina, G R; De Gaudio, R; Mazzon, D; Curtis, J R  

**End of life care in Italian intensive care units: where are we now?**  
Minerva anestesiologica 2011 Sep; 77(9): 911-20  

**Abstract:** Most patients in the ICU are unable to make decisions for themselves at the end of life (EOL), and the responsibility for these decisions falls to the medical staff and patients' relatives. Therefore, clinicians must frequently communicate with patients' relatives to understand the patients' values and preferences as they perform medical decision making. The family's role in this process varies: the entire burden of decision making could rest with the family, or family members could be informed of the decisions without admission into the decision-making process. In contrast to these two extremes, clinicians and family members may also enter into shared decision making: an exchange of views and opinions between clinicians and the patient's family to enable the two parties to reach decisions together. In this latter scenario, the effectiveness of the discussions that take place between clinicians and family members becomes a crucial marker of high-quality intensive care. In this review, we provide an overview of the current literature concerning the state of EOL care in European and Italian ICUs and then summarize several European and American recommendations for improving EOL care in the ICU. Finally, we examine the opportunity to use shared decision making to improve EOL care in the ICU through interdisciplinary communication, open and realistic discussion of prognosis with families, and an approach respecting different cultural perspectives.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 34**

Verniolle, M; Brunel, E; Olivier, M; Serres, I; Mari, A; Gonzalez, H; Benhaoua, H; Cougot, P; Minville, V  

[Assessment of steps to limit and withhold life support and withdraw life support in a vital emergency department]. = Évaluation des démarches de limitation et d'arrêt de traitement en salle d'accueil des urgences vitales.  
Annales françaises d'anesthésie et de réanimation 2011 Sep; 30(9): 625-9  

**Abstract:** To evaluate the practices of withholding and withdrawing of life sustaining therapies in a vital emergencies department and to confront them with Leonetti law procedures.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 35**

Raijmakers, Natasja J H; Fradsham, Sarah; van Zuylen, Lia; Mayland, Catriona; Ellershaw, John E; van der Heide, Agnes;  

OPCARE9  

**Variation in attitudes towards artificial hydration at the end of life: a systematic literature review.**  
Current opinion in supportive and palliative care 2011 Sep; 5(3): 265-72
Abstract: Artificial hydration in end-of-life care is an important and emotive topic that frequently raises concerns from patients, relatives and healthcare professionals (HCPs). The aim of this review was to give an overview of currently available evidence around opinions and attitudes towards artificial hydration at the end of life.

Georgetown users check Georgetown Journal Finder for access to full text

Document 36
Heinemeyer, Christian
Pflege Zeitschrift 2011 Sep; 64(9): 513

Georgetown users check Georgetown Journal Finder for access to full text

Document 37
Bauer, Axel W
Pflege Zeitschrift 2011 Sep; 64(9): 518-22

Georgetown users check Georgetown Journal Finder for access to full text

Document 38
Kress, Hartmut
[Ethical uncertainty about the end of life. There is no obligation to live]. = Ethischer Zweifel angesichts des Lebensendes. Es gibt keine Lebenspflicht.
Pflege Zeitschrift 2011 Sep; 64(9): 524-7

Georgetown users check Georgetown Journal Finder for access to full text

Document 39
Ruijs, Cees D M; Kerkhof, A J F M; van der Wal, G; Onwuteaka-Philipsen, B D
Depression and explicit requests for euthanasia in end-of-life cancer patients in primary care in the Netherlands: a longitudinal, prospective study.
Family practice 2011 Aug; 28(4): 393-9

Abstract: In the Netherlands, many (45%) cancer patients die at home, in the care of GPs. About 1 out of 10 end-of-life cancer deaths is hastened by GPs through euthanasia or physician-assisted suicide. However, the relationship between depression and requests for euthanasia has never been prospectively studied directly in primary care.

Georgetown users check Georgetown Journal Finder for access to full text

Document 40
Malia, Catherine; Bennett, Michael I
What influences patients' decisions on artificial hydration at the end of life? A Q-methodology study.
Journal of pain and symptom management 2011 Aug; 42(2): 192-201

Abstract: Artificial hydration (AH) is used to palliate patients with reduced fluid intake at the end of life but is a controversial practice. Patients' involvement in decision making varies, and little is known about patients'
understanding of the benefits and burdens of AH.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 41**

Kübeler, Andrzej; Adamik, Barbara; Lipinska-Gediga, Malgorzata; Kedziora, Jaroslaw; Strozecki, Lukasz

*End-of-life attitudes of intensive care physicians in Poland: results of a national survey.*

Intensive care medicine 2011 Aug; 37(8): 1290-6

**Abstract:** This study was designed to assess the ethical attitudes and practices of intensive care physicians regarding life-sustaining treatment in intensive care units (ICUs) in Poland.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 42**

Solarino, Biagio; Bruno, Francesco; Frati, Giacomo; Dell'erba, Alessandro; Frati, Paola

*A national survey of Italian physicians' attitudes towards end-of-life decisions following the death of Eluana Englaro: reply to M.Y. Rady.*


Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 43**

Devalois, Bernard; Broucke, Marion; Rocher, France; Casenaz, Virginie

*[Reflexions on the emergence of the right to practice lethal injections]. = Réflexions autour de l'émergence d'un droit de pratiquer les injections létales.*

Revue de l'infirmière 2011 Aug-Sep(173): 37-8

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 44**

Saevareid, Trygve Johannes; Balandin, Susan

*Nurses' perceptions of attempting cardiopulmonary resuscitation on oldest old patients.*


**Abstract:** This paper is a report of a study to explore nurses' thoughts and attitudes about cardiopulmonary resuscitation of oldest old patients.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 45**

Kazaure, Hadiza; Roman, Sanziana; Sosa, Julie A

*High mortality in surgical patients with do-not-resuscitate orders: analysis of 8256 patients.*


**Abstract:** To evaluate outcomes of patients who undergo surgery with a do-not-resuscitate (DNR) order.

Georgetown users check [Georgetown Journal Finder](#) for access to full text
**Abstract:** Resuscitation should always be attempted in a patient who has at least a theoretical chance of survival. This assumes that there are patent cerebral, coronary and pulmonary vessels, a reasonable time from cardiac arrest has not been exceeded, and cardiac arrest did not occur as a result of a terminal condition caused by an untreatable disease. During resuscitation, medical personnel may face two dilemmas: when to start CPR, and when (and how) to stop it. Apart from various medical conditions, possible outcome and will of a victim has to be taken into consideration. CPR is frequently started without an adequate knowledge of the patient's medical status. As soon as the latter is obtained, a decision about continuing CPR should be reconsidered. CPR and/or life-prolonging treatment can be stopped in several situations, i.e. lack of cardiovascular response or recognition of a life-limiting condition. The decision should be made by a team leader, acting in accordance with national or house guidelines. In terminal patients, a DNR order should be issued well in advance, usually by an attending physician. After that, the patient should be provided with palliative care, consisting of pain therapy, and treatment of dyspnea, congestive cardiac failure, etc. In their review, the authors discuss various medical and ethical aspects of resuscitation, concluding that hospital ethics committees could be of great value in solving complicated questions relating to limitation of resuscitation and life-prolonging treatment.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 53**

Strech, Daniel; Schildmann, Jan

**Quality of ethical guidelines and ethical content in clinical guidelines: the example of end-of-life decision-making.**

Journal of medical ethics 2011 Jul; 37(7): 390-6

**Abstract:** While there are many guidelines on how to make ethical decisions at the end of life, there is little evidence regarding the quality of this sort of ethical guidelines.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 54**

Billings, J Andrew

**Double effect: a useful rule that alone cannot justify hastening death.**


**Abstract:** The rule of double effect is regularly invoked in ethical discussions about palliative sedation, terminal extubation and other clinical acts that may be viewed as hastening death for imminently dying patients. Unfortunately, the literature tends to employ this useful principle in a fashion suggesting that it offers the final word on the moral acceptability of such medical procedures. In fact, the rule cannot be applied appropriately without invoking moral theories that are not explicit in the rule itself. Four tenets of the rule each require their own ethical justification. A variety of moral theories are relevant to making judgements in a pluralistic society. Much of the rich moral conversation germane to the rule has been reflected in arguments about physician-assisted suicide and voluntary active euthanasia, but the rule itself has limited relevance to these debates, and requires its own moral justifications when applied to other practices that might hasten death.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 55**

Badger, James M; Ekman Ladd, Rosalind

**Conflicting voices: Withhold treatment or not for a patient with chronic self-destructive behavior?**

JONA'S healthcare law, ethics and regulation 2011 Jul-Sep; 13(3): 79-83

**Abstract:** Patients with a history of chronic self-destructive and self-injurious behavior present many difficulties to healthcare providers. These patients often have related substance abuse and personality disorders that complicate their medical care. Treatment encounters initially may be related to medical treatment of episodic substance intoxicated states with or without self-inflicted injuries. Patients later can develop comorbid medical illnesses.
associated with nonadherence of treatment or iatrogenic conditions, both of which result in complex end-of-life-care decisions. Institutional familiarity of repeat patients often leaves healthcare providers feeling responsible for the patient despite having little influence over the patients' ultimate behavioral outcomes. This article describes a patient with chronic alcohol abuse, treatment noncompliance, severe personality disorder, recurrent suicidal ideation, self-injurious behavior, alcoholic cirrhosis, and suicide attempt resulting in multisystem injuries leading to an ethical conflict regarding end-of-life care.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 56**

Buiting, Hilde M; Willems, Dick L; Pasman, H Roeline W; Rurup, Mette L; Onwuteaka-Philipsen, Bregje D

*Palliative treatment alternatives and euthanasia consultations: a qualitative interview study.*


**Abstract:** There is much debate about euthanasia within the context of palliative care. The six criteria of careful practice for lawful euthanasia in The Netherlands aim to safeguard the euthanasia practice against abuse and a disregard of palliative treatment alternatives. Those criteria need to be evaluated by the treating physician as well as an independent euthanasia consultant.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 57**

Flanagan, Brigid M; Philpott, Sean; Strosberg, Martin A

*Protecting participants of clinical trials conducted in the intensive care unit.*


**Abstract:** Research in the intensive care unit (ICU) raises a number of scientific and ethical challenges. Potential participants in critical care studies are likely to be considered particularly vulnerable—they may lack sufficient capacity to make informed decisions about trial participation, their health care proxies may lack legal authority to enroll them in research trials or may not know their true intent, and the life-threatening nature of the illness may make them or their surrogates more susceptible to therapeutic misconception. Because of this, critical care investigators must exercise extreme caution when designing and conducting studies in the ICU. In this article, we review the key literature addressing the various scientific and ethical issues raised by critical care research, including questions of equipoise and the selection of control groups, informed consent, therapeutic misconception, conflict of interest, and quality improvement projects. We also describe the current status of key policy or regulatory initiatives designed to address these issues, particularly in light of recent controversies involving critical care studies like the ARDSNet trial.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 58**

Krishna, Lalit

*Nasogastric feeding at the end of life: a virtue ethics approach.*


**Abstract:** The use of Nasogastric (NG) feeding in the provision of artificial nutrition and hydration at the end of life has, for the most part, been regarded as futile by the medical community. This position has been led chiefly by prevailing medical data. In Singapore, however, there has been an increase in its utilization supported primarily by social, religious and cultural factors expressly to prolong life of the terminally ill patient. Here this article will seek to review the ethical and clinical impact of this treatment and provide some understanding for such decisions in the light of the Duty of Palliative Care [DoPC]. Complemented by virtue ethics theory, the DoPC highlights and seeks to realize the individual case specific goals of care that maximize comfort and quality of life of the patient in the face of rapid attenuation of treatment options and the eminence of the final outcome by considering each of these factors individually in order to provide the best outcome for the patient and the family.

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Bremer, Anders; Sandman, Lars

**Futile cardiopulmonary resuscitation for the benefit of others: an ethical analysis.**

*Nursing ethics* 2011 Jul; 18(4): 495-504

**Abstract:** It has been reported as an ethical problem within prehospital emergency care that ambulance professionals administer physiologically futile cardiopulmonary resuscitation (CPR) to patients having suffered cardiac arrest to benefit significant others. At the same time it is argued that, under certain circumstances, this is an acceptable moral practice by signalling that everything possible has been done, and enabling the grief of significant others to be properly addressed. Even more general moral reasons have been used to morally legitimize the use of futile CPR: That significant others are a type of patient with medical or care needs that should be addressed, that the interest of significant others should be weighed into what to do and given an equal standing together with patient interests, and that significant others could be benefited by care professionals unless it goes against the explicit wants of the patient. In this article we explore these arguments and argue that the support for providing physiologically futile CPR in the prehospital context fails. Instead, the strategy of ambulance professionals in the case of a sudden death should be to focus on the relevant care needs of the significant others and provide support, arrange for a peaceful environment and administer acute grief counselling at the scene, which might call for a developed competency within this field.

Georgetown users check [Georgetown Journal Finder](https://journal.finder.georgetown.edu) for access to full text

---

Smith-Miller, Cherie

**LVAD deactivation.**


Georgetown users check [Georgetown Journal Finder](https://journal.finder.georgetown.edu) for access to full text

---

Pepersack, Thierry

**Comment on Monod et al: "Ethical issues in nutrition support of severely disabled elderly persons".**


Georgetown users check [Georgetown Journal Finder](https://journal.finder.georgetown.edu) for access to full text

---

Petrucci, Ralph J; Benish, Lynne A; Carrow, Barbara L; Prato, Lisa; Hankins, Shelley R; Eisen, Howard J; Entwistle, John W

**Ethical considerations for ventricular assist device support: a 10-point model.**


**Abstract:** The potential for long-term support on a ventricular assist device (VAD) in the bridge-to-transplant (BTT) and destination therapy (DT) settings has created unprecedented ethical challenges for patients and caregivers. Concerns include the patient's adaptation to life on a device and the ethical, clinical, and practical issues associated with living on mechanical support. On the basis of our experience treating 175 consecutive VAD patients, we have developed a model to address the ethical and psychosocial needs of patients undergoing VAD implantation. Patient preparation for VAD implantation encompasses three phases: 1) initial information regarding the physical events involved in implantation, risks and benefits of current device technology, and the use of VAD as a rescue device; 2) preimplant preparation including completion of advance directives specific to BTT/DT, competency determination, and identifying a patient spokesperson, multidisciplinary consultants, and cultural preferences regarding device withdrawal; and 3) VAD-specific end-of-life issues including plans for device replacement and palliative care with hospice or device withdrawal. This three-phase 10-point model addresses the ethical and psychosocial issues that should be discussed with patients undergoing VAD support.
Document 63
Branch, William T Jr.
In Dante's ninth circle.
Patient education and counseling 2011 Jul; 84(1): 31-2

Document 64
Yuen, Jacqueline K; Reid, M Carrington; Fetters, Michael D
Hospital do-not-resuscitate orders: why they have failed and how to fix them.
Journal of general internal medicine 2011 Jul; 26(7): 791-7
Abstract: Do-not-resuscitate (DNR) orders have been in use in hospitals nationwide for over 20 years. Nonetheless, as currently implemented, they fail to adequately fulfill their two intended purposes—to support patient autonomy and to prevent non-beneficial interventions. These failures lead to serious consequences. Patients are deprived of the opportunity to make informed decisions regarding resuscitation, and CPR is performed on patients who would have wanted it withheld or are harmed by the procedure. This article highlights the persistent problems with today's use of inpatient DNR orders, i.e., DNR discussions do not occur frequently enough and occur too late in the course of patients' illnesses to allow their participation in resuscitation decisions. Furthermore, many physicians fail to provide adequate information to allow patients or surrogates to make informed decisions and inappropriately extrapolate DNR orders to limit other treatments. Because these failings are primarily due to systemic factors that result in deficient physician behaviors, we propose strategies to target these factors including changing the hospital culture, reforming hospital policies on DNR discussions, mandating provider communication skills training, and using financial incentives. These strategies could help overcome existing barriers to proper DNR discussions and align the use of DNR orders closer to their intended purposes of supporting patient self-determination and avoiding non-beneficial interventions at the end of life.

Document 65
Facciorusso, Antonio; Stanislao, Mario; Fanelli, Mario; Valori, Vanna M; Valle, Guido
Ethical issues on defibrillator deactivation in end-of-life patients.
Journal of cardiovascular medicine (Hagerstown, Md.) 2011 Jul; 12(7): 498-500

Document 66
Barnato, Amber E; Mohan, Deepika; Downs, Julie; Bryce, Cindy L; Angus, Derek C; Arnold, Robert M
A randomized trial of the effect of patient race on physicians' intensive care unit and life-sustaining treatment decisions for an acutely unstable elder with end-stage cancer.
Critical care medicine 2011 Jul; 39(7): 1663-9
Abstract: To test whether hospital-based physicians made different intensive care unit and life-sustaining treatment decisions for otherwise identical black and white patients with end-stage cancer and life-threatening hypoxia.
Document 67
Jones, James W; McCullough, Laurence B
Patient-originated futility insight: ethical right or ethical plight?
Georgetown users check Georgetown Journal Finder for access to full text

Document 68
Torke, Alexia M; Sachs, Greg A; Helft, Paul R; Petronio, Sandra; Purnell, Christianna; Hui, Siu; Callahan, Christopher M
Timing of do-not-resuscitate orders for hospitalized older adults who require a surrogate decision-maker.
Journal of the American Geriatrics Society 2011 Jul; 59(7): 1326-31
Abstract: To examine the frequency of surrogate decisions for in-hospital do-not-resuscitate (DNR) orders and the timing of DNR order entry for surrogate decisions.
Georgetown users check Georgetown Journal Finder for access to full text

Document 69
Nau, Jean-Yves
[Miscellaneous ethical issues (3)]. = Miscellanées éthiques (3).
Revue médicale suisse 2011 Jun 8; 7(298): 1284-5
Georgetown users check Georgetown Journal Finder for access to full text

Document 70
Thöns, Matthias; Sitte, Thomas
[Attempted homicide or legal termination of treatment?]. = "Versuchter Totschlag" oder legaler Behandlungsabbruch?
MMW Fortschrritte der Medizin 2011 Jun 2; 153(22): 44-5
Georgetown users check Georgetown Journal Finder for access to full text

Document 71
Teno, Joan M; Gozalo, Pedro; Mitchell, Susan L; Bynum, Julie P W; Dosa, David; Mor, Vincent
Terminal hospitalizations of nursing home residents: does facility increasing the rate of do not resuscitate orders reduce them?
Abstract: Terminal hospitalizations are costly and often avoidable with appropriate advance care planning.
Georgetown users check Georgetown Journal Finder for access to full text

Document 72
Meeussen, Koen; Van den Block, Lieve; Bossuyt, Nathalie; Echteld, Michael; Bilsen, Johan; Deliens, Luc
Dealing with requests for euthanasia: interview study among general practitioners in Belgium.
**Abstract:** In many countries, physicians are confronted with requests for euthanasia. Notwithstanding that euthanasia is legally permitted in Belgium, it remains the subject of intense debate.

The ethics of pacemaker deactivation in terminally ill patients.

Bevins, Michael B

*Journal of pain and symptom management* 2011 Jun; 41(6): 1106-10

**Abstract:** A core principle of American medical ethics holds that an informed and capacitated patient has the right to have treatments withdrawn or withheld. Nevertheless, many clinicians remain reluctant to honor a request to deactivate a patient's pacemaker. This article describes a case in which a patient was denied her request for pacemaker deactivation. Several reasons for this reluctance are discussed, including historical, practical, and ethical considerations for opposing pacemaker deactivation. Ultimately, however, from an ethical standpoint, pacemaker deactivation is similar to withdrawal of other therapies. Fortunately, a recent expert consensus statement supports a patient's right to have her pacemaker deactivated. Pacemaker deactivation should only be performed after robust informed consent, which must include discussion of risks, benefits, and all viable alternatives based on the patient's values and goals.

Euthanasia and common sense: a reply to Garcia.

Seay, Gary


**Abstract:** J. L. A. Garcia holds that my defense of voluntary euthanasia in an earlier paper amounts to an "assault on traditional common sense" about what medical ethics permits physicians to do, particularly insofar as I hold that a physician's duty to abstain from intentionally killing is only a defeasible duty, not an unconditional one. But I argue here that it is Garcia's views that are more at odds with common sense, and that voluntary euthanasia is in fact a humane alternative that respects patient autonomy and is consistent with the most fundamental moral duties of physicians. Among these is a duty to relieve suffering, which can sometimes outweigh the fundamental duty to conserve life.

Withdrawal and withholding of medical treatment: Czech medical law at the crossroads.

Peterková, Helena


**Abstract:** The making of an end of life decision represents worldwide one of the most difficult issues that physicians can be confronted with --not only should it be regarded as consisting of medical and legal aspects, but ethics and moral values are present as well. Furthermore, it shall not be supposed that the economic parameter is negligible, unfortunately even to the contrary. The fact that the decision is often made by physicians under pressure caused by a system of limited resources (and therefore it can not avoid being distorted) must be kept in mind. At any rate, according to Czech law under which neither assisted suicide nor euthanasia is allowed, the legality and legitimacy of withdrawal and withholding of medical treatment is based on the argument of informed consent of the patient, advanced directives and the standard of lege artis treatment. These also shall be pleaded as defences in eventual criminal proceedings.
Tack, Sylvie

**Can hospitals prohibit euthanasia? An analysis from a European human rights perspective.**


**Abstract:** At present, in four European countries euthanasia and/or physician assisted suicide (PAS) are tolerated under strict legal conditions. However, in practice these patient groups are often deprived of the possibility to undergo such decisions. Particularly Catholic health care institutions have developed policies which restrict the internal application of the law. Yet, the legitimacy of such policies is questionable. From a European human rights perspective it can be defended that the freedom of association allows hospitals to develop policies elaborating their ethical stances on euthanasia and PAS. However, to respect the patient's right to self-determination the concerned hospitals should at least inform current and future patients about the restrictive policy and deal carefully with euthanasia and PAS requests. If a patient's wish remains seriously incompatible with the ethical stances of the hospital, at least reasonable and attainable alternatives (such as a referral to a tolerant regional hospital) should be offered.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Fenigsen, Richard

**Other people's lives: reflections on medicine, ethics, and euthanasia. Part two: medicine versus euthanasia.**

Issues in law & medicine 2011 Summer; 27(1): 51-70

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Baeke, Goedele; Wils, Jean-Pierre; Broeckaert, Bert

**'We are (not) the master of our body': elderly Jewish women's attitudes towards euthanasia and assisted suicide.**

Ethnicity & health 2011 Jun; 16(3): 259-78

**Abstract:** In Belgium, dominant ideological traditions—Christianity and non-religious humanism—have the floor in debates on euthanasia and hardly any attention is paid to the practices and attitudes of ethnic and religious minorities, for instance, Jews. This article aims to meet this lacuna.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Crozier, S; Santoli, F; Outin, H; Aegerter, P; Ducrocq, X; Bollaert, P-É

**[Severe stroke: prognosis, intensive care admission and decisions on withholding and withdrawal of treatment]. = AVC graves : pronostic, critères d'admission en réanimation et décisions de limitations et arrêt de traitements.**

Revue neurologique 2011 Jun-Jul; 167(6-7): 468-73

**Abstract:** Stroke can produce irreversible brain damage of massive proportion leading to severe disability and poor quality of life. Resuscitation and mechanical ventilation of these patients remain controversial because of the high mortality and severe disability involved.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Downar, James; Luk, Tracy; Sibbald, Robert W; Santini, Tatiana; Mikhael, Joseph; Berman, Hershl; Hawryluck,
Why do patients agree to a "Do not resuscitate" or "Full code" order? Perspectives of medical inpatients.
Journal of general internal medicine 2011 Jun; 26(6): 582-7

Abstract: The majority of patients who die in hospital have a "Do Not Resuscitate" (DNR) order in place at the time of their death, yet we know very little about why some patients request or agree to a DNR order, why others don't, and how they view discussions of resuscitation status.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 81
Rich, Ben A; Paterniti, Debora A
Conversations about treatment at the end of life.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 82
Singer, Peter
How not to save a life.
Bioethics 2011 Jun; 25(5): ii-iii

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 83
Demertzi, A; Ledoux, D; Bruno, M-A; Vanhaudenhuyse, A; Gosseries, O; Soddu, A; Schnakers, C; Moonen, G; Laureys, S
Attitudes towards end-of-life issues in disorders of consciousness: a European survey.
Journal of neurology 2011 Jun; 258(6): 1058-65

Abstract: Previous European surveys showed the support of healthcare professionals for treatment withdrawal [i.e., artificial nutrition and hydration (ANH) in chronic vegetative state (VS) patients]. The recent definition of minimally conscious state (MCS), and possibly research advances (e.g., functional neuroimaging), may have led to uncertainty regarding potential residual perception and may have influenced opinions of healthcare professionals. The aim of the study was to update the end-of-life attitudes towards VS and to determine the end-of-life attitudes towards MCS. A 16-item questionnaire related to consciousness, pain and end-of-life issues in chronic (i.e., >1 year) VS and MCS and locked-in syndrome was distributed among attendants of medical and scientific conferences around Europe (n = 59). During a lecture, the items were explained orally to the attendants who needed to provide written yes/no responses. Chi-square tests and logistic regression analyses identified differences and associations for age, European region, religiosity, profession, and gender. We here report data on items concerning end-of-life issues on chronic VS and MCS. Responses were collected from 2,475 participants. For chronic VS (>1 year), 66% of healthcare professionals agreed to withdraw treatment and 82% wished not to be kept alive (P < 0.001). For chronic MCS (>1 year), less attendants agreed to withdraw treatment (28%, P < 0.001) and wished not to be kept alive (67%, P < 0.001). MCS was considered worse than VS for the patients in 54% and for their families in 42% of the sample. Respondents' opinions were associated with geographic region and religiosity. Our data show that end-of-life opinions differ for VS as compared to MCS. The introduction of the diagnostic criteria for MCS has not substantially changed the opinions on end-of-life issues on permanent VS. Additionally, the existing legal ambiguity around MCS may have influenced the audience to draw a line between expressing preferences for self versus others, by implicitly recognizing that the latter could be a step on the slippery slope to legalize euthanasia. Given the observed individual variability, we stress the importance of advance directives and identification of proxies when discussing end-of-life issues in patients with disorders of consciousness.

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Document 84

McGee, Andrew

Defending the sanctity of life principle: a reply to John Keown.
Journal of law and medicine 2011 Jun; 18(4): 820-34

Abstract: This article is a response to Professor John Keown's criticism of my article "Finding a Way Through the Ethical and Legal Maze: Withdrawal of Medical Treatment and Euthanasia" (2005) 13(3) Medical Law Review 357. The article takes up and responds to a number of criticisms raised by Keown in an attempt to further the debate concerning the moral and legal status of withdrawing life-sustaining measures, its distinction from euthanasia, and the implications of the lawfulness of withdrawal for the principle of the sanctity of life.

Georgetown users check Georgetown Journal Finder for access to full text

Document 85

Baily, Mary Ann

Futility, autonomy, and cost in end-of-life care.

Abstract: This paper uses the controversy over the denial of care on futility grounds as a window into the broader issue of the role of cost in decisions about treatment near the end of life. The focus is on a topic that has not received the attention it deserves: the difference between refusing medical treatment and demanding it. The author discusses health care reform and the ethics of cost control, arguing that we cannot achieve universal access to quality care at affordable care without better public understanding of the moral legitimacy of taking cost into account in health care decisions, even decisions at the end of life.

Georgetown users check Georgetown Journal Finder for access to full text

Document 86

Menzel, Paul T

The value of life at the end of life: a critical assessment of hope and other factors.

Abstract: Low opportunity cost, weak influence of quality of life in the face of death, the social value of life extension to others, shifting psychological reference points, and hope have been proposed as factors to explain why people apparently perceive marginal life extension at the end of life to have disproportionately greater value than its length. Such value may help to explain why medical spending to extend life at the end of life is as high as it is, and the various factors behind this value might provide normative rationale for that spending. Upon critical analysis, however, most of these factors turn out to be questionable or incompletely conceived; this includes hope, which is examined here in special detail. These factors help to explain complexity and nuance in the normative issues, but they do not provide adequate justification for spending as high as it often is. In any case, two additional factors must be added to the descriptive explanation of high spending, and they throw its normative justification into further doubt: the "insurance effect" and provider-created demand. Overall, the perception of especially high value of life at the end of life provides some normative justification for high spending, but seldom strong justification, and not for spending as high as it often is.

Georgetown users check Georgetown Journal Finder for access to full text

Document 87

Shanmuganathan, N; Li, J Y; Yong, T Y; Hakendorf, P H; Ben-Tovim, D I; Thompson, C H

Resuscitation orders and their relevance to patients' clinical status and outcomes.

Abstract: Documented resuscitation orders have relevance in the management of a pulseless, unresponsive patient.
Although useful, the frequency of their documentation in the case notes of newly admitted medical patients is not well established.

**Document 88**

Kaufman, Sharon R; Fjord, Lakshmi

**Medicare, ethics, and reflexive longevity: governing time and treatment in an aging society.**

Medical anthropology quarterly 2011 Jun; 25(2): 209-31

**Abstract:** The clinical activities that constitute longevity making in the United States are perhaps the quintessential example of a dynamic modern temporality, characterized by the quest for risk reduction, the powerful progress narratives of science and medicine, and the personal responsibility of calculating the worth of more time in relation to medical options and age. This article explores how medicine materializes and problematizes time through a discussion of ethicality— in this case, the form of governance in which scientific evidence, Medicare policy, and clinical knowledge and practice organize first, what becomes "thinkable" as the best medicine, and second, how that kind of understanding shapes a telos of living. Using liver disease and liver transplantation in the United States as my example, I explore the influence of Medicare coverage decisions on treatments, clinical standards, and ethical necessity. Reflexive longevity—a relentless future-thinking about life itself—is one feature of this ethicality.

**Document 89**

Munro, Robert

**Present at the end.**

Nursing standard (Royal College of Nursing (Great Britain) : 1987) 2011 Jun 22-28; 25(42): 18-9

**Abstract:** Having time to sit with a dying patient would be every nurse's ideal, but in reality that is often not possible. One trust has found a different method of support.

**Document 90**

Hoff, Lena; Hermerén, Göran

**Between uncertainty and certainty.**

The Journal of clinical ethics 2011 Summer; 22(2): 139-50

**Abstract:** In this study, 10 hematologists and 10 lung oncologists were interviewed regarding the information they provide to patients in four situations of uncertainty: determining the treatment that is in the patient's best interest; recurrence or progression of the patient's disease; determining when to withdraw life-prolonging treatment; discussing death, addressing questions such as whether the patient will die from the disease, and when. The primary finding is that delivery of information to patients with low survival rates can be improved by more and better disclosure by physicians at an earlier stage. The crucial point for physicians is to ascertain the wishes of patients, to learn what to reveal about what patients should expect, short term and long term, as death approaches.

**Document 91**

Coulehan, Jack

**Deep hope: a song without words.**

Theoretical medicine and bioethics 2011 Jun; 32(3): 143-60

**Abstract:** Hope helps alleviate suffering. In the case of terminal illness, recent experience in palliative medicine has taught physicians that hope is durable and often thrives even in the face of imminent death. In this article, I examine the perspectives of philosophers, theologians, psychologists, clinicians, neuroscientists, and poets, and provide a
series of observations, connections, and gestures about hope, particularly about what I call "deep hope." I end with some proposals about how such hope can be sustained and enhanced at the end of life. Studies of terminally ill patients have revealed clusters of personal and situational factors associated with enhancement or suppression of hope at the end of life. Interpersonal connectedness, attainable goals, spiritual beliefs and practices, personal attributes of determination, courage, and serenity, lightheartedness, uplifting memories, and affirmation of personal worth enhance hope, while uncontrollable pain and discomfort, abandonment and isolation, and devaluation of personhood suppress hope. I suggest that most of these factors can be modulated by good medical care, utilizing basic interpersonal techniques that demonstrate kindness, humanity, and respect.

Bradley, Sandra L

**Continue debate on voluntary euthanasia.**

Feldman, James; Bass, Patricia A

**Etomidate, sepsis, and informed consent.**
Annals of emergency medicine 2011 Jun; 57(6): 705-6; author reply 706

Keown, John

**Tallis's slippery slope.**
BMJ (Clinical research ed.) 2011 May 25; 342: d3182

Koch, Tom

**Assisted dying versus assisted living.**
BMJ (Clinical research ed.) 2011 May 25; 342: d3184

Zaki, Syed Ahmed

**Informed consent and withdrawal of life support.**
Indian pediatrics 2011 May 7; 48(5): 409; author reply 409
**Document 97**

Monod, Stéfanie; Chiolero, René; Büla, Christophe; Benaroyo, Lazare

**Ethical issues in nutrition support of severely disabled elderly persons: a guide for health professionals.**

JPEN. Journal of parenteral and enteral nutrition 2011 May; 35(3): 295-302

**Abstract:** Providing or withholding nutrition in severely disabled elderly persons is a challenging dilemma for families, health professionals, and institutions. Despite limited evidence that nutrition support improves functional status in vulnerable older persons, especially those suffering from dementia, the issue of nutrition support in this population is strongly debated. Nutrition might be considered a basic need that not only sustains life but provides comfort as well by patients and their families. Consequently, the decision to provide or withhold nutrition support during medical care is often complex and involves clinical, legal, and ethical considerations. This article proposes a guide for health professionals to appraise ethical issues related to nutrition support in severely disabled older persons. This guide is based on an 8-step process to identify the components of a situation, analyze conflicting values that result in the ethical dilemma, and eventually reach a consensus for the most relevant plan of care to implement in a specific clinical situation. A vignette is presented to illustrate the use of this guide when analyzing a clinical situation.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 98**

Chambaere, Kenneth; Bilsen, Johan; Cohen, Joachim; Onwuteaka-Philipsen, Bregje D; Mortier, Freddy; Deliens, Luc

**Trends in medical end-of-life decision making in Flanders, Belgium 1998-2001-2007.**

Medical decision making: an international journal of the Society for Medical Decision Making 2011 May-Jun; 31(3): 500-10

**Abstract:** In 2002, Belgium saw the enactment of 3 laws concerning euthanasia, palliative care, and patient rights that are likely to affect end-of-life decision making. This report examines trends in the occurrence and decision-making process of end-of-life practices in different patient groups since these legal changes. A large-scale retrospective survey in Flanders, Belgium, previously conducted in 1998 and 2001, was repeated in 2007. Questionnaires regarding end-of-life practices and the preceding decision-making process were mailed to physicians who certified a representative sample (N = 6927) of death certificates. The 2007 response rate was 58.4%. In patient groups in which the prevalence of life-ending drug use without explicit patient request has dropped, performance of euthanasia and assisted suicide has increased. The consistent increase in intensified pain and symptom alleviation was found in all patient groups except cancer patients. In 2007, competent patients were slightly more often involved in the discussion of end-of-life practices than in previous years. Over the years, involvement of the patient in decision making was consistently more likely among younger patients, cancer patients, and those dying at home. Physicians consulted their colleagues more often in previous years for euthanasia and nontreatment decisions. The euthanasia law and emerging palliative care culture have substantially affected the occurrence and decision making for end-of-life practices in Belgium. Efforts are still needed to encourage shared end-of-life decision making, as some patients would benefit from advance care planning.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 99**

Desikan, Prabha

**Supreme Court delivers historic judgment on Aruna Shanbaug case.**

The National medical journal of India 2011 May-Jun; 24(3): 190-1

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 100**

Martín-Hernández, H; López-Messa, J B; Pérez-Vela, J L; Herrero-Ansola, P

Abstract: The consensus document on the Science of Resuscitation and Emergency Cardiac Care with ILCOR Treatment Recommendations is an invaluable tool for quickly, simply and rigorously establishing the evidence on which the Resuscitation Guidelines 2010 are founded. We present a method that has been used in the review process according to evidence-based medicine, which can be considered a role model for both individual and collective use in clinical practice, not only in the field of resuscitation but also in other areas of medicine.

Braun, Ursula K; McCullough, Laurence B
Preventing life-sustaining treatment by default.
Annals of family medicine 2011 May-Jun; 9(3): 250-6
Abstract: Many physicians will at some point care for patients who will receive life-sustaining treatment by default, because there are no instructions available from the patient as to what kind of care is preferred, and because surrogates are likely to ask for everything to be done when they do not know a patient's preferences. We use the methods of ethics informed by qualitative focus group research to identify 5 pathways to life-sustaining treatment by default originating with the patient's preferred decision-making style: deciding for oneself or letting others decide. We emphasize preventing the ethically unwelcome outcome of life-sustaining treatment by default by increasing the frequency with which patients make clear decisions or clearly express their values and goals that they then communicate to physicians or surrogates.

Scholes, Julie; Albarran, John
What's in this issue?
Nursing in critical care 2011 May-Jun; 16(3): 111-2

Pattison, Natalie
End of life in critical care: an emphasis on care.
Nursing in critical care 2011 May-Jun; 16(3): 113-5

Efstathiou, Nikolaos; Clifford, Collette
The critical care nurse's role in end-of-life care: issues and challenges.
Nursing in critical care 2011 May-Jun; 16(3): 116-23
Abstract: The purpose of this article is to discuss the challenges critical care nurses face when looking after patients needing End-of-Life (EoL) care in critical care environments.
Frost, David W; Cook, Deborah J; Heyland, Daren K; Fowler, Robert A

**Patient and healthcare professional factors influencing end-of-life decision-making during critical illness: a systematic review.**

Critical care medicine 2011 May; 39(5): 1174-89

**Abstract:** The need for better understanding of end-of-life care has never been greater. Debate about recent U.S. healthcare system reforms has highlighted that end-of-life decision-making is contentious. Providing compassionate end-of-life care that is appropriate and in accordance with patient wishes is an essential component of critical care. Because discord can undermine optimal end-of-life care, knowledge of factors that influence decision-making is important. We performed a systematic review to determine which factors are known to influence end-of-life decision-making among patients and healthcare providers. DATA SOURCES, SELECTION, AND ABSTRACTION: We conducted a structured search of Ovid Medline for interventional and observational research articles incorporating critical care and end-of-life decision-making terms.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Saager, Leif; Kurz, Andrea; Deogaonkar, Anupa; You, Jing; Mascha, Edward J; Jahan, Ali; Turner, Patricia L; Sessler, Daniel I; Turan, Alparslan

**Pre-existing do-not-resuscitate orders are not associated with increased postoperative morbidity at 30 days in surgical patients.**

Critical care medicine 2011 May; 39(5): 1036-41

**Abstract:** To assess the relationship between pre-existing do-not-resuscitate orders and the incidence of postoperative 30-day minor morbidity in surgical patients.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Truog, Robert D

**Do-not-resuscitate orders in evolution: matching medical interventions with patient goals.**

Critical care medicine 2011 May; 39(5): 1213-4

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Pleacher, Kristine M

**Providing a good death.**

Critical care medicine 2011 May; 39(5): 1235-6

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Joyner, Nancy E

**Difficult choices: forgoing life-sustaining treatment.**

The Prairie rose 2011 May-Jul; 80(2): 7-10

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 110**
Laventhal, Naomi; Spelke, M Bridget; Andrews, Bree; Larkin, L Knoll; Meadow, William; Janvier, Annie

**Ethics of resuscitation at different stages of life: a survey of perinatal physicians.**

Pediatrics 2011 May; 127(5): e1221-9

**Abstract:** We surveyed US neonatologists and high-risk obstetricians about preferences for resuscitation in ethically difficult situations to determine whether (1) their responses adhered to traditional ethical principles of best interests and patient autonomy and (2) physician specialty seemed to influence the response.

Georgetown users check **Georgetown Journal Finder** for access to full text

---

Engström, Ingemar

[Withdrawal of life support care is an ethical decision]. = Att avbryta en livsuppehållande behandling ar ett etiskt beslut.


Georgetown users check **Georgetown Journal Finder** for access to full text

---

Thomas, Ruth H; Schuster-Bruce, Martin

**Do not attempt resuscitation orders, ethics and the Mental Capacity Act.**


Georgetown users check **Georgetown Journal Finder** for access to full text

---

Grainger, Joanne

**Euthanasia contentious issue.**

Australian nursing journal (July 1993) 2011 May; 18(10): 3; discussion 3

Georgetown users check **Georgetown Journal Finder** for access to full text

---

Dyer, Clare

**Mother asks court to let her brain damaged daughter die.**

BMJ (Clinical research ed.) 2011 April 18; 342: d2522

Georgetown users check **Georgetown Journal Finder** for access to full text

---

Barazzetti, Gaia; Reichlin, Massimo

**Life-extension: a biomedical goal? Scientific prospects, ethical concerns.**

Swiss medical weekly 2011 April 13; 141: w13181

**Abstract:** The potential for development of biomedical technologies capable of extending the human lifespan raises at least two kinds of questions that it is important both to distinguish and to connect with one another: scientific, factual questions regarding the feasibility of life extension interventions; and questions concerning the ethical issues related to the extension of life- and health spans. This paper provides an account of some life extension interventions considered to be amongst the most promising, and presents the ethical questions raised by the prospect of their pursuit. It is suggested that problems concerning the effects of these technologies on health care
resources and on intergenerational relationships will be the most difficult to tackle.

Georgetown users check Georgetown Journal Finder for access to full text

Document 116
Curtis, J Randall; Tonelli, Mark R
Shared decision-making in the ICU: value, challenges, and limitations.
American journal of respiratory and critical care medicine 2011 Apr 1; 183(7): 840-1
Georgetown users check Georgetown Journal Finder for access to full text

Document 117
Kramer, Daniel B; Kesselheim, Aaron S; Salberg, Lisa; Brock, Dan W; Maisel, William H
Ethical and legal views regarding deactivation of cardiac implantable electrical devices in patients with hypertrophic cardiomyopathy.
The American journal of cardiology 2011 Apr 1; 107(7): 1071-1075.e5
Abstract: Little is known about patients’ views surrounding the ethical and legal aspects of managing pacemakers (PMs) and implantable cardioverter-defibrillators (ICDs) near the end of life. Patients with hypertrophic cardiomyopathy (HC) are at heightened risk of sudden cardiac death and are common recipients of such devices. Patients with HC recruited from the membership of the Hypertrophic Cardiomyopathy Association were surveyed about their clinical histories, advance care planning, legal knowledge, and ethical beliefs relating to the withdrawal of PM and ICD therapy. The mean age of the 546 patients was 49.1 years, 47% were women, and 57% had ICDs. Only 46% of the respondents had completed an advance directive, only 51% had a healthcare proxy, and cardiac implantable electrical devices (CIEDs) were commonly not addressed in either (92% and 58%, respectively). Many patients characterized deactivating PMs or ICDs as euthanasia or physician-assisted suicide (29% for PMs and 17% for ICDs), and >50% expressed uncertainty regarding the legality of device deactivation. Patients viewed deactivation of ICDs and PMs as morally different from other life-sustaining therapies such as mechanical ventilation and dialysis, and these views varied substantially according to the CIED type (p <0.0001). The respondents expressed concerns regarding clinical conflicts related to religion, ethical and legal uncertainty, and informed consent. In conclusion, patients who have, or are eligible to receive, CIEDs might require improved advance care planning and education regarding the ethical and legal options for managing CIEDs at the end of life.

Georgetown users check Georgetown Journal Finder for access to full text

Document 118
Nath, Nemai C
Euthanasia--has the judgment settled the issue?
Georgetown users check Georgetown Journal Finder for access to full text

Document 119
Aruga, Tohru
[Medical ethics in terminal stage viewed from emergency and critical care in Japan].
Abstract: In Japan, several types of the proposal for terminal care have been published by Medical Association, Ministry of Health, Labor and Welfare, etc. Among them, the guidelines proposed by Japanese Association for Acute Medicine (JAAM) are appreciated as most concretely expressed ethically as well as practically regarding the judgment of terminal stages, the medical ethics needed through the processes thereafter and the methods on withdrawal or withholding in terminal care. The author explained and considered the terminal care provided by medical professionals for the absolutely desperate including the brain dead following post-cardiac arrest syndrome
for instance, according to the guidelines by JAAM. The best practice selected for the terminally ill ought to be reasonable and suitable from the aspects of both medical science and ethics.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 120**

Touyz, L Z G; Touyz, S J J

An appraisal of life's terminal phases and euthanasia and the right to die.

Current oncology (Toronto, Ont.) 2011 Apr; 18(2): 65-6

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 121**

Larsen, J V

Active euthanasia—potential abuse in South Africa.

South African medical journal = Suid-Afrikaanse tydskrif vir geneeskunde 2011 Apr; 101(4): 214

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 122**

Weng, Li; Joynt, Gavin M; Lee, Anna; Du, Bin; Leung, Patricia; Peng, Jinming; Gomersall, Charles D; Hu, Xiaoyun; Yap, Hui Y;

Chinese Critical Care Ethics Group

Attitudes towards ethical problems in critical care medicine: the Chinese perspective.

Intensive care medicine 2011 Apr; 37(4): 655-64

Abstract: Critical care doctors are frequently faced with clinical problems that have important ethical and moral dimensions. While Western attitudes and practice are well documented, little is known of the attitudes or practice of Chinese critical care doctors.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 123**

Dreyfuss, Didier

Toward the end of randomized, controlled trials in the intensive care unit?

Critical care medicine 2011 Apr; 39(4): 921; author reply 921

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 124**

Wilkinson, Dominic J C; Savulescu, Julian

Knowing when to stop: futility in the ICU.

Current opinion in anaesthesiology 2011 Apr; 24(2): 160-5

Abstract: Decisions to withdraw or withhold potentially life-sustaining treatment are common in intensive care and precede the majority of deaths. When families resist or oppose doctors’ suggestions that it is time to stop treatment, it is often unclear what should be done. This review will summarize recent literature around futility judgements in intensive care emphasising ethical and practical questions.

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Document 125
Dean, Erin

Assisted dying commission is told of need for robust protocols.
Nursing standard (Royal College of Nursing (Great Britain) : 1987) 2011 Apr 27-May 3; 25(34): 7

Georgetown users check Georgetown Journal Finder for access to full text

Document 126
Joly, Clémence; Ghazi Elie, Elisabeth; Maillet, Eric; Hannequin, Didier; Guédon, Elisabeth

[Refractory sufferings at the end of life: Which considerations, which propositions?]. = Souffrances réfractaires en fin de vie : quelles réflexions, quelles propositions ?

Abstract: Refractory suffering of terminally ill people may be physical (pain, dyspnea, vomiting...) or existential (spiritual sufferings, anxiousness...). End-of-life decisions are often around ethics. Decision making near the end of life consists in withholding and withdrawing life-support treatment and prescribing both of treatments with risk of double effect and sedation for distress. In France, such decisions are defined by the deontology code and by the law of April 22nd, 2005 concerning the end of life and patients' rights. Recommendations from medical societies specify the means of implementation: obtaining other medical opinions, the patient's informed consent and full transparency of the decision (noted in the patient's medical chart).

Georgetown users check Georgetown Journal Finder for access to full text

Document 127
McCormick, Andrew J

Self-determination, the right to die, and culture: a literature review.
Social work 2011 Apr; 56(2): 119-28

Abstract: Self-determination is a primary ethical principle underlying social work practice in health care settings. Since the 1970s, a right-to-die movement that shares the social work commitment to self-determination has grown and influences end-of-life care decisions. However, the role of culture is notably absent in discussions of the right to die. A literature review was conducted to explore self-determination and the role of culture in the context of the history of the right-to-die movement. A total of 54 articles met the criteria for inclusion in the review. Of the total, 21 related to self-determination, and 12 related to ethnicity and culture at the end of life. A history based on the review of the right-to-die movement is presented. The review found that social workers support passively hastening death and that views of self-determination are affected by both law and culture. In response, social workers will face three tasks: (1) becoming more public in their support for client self-determination as an important standard in end-of-life care, (2) being more explicit in support of diverse cultural traditions in end-of-life decision making, and (3) expanding their traditional educational and bridging roles between families and medical personnel.

Georgetown users check Georgetown Journal Finder for access to full text

Document 128
Gehlbach, Thomas G; Shinkunas, Laura A; Forman-Hoffman, Valerie L; Thomas, Karl W; Schmidt, Gregory A; Kaldjian, Lauris C

Code status orders and goals of care in the medical ICU.
Chest 2011 Apr; 139(4): 802-9

Abstract: Decisions about CPR in the medical ICU (MICU) are important. However, discussions about CPR (code status discussions) can be challenging and may be incomplete if they do not address goals of care.

Georgetown users check Georgetown Journal Finder for access to full text
Stronegger, Willibald J; Schmölzer, Christin; Rásky, Eva; Freidl, Wolfgang

**Changing attitudes towards euthanasia among medical students in Austria.**

**Abstract:** In most European countries the attitudes regarding the acceptability of active euthanasia have clearly changed in the population since World War II. Therefore, it is interesting to know which trends in attitudes prevail among the physicians of the future.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Neuhaus, Susan J

**Battlefield euthanasia - courageous compassion or war crime?**

**Abstract:** Issues relating to voluntary euthanasia that are currently being debated by Australian society are distinctly different from those encountered by battlefield doctors. Doctors in war undertake to treat those affected by conflict; their participation in euthanasia challenges the profession's definition of "duty of care". Euthanasia must be distinguished from "triage" and medical withdrawal of care (which are decided within a medical facility where, although resources may be limited, comfort care can be provided in the face of treatment futility). Battlefield euthanasia is a decision made, often immediately after hostile action, in the face of apparently overwhelming injuries; there is often limited availability of pain relief, support systems or palliation that would be available in a civilian environment. The battlefield situation is further complicated by issues of personal danger, the immediacy of decision making and difficulties with distinguishing civilians from combatants. Regardless of the circumstances on a battlefield, doctors, whether they are civilians or members of a defence force, are subject to the laws of armed conflict, the special provisions of the Geneva Conventions and the ethical codes of the medical profession.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Berg, Ronan M G; Møller, Kirsten; Rossel, Peter J Hancke

**[How to protect acutely ill, unconscious patients in connection with drug trials?]. = Hvordan beskytter man akut syge, bevidstløse patienter i forbindelse med lægemiddelforsøg?**
Ugeskrift for læger 2011 Mar 21; 173(12): 919

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Mudur, Ganapati

**Indian court says it may sanction euthanasia in the future.**
BMJ (Clinical research ed.) 2011 March 11; 342: d1628

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Claure-Del Granado, Rolando; Mehta, Ravindra L

**Withholding and withdrawing renal support in acute kidney injury.**
Seminars in dialysis 2011 Mar-Apr; 24(2): 208-14

**Abstract:** Management of critically ill patients with acute kidney injury (AKI) is mainly limited to supportive therapy, with dialysis as one of the main components. Whether or not to offer dialysis and when to withdraw dialysis is a one
of the many choices physicians face in daily clinical practice. Withholding or withdrawing renal replacement therapy is a complex decision and depends on many interacting factors, which are unique for each patient and their families and for the care team. An evidence-based guideline with nine specific recommendations for managing patients has been available however is infrequently employed to help clinical decision making. In this review, we discuss the important issues affecting decisions to withhold or withdraw dialysis in AKI patients and provide an approach for making these decisions for patient management.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 134**

Carassiti, M; Zanzonico, R; Tambone, V

*Entropy: an unusual methodology.*

Minerva anestesiologica 2011 Mar; 77(3): 382; author reply 383

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 135**

Solarino, Biagio; Bruno, Francesco; Frati, Giacomo; Dell'erba, Alessandro; Frati, Paola

*A national survey of Italian physicians' attitudes towards end-of-life decisions following the death of Eluana Englaro.*

Intensive care medicine 2011 Mar; 37(3): 542-9

**Abstract:** Ethical issues regarding patient care have recently been raised in Italy by the case of Eluana Englaro, a 36-year-old woman who remained in a persistent vegetative state (PVS) for 17 years. There are no specific laws on the books in Italy regarding euthanasia and physician-assisted suicide. In November 2008, a controversial decision by the Italian Supreme Court granted the woman's father his wish to discontinue nutrition and hydration provided to her. Because of this historic decision, the authors carried out a survey of Italian physicians' beliefs regarding end-of-life practices.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 136**

Piers, R D; Benoit, D D; Schrauwen, W J; Van Den Noortgate, N J

*Do-not-resuscitate decisions in a large tertiary hospital: differences between wards and results of a hospital-wide intervention.*


**Abstract:** Despite the advent of palliative care, the quality of dying in the hospital remains poor. Differences in quality of end-of-life practice between hospital wards are well known in clinical practice but rarely have been investigated.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 137**

Belloc Rocasalbas, M; Girbes, A R J

*[End of life decisions, the Dutch form through Spanish eyes]. = Toma de decisiones al final de la vida, el modo neerlandés a traves de ojos españoles.*

Medicina intensiva / Sociedad Española de Medicina Intensiva y Unidades Coronarias 2011 Mar; 35(2): 102-6

**Abstract:** Abroad, but also in The Netherlands, there are many misunderstandings concerning end of life decisions and euthanasia. In general, euthanasia does not play any role in the intensive care units, simply because it does not fulfill the conditions to carry it out. However, there is still confusion, merely due to the assumption that the Dutch situation is different because of their legislation on euthanasia. The use of the unclear terminology such as "passive euthanasia", "voluntary euthanasia" or "involuntary euthanasia" contributes to the confusion of lay people and
physicians, and should therefore be avoided. End of life decisions in intensive care patients are in fact a structural part of work of intensivists. Collecting all necessary information including the wishes and will of the patient, medical expertise and acknowledging limitations of medical treatment will help to determine futility of treatment goals. Once it is determined that surviving the intensive care unit with a quality of life acceptable for the patient is beyond reach, the goal of treatment should be improved and the dying process optimized. Stopping a treatment modality at the request of a will-competent patient or because of futility is not euthanasia.

Document 138
Carlsson, Jörg; Mansson, Anders; Olsson, David
[Deactivation of implantable defibrillators—also an ethical issue. Written routines of the process are necessary as illustrated by the described case report]. = Avstängning av implantanterbar defibrillator—också en etisk fråga. Skriftliga rutiner behövs, visar beskrivna fall.

Document 139
Smets, Tinne; Cohen, Joachim; Bilsen, Johan; Van Wesemael, Yanna; Rurup, Mette L; Deliens, Luc
Attitudes and experiences of Belgian physicians regarding euthanasia practice and the euthanasia law.
Journal of pain and symptom management 2011 Mar; 41(3): 580-93
Abstract: Since the legalization of euthanasia, physicians in Belgium may, under certain conditions, administer life-ending drugs at the explicit request of a patient.

Document 140
Lachman, Vicki D
Left ventricular assist device deactivation: ethical issues.
Medsurg nursing : official journal of the Academy of Medical-Surgical Nurses 2011 Mar-Apr; 20(2): 98-100

Document 141
Siddiqui, Mohammad F; Holley, Jean L
Residents' practices and perceptions about do not resuscitate orders and pronouncing death: an opportunity for clinical training.
The American journal of hospice & palliative care 2011 Mar; 28(2): 94-7
Abstract: Although "Do not resuscitate" (DNR) orders are among the most commonly discussed patient preference treatment measures, few studies have assessed internal medicine residents' views on this complex topic. Our objective was to assess resident practices in establishing code status. We also examined resident training and experiences in pronouncing death.

Document 142
Connolly, Michael P; Larkin, Philip J

Georgetown users check Georgetown Journal Finder for access to full text

Document 143
Roffey, Peter; Thangathurai, Duraiyah
Ethical issues related to direct nursing care time, compared to time spent charting in intensive care units.

Georgetown users check Georgetown Journal Finder for access to full text

Document 144
Father John Tuohy, ; Hodges, Marian O
End of life: POLST reflects patient wishes, clinical reality.
Health progress (Saint Louis, Mo.) 2011 Mar-Apr; 92(2): 60-4

Georgetown users check Georgetown Journal Finder for access to full text

Document 145
Johnson, L Syd M
The right to die in the minimally conscious state.
Journal of medical ethics 2011 Mar; 37(3): 175-8
Abstract: The right to die has for decades been recognised for persons in a vegetative state, but there remains controversy about ending life-sustaining medical treatment for persons in the minimally conscious state (MCS). The controversy is rooted in assumptions about the moral significance of consciousness, and the value of life for patients who are conscious and not terminally ill. This paper evaluates these assumptions in light of evidence that generates concerns about quality of life in the MCS. It is argued that surrogates should be permitted to make decisions to withdraw life-sustaining medical treatment from patients in the MCS.

Georgetown users check Georgetown Journal Finder for access to full text

Document 146
Marker, Rita L.
End-of-life decisions and double effect: how can this be wrong when it feels so right
The National Catholic Bioethics Quarterly 2011 Spring; 11(1): 99-119

Georgetown users check Georgetown Journal Finder for access to full text

Document 147
Hauskeller, Michael
Is ageing bad for us?
Ethics & Medicine 2011 Spring; 27(1): 25-32

Georgetown users check Georgetown Journal Finder for access to full text
Randomized, controlled trials of interventions to improve communication in intensive care: a systematic review.
Chest 2011 Mar; 139(3): 543-54

Abstract: Communication between families and providers in the ICU affects patient and family outcomes and use of health-care resources. Recent research studies have tested interventions designed to improve communication quality and outcomes between providers and families of patients in the ICU. We conducted a systematic review of these studies.

Avoiding nosocomial dysthanasia and promoting eleothanasia - let's speak simply!

Making sense of the Roman Catholic directive to extend life indefinitely.
The Hastings Center report 2011 Mar-Apr; 41(2): 28-9

Do-not-resuscitate orders and predictive models after intracerebral hemorrhage.
Neurology 2011 Feb 22; 76(8): 762

Withholding versus withdrawal of life support: is there an ethical difference?
BMJ (Clinical research ed.) 2011 February 9; 342: d728

A piece of my mind. Life imitates work.
JAMA : the journal of the American Medical Association 2011 Feb 9; 305(6): 542-3
Document 154
Ferrand, Edouard; Rondeau, Eric; Lemaire, François; Fischler, Marc
Requests for euthanasia and palliative care in France.
Lancet 2011 Feb 5; 377(9764): 467-8

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 155
Imhof, Lorenz; Mahrer-Imhof, Romy; Janisch, Christine; Kesselring, Annemarie; Zuercher Zenklusend, Regula
Do not attempt resuscitation: the importance of consensual decisions.
Swiss medical weekly 2011 February 3; 141: w13157

Abstract: To describe the involvement and input of physicians and nurses in cardiopulmonary resuscitation (CPR / do not attempt resuscitation (DNAR) decisions; to analyse decision patterns; and understand the practical implications.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 156
Workman, S R
Never say die?--as treatments fail doctors' words must not.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 157
Wiedermann, Christian J; Joannidis, Michael; Valentin, Andreas
Awareness and use of recommendations for withholding and withdrawing therapy in Austrian intensive care units.
Wiener medizinische Wochenschrift (1946) 2011 Feb; 161(3-4): 99-102

Abstract: During the past decade there has been growing interest in the development of practice guidelines on medical end-of-life decisions. A questionnaire about awareness and use of end-of-life decision guidelines was applied by e-mail in a cross-sectional survey among 1494 attendants of Austrian intensive care medicine conferences held in 2008. Of a total of 246 evaluable responses from physicians, only 140 said to have been aware of national end-of-life decision-making guidelines (56.9%). Those who read the recommendations at least in part believe to have derived benefit from the recommendations. Even though the response rate was low, Austrian intensive care medicine societies should be encouraged to better disseminate end-of-life decision guidelines among caregivers.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 158
Laufenberg-Feldmann, R; Kappis, B; Weber, M; Werner, C
Schmerz (Berlin, Germany) 2011 Feb; 25(1): 69-76

Abstract: Emergency missions can also be necessary for patients in the terminal phase of a progressive incurable disease. The emergency physician, accustomed to acting under strict procedures and whose training focuses on the restoration and stabilization of acutely threatened vital functions, can face severe difficulties when treating incurably ill patients in the terminal phase. This study investigates the number of such cases, patient symptoms and the
events occurring during life-threatening emergencies of terminally ill patients.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 159**

Parks, Susan Mockus; Winter, Laraine; Santana, Abbie J; Parker, Barbara; Diamond, James J; Rose, Molly; Myers, Ronald E

**Family factors in end-of-life decision-making: family conflict and proxy relationship.**

Journal of palliative medicine 2011 Feb; 14(2): 179-84

**Abstract:** Few studies have examined proxy decision-making regarding end-of-life treatment decisions. Proxy accuracy is defined as whether proxy treatment choices are consistent with the expressed wishes of their index elder. The purpose of this study was to examine proxy accuracy in relation to two family factors that may influence proxy accuracy: perceived family conflict and type of elder-proxy relationship.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 160**

Thompson, Richard J

**Medical futility: a commonly used and potentially abused idea in medical ethics.**


**Abstract:** Hospital doctors frequently invoke the idea of medical futility in making decisions regarding end-of-life care. This concept of futility will be reviewed and the differing definitions and how it relates to other important principles in biomedical ethics discussed.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 161**

Gloth, F. Michael

**Faith in practice: end-of-life care and the Catholic medical professional**

The Linacre Quarterly 2011 February; 78(1): 72-81

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 162**

Gielen, Joris; Bhatnagar, Sushma; Mishra, Seema; Chaturvedi, Arvind K; Gupta, Harmala; Rajvanshi, Ambika; Van den Branden, Stef; Broeckaert, Bert

**Can curative or life-sustaining treatment be withheld or withdrawn? The opinions and views of Indian palliative-care nurses and physicians.**

Medicine, health care, and philosophy 2011 Feb; 14(1): 5-18

**Abstract:** Decisions to withdraw or withhold curative or life-sustaining treatment can have a huge impact on the symptoms which the palliative-care team has to control. Palliative-care patients and their relatives may also turn to palliative-care physicians and nurses for advice regarding these treatments. We wanted to assess Indian palliative-care nurses and physicians’ attitudes towards withholding and withdrawal of curative or life-sustaining treatment.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 163**

Van den Branden, Stef; Broeckaert, Bert
Living in the hands of God. English Sunni e-fatwas on (non-) voluntary euthanasia and assisted suicide
http://www.springerlink.com/content/x863106859270230/fulltext.pdf [2011 May 17]

Rozzini, Renzo; Bellelli, Giuseppe; Trabucchi, Marco
Antibiotic treatment for patients affected by severe dementia and pneumonia.
Archives of internal medicine 2011 Jan 10; 171(1): 93; author reply 94

Krishna, Lalit; Capps, Benjamin
Opioid use at the end of life: working out the physician's intentions.

Baggio, Maria Aparecida; Pomatti, Dalva Maria; Bettinelli, Luiz Antonio; Erdmann, Alacoque Lorenzini
Revista brasileira de enfermagem 2011 Jan-Feb; 64(1): 25-30

Carrillo-Esper, Raúl
[Education in the intensive care unit.]
Cirugia y cirujanos 2011 Jan-Feb; 79(1): 83-9

Abstract: Intensive care medicine is a newly formed specialty. Intensive care is characterized by a multidisciplinary activity focused on patients whose vital organs are compromised or who are at risk of multi-organ failure. Education in the intensive care unit is a complex activity where the educational and pedagogical process interacts with research, continuous improvement, professionalism, and bioethics. This model provides leadership and excellence in care with high standards of quality, security, solidarity and humanism.
**Document 168**

Joseph, Roy

**Hospital policy on medical futility - does it help in conflict resolution and ensuring good end-of-life care?**

Annals of the Academy of Medicine, Singapore 2011 Jan; 40(1): 19-7

**Abstract:** This paper aimed to ascertain if hospital policy on medical futility helps in conflict resolution, and in ensuring good end-of-life care.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 169**

Gjerberg, Elisabeth; Førde, Reidun; Bjørndal, Arild

**Staff and family relationships in end-of-life nursing home care.**

Nursing ethics 2011 Jan; 18(1): 42-53

**Abstract:** This article examines the involvement of residents and their relatives in end-of-life decisions and care in Norwegian nursing homes. It also explores challenges in these staff-family relationships. The article is based on a nationwide survey examining Norwegian nursing homes' end-of-life care at ward level. Only a minority of the participant Norwegian nursing home wards 'usually' explore residents' preferences for care and treatment at the end of their life, and few have written procedures on the involvement of family caregivers when their relative is in the terminal phase. According to the respondents, most staff seem to comfort relatives well. However, several challenges were described. The study revealed a need for better procedures in the involvement of residents and relatives in nursing home end-of-life care. The findings emphasize a need to strengthen both the involvement of nursing home physicians and staff communication skills.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 170**

Bromage, Dan; Kerslake, Ian

**Do Not Attempt Resuscitation decisions on the intensive therapy unit.**

Resuscitation 2011 Jan; 82(1): 132

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 171**

Cardenas-Turanzas, Marylou; Gaeta, Susan; Ashoori, Aidin; Price, Kristen J; Nates, Joseph L

**Demographic and clinical determinants of having do not resuscitate orders in the intensive care unit of a comprehensive cancer center.**


**Abstract:** To understand the needs of patients and family members as physicians communicate their expectations about patients admitted to the intensive care unit (ICU), we evaluated the demographic and clinical determinants of having a Do Not Resuscitate (DNR) order for adults with cancer. Patients included were admitted from June 16, 2008-August 16, 2008, to the ICU in a comprehensive cancer center. We conducted a prospective chart review and collected data on patient demographics, length of stay, advance directives, clinical characteristics, and DNR orders. A total of 362 patients met the inclusion criteria; only 15.2% had DNR orders before ICU discharge. In the multivariate analysis, we found that medical admission was an independent predictor of having a DNR order during the ICU stay (odds ratio = 3.65; 95% confidence interval, 1.44-9.28); we also found a significant two-way interaction between race/ethnicity and type of admission (medical vs. surgical) with having a DNR order ($p = .04$). Although medical admissions were associated with significantly more DNR orders than were surgical admissions, we observed that the subgroup of non-white patients admitted for medical reasons was significantly less likely to have DNR orders. This finding could reflect different preferences for aggressive care by race/ethnicity in patients with cancer, and deserves further investigation.
Romanò, Massimo

[Withholding and withdrawing therapy in cardiac intensive care units: ethical and clinical criteria in end-of-life decisions]. = La desistenza terapeutica in unità di terapia intensiva cardiologica: criteri decisionali fra etica e clinica.


Abstract: In the last years dramatic changes in clinical and epidemiological characteristics of patients admitted to cardiac intensive care units have been observed. Aging population, non-ischemic cardiovascular diseases, acute and chronic severe comorbidities, all increased the susceptibility to develop life-threatening critical settings. In this context, palliative care programs are needed more frequently. In this review, the ethical and clinical criteria to withdrawing and withholding artificial cardiocirculatory, respiratory and renal supports are analyzed, as well as the cultural delays of cardiologists involved in this peculiar clinical setting.

Zubek, L; Szabó, L; Diószeghy, Cs; Gál, J; Elő, G

End-of-life decisions in Hungarian intensive care units.

Anaesthesia and intensive care 2011 Jan; 39(1): 116-21

Abstract: The awareness of local practice of end-of-life decisions in accordance with the law and ethical principles is essential for intensive care physicians in all countries. The first step for the required social dialogue is to investigate local practice. We performed the first Hungarian survey with the aim of better understanding local practice in end-of-life decisions in intensive care units. Questionnaires were sent out electronically to 743 members of the Hungarian Society of Anaesthesiology and Intensive Care. Respecting anonymity, we have statistically evaluated 103 replies (response rate 13.8%) and compared the results to data from other European countries. The results show that the practice of intensive care physicians in Hungary is rather paternalistic. Intensive care physicians generally make their decisions alone (3.75/5 points) without considering the opinion of the patient (2.57/5 points), the relatives (2.14/5 points) or other medical staff (2.37/5 points). Furthermore, they prefer not to start a form of treatment rather than to withdraw an ongoing one. Nevertheless, the frequency of end-of-life decisions (3 to 9% of intensive care unit patients) made in Hungarian intensive care units is less than in other European countries. End-of-life decisions are part of medical practice. Since the legal and ethical framework is unclear practice varies between locations and mostly depends on individual decisions rather than established protocols or guidance. For end-of-life decisions, self-determination must be supported and a dialogue must be established between lawmakers and physicians.

Kaufman, Sharon R; Mueller, Paul S; Ottenberg, Abigale L; Koenig, Barbara A

Ironic technology: Old age and the implantable cardioverter defibrillator in US health care.


Abstract: We take the example of cardiac devices, specifically the implantable cardioverter defibrillator, or ICD, to explore the complex cultural role of technology in medicine today. We focus on persons age 80 and above, for whom ICD use is growing in the U.S. We highlight an ironic feature of this device. While it postpones death and 'saves' life by thwarting a lethal heart rhythm, it also prolongs living in a state of dying from heart failure. In that regard the ICD is simultaneously a technology of life extension and dying. We explore that irony among the oldest age group -- those whose considerations of medical interventions are framed by changing societal assumptions of what constitutes premature death, the appropriate time for death and medicine's goals in an aging society. Background to the rapidly growing use of this device among the elderly is the 'technological imperative' in medicine, bolstered today by the value given to evidence-based studies. We show how evidence contributes to standards of care and to the expansion of Medicare reimbursement criteria. Together, those factors shape the ethical necessity of physicians offering and patients accepting the ICD in late life. Two ethnographic examples document the ways in which those factors are lived in treatment discussions and in expectations about death and longevity.
Abstract: BACKGROUND: Patients and families commonly discuss end-of-life decisions with clinicians to create a treatment plan based on patient wishes. In some instances, respect for patient autonomy in making choices may create the potential for patient harm. Medical treatments are often performed in groupings in order to work effectively. When such combinations are separated as a result of patient or surrogate choices, critical elements of life-saving care may be omitted, and the patient may receive nonbeneficial or harmful treatment. A partial do-not-resuscitate order may serve as an example. LITERATURE REVIEW AND DISCUSSION: The limited literature available regarding partial do-not-resuscitate order(s) suggests the practice is clinically and ethically problematic. Not much is known about the prevalence of these orders, but some clinicians believe they are a growing phenomenon. Medical and bioethics organizations have produced guidelines and recommendations on the use of full do-not-resuscitate order(s) with little mention of partial do-not-resuscitate order(s). Partial do-not-resuscitate order(s) are designed based on the patient's anticipated need for resuscitation and are intended to manage dying in a tolerable manner based on what the decision maker believes is "best." Through an analysis of the medical literature, we propose that a partial do-not-resuscitate order contradicts this "best" management intention because it is impossible for the decision
maker, or care providers, to anticipate all possible prearrest and arrest situations. We propose that a partial do-not-resuscitate order highlights larger problems: 1) a misunderstanding of the meaning and scope of a do-not-resuscitate order and 2) a need for discussions around goals of care. CONCLUSION: Discouraging partial do-not-resuscitate(s) order may help promote more accurate and comprehensive advance care planning.

**Document 180**

Ehlenbach, William J; Randall Curtis, J

*The meaning of do-not-resuscitation orders: A need for clarity.*

Critical care medicine 2011 Jan; 39(1): 193-4

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 181**

Farrant, Anthony

*LONGEVITY AND THE GOOD LIFE*


Call number: [RA776.75 F35 2011](#)

**Document 182**

MacDonald, Rosemary C; Weeks, Lori E; McInnis-Perry, Gloria

*End-of-life healthcare decision-making: the intermediary role of the ethicist in supporting family caregivers and health professionals.*

Work (Reading, Mass.) 2011; 40(1): 63-73

Abstract: Family support in end-of-life decision-making is critical, yet this issue receives little attention. The purpose of this research is to provide insight into how the clinical ethicist can effectively support family caregivers when making end-of-life healthcare decisions. It further suggests how the clinical ethicist can provide support to other healthcare professionals who work with family caregivers in making end-of-life healthcare decisions.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 183**

*History of the euthanasia concept.* = Begriffsgeschichte der Sterbehilfe.

Neuere Medizin- und Wissenschaftsgeschichte 2011; 27: 3-20

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 184**

*Differentiating the concepts of active, passive and indirect euthanasia, palliative and terminal sedation.* = Binnendifferenzierung der Begriffe aktive, passive und indirekte Sterbehilfe, palliative und terminale Sedierung.

Neuere Medizin- und Wissenschaftsgeschichte 2011; 27: 21-31

Georgetown users check [Georgetown Journal Finder](#) for access to full text
[Indirect euthanasia from the medical viewpoint]. = Die indirekte Sterbehilfe aus medizinischer Sicht.
Neuere Medizin- und Wissenschaftsgeschichte 2011; 27: 32-72

[Indirect euthanasia from the jurisprudence viewpoint]. = Die indirekte Sterbehilfe aus rechtswissenschaftlicher Sicht.
Neuere Medizin- und Wissenschaftsgeschichte 2011; 27: 73-116

[Indirect euthanasia from the ethical viewpoint]. = Die indirekte Sterbehilfe aus ethischer Sicht.
Neuere Medizin- und Wissenschaftsgeschichte 2011; 27: 117-68

Donis, Johann; Kräftner, Bernd
The prevalence of patients in a vegetative state and minimally conscious state in nursing homes in Austria.
Abstract: To explore the epidemiology of patients in a Vegetative State (VS) and Minimally Conscious State (MCS) that are cared for in long-term care facilities in Austria. The study was inspired by increasing evidence that the cognitive abilities of minimal behavioural patients with disorders of consciousness may be under-rated.

Tan, Tow S; Jatoi, Aminah
End-of-life hospital costs in cancer patients: do advance directives or routes of hospital admission make a difference?
Oncology 2011; 80(1-2): 118-22
Abstract: End-of-life cancer care is costly. The current study explored whether advance directives or route of hospital admission reduced cancer patients' terminal hospitalization costs.

Hansen, Frederick C
End-of-life issues.
Maryland medicine : MM : a publication of MEDCHI, the Maryland State Medical Society 2011; 12(1): 6-7
Abstract: The objective of this research was to investigate the knowledge, opinion and practice of critical care physician concerning end-of-life decisions. In this descriptive and cross-sectional study a questionnaire was applied to the physicians working in Intensive Care Unit (ICU) or Semi-ICU of 5 Hospitals in Salvador, Bahia State. Currently the physicians dealing with terminal patients are indeed concerned about providing comfort to their patients, and at times even avoiding the use of life support measures. Nevertheless, many of the participants admitted that they have omitted information regarding these decisions in the medical records, as they fear consequences with the Medical Council or civil actions against them. This insecurity is related to the lack of information and the absence of an established and clear legislation on these matters. More discussions on this important subject are necessary, involving physicians, hospitals and patients.

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Document 195

Tourtier, Jean-Pierre; Moullec, Delphine Le; Auroy, Yves

*How surrogate decision makers can provide an accurate point of view to discuss limitation of treatment.*

American journal of respiratory and critical care medicine 2010 Dec; 182(11): 1455-6

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 196

Kai, Katsunori

*Euthanasia and death with dignity in Japanese law.*

Journal international de bioéthique = International journal of bioethics 2010 Dec; 21(4): 135-47, 166

**Abstract:** In Japan, there are no acts and, specific provisions or official guidelines on euthanasia, but recently, as I will mention below, an official guideline on "death with dignity" has been made. Nevertheless in fact, this guideline provides only a few rules of process on terminal care. Therefore the problems of euthanasia and "death with dignity" are mainly left to the legal interpretation by literatures and judicial precedents of homicide (Article 199 of the Criminal Code; where there is no distinction between murder and manslaughter) and of homicide with consent (Article 202 of the Criminal Code). Furthermore, there are several cases on euthanasia or "death with dignity" as well as borderline cases in Japan. In this paper I will present the situation of the latest discussions on euthanasia and "death with dignity" in Japan from the viewpoint of medical law. Especially, "death with dignity" is seriously discussed in Japan, therefore I focus on it.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 197

Barrocas, Albert; Geppert, Cynthia; Durfee, Sharon M; Maillet, Julie O'Sullivan; Monturo, Cheryl; Mueller, Charles; Stratton, Kathleen; Valentine, Christina;

A.S.P.E.N. Ethics Position Paper Task Force; A.S.P.E.N. Board of Directors; American Society for Parenteral and Enteral Nutrition

*A.S.P.E.N. ethics position paper.*


Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 198

Dundon, Stan

*Denying food and water: the real-world implications*

The National Catholic Bioethics Quarterly 2010 Winter; 10(4): 695-705

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 199

Jones, Barry J M

*Ethics and artificial nutrition towards the end of life.*


Georgetown users check [Georgetown Journal Finder](#) for access to full text
Piers, R D; Benoit, D D; Schrauwen, W J; Van Den Noortgate, N J
Factors influencing ICU referral at the end of life in the elderly.
Abstract: Referral to the intensive care unit (ICU) and frequency of do-not-resuscitate (DNR) decisions at the end of life (EOL) in adult hospitalized patients>75 years and those<75 years were examined and influencing factors in the elderly were determined.

Georgetown users check Georgetown Journal Finder for access to full text

Paris, J J; Angelos, P; Schreiber, M D
Does compassion for a family justify providing futile CPR?

Georgetown users check Georgetown Journal Finder for access to full text

Leung, Kai-Kuen; Tsai, Jaw-Shiun; Cheng, Shao-Yi; Liu, Wen-Jing; Chiu, Tai-Yuan; Wu, Chih-Hsun; Chen, Ching-Yu
Can a good death and quality of life be achieved for patients with terminal cancer in a palliative care unit?
Journal of palliative medicine 2010 Dec; 13(12): 1433-8
Abstract: Lack of evidence supporting the claim that palliative care can improve quality of life and promote good death in patients with terminal cancer.

Georgetown users check Georgetown Journal Finder for access to full text

Nenner, Fred
Do not resuscitate.
Journal of palliative medicine 2010 Dec; 13(12): 1490-1

Georgetown users check Georgetown Journal Finder for access to full text

Gillett, Grant
Vitamin C: ascerbic ethical discussions.
Journal of law and medicine 2010 Dec; 18(2): 263-7
Abstract: The issue of a patient's rights to demand treatment has recently been raised by a dramatic case in which a patient made a remarkable recovery following the use of an unconventional treatment that the hospital staff initially refused to administer. The normal position in such cases is that the relatives can take part in a clinical decision but the medical staff are bound to make it according to a clinical assessment of the best interests of the patient. That assessment is only required to take into account what would be regarded as acceptable regimens of treatment for the patient's condition. There is no ethical or legal basis for the patient's relatives being able to demand any treatment that the clinical team do not consider indicated nor to demand a highly unconventional treatment. The case therefore poses a problem. When should we allow ourselves to be persuaded to step outside the bounds of accepted medical practice at the urging of relatives or patients? There are plausible arguments that a demonstration of efficacy in a particular patient or some reputable evidence of probability of efficacy would both be good enough grounds. In addition, one could argue that where the patient's predicted clinical course is terminal, then desperate
measures of unproven efficacy can be tried in that the balance of harm and benefit cannot be further worsened. The implication of the actual events in the case in question is that a certain humility in the light of the incompleteness of medical knowledge is always appropriate and an objective weighing of the facts of the case, free from prejudicial theoretical commitments, is needed in the face of medical uncertainty.

Document 205
Van Wesemael, Yanna; Cohen, Joachim; Bilsen, Johan; Onwuteaka-Philipsen, Bregje D; Distelmans, Wim; Deliens, Luc
Consulting a trained physician when considering a request for euthanasia: an evaluation of the process in Flanders and the Netherlands.
Evaluation & the health professions 2010 Dec; 33(4): 497-513
Abstract: In Belgium and the Netherlands, consultation of a second independent physician by the attending physician is mandatory in euthanasia cases. In both countries, specialized consultation services have been established to provide physicians trained for that purpose. This retrospective study describes and compares the quality of consultation of both services based on surveys of attending physicians and those providing the consultation (consultants). While Dutch consultants discussed certain subjects, for example, alternative curative or palliative treatment more often with the attending physician than Belgian consultants, both usually discussed those subjects considered necessary for a quality consultation and were independent from patient and attending physician. Over 90% of attending physicians in both countries evaluated the consultant's knowledge of palliative care, patient's disease, and judicial procedure, and their communication skills, as sufficient. Consultation with specialized consultation services seems to promote quality of euthanasia consultations.

Document 206
Ho, Zheng Jie Marc; Radha Krishna, Lalit Kumar; Yee, Chung Pheng Alethea
Chinese familial tradition and Western influence: a case study in Singapore on decision making at the end of life.
Abstract: Decision making for an incompetent patient at the end of life is difficult for both family members and physicians alike. Often, palliative care teams are tasked with weaving through opinions, emotions, and goals in search for an amenable solution. Occasionally, these situations get challenging. We present the case of an elderly Chinese Singaporean with metastatic cancer, whose family and physicians had conflicting goals of care. The former was adamant on treating the patient's disease with an untested drug, whereas the latter aimed to treat his symptoms with more conventional medication. Drug-drug interactions prevented treatment with both. Beginning with a discussion of the patient's best interest, we delve into the Singaporean context to show how culture affects medical decision making. Confucianism and filial piety are the values on which this family's workings were based. In an analysis of what this entails, we attempt to explain the significant and assertive family involvement in the decision-making process and their insistence on using novel medications, having exhausted conventional interventions. Within this mix were Western influences, too. Through the Internet, family members have become more informed and empowered in decision making, wresting the traditional paternalistic role of physicians in favor of "patient autonomy." An understanding of such dynamic facets will help better tailor culturally appropriate approaches to such complex situations.

Document 207
Denier, Yvonne; Gastmans, Chris; De Bal, Nele; Dierckx de Casterlé, Bernadette
Communication in nursing care for patients requesting euthanasia: a qualitative study.
Abstract: To describe the communication during the euthanasia care process for mentally competent, terminally ill
patients in general hospitals in Flanders, as seen from the perspective of the nurse.

Document 208

van der Hoven, Ben; de Groot, Yorick J; Thijssse, Wilhelmina J; Kompanje, Erwin J O

What to do when a competent ICU patient does not want to live anymore but is dependent on life-sustaining treatment? Experience from The Netherlands.

Intensive care medicine 2010 Dec; 36(12): 2145-8

Abstract: If patients on the intensive care unit (ICU) are awake and life-sustaining treatment is suspended because of the patients' request, because of recovering from the disease, or because independence from organ function supportive or replacement therapy outside the ICU can no longer be achieved, these patients can suffer before they inevitably die. In The Netherlands, two scenarios are possible for these patients: (1) deep palliative (terminal) sedation through ongoing administration of barbiturates or benzodiazepines before withdrawal of treatment, or (2) deliberate termination of life (euthanasia) before termination of treatment. In this article we describe two awake patients who asked for withdrawal of life-sustaining measures, but who were dependent on mechanical ventilation. We discuss the doctrine of double effect in relation to palliative sedation on the ICU. Administration of sedatives and analgesics before withdrawal of treatment is seen as normal palliative care. We conclude that the doctrine of the double effect is not applicable in this situation, and mentioning it criminalised the practice unnecessarily and wrongfully.

Document 209

Corke, Charlie; Silvester, William; Bellomo, Rinaldo

Avoiding nosocomial dysthanasia and promoting eleothanasia.


Document 210

Teno, Joan M

Wrongful resuscitation.

AORN journal 2010 Dec; 92(6): 710, 631

Document 211

Ost, Suzanne

The de-medicalisation of assisted dying: is a less medicalised model the way forward?

Medical law review 2010 Winter; 18(4): 497-540

Abstract: Although assisted dying has been most commonly presented within a medicalised framework, the notion of de-medicalisation is employed in this paper to suggest that there are emerging models of assisted dying in which some medical aspects assumed to be an integral part of the phenomenon are both challenged and diminished. The paper considers cases where relatives have facilitated a loved one's assisted suicide abroad, cases of assisted death in which the assistor in the actual suicide act is a non-medic, and the growing debate surrounding non-medical grounds for desiring death. In evaluating the potential impact of partial de-medicalisation on the assisted dying debate, the argument presented is that whilst a de-medicalised model could well contribute to a richer understanding of assisted dying and a better death for the person who is assisted, there are cogent reasons to retain some aspects of the medicalised model and that a completely de-medicalised model of assisted dying is unrealistic.
Coggon, John

Assisted dying and the context of debate: 'medical law' versus 'end-of-life law'.

Medical law review 2010 Winter; 18(4): 541-63

Abstract: This paper provides a reflective analysis of the nature of normative critiques of law generally, and within medical law specifically. It first seeks to establish the context within which critical analysis of law and legal measures takes place, and develops an argument that critiques should focus on political norms. Entailed in this claim is the contention that positions that seek to address controversial social problems cannot resort simply to moral philosophy. It then provides a brief account of political liberalism that can contain and expose normative constraints on questions of moral and social contention. The focus then moves to a more direct reflection on medico-legal analysis. Considering both medical law as a discipline, and the study of end-of-life issues, the argument highlights the range of relevant issues that must be accounted for, and addresses the question of whether these are well conceived as ones of medical law. It is argued that a political framing offers a good general analytic context, but that when working in legal sub-disciplines analysts risk allowing 'locally' pertinent norms to dominate or unduly constrain wider debate. Thus it is questioned whether 'medical law' provides a coherent frame for social questions related to assisted-dying.

Pignotti, Maria Serenella; Moratti, Sofia

Regulation of treatment of infants at the edge of viability in Italy: the role of the medical profession?

Journal of medical ethics 2010 Dec; 36(12): 795-7

Abstract: In the last few years there has been intense debate in Italy on administration of life-prolonging treatment to premature babies at the edge of viability. In 2006, a group of experts based in Florence drafted recommendations known as Carta di Firenze (CdF) for responsible use of intensive care for premature infants between 22 and 25 weeks of gestational age (GA). The CdF was later endorsed by several medicoprofessional associations, but was followed by recommendations by the Ministry of Health mandating resuscitation for all premature babies regardless of GA and parental consent. Recent statements from medicoprofessional bodies seem to show that the 'always resuscitate rule' is not supported by many Italian doctors. We argue that ethically sensitive issues in medicine should be regulated with, and not against, the medical profession and its representative bodies.

Boçari, Gëzim; Shaqiri, Elmaz; Vyshka, Gentian

The actuality and the historical background of covert Euthanasia in Albania.

Journal of medical ethics 2010 Dec; 36(12): 842-4

Abstract: Euthanasia is not legal in Albania, yet there is strong evidence that euthanising a terminally ill patient is not an unknown concept for the Albanians. The first mentioned case of euthanasia is found in 7(th) century AD mythology and during the communist regime (1944-1989), allegations of euthanising political prisoners and possible rivals in the struggle for power have widely been formulated. There is a trend among relatives and laymen taking care of terminally ill patients to apply tranquillisers in an abusive dosage, or even against medical advice, aiming at sedating the ailing patient. These actions, the refusal to keep on consistently applying life prolonging treatment, and other data, suggest that covert euthanasia is a practice and legal interventions are needed towards formalising it. This might well improve end-of-life care standards, since the inadequacy of structures, such as hospices and residential asylums, is becoming a major drawback in the struggle for dignity and accessible socio-medical help for third age persons and terminal patients.
Karlsson, Marit; Strang, Peter

[Is there an ethical difference between euthanasia and sedation therapy?]. = Finns det en etisk skillnad mellan dödshjälp och sедерingsterapi?
Läkartidningen 2010 Dec 15-21; 107(50): 3221-2; discussion 3222-3

Holmes, Susan

Withholding or withdrawing nutrition at the end of life.
Nursing standard (Royal College of Nursing (Great Britain) : 1987) 2010 Dec 8-14; 25(14): 43-6

Abstract: Food and fluids are essential to life and play important social and psychological roles. Despite increased understanding of the appropriate use of artificial nutrition, its use is particularly challenging for professionals and families. This may be complicated by misunderstanding about its likely benefits and burdens, concern about patient suffering and ambivalence regarding the moral status of feeding. When patients are unable to meet their fluid and nutritional needs orally it is necessary to consider whether artificial nutrition is appropriate. Therapeutic decisions should be based on a clear understanding of the overall goals of care and the application of ethical principles that can provide a framework to guide practice.

Johnstone, Megan-Jane

Position statements on euthanasia.

Gouda, Alaa; Al-Jabbary, Ahmad; Fong, Lian

Compliance with DNR policy in a tertiary care center in Saudi Arabia
Intensive Care Medicine 2010 December; 36(12): 2149-2153

Saralegui, Iñaki; Manzano, Alberto; Corral, Esther

The key decision: forgoing treatment or maintaining care.
Journal of critical care 2010 Dec; 25(4): 651; author reply 652

Tietze, Ulrike

[Difficult decision at bedside. Withholding treatment due to costs?]. = Schwierige Entscheidung am
Krankenbett. Therapieverzicht aus Kostengründen?
MMW Fortschrritte der Medizin 2010 Nov 11; 152(45): 22
Georgetown users check Georgetown Journal Finder for access to full text

Document 221
Fitzgerald, Stephen P
Acute coronary syndromes: consensus recommendations for translating knowledge into action. Comment.
The Medical journal of Australia 2010 Nov 1; 193(9): 553
Georgetown users check Georgetown Journal Finder for access to full text

Document 222
Niall, John F
Acute coronary syndromes: consensus recommendations for translating knowledge into action. Comment.
The Medical journal of Australia 2010 Nov 1; 193(9): 552-3
Georgetown users check Georgetown Journal Finder for access to full text

Document 223
Vargas, Ambrosina Oliveira; Ramos, Flávia Regina Souza
[Autonomy in intensive care unit: let us start by caring ourselves]. = Autonomia na unidade de terapia intensiva: comecemos por cuidar de nós.
Revista brasileira de enfermagem 2010 Nov-Dec; 63(6): 956-63
Abstract: This study, a qualitative investigation anchored in Foucaltian analysis with approximations to post-structuralist theory, explores the question of autonomy as one of the tensions of nursing performance/knowledge which can be discursively articulated to bioethics and to techno biomedicine. From such perspective, from the multiples vies that may emerge to completing a critical reading of the analyzed texts (articles produced by nurses) and of the interviews with intensive care nurses, the theme of autonomy was analytically explored from the concept of self-care, unfolding itself into categories which express privileging: morals as obedience to the Law; conduct and morals concerning technical knowledge; self-governing in its confront with technique. These are configured as ethical possibilities for the intensive care nurse/subject, not as sequential or competitive stages, but connected and confluent in the experience of the current historical period.
Georgetown users check Georgetown Journal Finder for access to full text

Document 224
Sarkar, Baisali
Euthanasia.
Georgetown users check Georgetown Journal Finder for access to full text

Document 225
Banerjee, Shyamal Chandra
Euthanasia.
Document 226
Rotzoll, M; Fuchs, P; Richter, P; Hohendorf, G
[Nazi action T4 euthanasia programme: historical research, individual life stories and the culture of remembrance]. = Die nationalsozialistische "Euthanasieaktion T4": Historische Forschung, individuelle Lebensgeschichten und Erinnerungskultur.
Der Nervenarzt 2010 Nov; 81(11): 1326-32
Abstract: The psychiatric patients killed under the disguise of euthanasia during World War II belong to the group of victims which are often forgotten in public remembrance. For German and Austrian psychiatry it is important to include them into the memory of the discipline as well as into European remembrance of the victims of Nazi annihilation policy. The patient files of the victims enable us to reconstruct the criterion of economic usefulness for deciding about life or death. But above all the files are the basis on which the suffering and the life histories of the patients can be told.

Document 227
Miller, Franklin G; Truog, Robert D; Brock, Dan W
Moral fictions and medical ethics.
Bioethics 2010 Nov; 24(9): 453-60
Abstract: Conventional medical ethics and the law draw a bright line distinguishing the permitted practice of withdrawing life-sustaining treatment from the forbidden practice of active euthanasia by means of a lethal injection. When clinicians justifiably withdraw life-sustaining treatment, they allow patients to die but do not cause, intend, or have moral responsibility for, the patient's death. In contrast, physicians unjustifiably kill patients whenever they intentionally administer a lethal dose of medication. We argue that the differential moral assessment of these two practices is based on a series of moral fictions - motivated false beliefs that erroneously characterize withdrawing life-sustaining treatment in order to bring accepted end-of-life practices in line with the prevailing moral norm that doctors must never kill patients. When these moral fictions are exposed, it becomes apparent that conventional medical ethics relating to end-of-life decisions is radically mistaken.

Document 228
Myint, P K; Rivas, C A; Bowker, L K
In-hospital cardiopulmonary resuscitation: Trainees' worst and most memorable experiences.
QJM: monthly journal of the Association of Physicians 2010 Nov; 103(11): 865-73
Abstract: To examine the personal experiences of higher specialist trainees in Geriatric Medicine (GM) with regard to cardiopulmonary resuscitation (CPR) and do not attempt resuscitation (DNAR) decision making.

Document 229
Dierckx de Casterlé, Bernadette; Denier, Yvonne; De Bal, Nele; Gastmans, Chris
Nursing care for patients requesting euthanasia in general hospitals in Flanders, Belgium.
Abstract: This paper is a report of a study exploring nurses' involvement in the care process for mentally competent, terminally ill patients requesting euthanasia in general hospitals in Flanders, Belgium.
**Abstract:** Despite the high prevalence of pacemakers and implantable cardioverter-defibrillators, little is known about physicians' views surrounding the ethical and legal aspects of managing these devices at the end of life.

**Abstract:** Clinicians' views regarding deactivation of cardiovascular implantable electronic devices in seriously ill patients.

**Abstract:** Cardiopulmonary Resuscitation (CPR) must be attempted if indicated, not done if it is not indicated or if the patient does not accept or has previously rejected it and withdrawn it if it is ineffective. If CPR is considered futile, a Do-Not-Resuscitate Order (DNR) will be recorded. This should be made known to all physicians and nurses involved in patient care. It may be appropriate to limit life-sustaining-treatments for patients with severe anoxic encephalopathy, if the possibility of clinical evolution to brain death is ruled out. After CPR it is necessary to inform and support families and then review the process in order to make future improvements. After limitation of vital support, certain type of non-heart-beating-organ donation can be proposed. In order to acquire CPR skills, it is necessary to practice with simulators and, sometimes, with recently deceased, always with the consent of the family. Research on CPR is essential and must be conducted according to ethical rules and legal frameworks.

**Abstract:** Many patients spend their last days in expensive, painful intensive care units instead of receiving comfortable, palliative care. This study surveyed perceptions of physicians and nurses about using the more holistic "allow natural death" (AND) terminology in end-of-life care as opposed to the current "do not resuscitate" (DNR) order.
A personal reflection: nursing art of withdrawing life support.
Dimensions of critical care nursing : DCCN 2010 Nov-Dec; 29(6): 293-6

Abstract: Unique circumstances accompany each death, and there is a choreography that I observe and participate in when terminating life-saving measures. How well the process of withdrawal of care is performed impacts so many. I have created a blueprint to guide critical care nurses involved in the withdrawal of life support. This article describes one institution's guidelines for the withdrawal of life support.

Georgetown users check Georgetown Journal Finder for access to full text

Death by request in The Netherlands: facts, the legal context and effects on physicians, patients and families.
Medicine, health care, and philosophy 2010 Nov; 13(4): 355-61

Abstract: In this article I intend to describe an issue of the Dutch euthanasia practice that is not common knowledge. After some general introductory descriptions, by way of formulating a frame of reference, I shall describe the effects of this practice on patients, physicians and families, followed by a more philosophical reflection on the significance of these effects for the assessment of the authenticity of a request and the nature of unbearable suffering, two key concepts in the procedure towards euthanasia or physician-assisted suicide. This article does not focus on the arguments for or against euthanasia and the ethical justification of physician-assisted dying. These arguments have been described extensively in Kimsma and Van Leeuwen (Asking to die. Inside the Dutch debate about euthanasia. Kluwer Academic Publishers, Dordrecht, 1998).

Georgetown users check Georgetown Journal Finder for access to full text

Euthanasia: agreeing to disagree?
Medicine, health care, and philosophy 2010 Nov; 13(4): 399-402

Abstract: In discussions about the legalisation of active, voluntary euthanasia it is sometimes claimed that what should happen in a liberal society is that the two sides in the debate "agree to disagree". This paper explores what is entailed by agreeing to disagree and shows that this is considerably more complicated than what is usually believed to be the case. Agreeing to disagree is philosophically problematic and will often lead to an unstable compromise.

Georgetown users check Georgetown Journal Finder for access to full text

The cultural context of patient's autonomy and doctor's duty: passive euthanasia and advance directives in Germany and Israel.
Medicine, health care, and philosophy 2010 Nov; 13(4): 363-9

Abstract: The moral discourse surrounding end-of-life (EoL) decisions is highly complex, and a comparison of Germany and Israel can highlight the impact of cultural factors. The comparison shows interesting differences in how patient's autonomy and doctor's duties are morally and legally related to each other with respect to the withholding and withdrawing of medical treatment in EoL situations. Taking the statements of two national expert ethics committees on EoL in Israel and Germany (and their legal outcome) as an example of this discourse, we describe the similarity of their recommendations and then focus on the differences, including the balancing of ethical principles, what is identified as a problem, what social role professionals play, and the influence of history and religion. The comparison seems to show that Israel is more restrictive in relation to Germany, in contrast with previous bioethical studies in the context of the moral and legal discourse regarding the beginning of life, in which Germany was characterized as far more restrictive. We reflect on the ambivalence of the cultural reasons for this difference and its expression in various dissenting views on passive euthanasia and advance directives, and conclude with a comment on the difficulty in classifying either stance as more or less restrictive.
Document 238

Father Thomas Nairn,

**Ethics of right relation: all are responsible for all.**

Health progress (Saint Louis, Mo.) 2010 Nov-Dec; 91(6): 64-6

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 239

Lindblad, Anna; Juth, Niklas; Fürst, Carl Johan; Lynøe, Niels

**Continuous deep sedation, physician-assisted suicide, and euthanasia in Huntington's disorder.**

International journal of palliative nursing 2010 Nov; 16(11): 527-33

**Abstract:** To investigate the attitudes among Swedish physicians and the general public towards continuous deep sedation (CDS) as an alternative treatment for a competent, not imminently dying patient with Huntington's disorder requesting physician-assisted suicide (PAS) and euthanasia.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 240

Kapa, Suraj; Mueller, Paul S; Hayes, David L; Asirvatham, Samuel J

**Perspectives on withdrawing pacemaker and implantable cardioverter-defibrillator therapies at end of life: results of a survey of medical and legal professionals and patients.**

Mayo Clinic proceedings. Mayo Clinic 2010 Nov; 85(11): 981-90

**Abstract:** To determine the opinions of medical professionals, legal professionals, and patients regarding the withdrawal of implantable cardioverter-defibrillator (ICD) and pacemaker therapy at the end of life.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 241

Miller, Franklin G.; Truog, Robert D.; Brock, Dan W.

**Moral fictions and medical ethics**

Bioethics 2010 November; 24(9): 453-460

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 242

O'Donnell, Michael

**Personal View. An unfortunate way to die.**

BMJ (Clinical research ed.) 2010 October 20; 341: c5859

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 243

Smets, Tinne; Bilsen, Johan; Cohen, Joachim; Rurup, Mette L; Mortier, Freddy; Deliens, Luc

**Reporting of euthanasia in medical practice in Flanders, Belgium: cross sectional analysis of reported and**
unreported cases.
BMJ (Clinical research ed.) 2010 October 5; 341: c5174

Abstract: To estimate the rate of reporting of euthanasia cases to the Federal Control and Evaluation Committee and to compare the characteristics of reported and unreported cases of euthanasia. Design Cross sectional analysis. Setting Flanders, Belgium.

Georgetown users check Georgetown Journal Finder for access to full text

Document 244
Lee Char, Susan J; Evans, Leah R; Malvar, Grace L; White, Douglas B

A randomized trial of two methods to disclose prognosis to surrogate decision makers in intensive care units.
American journal of respiratory and critical care medicine 2010 Oct 1; 182(7): 905-9

Abstract: Surrogate decision makers and clinicians often have discordant perceptions about a patient's prognosis. There is a paucity of empirical data to guide communication about prognosis.

Georgetown users check Georgetown Journal Finder for access to full text

Document 245
Clin, Bénédicte; Ophélie, Ferrant

Law of 22 April 2005 on patients' rights and the end of life in France: setting the boundaries of euthanasia, with regard to current legislation in other European countries.
Medicine, science, and the law 2010 Oct; 50(4): 183-8

Abstract: The term 'euthanasia' is not clearly defined. Euthanasia is evoked in many aspects of terminal care: interruption of curative treatment at the end of life, palliative care or the act of deliberately provoking death through compassion. A law on 'patients' rights and the end of life', promulgated in France on 22 April 2005, led to changes in the French Code of Public Health. In this work, we have first outlined the key provisions of this law and the changes it has brought, then we have compared current legislation on the subject throughout Europe, where a rapid overview of current practice in terminal patient care revealed four different types of legislation: the first authorizes euthanasia (in the sense of provoking death, if this choice is medically justified), the second legalizes 'assisted suicide', the third, which is sometimes referred to as 'passive euthanasia', consists of the non-administration of life-sustaining treatment and, finally, the fourth prohibits euthanasia in any form whatsoever. In the last section, we have attempted to clarify the as yet indistinct notion of 'euthanasia' in order to determine whether the conception of terminal care in the Law of 22 April 2005 was consistent with that put forward by the philosopher Francis Bacon, who claimed that, 'The physician's role is to relieve pain, not only when such relief can lead to healing, but also when it can proffer a calm and trouble-free death, thus putting an end to the suffering and the agony of death' (modern adaptation of the original quote).

Georgetown users check Georgetown Journal Finder for access to full text

Document 246
Haldar, Swaraj

Euthanasia.

Georgetown users check Georgetown Journal Finder for access to full text

Document 247
Heuberger, Roschelle A

Artificial nutrition and hydration at the end of life.
Abstract: Considerable controversy surrounds the issue of care at the end of life (EOL) for older adults. Technological advances and the legal, ethical, clinical, religious, cultural, personal, and fiscal considerations in the provision of artificial hydration and nutrition support to older adults near death are presented in this comprehensive review.

Georgetown users check Georgetown Journal Finder for access to full text

Document 248

Lippert, Freddy K; Raffay, Violetta; Georgiou, Marios; Steen, Petter A; Bossaert, Leo
European Resuscitation Council Guidelines for Resuscitation 2010 Section 10. The ethics of resuscitation and end-of-life decisions.
Resuscitation 2010 Oct; 81(10): 1445-51

Georgetown users check Georgetown Journal Finder for access to full text

Document 249

Biarent, Dominique; Bingham, Robert; Eich, Christoph; López-Herce, Jesús; Maconochie, Ian; Rodríguez-Núñez, Antonio; Rajka, Thomas; Zideman, David
Resuscitation 2010 Oct; 81(10): 1364-88

Georgetown users check Georgetown Journal Finder for access to full text

Document 250

Nolan, Jerry P; Soar, Jasmeet; Zideman, David A; Biarent, Dominique; Bossaert, Leo L; Deakin, Charles; Koster, Rudolph W; Wyllie, Jonathan; Böttiger, Bernd;
ERC Guidelines Writing Group
Resuscitation 2010 Oct; 81(10): 1219-76

Georgetown users check Georgetown Journal Finder for access to full text

Document 251

Silvoniemi, M; Vasankari, T; Vahlberg, T; Clemens, Ke; Salminen, E
Physicians’ attitudes towards euthanasia in Finland: would training in palliative care make a difference?
Palliative medicine 2010 Oct; 24(7): 744-6

Georgetown users check Georgetown Journal Finder for access to full text

Document 252

Fritz, Zoë; Fuld, Jonathan
Ethical issues surrounding do not attempt resuscitation orders: decisions, discussions and deleterious effects.
Journal of medical ethics 2010 Oct; 36(10): 593-7

Abstract: Since their introduction as 'no code' in the 1980s and their later formalization to 'do not resuscitate' orders, such directions to withhold potentially life-extending treatments have been accompanied by multiple ethical issues. The arguments for when and why to instigate such orders are explored, including a consideration of the concept of futility, allocation of healthcare resources, and reaching a balance between quality of life and quality of death. The
merits and perils of discussing such decisions with patients and/or their relatives are reviewed and the unintended implications of 'do not attempt resuscitation' orders are examined. Finally, the paper explores some alternative methods to approaching the resuscitation decision, and calls for empirical evaluation of such methods that may reduce the ethical dilemmas physicians currently face.

---

**Document 253**

Conn, Rory; Berry, Philip A

**The decision to engage in end-of-life discussions: a structured approach for doctors in training.**


**Abstract:** Engaging in end-of-life discussions is a major source of anxiety for doctors in training. The authors propose the use of a decision-making model to assist trainees and their clinical supervisors in such situations. Divided into 'patient-centred' and 'physician-centred' components, the model ensures that the following aspects are analysed: patient and family safety, patient and family choice, physician competence and physician comfort. A real but historical end-of-life scenario is presented to a foundation year 1 doctor, and the particular risks of engaging in a discussion are subsequently clarified with reference to each of the model's components.

---

**Document 254**

Niederman, Michael S; Berger, Jeffrey T

**The delivery of futile care is harmful to other patients.**


**Abstract:** Intensive care units (ICUs) in different parts of the world provide care to patients with advanced age and terminal illness at different rates and in different patterns. In the United States, ICU beds make up a disproportionate number of acute care beds. Nearly half of all patients who die in U.S. hospitals have received ICU, some of which may be futile. The objective of this study was to examine ways in which the delivery of futile care in the ICU can cause harm to patients other than those receiving the futile care.

---

**Document 255**

Hartsell, Zachary C; Williams, Jennifer S

**Is it ethical to provide enteral tube feedings for patients with dementia?**

JAAPA : official journal of the American Academy of Physician Assistants 2010 Oct; 23(10): 55-6

---

**Document 256**

Goldworth, Amnon

**The persistence of physician-parent conflicts.**


---

**Document 257**
Zubek, László; Szabó, Léna; Gál, János; Ollos, Adám; Elo, Gábor

[Practice of treatment restriction in Hungarian intensive care units]. = A kezeléskorlátozás gyakorlata a hazai intenzív osztályokon.
Orvosi hetilap 2010 Sep 19; 151(38): 1530-6

Abstract: End of life decisions affect most of patients in intensive care units, thus, it is important to know both local and international practice in accordance with law and ethical principles for intensive care physicians.

Georgetown users check Georgetown Journal Finder for access to full text

Gamboa Antíñolo, Fernando

[Limiting therapeutic effort: is withholding or withdrawal of life-sustaining treatment the same?]. = Limitación de esfuerzo terapéutico. ¿Es lo mismo retirar un tratamiento de soporte vital que no iniciararlo?
Medicina clínica 2010 Sep 18; 135(9): 410-6

Georgetown users check Georgetown Journal Finder for access to full text

Rady, Mohamed Y; Verheijde, Joseph L

End-of-life discontinuation of destination therapy with cardiac and ventilatory support medical devices: physician-assisted death or allowing the patient to die?
BMC medical ethics 2010 September 15; 11: 15

Abstract: Bioethics and law distinguish between the practices of "physician-assisted death" and "allowing the patient to die."

Georgetown users check Georgetown Journal Finder for access to full text

Obolensky, L; Clark, T; Matthew, G; Mercer, M

A patient and relative centred evaluation of treatment escalation plans: a replacement for the do-not-resuscitate process.
Journal of medical ethics 2010 Sep; 36(9): 518-20

Abstract: The Treatment Escalation Plan (TEP) was introduced into our trust in an attempt to improve patient involvement and experience of their treatment in hospital and to embrace and clarify a wider remit of treatment options than the Do Not Resuscitate (DNR) order currently offers. Our experience suggests that the patient and family are rarely engaged in DNR discussions. This is acutely relevant considering that the Mental Capacity Act (MCA) now obliges these discussions to take place. The TEP is a form that the doctor completes, ideally with the competent patient or close relative, documenting what treatment options would be appropriate if that patient were to become acutely unwell. Ventilation of the lungs, cardiac resuscitation, renal replacement therapy, intravenous fluids and antibiotics are all discussed. The study evaluated patient and relative experiences with the TEP. 55 patients or their relatives were interviewed regarding their experience of the TEP and thoughts regarding the process. 96% of patients and relatives evaluated thought that the TEP was a good idea. Free text comments were all positive and only 34% of patients claimed to feel anxious when completing the form. Following this study, the TEP has been expanded hospital wide and into the community within our trust. Discussions are currently taking place in hospitals within our region to introduce the TEP form into other local trusts.

Georgetown users check Georgetown Journal Finder for access to full text

Guinan, Patrick

Is assisted nutrition and hydration always mandated? The persistent vegetative state differs from dementia
and frailty
The National Catholic Bioethics Quarterly 2010 Autumn; 10(3): 481-488
Georgetown users check Georgetown Journal Finder for access to full text

Document 262
Hansen, Frederik C
End-of-life issues.
Maryland medicine : MM : a publication of MEDCHI, the Maryland State Medical Society 2010 Autumn; 11(4): 5, 10
Georgetown users check Georgetown Journal Finder for access to full text

Document 263
Biros, Michelle H; Hauswald, Mark; Baren, Jill; Cone, David C
Procedural versus practical ethics.
Academic emergency medicine : official journal of the Society for Academic Emergency Medicine 2010 Sep; 17(9): 989-90
Georgetown users check Georgetown Journal Finder for access to full text

Document 264
Lossignol, Dominique
[Do-Not-Resuscitate Orders in intensive care]. = L'ordre de ne pas réanimer aux soins intensifs.
Revue médicale de Bruxelles 2010 Sep-Oct; 31(5): 491
Georgetown users check Georgetown Journal Finder for access to full text

Document 265
Gupta, Deepak
Tattoo flash: consider "do not resuscitate".
Journal of palliative medicine 2010 Sep; 13(9): 1155-6
Georgetown users check Georgetown Journal Finder for access to full text

Document 266
Frank, Jennifer
Refusal: deciding to pull the tube.
Abstract: A senior medical student grapples with her patient's end-of-life decisions, which are in stark contrast to the decisions made by her own grandfather facing a similar disease. As she explores her role and responsibility to her patient, she considers what it means to provide futile care and how to negotiate her own beliefs with the demands of her patient's family.
Georgetown users check Georgetown Journal Finder for access to full text
Fritz, Zoë; Fuld, Jonathan; Haydock, Stephen; Palmer, Chris
Interpretation and intent: a study of the (mis)understanding of DNAR orders in a teaching hospital.
Resuscitation 2010 Sep; 81(9): 1138-41
Abstract: Do not attempt resuscitation (DNAR) orders have been shown to be subject to misinterpretation in the 1980s and 1990s. We investigated whether this was still the case, and examined what perceptions doctors and nurses had of what care patients with DNAR orders receive.

Georgetown users check Georgetown Journal Finder for access to full text

Document 268
Bell, Dominic
Emergency medicine and organ donation—a core responsibility at a time of need or threat to professional integrity.
Resuscitation 2010 Sep; 81(9): 1061-2

Georgetown users check Georgetown Journal Finder for access to full text

Document 269
Rady, Mohamed Y; Verheijde, Joseph L; McGregor, Joan L
Scientific, legal, and ethical challenges of end-of-life organ procurement in emergency medicine.
Resuscitation 2010 Sep; 81(9): 1069-78
Abstract: We review (1) scientific evidence questioning the validity of declaring death and procuring organs in heart-beating (i.e., neurological standard of death) and non-heart-beating (i.e., circulatory-respiratory standard of death) donation; (2) consequences of collaborative programs realigning hospital policies to maximize access of procurement coordinators to critically and terminally ill patients as potential donors on arrival in emergency departments; and (3) ethical and legal ramifications of current practices of organ procurement on patients and their families.

Georgetown users check Georgetown Journal Finder for access to full text

Document 270
Groarke, J; Gallagher, J; McGovern, R
Conflicting perspectives compromising discussions on cardiopulmonary resuscitation.
Irish medical journal 2010 Sep; 103(8): 233-5
Abstract: Healthcare professionals, patients and their relatives are expected to discuss resuscitation together. This study aims to identify the differences in the knowledge base and understanding of these parties. Questionnaires examining knowledge and opinion on resuscitation matters were completed during interviews of randomly selected doctors, nurses and the general public. 70% doctors, 24% nurses and 0% of a public group correctly estimated survival to discharge following in-hospital resuscitation attempts. Deficiencies were identified in doctor and nurse knowledge of ethics governing resuscitation decisions. Public opinion often conflicts with ethical guidelines. Public understanding of the nature of cardiopulmonary arrests and resuscitation attempts; and of the implications of a 'Do Not Attempt Resuscitation (DNAR)' order is poor. Television medical dramas are the primary source of resuscitation knowledge. Deficiencies in healthcare professionals' knowledge of resuscitation ethics and outcomes may compromise resuscitation decisions. Educational initiatives to address deficiencies are necessary. Parties involved in discussion on resuscitation do not share the same knowledge base reducing the likelihood of meaningful discussion. Public misapprehensions surrounding resuscitation must be identified and corrected during discussion.

Georgetown users check Georgetown Journal Finder for access to full text

Document 271
Jox, Ralf J; Krebs, Mirjam; Fegg, Martin; Reiter-Theil, Stella; Frey, Lorenz; Eisenmenger, Wolfgang; Borasio, Gian
Domenico

Limiting life-sustaining treatment in German intensive care units: a multiprofessional survey.
Journal of critical care 2010 Sep; 25(3): 413-9

Abstract: Deciding about the limitation of life-sustaining treatment (LST) is a major challenge for intensive care medicine. The aim of the study was to investigate the practices and perspectives of German intensive care nurses and physicians on limiting LST.

Georgetown users check Georgetown Journal Finder for access to full text

Document 272

Baumrucker, Steven J; Morris, Gerald M; Stolick, Matt; Vandekieft, Gregg
A "minor" decision: right to die or manslaughter?
The American journal of hospice & palliative care 2010 Sep; 27(6): 428-31

Georgetown users check Georgetown Journal Finder for access to full text

Document 273

Nurses followed Dr.'s DNR order on patient. Wheelock v. Doers, E2009-01968-COA-R3 TNCIV (9/14/2010)-TN.
Nursing law's Regan report 2010 Sep; 51(4): 1

Georgetown users check Georgetown Journal Finder for access to full text

Document 274

Bluebond-Langner, Myra; Belasco, Jean Bello; DeMesquita Wander, Marla
"I want to live, until I don't want to live anymore": involving children with life-threatening and life-shortening illnesses in decision making about care and treatment.
The Nursing clinics of North America 2010 Sep; 45(3): 329-43

Abstract: Pediatric societies in North America and in the United Kingdom and Europe take the position that children should be part of the decision-making process. Less clear, however, is how that should be accomplished. This article outlines what needs to be considered when taking on the challenge of involving children with life-threatening and life-limiting illnesses in decision making regarding care and treatment and suggests an approach to involving children that recognizes their abilities, vulnerabilities, and relationships with others while at the same time ensuring an ethical and meaningful role for children.

Georgetown users check Georgetown Journal Finder for access to full text

Document 275

Wiegand, Debra L; Petri, Laura
Is a good death possible after withdrawal of life-sustaining therapy?
The Nursing clinics of North America 2010 Sep; 45(3): 427-40

Abstract: Life-sustaining therapy (LST) is commonly withdrawn in critical care units. Little is known about the families' perceptions of death when a critically ill patient dies after LST is withdrawn. The purpose of this study was to understand if families perceived that their family members had a good or a bad death when a family member had LST withdrawn after an unexpected, life-threatening illness or injury. Twenty-two family members participated in a hemeneutic phenomenological study. They were interviewed 1 to 2 years after a family member had died after withdrawal of LST. Most family members perceived that their loved ones died a good death. Although the timing and circumstances of a person's death may be bad in many ways, the actual dying and death can be good.

Georgetown users check Georgetown Journal Finder for access to full text
Document 276
Zahuranec, D B; Morgenstern, L B; Sánchez, B N; Resnicow, K; White, D B; Hemphill, J C 3rd.
Do-not-resuscitate orders and predictive models after intracerebral hemorrhage.
Neurology 2010 Aug 17; 75(7): 626-33
Abstract: OBJECTIVE: To quantify the accuracy of commonly used intracerebral hemorrhage (ICH) predictive models in ICH patients with and without early do-not-resuscitate orders (DNR). METHODS: Spontaneous ICH cases (n = 487) from the Brain Attack Surveillance in Corpus Christi study (2000-2003) and the University of California, San Francisco (June 2001-May 2004) were included. Three models (the ICH Score, the Cincinnati model, and the ICH grading scale [ICH-GS]) were compared to observed 30-day mortality with a chi(2) goodness-of-fit test first overall and then stratified by early DNR orders. RESULTS: Median age was 71 years, 49% were female, median Glasgow Coma Scale score was 12, median ICH volume was 13 cm(3), and 35% had early DNR orders. Overall observed 30-day mortality was 42.7% (95% confidence interval [CI] 38.3-47.1), with the average model-predicted 30-day mortality for the ICH Score, Cincinnati model, and ICH-GS at 39.9% (p = 0.005), 40.4% (p = 0.007), and 53.9% (p < 0.001). However, for patients with early DNR orders, the observed 30-day mortality was 63.5% (95% CI 78.0-89.1), with the models predicting mortality of 64.8% (p < 0.001), 57.2% (p < 0.001), and 77.8% (p = 0.02). For patients without early DNR orders, the observed 30-day mortality was 20.8% (95% CI 16.5-25.7), with the models predicting mortality of 26.6% (p = 0.05), 31.4% (p < 0.001), and 41.1% (p < 0.001). CONCLUSIONS: ICH prognostic model performance is substantially impacted when stratifying by early DNR status, possibly giving a false sense of model accuracy when DNR status is not considered. Clinicians should be cautious when applying these predictive models to individual patients.

Document 277
Kompanje, E J O
End-of-life decision-making in patients with locked-in syndrome.
Internal medicine journal 2010 Aug; 40(8): 607-8

Document 278
Hoffman, Susan; Avery, Stephen S.; DeRenzo, Evan G.
When patients are discharged with a do not resuscitate order (DNR): working to have the DNR honored if the patient comes back to the hospital
Journal of Hospital Ethics 2010 August; 2(1): 6-10

Document 279
Silvestri, L; van Saene, H K F; Tomasin, S; Taylor, N

Document 280
Tang, Wai-Kiu; Mak, Kwok-Kei; Kam, Philip Ming-Ho; Ho, Joanna Wing-Kiu; Chan, Denise Che-Ying; Suen, To-Lam; Lau, Michael Chak-Kwan; Cheng, Adrian Ka-Chun; Wan, Yuen-Ting; Wan, Ho-Yan; Hussain, Assad
Reliability and validity of the Euthanasia Attitude Scale (EAS) for Hong Kong medical doctors.
The American journal of hospice & palliative care 2010 Aug; 27(5): 320-4

Abstract: This study aimed to examine the reliability and validity of the Euthanasia Attitude Scale (EAS) in Hong Kong medical doctors. A total of 107 medical doctors (61.7% men) participated in a survey at clinical settings in 2008. The 21-item EAS was used to assess their attitudes toward euthanasia. The mean (standard deviation) and median of the EAS were 63.60 (60.31) and 63.00. Total EAS scores correlated well with "Ethical Considerations," "Practical Considerations," and "Treasuring Life" (Spearman rho = .37-.96, P < .001) but not "Naturalistic Beliefs." The construct validity of the 3-factor model was appropriate (Kaiser-Meyer-Olkin [KMO] value = 0.90) and showed high internal consistency (Cronbach alpha = .79-.92). Euthanasia Attitude Scale may be a reliable and valid measure for assessing the attitudes toward euthanasia in medical professionals.

Marinskis, Germanas; van Erven, Lieselot; EHRA Scientific Initiatives Committee
Deactivation of implanted cardioverter-defibrillators at the end of life: results of the EHRA survey.
Europace : European pacing, arrhythmias, and cardiac electrophysiology : journal of the working groups on cardiac pacing, arrhythmias, and cardiac cellular electrophysiology of the European Society of Cardiology 2010 Aug; 12(8): 1176-7

Abstract: This survey assesses the current opinion on and practice of the management of terminally ill patients with implanted cardioverter-defibrillators (ICDs) in 47 large European centres. The principal findings of this survey were that most physicians (62%) from European centres who responded to this survey would consider deactivating ICDs at the patient's end of life. In these circumstances, multiple appropriate ICD shocks may be an indication to deactivate an ICD (83% positive answers). Remote deactivation by a remote monitoring system is not considered appropriate by 68%. Practices of deactivating procedure differ and approach to standardized clinical scenarios is inhomogeneous. Patients are provided with surprisingly little information on the possibility of deactivation of ICDs since this subject is only actively discussed in 4% of centres.

Collopy, Kevin T; Friese, Greg
Hospice and DNR care. What EMS providers need to know about do-not-resuscitate orders.
EMS magazine 2010 Aug; 39(8): 52-7

Abstract: OBJECTIVES: To present a case of conflict over end-of-life care in the intensive care unit (ICU) and to describe how such conflicts have been resolved in the United States since the inception of ICUs. DATA SOURCES: A nonsystematically derived sample of published studies and professional and lay commentaries on end-of-life care, ethical principles, medical decision-making, medical futility, and especially conflict resolution in the ICU. STUDY SELECTION: Some of those studies and commentaries dealing specifically with conflicts over end-of-life care in the ICU and their resolution. DATA SYNTHESIS: An historical review of conflict resolution over end-of-life issues in U.S. ICUs. RESULTS AND CONCLUSIONS: Conflict at the end of life in ICUs in the United States is relatively rare because most families and physicians agree about how patients should be treated. Nevertheless, conflict still exists over some patients whose families insist on care that physicians consider inappropriate and hence inadvisable, and over other patients whose families object to care that physicians prefer to provide. When such conflict occurs, mediation between families and physicians is usually successful in resolving it. Consultation from ethics committees
also may be helpful in achieving resolution, and one state actually allows such committees to adjudicate disputes. Physicians who act unilaterally against family wishes run the risk of malpractice suits, although such suits usually are unsuccessful because the physicians are not shown to have violated standards of care.

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Sansoni, Julita; Minnella, Giuseppe; Mitello, Lucia

[Retrospective study regarding the contribution of Italian nurses to the debate on the Englaro case: between paradigms of catholic and non-religious bioethics]. = Il dibattito sul caso Englaro tra i paradigmi italiani della bioetica laica e della bioetica cattolica e il contributo degli Infermieri italiani. Analisi di un caso e risultati di una ricerca retrospettiva.

Professioni infermieristiche 2010 Jul-Sep; 63(3): 131-45

**Abstract:** This study presents the results of a retrospective study evaluating the contribution of Italian nurses to the public debate on the Englaro case, analysing the articles published by two major daily newspapers during a precise period. The data collected testify to the intensity of the debate that involved the whole nation in which many diverse social and professional categories took part. The nursing category was principally represented by the Sisters of Mercy who, at the insistence of the media, gave their own opinion although their role in this context was more as personal assistants to Eluana Englaro rather than representatives of a professional category expressing a bioethical opinion.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Del Río, Norma

The influence of Latino ethnocultural factors on decision making at the end of life: withholding and withdrawing artificial nutrition and hydration.

Journal of social work in end-of-life & palliative care 2010 Jul; 6(3-4): 125-49

**Abstract:** In this article, the author reviews the legal precedents that underpin the policies and practices found in most medical settings in relation to artificial nutrition and hydration (ANH) as the context for exploring the end-of-life (EOL) care decision-making process of Latinos. The literature related to Latino beliefs and practices is reviewed. Specifically examined are the ways in which the values of familismo, filial duty, respect for authority figures, and personalismo play a major role in this group's decision-making process. Finally, the perspectives of ethicists who argue that Western bioethical approaches fail to recognize that cultural norms and values as well as religious convictions play a significant role in shaping moral deliberations, including the decision to withdraw ANH from individuals with a terminal illness, are explored. From a cross-cultural ethical perspective, it is important for health care providers to understand that in a pluralistic society, patients and their families bring multiple models of healing and decision making to clinical encounters based on different cultural and religious values.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Maessen, Maud; Veldink, Jan H; van den Berg, Leonard H; Schouten, Henrike J; van der Wal, Gerrit; Onwuteaka-Philipsen, Bregje D

Requests for euthanasia: origin of suffering in ALS, heart failure, and cancer patients.

Journal of neurology 2010 Jul; 257(7): 1192-8

**Abstract:** In The Netherlands, relatively more patients (20%) with amyotrophic lateral sclerosis (ALS) die due to euthanasia or physician-assisted suicide (EAS) compared with patients with cancer (5%) or heart failure (0.5%). We wanted to gain insight into the reasons for ALS patients requesting EAS and compare these with the reasons of cancer and heart failure patients. Knowing disease-specific reasons for requesting EAS may improve palliative care in these vulnerable patients. The data used in the present study were derived from the Support and Consultation in Euthanasia in The Netherlands (SCEN) evaluation study. This study provided consultation reports and questionnaires filled out by the attending physicians from 3,337 consultations conducted by SCEN physicians in situations where a patient requested EAS. For this study we selected data on all ALS patients (n = 51), all heart failure patients (n = 61), and a random sample of 73 cancer patients. The most frequently reported reasons for unbearable suffering were: fear of suffocation (45%) and dependency (29%) in ALS patients, pain (46%) and fatigue (28%) in cancer patients, and dyspnea (52%) and dependency (37%) in heart failure patients. Somatic complaints were reported more frequently as a reason for EAS by cancer patients [odds ratio (OR) 0.20, 95% confidence interval (CI) 0.09-0.46] and heart failure patients [OR 0.16, 95% CI 0.05-0.46] than by ALS patients. ALS patients should be helped in a timely fashion to cope with psychosocial symptoms, e.g., by informing them about the low risk of
suffocation in the terminal phase and the possible means of preventing this.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 292**

Braun, Ursula K; Ford, Marvalia E; Beyth, Rebecca J; McCullough, Laurence B

**The physician's professional role in end-of-life decision-making: voices of racially and ethnically diverse physicians.**

Patient education and counseling 2010 Jul; 80(1): 3-9

**Abstract:** Previous studies have shown racial/ethnic differences in preferences for end-of-life (EOL) care. We aimed to describe values and beliefs guiding physicians' EOL decision-making and explore the relationship between physicians' race/ethnicity and their decision-making.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 293**

Alvarez Hernández, J; Moreno Villares, J M; Culebras, J M

**[SENPE'S working group on bioethics]. = El grupo de trabajo de ética de la SENPE.**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 294**

Moreno Villares, J M; Alvarez Hemández, J; Wanden-Berghe Lozano, C; Lozano Fuster, M;

Grupo de Etica de la SENPE

**[Glossary of bioethics terms frequently used in nutrition support]. = Glosario de términos y expresiones frecuentes de Bioética en la práctica de la Nutrición Clínica.**


**Abstract:** Bioethical decisions are present in every clinical decision. Nutrition support participates the same situation. Feeding critically ill patients, etriminal patients or in permanent vegetative status is almost always involved in bioethical dilemmas. A common problem is the confusion in concepts regarding bioethics. This lack of uniformity does not help in the deliberation process. From the Working Group in Bioethics of the Spanish Society for Parenteral and Enteral Nutrition Support (SENPE) it has been considered to gather the commonest terms used in our academic area. Each term is accompanied by a definition, a description or a commentary related to its main application.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 295**

Suter, P M

**Laws can be unethical.**

Minerva anestesiologica 2010 Jul; 76(7): 548-9

**Abstract:** ICU teams have the difficult emotional burden of continuing complex life-sustaining therapy beyond the limits of what is felt to be reasonable. Among the reasons leading to a delay in the withdrawal of intensive therapy is the unwillingness or unpreparedness of the team or family members, or inadequate laws. We all have the responsibility to promote a legal framework allowing end-of-life decisions that ensure the autonomy, dignity and integrity of all citizens, in addition to the humane practice of medicine.

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Document 296
Bernheim, Jan L; Mullie, Arsène
Euthanasia and palliative care in Belgium: legitimate concerns and unsubstantiated grievances.
Journal of palliative medicine 2010 Jul; 13(7): 798-9
Georgetown users check Georgetown Journal Finder for access to full text

Document 297
Lampert, Rachel; Hayes, David L; Annas, George J; Farley, Margaret A; Goldstein, Nathan E; Hamilton, Robert M; Kay, G Neal; Kramer, Daniel B; Mueller, Paul S; Padeletti, Luigi; Pozuelo, Leo; Schoenfeld, Mark H; Vardas, Panos E; Wiegand, Debra L; Zellner, Richard; American Heart Association, ; American College of Cardiology; American Geriatrics Society; American Academy of Hospice and Palliative Medicine; European Heart Rhythm Association; Hospice and Palliative Nurses Association
HRS Expert Consensus Statement on the Management of Cardiovascular Implantable Electronic Devices (CIEDs) in patients nearing end of life or requesting withdrawal of therapy.
Heart rhythm : the official journal of the Heart Rhythm Society 2010 Jul; 7(7): 1008-26
Georgetown users check Georgetown Journal Finder for access to full text

Document 298
Mols, A M; Reiter-Theil, S; Oertli, D; Viehl, C T
[Futility: a concept in routine surgery?]. = Futility: ein Begriff im chirurgischen Alltag?
Der Chirurg; Zeitschrift für alle Gebiete der operativen Medizen 2010 Jul; 81(7): 643-6
Abstract: In surgical practice we are often confronted with ethically challenging situations when treating patients not capable of expressing their own wishes. Issues of futile treatment by indicating operations arise particularly with regard to severe dementia. The concept of futility describes forms of therapy which are not appropriate to improve the patient's condition, but for application in clinical practice the concept is insufficiently defined. In ethically challenging situations, e.g. in the treatment of severely demented patients, we need to balance the medical condition and prognosis with the documented or assumed wishes of the patients. Involving the relatives competently is essential. The indication for surgery in patients with severe dementia, for example, needs to be individualized striving for optimal care, a clear communication about treatment goals with the relatives and preventing distress and burnout for staff. Co-operation with specialists in medical ethics is recommended.
Georgetown users check Georgetown Journal Finder for access to full text

Document 299
De Lepeleire, J; Beyen, A; Burin, M; Fabri, R; Ghijsbrechts, G; Lisaerde, J; Temmerman, B; Van den Eynden, B; Van den Noortgate, N
[Critical reflections concerning euthanasia for persons with dementia]. = Réflexions critiques à propos de l'euthanasie de personnes atteintes de démence.
Revue médicale de Liège 2010 Jul-Aug; 65(7-8): 453-8
Abstract: In the public debate on the extension of euthanasia for people with dementia, in addition to ethical considerations and arguments, other issues have to be kept in mind. The diagnosis of dementia is difficult and the clinical picture is very fluctuating. The assessment and especially the operationalization of legal capacity and the use of advance directives are complex problems. The discussion should be conducted against the backdrop of a cultural framework in which the interpretation and development of palliative care is crucial. The development of a framework like advance care planning creates opportunities. The question remains whether the legal issues can be clarified and whether a legal approach generates solutions for the problems described.
Georgetown users check Georgetown Journal Finder for access to full text
Document 300

Lachman, Vicki

Do-not-resuscitate orders: nurse's role requires moral courage.
Medsurg nursing : official journal of the Academy of Medical-Surgical Nurses 2010 Jul-Aug; 19(4): 249-51, 236

Georgetown users check Georgetown Journal Finder for access to full text

Document 301

Lo, Yu-Tai; Wang, Jing-Jy; Liu, Li-Fan; Wang, Chun-Nien

Prevalence and related factors of do-not-resuscitate directives among nursing home residents in Taiwan.
Journal of the American Medical Directors Association 2010 Jul; 11(6): 436-42

Abstract: To report the prevalence of Do-Not-Resuscitate (DNR) directives and to explore the factors associated with the presence of DNR directives among nursing home residents in Taiwan.

Georgetown users check Georgetown Journal Finder for access to full text

Document 302

Cook, Renee; Pan, Phillip; Silverman, Ross; Soltys, Stephen M

Do-not-resuscitate orders in suicidal patients: clinical, ethical, and legal dilemmas.
Psychosomatics 2010 Jul; 51(4): 277-82

Abstract: The authors review the literature related to patients who obtain a Do-Not-Resuscitate (DNR) order in preparation for a suicide attempt.

Georgetown users check Georgetown Journal Finder for access to full text

Document 303

Case study. Conflicting beliefs.

Georgetown users check Georgetown Journal Finder for access to full text

Document 304

Chang, Yuanmay; Huang, Chin-Feng; Lin, Chia-Chin

Do-not-resuscitate orders for critically ill patients in intensive care.
Nursing ethics 2010 Jul; 17(4): 445-55

Abstract: End-of-life decision making frequently occurs in the intensive care unit (ICU). There is a lack of information on how a do-not-resuscitate (DNR) order affects treatments received by critically ill patients in ICUs. The objectives of this study were: (1) to compare the use of life support therapies between patients with a DNR order and those without; (2) to examine life support therapies prior to and after the issuance of a DNR order; and (3) to determine the clinical factors that influence the initiation of a DNR order in ICUs in Taiwan. A prospective, descriptive, and correlational study was conducted. A total of 202 patients comprising 133 (65.8%) who had a DNR order, and 69 (34.1%) who did not, participated in this study. In the last 48 hours of their lives, patients who had a DNR order were less likely to receive life support therapies than those who did not have a DNR order. Older age, being unmarried, the presence of an adult child as a surrogate decision maker, a perceived inability to survive ultimate discharge from the ICU, and longer hospitalization in the ICU were significant predictors of issuing a DNR order for critically ill patients. This study will draw attention to how, when, and by whom, critically ill patients' preferences about DNR are elicited and honored.

Georgetown users check Georgetown Journal Finder for access to full text
Lee, Gay
**Seeing out their last days with dignity.**
Nursing standard (Royal College of Nursing (Great Britain) : 1987) 2010 Jul 21-27; 24(46): 26-7
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Clark, Angela P
**A model for ethical decision making in cases of patient futility.**
Clinical nurse specialist CNS 2010 2010 Jul-Aug; 24(4): 189-90
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Onwuteaka-Philipsen, Bregje D; Rurup, Mette L; Pasman, H Roeline W; van der Heide, Agnes
**The last phase of life: who requests and who receives euthanasia or physician-assisted suicide?**
Medical care 2010 Jul; 48(7): 596-603
**Abstract:** BACKGROUND: When suffering becomes unbearable for patients they might request for euthanasia. OBJECTIVE: To study which patients request for euthanasia and which requests actually resulted in euthanasia in relation with diagnosis, care setting at the end of life, and patient demographics. DESIGN: A cross-sectional study covering all Dutch health care settings. PARTICIPANTS: In 2005, of death certificates of deceased persons, a stratified sample was derived from the Netherlands central death registry. The attending physician received a written questionnaire (n = 6860; response 78%). MEASUREMENTS: If deaths were reported to have been nonsudden, the attending physician filled in a 4-page questionnaire on end-of-life decision-making. Data regarding the deceased person's age, sex, marital status, and cause of death were derived from the death certificate. RESULTS: Of patients whose death was nonsudden, 7% explicitly requested for euthanasia. In about two thirds, the request did not lead to euthanasia or physician-assisted suicide being performed, in 39% because the patient died before the request could be granted and in 38% because the physician thought the criteria for due care were not met. Factors positively associated with a patient requesting for euthanasia are (young) age, diagnosis (cancer, nervous system), place of death (home), and involvement of palliative teams and psychiatrist in care. Diagnosis and place of death are also associated with requests resulting in euthanasia. CONCLUSIONS: Only a minority of patients request euthanasia at the end of life and of these requests a majority is not granted. Careful decision-making is necessary in all requests for euthanasia.
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Salladay, Susan A
**Death with dignity?**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Moratti, Sofia
**The Englaro Case: withdrawal of treatment from a patient in a permanent vegetative state in Italy.**
Document 310

Stafford, Ned

**German appeal court ruling gives support to right to die campaign.**

BMJ (Clinical research ed.) 2010 June 29; 340: c3501

Georgetown users check [Georgetown Journal Finder](https://library.georgetown.edu) for access to full text

---

Document 311

Walling, Anne M; Asch, Steven M; Lorenz, Karl A; Roth, Carol P; Barry, Tod; Kahn, Katherine L; Wenger, Neil S

**The quality of care provided to hospitalized patients at the end of life.**

Archives of internal medicine 2010 Jun 28; 170(12): 1057-63

**Abstract:** Patients in American hospitals receive intensive medical treatments. However, when lifesaving treatments are unsuccessful, patients often die in the hospital with distressing symptoms while receiving burdensome care. Systematic measurement of the quality of care planning and symptom palliation is needed.

Georgetown users check [Georgetown Journal Finder](https://library.georgetown.edu) for access to full text

---

Document 312

Flegel, Ken; Hébert, Paul C

**Time to move on from the euthanasia debate.**

CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne 2010 Jun 15; 182(9): 877

Georgetown users check [Georgetown Journal Finder](https://library.georgetown.edu) for access to full text

---

Document 313

Sumner, Wayne

**Looking for options at the end of the day.**

CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne 2010 Jun 15; 182(9): 1004

Georgetown users check [Georgetown Journal Finder](https://library.georgetown.edu) for access to full text

---

Document 314

Parsons, Henrique A; de la Cruz, Maxine J; Zhukovsky, Donna S; Hui, David; Delgado-Guay, Marvin O; Akitoye, Adenike E; El Osta, Badi; Palmer, Lynn; Palla, Shana L; Bruera, Eduardo

**Characteristics of patients who refuse do-not-resuscitate orders upon admission to an acute palliative care unit in a comprehensive cancer center.**

Cancer 2010 Jun 15; 116(12): 3061-70

**Abstract:** Background: Refusal of appropriately indicated do-not-resuscitate (DNR) orders may cause harm and distress for patients, families, and the medical team. We conducted a retrospective study to determine the frequency and predictors of refusals of DNR in advanced cancer patients admitted to an acute palliative care unit. METHODS: A total of 2538 consecutive admissions were reviewed. Demographic and clinical characteristics from 200 consecutive patients with DNR orders and 100 consecutive patients who refused DNR were collected, and differences between the groups were determined by multivariate regression and recursive partitioning analysis.
RESULTS: Of 2538 admissions, 2530 (99%) were appropriate for DNR discussion. Of the 2530 admissions, 2374 were unique patients, and 100 (4%) of 2374 refused DNR. Refusers had median (interquartile range, IQR) pain of 7 (4-9) versus 5 (3-8, P = .0005), nausea of 2 (0-7) versus 1 (0-4, P = .05), and dyspnea of 1 (0-5) versus 4 (0-7, P = .002) as compared with DNR nonrefusers, respectively. Patients with hematological malignancies and advance directives had a lower DNR refusal risk (odds ratio [OR], 0.38; P = .02, and OR, 0.36; P < .0001, respectively). Multivariate regression analysis revealed that patients with moderate-severe pain (OR, 3.19; P = .002) and with no advance directives (OR, 2.94; P < or = .001) had higher DNR refusal risk. There were more inpatient deaths among DNR nonrefusers (87 of 200 vs 1 of 100, P < .0001). Median (IQR) time from discharge to death was 18 (8-35) days for those with DNR orders and 85 (25-206) days for DNR refusers (P < or = .0001). CONCLUSIONS: DNR refusal in patients admitted to the acute palliative care unit is low, more frequent in patients with more pain and nausea and no advance directives, and associated with longer survival. This study demonstrates possible predictors of complicated DNR discussions.
Document 318
Clary, Erik M.

On the nature of tube feeding: basic care or medical treatment?
Ethics & Medicine 2010 Summer; 26(2): 81-92

Georgetown users check Georgetown Journal Finder for access to full text.

Document 319
Dumont, R; Asehnoune, K; Pouplin, L; Volteau, C; Simoneau, F; Lejus, C

[Withholding or withdrawing of life sustaining therapies in emergency context. Perception by anaesthesiologists]. = Limitation ou arrêt de thérapeutiques actives en situations d'urgence. Le point de vue des anesthésistes réanimateurs.

Abstract: One objective is to state more accurately the difficulties met by the anaesthesiologists in an emergency context in case of withholding or withdrawing life sustaining therapies.

Georgetown users check Georgetown Journal Finder for access to full text.

Document 320
Fisher, Carl E; Appelbaum, Paul S

Diagnosing consciousness: neuroimaging, law, and the vegetative state.

Abstract: In this paper, we review recent neuroimaging investigations of disorders of consciousness and different disciplines' understanding of consciousness itself. We consider potential tests of consciousness, their legal significance, and how they map onto broader themes in U.S. statutory law pertaining to advance directives and surrogate decision-making. In the process, we outline a taxonomy of themes to illustrate and clarify the variance in state-law definitions of consciousness. Finally, we discuss broader scientific, ethical, and legal issues associated with the advent of neuroimaging for disorders of consciousness and conclude with policy recommendations that could help to mitigate confusion in this realm.

Georgetown users check Georgetown Journal Finder for access to full text.

Document 321
Toledo-Pereyra, Luis H

Good life good death according to Christiaan Barnard.

Abstract: Christiaan Barnard (1922-2002), pioneering heart transplant surgeon, introduced his ideas on euthanasia in a well-written and researched book, Good Life Good Death. A Doctor's Case for Euthanasia and Suicide, published in 1980. His courage in analyzing this topic in a forthright and clear manner is worth reviewing today. In essence, Barnard supported and practiced passive euthanasia (the ending of life by indirect methods, such as stopping of life support) and discussed, but never practiced, active euthanasia (the ending of life by direct means). Barnard believed that "the primary goal of medicine was to alleviate suffering-not merely to prolong life-he argued that advances in modern medical technology demanded that we evaluate our view of death and the handling of terminal illness." Some in the surgical community took issue with Barnard when he publicized his personal views on euthanasia. We discuss Barnard's beliefs and attempt to clarify some misunderstandings regarding this particular controversial area of medicine.

Georgetown users check Georgetown Journal Finder for access to full text.
Chotirmall, Sanjay Haresh; Flynn, Maura G; Donegan, Ciaran F; Smith, David; O'Neill, Shane J; McElvaney, Noel Gerard

**Extubation versus tracheostomy in withdrawal of treatment-ethical, clinical, and legal perspectives.**

**Abstract:** The provision of life-sustaining ventilation, such as tracheostomy to critically ill patients, is commonly performed. However, the utilization of tracheostomy or extubation after a withdrawal of treatment decision is debated. There is a dearth of practical information available to aid clinical decision making because withdrawal of treatment is a challenging scenario for all concerned. This is further complicated by medicolegal and ethical considerations. Care of the "hopelessly ill" patient should be based on daily evaluation and comfort making it impossible to fit into general algorithms. Although respect for autonomy is important in healthcare, it is limited for patients in an unconscious state. Beneficence remains the basis for withdrawing treatment in futile cases and underpins the "doctrine of double effect." This article presents a relevant clinical case of hypoxic brain injury where a question of withdrawal of treatment arose and examines the ethical, clinical, and medicolegal considerations inherent in such cases, including beneficence, nonmaleficence, and the "sanctity of life doctrine." In addition, the considerations of prognosis for recovery, patient autonomy, patient quality of life, and patient family involvement, which are central to decision making, are addressed. The varying legal frameworks that exist internationally regarding treatment withdrawal are also described. Good ethics needs sound facts, and despite the lack of legal foundation in several countries, withdrawal of treatment remains practiced, and the principles described within this article aim to aid clinician decision making during such complex and multifaceted end-of-life decisions.

Georgetown users check [Georgetown Journal Finder](#) for access to full text.

Newson, Ainsley J.

**Clinical Ethics Committee Case 10: For the record: Should our patient's relatives be able to record her treatment?**
Clinical Ethics 2010 June; 5(2): 57-62

Georgetown users check [Georgetown Journal Finder](#) for access to full text.

Luchetti, Marco

**Eluana Englaro, chronicle of a death foretold: ethical considerations on the recent right-to-die case in Italy.**

**Abstract:** In 1992, Eluana Englaro was involved in a car accident in Italy that eventually left her in a permanent vegetative state requiring artificial nutrition and hydration. This paper, after briefly reviewing Eluana's case, gives a chronicle of Eluana last months until her death on 9 February 2009, and discusses the right-to-die controversy in Italy. For many years, Mr Englaro, Eluana's father, would litigate to enforce what he considered to be his daughter's wish to discontinue life-prolonging treatment. In July 2008, the Court of Appeal of Milan has given its authorization for artificial life support to be withdrawn. This ruling sparked a crusade, led by the government and the Vatican, against the court and Eluana's father, which included insinuations that the latter was murdering his daughter. Public opinion has overwhelmingly been sympathetic to the father's difficult decision, in stark contrast to the reactionary stance taken by the government. With the notable advances of medicine, doctors are increasingly faced with ethical issues. The vegetative state is just one of the many clinical conditions that obligate health professionals to reflect on ethical matters. The withdrawal of life-supporting care, and of artificial nutrition and hydration in particular in permanent vegetative state patients remains a measure which violates a tradition and a consolidated practice. It was thus inevitable that it would create great controversy. We should work towards making a decision process that ensures that continuation or suspension of artificial nutrition and hydration follows an explicit procedure, promoting the sharing and respect of the diverse moral responsibility of family members, nursing and medical staff.

Georgetown users check [Georgetown Journal Finder](#) for access to full text.
Document 326

Skrifvars, M B; Vayrynen, T; Kuisma, M; Castren, M; Parr, M J; Silfverstople, J; Svensson, L; Jonsson, L; Herlitz, J
Comparison of Helsinki and European Resuscitation Council "do not attempt to resuscitate" guidelines, and a termination of resuscitation clinical prediction rule for out-of-hospital cardiac arrest patients found in asystole or pulseless electrical activity.
Resuscitation 2010 Jun; 81(6): 679-84

Abstract: BACKGROUND: The outcome of out-of-hospital cardiac arrest (OHCA) with a non-shockable rhythm is poor. For patients found in asystole or pulseless electrical activity (PEA), recent guidelines or rules that may be used include "do not attempt to resuscitate" (DNAR) guidelines from Helsinki, discontinuing resuscitation in the guidelines of the European Resuscitation Council and a clinical prediction rule from Canada. We compared these guidelines and the rule using a large Scandinavian dataset. MATERIALS AND METHODS: The Swedish Cardiac Arrest Registry includes prospectively collected data on 44121 OHCA patients. We identified patients with asystole or PEA as the initial rhythm and excluded cases caused by trauma or drowning. The specificities and positive predictive values (PPVs) were calculated for the guidelines, and the clinical prediction rule for comparison.

RESULTS: A total of 20484 patients with non-shockable rhythms were identified; 85% had asystole and 15% PEA. The overall survival to hospital admission was 9% (n=1861) and 1% (n=231) were alive at 1 month from the arrest. The specificity of the Helsinki guidelines in identifying non-survivors was 71% (95% confidence interval (CI): 65-77%) and the PPV was 99.4% (95% CI: 99.3-99.5), while the corresponding values for the European Resuscitation Council (ERC) was 95% (95% CI: 91.3-97.5) and 99.9% (95% CI: 99.9-99.9) and, for the prediction rule, 99.1% (95% CI: 96.7-99.9) and 99.9% (95% CI: 99.9-100.00), respectively. CONCLUSION: In this comparison study, the Helsinki DNAR guidelines did not perform well enough in a general OHCA material to be widely adopted. The main reason for this was the unpredicted survival of patients with unwitnessed asystole. The clinical prediction rule and the recommendations of the ERC Guidelines worked well.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 327

Ramírez-Rivera,José; Cánova-Díaz, Carlos; Hunter-Mellado, Robert
Knowledge and implementation of the DNR in internal medicine teaching programs.
Puerto Rico health sciences journal 2010 Jun; 29(2): 96-101

Abstract: BACKGROUND: The knowledge and implementation skills of the DNR (do not resuscitate) order amongst physicians in training appears to be quite variable. METHODS: We constructed, validated and implemented an instrument which evaluates knowledge and implementation skills of medical residents regarding the DNR in the 8 accredited teaching hospitals in Puerto Rico. RESULTS: Participation of 136 residents from 240 approved positions was seen. Most thought (93.3%) the DNR should be written in the medical record. And 88.1% thought appropriate to suggest a DNR to the patient or family for a terminally ill patient. For a patient with an uncertain prognosis who insisted on a DNR, 78.5% believed the attending physician and 21.5% thought the ethics committee was responsible for determining the propriety of the order. When the patient and the treating physicians agreed on the appropriateness of a DNR order most residents in the North of Puerto Rico thought the writing of the order was the purview of the resident while residents in the South-West thought this to be the responsibility of the attending physician. In the absence of a DNR order, more than 77.4% of the residents in the North and South would initiate CPR in a comatose patient with terminal cancer, multiple organ failure and sepsis in contrast to 15% of the residents in the West. CONCLUSIONS: Implementation and knowledge skills of medical residents in the health regions of Puerto Rico differ. Knowledge and implementation of the DNR merits improvement in all training programs.
Document 328
Hogan, T S
Do not attempt resuscitation decisions in the peri-operative period.
Anaesthesia 2010 Jun; 65(6): 647; author reply 647-8

Document 329
Black, Lisa Gasbarre
The danger of POLST orders

http://www.ncbcenter.org/NetCommunity/Page.aspx?pid=322 (link may be outdated)

Document 330
Best, Carolyn
Introducing enteral nutrition support: ethical considerations.
Nursing standard (Royal College of Nursing (Great Britain) : 1987) 2010 May 19-25; 24(37): 41-5
Abstract: This article explores the potential benefits of, or problems associated with, the insertion of a feeding tube to commence enteral nutrition. Some of the issues that may arise when a patient is no longer able to meet their nutritional needs orally are discussed.

Document 331
Salins, Naveen Sulakshan; Pai, Sachin Gopalakrishna; Vidyasagar, Ms; Sobhana, Manikkath
Ethics and medico legal aspects of "not for resuscitation".
Indian journal of palliative care 2010 May; 16(2): 66-9
Abstract: Not for resuscitation in India still remains an abstract concept with no clear guidelines or legal frame work. Cardiopulmonary resuscitation is a complex medical intervention which is often used inappropriately in hospitalized patients and usually guided by medical decision making rather than patient-directed choices. Patient autonomy still remains a weak concept and relatives are expected to make this big decision in a short time and at a time of great emotional distress. This article outlines concepts around ethics and medico legal aspects of not for resuscitation, especially in Indian setting.

Document 332
Beca, Juan Pablo; Montes, José Miguel; Abarca, Juan
[Ten myths about withdrawal of mechanical ventilation in terminal patients]. = Diez mitos sobre el retiro de la ventilación mecánica en enfermos terminales.
Revista médica de Chile 2010 May; 138(5): 639-44
Abstract: The most difficult of treatment limitation decisions, both for physicians and families, is the withdrawal of
mechanical ventilation (MV). Many fears and uncertainties appear in this decision. They are described as ten myths whose falseness is argued in this article. The myths are: 1) Withdrawing MV causes the patient's death; 2) Withdrawing MV is euthanasia; 3) Withholding and withdrawing MV are morally different; 4) MV can be withdrawn only when the patient has asked for it; 5) Chilean law only authorizes to withdraw VM when brain death has occurred; 6) Withdrawing MV cannot be done if the patient is not an organ donor; 7) Physicians who withdraw VM are in high risk of legal claims; 8) To withdraw MV the physician needs an authorization from the hospital ethics committee, lawyer or institutional authority; 9) There is only one way to withdraw MV; 10) Withdrawing MV produces great suffering to the patients family. Making clear that these myths are false facilitates appropriate decisions, therefore preventing therapeutic obstinacy and more suffering of terminally ill patients, which favors their peaceful death. For the physician this goal should be as rewarding as preventing the death of a curable patient.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 333
Kleiren, P; Sohawon, S; Noordally, S O

[Do not resuscitate orders in the intensive care setting] = L'ordre de ne pas réanimer aux soins intensifs.
Revue médicale de Bruxelles 2010 May-Jun; 31(3): 193-6

**Abstract:** Even if Belgium (2002), The Netherlands (2002) and Luxemburg (2009) are the first three countries in the world to have legalized active euthanasia, there still is not a law on the do not resuscitate concept (NTBR or DNR). Nevertheless, numerous royal decrees and some consensus as well as advice given by the Belgian Medical Council, hold as jurisprudence. These rules remain amenable to change so as to suit the daily practice in intensive care units. This article describes the actual Belgian legal environment surrounding the intensive care specialist when he has to take such decisions.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 334
Lopez, Amy; Yager, Joel; Feinstein, Robert E

Medical futility and psychiatry: palliative care and hospice care as a last resort in the treatment of refractory anorexia nervosa.
The International journal of eating disorders 2010 May ; 43(4): 372-7

**Abstract:** OBJECTIVE: The concept of medical futility is accepted in general medicine, yet little attention has been paid to its application in psychiatry. We explore how medical futility and principles of palliation may contribute to the management of treatment refractory anorexia nervosa. METHOD: We review the case of a 30-year-old woman with chronic anorexia nervosa, treated unsuccessfully for several years. RESULTS: Ongoing assessment, including ethical consultation, determined that further active treatment was unlikely to resolve her condition. The patient was referred for palliative care and hospice care, and ultimately died. DISCUSSION: Although circumstances requiring its use are rare, palliative care may play a role in the treatment of long suffering, treatment refractory patients. For poor prognosis patients who are unresponsive to competent treatment, continue to decline physiologically and psychologically, and appear to face an inexorably terminal course, palliative care and hospice may be a humane alternative.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 335
Lindblad, Anna; Juth, Niklas; Fürst, Carl Johan; Lynöe, Niels

When enough is enough; terminating life-sustaining treatment at the patient's request: a survey of attitudes among Swedish physicians and the general public.
The journal of medical ethics 2010 May ; 36(5): 284-9

**Abstract:** OBJECTIVES: To explore attitudes and reasoning among Swedish physicians and the general public regarding the withdrawal of life-sustaining treatment at a competent patient's request. DESIGN: A vignette-based postal questionnaire including 1202 randomly selected individuals in the county of Stockholm and 1200 randomly selected Swedish physicians with various specialities. The vignettes described patients requesting withdrawal of
their life-sustaining treatment: (1) a 77-year-old woman on dialysis; (2) a 36-year-old man on dialysis; (3) a 34-year-old ventilator-dependent tetraplegic man. Responders were asked to classify the act of terminating treatment and to prioritise arguments for/against. RESULTS: A majority in both groups prioritised arguments in favour of terminating treatment and classified the act as defensible in all vignettes. However, among the general public, 16% classified the act as euthanasia in all vignettes; among physicians this view was most expressed regarding ventilator treatment (26%). Some who classified the act as euthanasia prioritised arguments in favour of terminating treatment: among physicians 18% in vignette 1, 19% in vignette 2 and 34% in vignette 3; among the general public 35% in vignette 1, 20% in vignette 2 and 48% in vignette 3. CONCLUSION: There is a widespread consensus regarding competent patients' right to abstain from life-sustaining treatment. An association between the hastening of death, caused by the withdrawal of life-sustaining treatment and the concept of euthanasia is proposed. The results also suggest that classifying the withdrawal of life-sustaining treatment as 'euthanasia' does not necessarily mean that the act is interpreted as ethically unacceptable.

Georgetown users check Georgetown Journal Finder for access to full text

Document 336

Joyner, Nancy

Palliative care issues. Healthcare directives--DNR does not mean "do not treat".
The Prairie rose 2010 May-Jul; 79(2): 9-11

Georgetown users check Georgetown Journal Finder for access to full text

Document 337

Maarquis, Don

Are DCD donors dead?
Hastings Center Report 2010 May-June; 40(3): 24-31

Abstract: The typical DCD case goes like this: The prospective donor, although not brain dead, has suffered extensive neurological damage and is on life support. Following a decision from the person's family, life support is withdrawn and cardiac arrest results. If the heart does not resume beating on its own within two to five minutes, it will never resume beating on its own. In a DCD protocol, after one of these intervals, death is declared. Consent for organ donation has been obtained from the donor or his family, and after death is declared, the donor's organs are removed for transplantation as quickly as possible. DCD protocols are subject to two major constraints. On the one hand, organ removal must occur as soon as possible after cardiac arrest to prevent organ damage. Because the donor's circulation has stopped, the donor's organs are deprived of oxygenated blood, and the longer the deprivation, the more likely organ damage will be. On the other hand, the organs must not be removed so soon after cardiac arrest that the donor is not actually known to be dead. I shall argue that DCD donors are not known to be dead.

Georgetown users check Georgetown Journal Finder for access to full text

http://www.thehastingscenter.org/Publications/HCR/Archive.aspx (link may be outdated)

Document 338

Fins, Joseph J.; Schiff, Nicholas D.

In the blink of the mind's eye

Georgetown users check Georgetown Journal Finder for access to full text

http://www.thehastingscenter.org/Publications/HCR/Archive.aspx (link may be outdated)

Document 339
Billings, J. Andres; Churchill, Larry R.; Payne, Richard
Severe brain injury and the subjective life
Hastings Center Report 2010 May-June; 40(3): 17-21

Georgetown users check Georgetown Journal Finder for access to full text

http://www.thehastingscenter.org/Publications/HCR/Archive.aspx (link may be outdated)

---

Document 340

Gutierrez, Cristina; Pastores, Stephen M
Are physicians' recommendations on limiting life support really burdensome?
American journal of respiratory and critical care medicine 2010 Apr 15; 181(8): 873; author reply 873-4

Georgetown users check Georgetown Journal Finder for access to full text

---

Document 341

Danieli, E
Praxis 2010 Apr 14; 99(8): 511-2

Georgetown users check Georgetown Journal Finder for access to full text

---

Document 342

Sasson, Comilla; Forman, Jane; Krass, David; Macy, Michelle; Hegg, A J; McNally, Bryan F; Kellermann, Arthur L
A qualitative study to understand barriers to implementation of national guidelines for prehospital termination of unsuccessful resuscitation efforts.
Prehospital emergency care : official journal of the National Association of EMS Physicians and the National Association of State EMS Directors 2010 Apr 6; 14(2): 250-8

Abstract: BACKGROUND: The American Heart Association's (AHA's) Advanced Cardiac Life Support guidelines act as the national standards for termination of resuscitation (TOR) in cases of refractory out-of-hospital cardiac arrest. However, local emergency medical services (EMS) implementation of these guidelines has been nonuniform.
OBJECTIVE: To identify the operational issues within local EMS systems that may serve as barriers or facilitators to full acceptance of national guidelines for prehospital TOR in appropriate circumstances. Methods. We conducted three focus groups at the January 2008 National Association of EMS Physicians (NAEMSP) annual meeting. Snowball sampling was used to recruit 19 physicians, two EMS providers, one research director, one nurse, and one medical student attending the conference. Two reviewers analyzed the data in an iterative process to identify recurrent and unifying themes. RESULTS: We identified three distinct stakeholder groups whose current beliefs and practices may influence local implementation of TOR: EMS providers with variations in education and work culture; EMS medical directors with responsibility but little authority; and online medical control physicians who do not communicate effectively with the other groups. Our focus group participants suggested that national organizations, such as the AHA and the American College of Emergency Physicians, may serve a role in overcoming the overarching barriers of communication, standardized educational requirements, and coordination of local services.
CONCLUSION: We have identified operational barriers that may impede implementation of TOR guidelines. Three influential stakeholder groups will need to work with national organizations to overcome these local barriers.

Georgetown users check Georgetown Journal Finder for access to full text

---

Document 343

Frank, Gary Edward
Response to "State of Washington, third state to permit aid in dying".
Journal of palliative medicine 2010 Apr; 13(4): 359
Document 344

Romain, Tiffany

**Extreme life extension: investing in cryonics for the long, long term.**

Medical anthropology 2010 Apr; 29(2): 194-215

**Abstract:** This article explores American conceptualizations of finance, the future, the limits of biological time, and the possibilities of biotechnoscience through an investigation of the social world of cryonics—the freezing of the dead with the hope of future revival. I describe some of the cosmologies of life, death, time, and the management of the future that circulate within cryonics communities, and I draw out relationships between cryonics practices and discourses and more common forms of personal future management prevalent within American neoliberal capitalism. I also illustrate similarities and differences between cryonics and more mainstream biomedical technologies. In doing so, I argue that cryonics is one American manifestation of anxieties about aging, time, and the future. I investigate the impact of biotechnologies on self-making and biosociality, and argue that crafting of selves can be deeply entwined with practices of investment or hope in the future of biomedicine and technology.

Georgetown users check [Georgetown Journal Finder](https://journalfinder.georgetown.edu) for access to full text

Document 345

Hirsch, Godefroy; Hérisson, Brigitte; Lacour, Frédérique


Revue de l'infirmière 2010 Apr; (159): 32-4

Georgetown users check [Georgetown Journal Finder](https://journalfinder.georgetown.edu) for access to full text

Document 346

Sjöberg, Rickard L.

["The tilting plane" and the consequences of introducing euthanasia] = "Sluttande planet" och konsekvenserna av införande av dödshjälp.

Läkartidningen 2010 March 31-April 13; 107(13-14): 924

Georgetown users check [Georgetown Journal Finder](https://journalfinder.georgetown.edu) for access to full text

Document 347

Göran, Isacsson

[The burden of proof lies with the advocates] = Bevisbördan faller på förespråkarna.

Läkartidningen 2010 March 31-April 13; 107(13-14): 925; discussion 925

Georgetown users check [Georgetown Journal Finder](https://journalfinder.georgetown.edu) for access to full text

Document 348

Engström, Ingemar

[When is it allowed to withdraw life support treatment?] = När får man avbryta livsuppehållande behandling?

Läkartidningen 2010 March 24-30; 107(12): 808

Georgetown users check [Georgetown Journal Finder](https://journalfinder.georgetown.edu) for access to full text
Sandeberg, Eva Wahlberg

[The physicians of ancient times under the oath: "I will not give anyone poison, not even when asked..."] = Antikens läkare under ed: "Jag skall icke ge någon gift, även om jag blir omedd...".

Läkartidningen 2010 March 24-30; 107(12): 851-853

Georgetown users check Georgetown Journal Finder for access to full text

Dute, Joseph

ECHR 2010/1 Case of Ada Rossi and others v. Italy, 16 December 2008, no. 55185/08, 55483/08, 55516/08, 55519/08, 56010/08, 56278/08, 58420/08 and 58424/08 (second section). Legal cases.

European journal of health law 2010 Mar; 17(1): 97-9

Georgetown users check Georgetown Journal Finder for access to full text

Ogden, Russel D; Hamilton, William K; Whitcher, Charles

Assisted suicide by oxygen deprivation with helium at a Swiss right-to-die organisation.


Abstract: BACKGROUND: In Switzerland, right-to-die organisations assist their members with suicide by lethal drugs, usually barbiturates. One organisation, Dignitas, has experimented with oxygen deprivation as an alternative to sodium pentobarbitonal. OBJECTIVE: To analyse the process of assisted suicide by oxygen deprivation with helium and a common face mask and reservoir bag. METHOD: This study examined four cases of assisted suicide by oxygen deprivation using helium delivered via a face mask. Videos of the deaths were provided by the Zurich police. Dignitas provided protocol and consent information. RESULTS: One man and three women were assisted to death by oxygen deprivation. There was wide variation in the time to unconsciousness and the time to death, probably due to the poor mask fit. Swiss law prevented attendants from effectively managing the face mask apparatus. Purposeless movements of the extremities were disconcerting for Dignitas attendants, who are accustomed to assisting suicide with barbiturates. None of the dying individuals attempted self-rescue. CONCLUSIONS: The dying process of oxygen deprivation with helium is potentially quick and appears painless. It also bypasses the prescribing role of physicians, effectively demedicalising assisted suicide. Oxygen deprivation with a face mask is not acceptable because leaks are difficult to control and it may not eliminate rebreathing. These factors will extend time to unconsciousness and time to death. A hood method could reduce the problem of mask fit. With a hood, a flow rate of helium sufficient to provide continuous washout of expired gases would remedy problems observed with the mask.

Georgetown users check Georgetown Journal Finder for access to full text

Adams, Cynthia

Dying with dignity in America: the transformational leadership of Florence Wald.


Abstract: The aims of this study are to examine the constructs of transformational leadership as they played out for one nurse who steered significant change in the care of the dying in the United States and to provide deeper insights into how nursing leaders can design and direct meaningful changes in the delivery of health care in turbulent times. A significant problem was identified in how the terminally ill were treated in this country post World War II. The introduction of hospice care in the United States represented a paradigm shift in how the health care community viewed and treated dying patients. Critical to this transformation was the work of Florence Wald, who organized with community leaders, clergy, and other health care providers to create a vision and synergy around palliative care. She
was instrumental in opening the first American hospice in 1971 in Connecticut. Within 15 years, there were more than 1,000 hospices in the United States. A single case study design was chosen for this qualitative research grounded in the theory of transformational leadership (J.M. Burns, 1978). The study used narrative inquiry to conduct an in-depth exploration of Florence Wald's transformational leadership and the perceptions of the group of founders she organized to conceptualize, build, and open the first hospice in the United States. The participants chosen for interview were involved directly in the designing, planning, and beginning of the first American hospice. In addition to the seven in-depth interviews conducted in 2007 in Connecticut, this research examined three groups of documents from The Florence and Henry Wald Archives in the Yale University Library. The findings from both interviews and the Yale Archives showed that Florence Wald based her leadership on the strong values of reverence for life and social justice for all. To direct meaningful change, Florence Wald elevated the consciousness of her hospice team by conducting a 2-year research study on the needs of dying patients to ensure interventions were based on evidence. To encourage a high level of participation, Florence Wald demonstrated a caring component in her leadership with a strong commitment to mentoring. Wald worked to transform the quality of end-of-life care by assessing the readiness for change prior to acting and by working to provide supports for success. Finally, the findings showed that Florence Wald built consensus on vision before executing purposeful change by collaborating with the Founders and asking the hard questions to examine standards of care. Florence Wald provided transformational leadership in creating a value-driven culture of inquiry among the Founders where decision making was evidence-based and significantly improved the quality of palliative care in the United States. Nursing leaders who build upon the shared values to provide direction and promote momentum critical to the change will have more success in reaching strategic outcomes of transformational efforts. Transformational nursing leaders who build consensus on vision before executing purposeful change by collaborating with a wide group of stakeholders will encourage a broader ownership of the change. When nursing leaders work to elevate the consciousness of their work groups to direct meaningful change by developing and sustaining value-driven cultures of inquire, decisions will more directly align with evidence and support successful outcomes.
Abstract: This column concisely reviews: significant legal developments concerning medical futility and assisted suicide; three late-2009, early 2010 court cases involving neonatal medical futility disputes; and a number of cases involving the criminal enforcement of assisted suicide laws, as well as recent court cases and legislation aimed to legalize assisted suicide.

Georgetown users check Georgetown Journal Finder for access to full text

* Document 355
Hayes, Barbara
Trust and Distrust in CPR Decisions
Georgetown users check Georgetown Journal Finder for access to full text

http://www.springerlink.com/content/j77np47n3w2n/ (link may be outdated)

* Document 356
Burke, Greg F.
Medicine: notes and abstracts
National Catholic Bioethics Quarterly 2010 Spring; 10(1): 159-174
Georgetown users check Georgetown Journal Finder for access to full text

* Document 357
Buchman, Timothy G.
Surgeons and their patients near the end of life.
Critical Care Medicine 2010 March; 38(3): 995-996
Georgetown users check Georgetown Journal Finder for access to full text

* Document 358
Paris, John J.
Autonomy does not confer sovereignty on the patient: a commentary on the Golubchuk case.
American Journal of Bioethics 2010 March; 10(3): 54-56
Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.net/journal/issues.php (link may be outdated)

* Document 359
Zivot, Joel B.
The case of Samuel Golubchuk.
American Journal of Bioethics 2010 March; 10(3): 56-57
Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.net/journal/issues.php (link may be outdated)
Cantor, Norman L.

No ethical or legal imperative to provide life support to a permanently unaware patient.

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.net/journal/issues.php (link may be outdated)

Pope, Thaddeus Mason

The case of Samuel Golubchuk: the dangers of judicial deference and medical self-regulation.
American Journal of Bioethics 2010 March; 10(3): 59-61

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.net/journal/issues.php (link may be outdated)

Harvey, William

Clinical decisions without clinical judgment -- when a philosophy of medicine is absent in the ICU.
American Journal of Bioethics 2010 March; 10(3): 61-63

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.net/journal/issues.php (link may be outdated)

Hackler, Chris

Intent, authority, and tradition at the end of life.
American Journal of Bioethics 2010 March; 10(3): 64-65

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.net/journal/issues.php (link may be outdated)

Belanger, Susan

Check your advance directive at the door: transplantation and the obligation to live.

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.net/journal/issues.php (link may be outdated)
Bailey, Tracey M.; Leier, Brendan
The case of Samuel Golubchuk and the right to be spared an excruciating death.
American Journal of Bioethics 2010 March; 10(3): 67-68

Riddle, Christopher A.
The right to live: priority and the roles of physicians.
American Journal of Bioethics 2010 March; 10(3): 69-70

Murphy, Pat; Webster, George C.; Chaze, Brian
The problem with home remedies: Manitoba, doctors and unilateral decisions in end-of-life care.
American Journal of Bioethics 2010 March; 10(3): 71-73

Gesundheit, Benjamin
Reflections on the Golubchuk case.
American Journal of Bioethics 2010 March; 10(3): 73-74

Scottish Council on Human Bioethics [SCHB]
Euthanasia: position statement

Stein, Rob
Beneath the 'vegetative state' scientists find some alert minds.
Rousseau, Paul
The big picture
Georgetown users check Georgetown Journal Finder for access to full text

Aita, Kaoruko; Kai, Ichiro
Physicians' psychosocial barriers to different modes of withdrawal of life support in critical care: A qualitative study in Japan.
Social Science & Medicine 2010 February; 70(4): 616-622
Abstract: Despite a number of guidelines issued in Anglo-American countries over the past few decades for forgoing treatment stating that there is no ethically relevant difference between withholding and withdrawing life-sustaining treatments (LST), it is recognized that many healthcare professionals in Japan as well as some of their western counterparts do not agree with this statement. This research was conducted to investigate the barriers that prevent physicians from withdrawing specific LST in critical care settings, focusing mainly on the modes of withdrawal of LST, in what the authors believe was the first study of its kind anywhere in the world. In 2006-2007, in-depth, face-to-face, semistructured interviews were conducted with 35 physicians working at emergency and critical care facilities across Japan. We elicited their experiences, attitudes, and perceptions regarding withdrawal of mechanical ventilation and other LST. The process of data analysis followed the grounded theory approach. We found that the psychosocial resistance of physicians to withdrawal of artificial devices varied according to the modes of withdrawal, showing a strong resistance to withdrawal of mechanical ventilation that requires physicians to halt the treatment when continuation of its mechanical operation is possible. However, there was little resistance to the withdrawal of percutaneous cardiopulmonary support and artificial liver support when their continuation was mechanically or physiologically impossible. The physicians shared a desire for a "soft landing" of the patient, that is, a slow and gradual death without drastic and immediate changes, which serves the psychosocial needs of the people surrounding the patient. For that purpose, vaspressors were often withheld and withdrawn. The findings suggest what the Japanese physicians avoid is not what they call a life-shortening act but an act that would not lead to a soft landing, or a slow death that looks 'natural' in the eyes of those surrounding the patient. The purpose of constructing such a final scene is believed to fulfill the psychosocial needs of the patient's family and the physicians, who emphasize on how death feels to those surrounding the patient. Unless withdrawing LST would lead to a soft landing, Japanese clinicians, who recognize that the results of withdrawing LST affect not only the patient but those around the patient, are likely to feel that there is an ethically relevant difference between withholding and withdrawing LST.

Denier, Yvonne; Dierckx de Casterlé, Bernadette; De Bal, Nele; Gastmans, Chris
"It's intense, you know." Nurses' experiences in caring for patients requesting euthanasia.
Medicine, Health Care, and Philosophy 2010 February; 13(1): 41-48
Abstract: The Belgian Act on Euthanasia came into force on 23 September 2002, making Belgium the second country--after the Netherlands--to decriminalize euthanasia under certain due-care conditions. Since then, Belgian nurses have been increasingly involved in euthanasia care. In this paper, we report a qualitative study based on in-depth interviews with 18 nurses from Flanders (the Dutch-speaking part of Belgium) who have had experience in caring for patients requesting euthanasia since May 2002 (the approval of the Act). We found that the care process for patients requesting euthanasia is a complex and dynamic process, consisting of several stages, starting from the period preceding the euthanasia request and ending with the aftercare stage. When asked after the way in which they experience their involvement in the euthanasia care process, all nurses described it as a grave and difficult process, not only on an organizational and practical level, but also on an emotional level. "Intense" is the dominant feeling experienced by nurses. This is compounded by the presence of other feelings such as great concern and
responsibility on the one hand, being content in truly helping the patient to die serenely, and doing everything in one's power to contribute to this; but also feeling unreal and ambivalent on the other hand, because death is arranged. Nurses feel a discrepancy, because although it is a nice death, which happens in dignity and with respect, it is also an unnatural death. The clinical ethical implications of these findings are discussed.

---

Document 374

Clausen, Shawn

The ethical dilemma of life-prolonging medical devices.

American Family Physician 2010 January 1; 81(1): 15

Georgetown users check Georgetown Journal Finder for access to full text

Document 375

Sposato, Mark P

Medical futility.

U.S. Army Medical Department journal 2010 Jan-Mar: 28-32

Georgetown users check Georgetown Journal Finder for access to full text

Document 376

Daly, Barbara J

Introduction: Interview with Barbara J. Daly, RN, PhD, FAAN, Gertrude Perkins Oliva Professor of Oncology Nursing, Case Western Reserve University, and Director, Clinical Ethics, University Hospitals Case Medical Center. Interviewed by Clareen Wienczak.

AACN advanced critical care 2010 Jan-Mar; 21(1): 41-3

Georgetown users check Georgetown Journal Finder for access to full text

Document 377

Díez Fernández, José Antonio

[Patients' autonomy and doctors' duties according to the Andalusian bill of "dignified death"]. = Autonomía del Paciente y Deberes del Médico en el Proyecto de Ley Andaluza de "Muerte Digna"

Cuadernos de bioética : revista oficial de la Asociación Española de Bioética y Ética Médica 2010 Jan-Apr; 21(71): 51-60

Abstract: The provisions of the Andalusian Law on rights and guarantees of the dignity of persons in the process of death, also known as "act of dignified death", are based on two pillars: the right to the autonomy of the patient, supported, if it be, in a will expressed in instructions given in advance and the duties of doctors and health centers to give satisfaction, to the extent of their potential and respecting the law, those demands. The core of the question is to find the point of necessary balance between the wishes of the patient and the freedom and responsibility of the doctor. Together with positive aspects, such as the recognition of the right and the implementation of the palliative care, there are other questionable proposals, affecting the rights of doctors: a lack of understanding of freedom and professional responsibility, recognition of the objection of conscience and certain ethics duties, etc. As expressed by the law, remain committed substantial rights of doctors and might favor, in the care activity, introducing practices of defensive medicine.

Georgetown users check Georgetown Journal Finder for access to full text
Andruszkiewicz, Pawel; Kąski, Andrzej; Konopka, Piotr
[Resuscitation decision in cases of hospital cardiac arrest–current practices and opinions of physicians].
Decyzja o podejmowaniu resuscytacji w przypadku szpitalnego zatrzymania krazenia–aktualna praktyka i poglady lekarzy.
Anestezjologia intensywna terapia 2010 Jan-Mar; 42(1): 19-23
Abstract: BACKGROUND: DNAR is the procedure when CPR is not undertaken as it appears to conflict with the patient's will or may not be in his or her best interests due to medical futility. DNAR decisions should be carefully discussed in advance by the medical team and patients and finally formally documented. DNAR orders are still extremely rare in Polish hospitals and decisions to forgo CPR are usually made at the very last moment. Therefore, we compare actual practice and opinions of physicians related to DNAR decisions.

* Document 379
Buiting, H.M.; van der Heide, A.; Onwuteaka-Philipsen, B.D.; Runup, M.L.; Rietjens, J.A. C.; Borsboom, G.; van der Maas, P.J.; van Delden, J.J.M.
Physicians' labelling of end-of-life practices: a hypothetical case study.
Journal of Medical Ethics 2010 January; 36(1): 24-9
Abstract: OBJECTIVES: To investigate why physicians label end-of-life acts as either 'euthanasia/ending of life' or 'alleviation of symptoms/palliative or terminal sedation', and to study the association of such labelling with intended reporting of these acts. METHODS: Questionnaires were sent to a random, stratified sample of 2100 Dutch physicians (response: 55%). They were asked to label six hypothetical end-of-life cases: three 'standard' cases and three cases randomly selected (out of 47), that varied according to (1) type of medication, (2) physician's intention, (3) type of patient request, (4) patient's life expectancy and (5) time until death. We identified the extent to which characteristics of cases are associated with physician's labelling, with multilevel multivariable logistic regression. RESULTS: The characteristics that contributed most to labelling cases as 'euthanasia/ending of life' were the administration of muscle relaxants (99% of these cases were labelled as 'euthanasia/ending of life') or disproportional morphine (63% of these cases were labelled accordingly). Other important factors were an intention to hasten death (54%) and a life expectancy of several months (46%). Physicians were much more willing to report cases labelled as 'euthanasia' (87%) or 'ending of life' (56%) than other cases. CONCLUSIONS: Similar cases are not uniformly labelled. However, a physicians' label is strongly associated with their willingness to report their acts. Differences in how physicians label similar acts impede complete societal control. Further education and debate could enhance the level of agreement about what is physician-assisted dying, and thus should be reported, and what not.

* Document 380
Freeman, J.M.
Rights, respect for dignity and end-of-life care: time for a change in the concept of informed consent.
Journal of Medical Ethics 2010 January; 36(1): 61-2
Abstract: The current concepts of autonomy, surrogate autonomy and informed consent often lead to futile and expensive care at the ends of life. They may impinge on the dignity of the patient as well as subject society to unwarranted expense. In order to provide affordable healthcare for all, these concepts are in need of modification.

* Document 381
Hirano, Yuko; Yamazaki, Yoshihiko
Ethical issues in invasive mechanical ventilation for amyotrophic lateral sclerosis.
Nursing Ethics 2010 January;17(1): 51-63
Abstract: Currently in Japan, discontinuing an invasive mechanical ventilator (IMV) is illegal; therefore IMV-related decision making is a crucial issue. This study examined IMV decision-making factors and psychological conflict in 50 patients with amyotrophic lateral sclerosis. The Herth Hope Index was used for the assessment of pre- and post-IMV conflict. Interviews identified some decision-making factors: patient's decision, patient's and family's mutual decision, family's decision, and emergency-induced without patient's or family's consent. Participants who experienced no IMV-related regret received sufficient prior IMV education from physicians and nurses, and time for reflection and family consultation. Their hope was similar to their pre-onset levels. Patients who received no prior IMV education accepted treatment as a natural progression. Their hope levels were lower than pre-onset. Those who received only a brief prior IMV explanation rejected the ventilator, experiencing regret if they were given an emergency IMV. Their hope levels were among the lowest. However, some of these patients managed to overcome their regret through being helped by nurses. Sufficient physician explanation and nursing advocacy for autonomous patient decision making are critical for improving hope in this patient group.

Georgetown users check Georgetown Journal Finder for access to full text

Geppert, Cynthia M.A.; Andrews, Maria R.; Druyan, Mary Ellen
Ethical issues in artificial nutrition and hydration: a review.
Abstract: Healthcare professionals often face clinical and ethical challenges when charged with making decisions related to provision or lack of provision of artificial nutrition and hydration. The intent of this review is to supply a framework of clinical practices, ethical principles, legal precedents, and professional guidelines that will impart information and can assist decision making regarding artificial nutrition and hydration. Comprehensive understanding of the theory and practice of informed consent for competent adults, decisionally incompetent adults, and minors is necessary for making valid clinical judgments and for guiding patients and their families or surrogates in choosing options related to initiating, withholding, or withdrawing artificial nutrition and hydration. The framework offered in this review can serve as a basis for evaluation of appropriateness of artificial nutrition and hydration in 3 common conditions in which decision making is particularly challenging: terminal illness, advanced dementia, and a persistent vegetative state. The framework facilitates guidance for institutional policy makers and individual nutrition support professionals dealing with situations in which personal values often create ethical dilemmas related to artificial nutrition and hydration and its utility.

Georgetown users check Georgetown Journal Finder for access to full text

Watanabe, Tomoyuki; Sugiyama, Masaki; Satoh, Takeshi; Makigami, Kuniko
Elective single-vessel percutaneous coronary intervention in a vegetative state patient.
Geriatrics & Gerontology International 2010 January; 10(1): 102-106
Abstract: A 73-year-old male in a persistent vegetative state underwent percutaneous coronary intervention (PCI) for unstable angina with multiple-vessel stenosis. The maximum dose pharmaceutical therapy was ineffective in controlling his symptoms. The goal of the procedure was to alleviate the patient's severe chest pain and vomiting with minimal invasion and risk. The procedure was effective despite treating only the culprit artery. Symptoms disappeared immediately after PCI and the patient remained attack free for 12 months. With the consent of the patient's family and support of medical staff, elective single-vessel PCI can be a practical and effective treatment option for refractory angina in patients with impaired consciousness.

Georgetown users check Georgetown Journal Finder for access to full text

Berger, Jeffrey T.
Insult to injury: ethical confusion in American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care.
American Journal of Bioethics 2010 January; 10(1): 68-70

*
Document 385
Hackler, Chris
*It's bigger than CPR and futility: withholding medically inappropriate care.*
American Journal of Bioethics 2010 January; 10(1): 70-71

Document 386
Iserson, Kenneth V.

Document 387
Scripko, Patricia Diane; Greer, David Matthew
*Practical considerations for reviving the CPR/DNR conversation.*
American Journal of Bioethics 2010 January; 10(1): 74-75

Document 388
Gainty, Caitjan; Rees, Geoffrey; Brauner, Daniel
*History matters.*
American Journal of Bioethics 2010 January; 10(1): 76-77

Document 389
Ells, Carolyn
*Levels of intervention: communicating with more precision about planned use of critical interventions.*
American Journal of Bioethics 2010 January; 10(1): 78-79
Document 390

Feen, Eli
Leave current system of universal CPR and patient request of DNR orders in place.
American Journal of Bioethics 2010 January; 10(1): 80-81
Georgetown users check Georgetown Journal Finder for access to full text

Document 391

Pope, Thaddeus Mason
Restricting CPR to patients who provide informed consent will not permit physicians to unilaterally refuse requested CPR.
American Journal of Bioethics 2010 January; 10(1): 82-83
Georgetown users check Georgetown Journal Finder for access to full text

Document 392

Truog, Robert D.
The conversation around CPR/DNR should not be revived -- at least for now.
American Journal of Bioethics 2010 January; 10(1): 84-85
Georgetown users check Georgetown Journal Finder for access to full text

Document 393

Loertscher, Laura; Reed, Darcy A.; Bannon, Michael P.; Mueller, Paul S.
Cardiopulmonary resuscitation and do-not-resuscitate orders: a guide for clinicians.
American Journal of Medicine 2010 January; 123(1): 4-9
Abstract: The do-not-resuscitate order, introduced nearly a half century ago, continues to raise questions and controversy among health care providers and patients. In today's society, the expectation and availability of medical interventions, including at the end of life, have rendered the do-not-resuscitate order particularly relevant. The do-not-resuscitate order is the only order that requires patient consent to prevent a medical procedure from being performed; therefore, informed code status discussions between physicians and patients are especially important. Epidemiologic studies have informed our understanding of resuscitation outcomes; however, patient, provider, and institutional characteristics account for great variability in the prevalence of do-not-resuscitate orders. Specific strategies can improve the quality of code status conversations and enhance end-of-life care planning. In this article, we review the history, epidemiology, and determinants of do-not-resuscitate orders, as well as frequently encountered questions and recommended strategies for discussing this important topic with patients.
Georgetown users check Georgetown Journal Finder for access to full text

Document 394

Hirano, Yuko; Yamazaki, Yoshihiko
Ethical issues in invasive mechanical ventilation for amyotrophic lateral sclerosis.
Nursing Ethics 2010 January; 17(1): 51-63

Abstract: Currently in Japan, discontinuing an invasive mechanical ventilator (IMV) is illegal; therefore IMV-related decision making is a crucial issue. This study examined IMV decision-making factors and psychological conflict in 50 patients with amyotrophic lateral sclerosis. The Herth Hope Index was used for the assessment of pre- and post-IMV conflict. Interviews identified some decision-making factors: patient's decision, patient's and family's mutual decision, family's decision, and emergency-induced without patient's or family's consent. Participants who experienced no IMV-related regret received sufficient prior IMV education from physicians and nurses, and time for reflection and family consultation. Their hope was similar to their pre-onset levels. Patients who received no prior IMV education accepted treatment as a natural progression. Their hope levels were lower than pre-onset. Those who received only a brief prior IMV explanation rejected the ventilator, experiencing regret if they were given an emergency IMV. Their hope levels were among the lowest. However, some of these patients managed to overcome their regret through being helped by nurses. Sufficient physician explanation and nursing advocacy for autonomous patient decision making are critical for improving hope in this patient group.

Georgetown users check [Georgetown Journal Finder](http://www.chausa.org/2010_annual_index.aspx) for access to full text

---

Taylor, Robert M; Gustin, Jillian L; Wells-DiGregorio, Sharla M

Improving do-not-resuscitate discussions: a framework for physicians.
Journal of Supportive Oncology 2010 January-February; 8(1): 42-44

*Georgetown users check [Georgetown Journal Finder](http://www.chausa.org/2010_annual_index.aspx) for access to full text

---

Dunklee, Lawrence G.

Communicating the Directives to physicians. Case scenarios help doctors understand the deeper significance.
Health Progress 2010 January-February; 91(1): 73-77

*Georgetown users check [Georgetown Journal Finder](http://www.chausa.org/2010_annual_index.aspx) for access to full text

---

Freeman, J.M.

Rights, respect for dignity and end-of-life care: time for a change in the concept of informed consent.
Journal of Medical Ethics 2010 January; 36(1): 61-62

Abstract: The current concepts of autonomy, surrogate autonomy and informed consent often lead to futile and expensive care at the ends of life. They may impinge on the dignity of the patient as well as subject society to unwarranted expense. In order to provide affordable healthcare for all, these concepts are in need of modification.

*Georgetown users check [Georgetown Journal Finder](http://www.chausa.org/2010_annual_index.aspx) for access to full text

---

Scott, Shirley A.

Life-support interventions at the end of life: unintended consequences.
American Journal of Nursing 2010 January; 110(1): 32-41

Abstract: OVERVIEW: Patients and family members often aren't aware that the use of life-support interventions at the end of life-when the body's systems and organs are failing-can have unintended consequences. Nurses need to be knowledgeable and able to communicate what they know about those consequences to patients, family members,
and others on the health care team, leading to better decision making at this difficult time.

Georgetown users check Georgetown Journal Finder for access to full text

http://journals.lww.com/ajnonline/toc/2010/01000 (link may be outdated)

---

Document 399
ECRI
NUTRITION AND HYDRATION

Document 400
Rotzoll, Maike
DIE NATIONALSOZIALISTISCHE "EUTHANASIE"-AKTION "T4" UND IHRE OPFER: GESCHICHTE UND ETHEISCHE KONSEQUENZEN FÜR DIE GEGENWART

Document 401
Dorman, Jennifer, ed.
THE RIGHT TO DIE
Call number: R726 .R497 2010

Document 402
Benzenhöfer, Udo
EUTHANASIA IN GERMANY BEFORE AND DURING THE THIRD REICH
Call number: R726 .B39713 2010

Document 403
Overbeek, Berno U H; Lavrijzen, Jan C M; Eilander, Henk J
[Vegetative or minimally conscious state?]. = Vegetatief of laagbewust? Het moeilijke onderscheid tussen niets weten en een beetje.
Nederlands tijdschrift voor geneeskunde 2010; 154(45): A1890
Abstract: We describe the clinical course of a 51-year-old woman in a vegetative state and of a 63-year-old woman in a minimally conscious state. The difference between these two states is an important one, as clinical course, prognosis and medical-ethical considerations of both are different. In practice it is difficult to distinguish between a vegetative state and a minimally conscious state, but the use of a Post-Acute Level of Consciousness scale helps to illustrate the differences. Expertise, research, and application of functional neuro-imaging techniques (PET, fMRI) might also be useful. The differences between these two states regarding rehabilitation, pain management and medical-ethical decisions are important. The effects of neuro-rehabilitation and the implications of a minimally conscious state for patients and their proxies need further investigation.

Georgetown users check Georgetown Journal Finder for access to full text
Document 404

Johnson, Sandra

The Catholic bishops, the law, and nutrition and hydration: an historical footnote.
Annals of health law / Loyola University Chicago, School of Law, Institute for Health Law 2010; 19(1 Spec No): 97-102

Georgetown users check Georgetown Journal Finder for access to full text

Document 405

Shea, Fredericka K

Hurricane Katrina and the legal and bioethical implications of involuntary euthanasia as a component of disaster management in extreme emergency situations.
Annals of health law / Loyola University Chicago, School of Law, Institute for Health Law 2010; 19(1 Spec No): 133-9

Georgetown users check Georgetown Journal Finder for access to full text

Document 406

von Engelhardt, Dietrich

[Euthanasia in history and the present - in the spectrum between euthanasia and terminal care]. = Euthanasie in Geschichte und Gegenwart– im Spektrum zwischen Lebensbeendigung und Sterbebeistand.
Acta historica Leopoldina 2010(55): 187-212

Abstract: Euthanasia signifies in antiquity an easy and happy death and not at all an active termination of life, which was forbidden in the Hippocratic oath, but justified by philosophers. In the Christian middle ages active euthanasia and abortion are explicitly refused. At the beginnings of modern times MORE (1516) and BACON (1623) plead for euthanasia and differentiate for the first time between "euthanasia interior" as a mental preparation and "euthanasia exterior" as a physical and direct termination of life. Around 1900 a change takes place—in medicine as well as in the humanities and arts. The lawyer Karl BINDING and the psychiatrist Alfred HOCHÉ (1920) support active euthanasia in the case of mental deficiency; similar views are taken by the population. Under the "Third Reich" euthanasia unlawfully is carried out as termination of life without or even against consent. Today oaths, declarations and laws are intended to prevent such a "medicine without humanity" (MITSCHERLICH and MIELKE 1947). Active voluntary euthanasia is under certain conditions allowed by the legislation in some countries (Netherlands, Belgium, Luxembourg). Essential seem the consideration of different types of euthanasia and above all a psychical-mental assistance in the process of dying. The height of culture is measured by dealing with death and dying.

Georgetown users check Georgetown Journal Finder for access to full text

Document 407

Kasule, Omar Hasan

DNR: an Islamic formulation
http://jima.imana.org/article/view/5128/42_1_7 [2011 June 9]

Georgetown users check Georgetown Journal Finder for access to full text

http://jima.imana.org/ (link may be outdated)

Document 408

Barilan, Yechiel M

The dilemma of good clinical practice in the study of compromised standards of care.
Abstract: Four ethical issues loom over the study by Lieberman and colleagues—the absence of informed consent, the study being non-interventional in situations that typically call for life-saving interventions, the bias involved in doctors that study their own problematic practice and monopoly over intensive care unit triage, and ageism. We learn that the Israeli doctors in this study never make no-treatment decisions regarding patients in need of mechanical ventilation. They are complicit with botched standards of care for these patients, however, accepting without much doubt an ethos of scarce resources and poor managerial habits. The main two practical lessons to be taken from this study are that, for patients in need of mechanical ventilation, compromised care is better than a policy of intubation only when the intensive care unit is available, and that vigorous efforts are needed in order to extirpate ageism.

Domestic users check [Georgetown Journal Finder] for access to full text

---

Abstract: The transformation from the early to late modernity initiated in the Western societies has touched the medicine and entered Lithuania as well. Changes affect not only human values, but also attitude toward a patient. A patient is seen more as a person with social needs until the end of his/her life. It is especially difficult to retain such attitude to the patient in intensive care units. Studies conducted abroad report the importance of the contacts and support of the relatives to the patients in intensive care units. Attention from the medical personnel, easy understandable information, liberal visiting—all together increase the satisfaction and confidence with medical care provided. In Lithuania, the above-mentioned attitude toward patients is still not common. The objective of this study was to reveal the important aspects of the transformation of attitude to the patient and his/her social environment by analyzing the possibilities of social interactions in an intensive care unit. METHODS: The study employed an ethnomethodological qualitative approach with semi-structured interviews; participatory observations in an intensive care unit; self-analysis and qualitative content analysis; two nurses and four relatives of the patients at the intensive care unit were interviewed. Six relatives refused to give interviews. The results showed that the relatives want to stay close to the patients in an intensive care unit, even though this causes very strong emotional feelings. The relatives of the patients understand the visiting as a possibility for "silent communication," support, maintaining human relationships and in the same way reducing their own worries. The relatives expect support from medical staff. Nursing personnel do not comprehend the meaning of such behavior of the relatives and usually treat the relatives as an additional stress factor. CONCLUSIONS: The relationship between the medical personnel and the patients is restricted to instrumental communication, which is a feature of the early modernity. The process of attitude transformation, common in the Western countries, when a patient is treated not only as biological but also as a social person, is only at the initial stage in Lithuania.

Domestic users check [Georgetown Journal Finder] for access to full text

---

Struck-off GP admits to killing two patients without their consent.

BMJ (Clinical research ed.) 2010 340(): c3346

Domestic users check [Georgetown Journal Finder] for access to full text

---

Revisions to 'Ethical and Religious Directives for Catholic Health Care Services'

Origins 2009 December 3; 39(26): 434-435

Domestic users check [Georgetown Journal Finder] for access to full text
**Document 412**
Shaw, David M.

An extra reason to roll the dice: balancing harm, benefit and autonomy in 'futile' cases
Clinical Ethics 2009 December; 5(4): 217-219

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 413**
Smith, Beverly

Cradled between heaven and earth. A reply to my patient's family: why I couldn't offer active euthanasia when you asked for it

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 414**
Jotkowitz, Alan B.; Glick, Shimon

The Israeli Terminally Ill Patient Law of 2005

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 415**
Minooka, Masako

[Rethinking artificial hydration and nutrition for end-stage Alzheimer's disease patients from a bioethical point of view--evidence based ethics]
Gan to kagaku ryoho. Cancer & chemotherapy 2009 Dec; 36 Suppl 1(): 72-4

**Abstract:** Due to an increase in the number of patients suffering from Alzheimer's disease, issues relating to withholding and withdrawing of life-prolonging treatment (artificial hydration and nutrition) are in urgent need of discussion. In the ethical thinking, not only patient's autonomy (Value) but also scientific evidence (Fact) is important (= evidence based ethics). There are evidences in foreign countries that indicate tube feeding does not prevent aspiration pneumonia, does not prolong survival and does not reduce the risk of infection. In Japan, we do not have objective data on the efficacy of tube feeding. Artificial hydration and nutrition is implemented just for improving malnutrition without ethical thinking. To implement tube feeding appropriately for the end-stage Alzheimer's disease patients, an identification of objective evidence and prevalence of advanced directive in Japan are important.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 416**
Watson, James D.E.

The harm of premature death: immortality-the transhumanist challenge
Ethical Perspectives 2009 December; 16(4): 435-457

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Document 417
Howland, John S.
A defense of assisted nutrition and hydration in patients with dementia
National Catholic Bioethics Quarterly 2009 Winter; 9(4): 697-710
Abstract: tba
Georgetown users check Georgetown Journal Finder for access to full text

Document 418
Partridge, Brad; Underwood, Mair; Lucke, Jayne; Bartlett, Helen; Hall, Wayne
Ethical concerns in the community about technologies to extend human life span.
American Journal of Bioethics 2009 December; 9(12): 68-76
Abstract: Debates about the ethical and social implications of research that aims to extend human longevity by intervening in the ageing process have paid little attention to the attitudes of members of the general public. In the absence of empirical evidence, conflicting assumptions have been made about likely public attitudes towards life-extension. In light of recent calls for greater public involvement in such discussions, this target article presents findings from focus groups and individual interviews which investigated whether members of the general public identify ethical issues surrounding life-extension, and if so, what these ethical issues are? In this study, while some participants were concerned primarily with the likely personal consequences of life-extension, for others the question of whether or not to pursue interventions to extend longevity, and how they should be implemented, clearly raised important ethical issues, many of which have been prominent in debates among bioethicists.
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bioethics.net/journal/issues.php (link may be outdated)

Document 419
Jones, D. Gareth; Whitaker, Maja I.
Finding a context for discussing human life-extension.
American Journal of Bioethics 2009 December; 9(12): 77-79
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bioethics.net/journal/issues.php (link may be outdated)

Document 420
Bunn, Adrian
Evaluating life extension from a narrative perspective.
American Journal of Bioethics 2009 December; 9(12): 79-80
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bioethics.net/journal/issues.php (link may be outdated)

Document 421
Settersten, Richard A., Jr.; Fishman, Jennifer R.; Lambrix, Marcie A.; Flatt, Michael A.; Binstock, Robert H.
The salience of language in probing public attitudes about life extension.
American Journal of Bioethics 2009 December; 9(12): 81-82

Document 422
Duffy, Christine
The space in between.
Journal of general internal medicine 2009 Nov; 24 Suppl 2: S429

Document 423
Bitsori, Maria; Georgopoulos, Dimitrios; Galanakis, Emmanouil
The question of futility and Roger C. Bone.
Medicine, health care, and philosophy 2009 Nov; 12(4): 477-81
Abstract: Medical futility, one of the most debated end-of-life issues in medical ethics, has been discussed among physicians and scholars for years but remained an unresolved question. Roger C. Bone (1941-1997), an outstanding pulmonologist and critical care specialist, devoted his last years to ethical issues of terminal care, while facing himself metastatic renal cancer. Criticising the abuse of technology in terminal care and the administrative and financial interference on medical decisions, he bequeathed important points on futility, bringing also patients’ views into attention. He stressed the importance of physician-patient relationship and prompted physicians to remain honest with their patients and stand with them till their very last moments. Roger Bone's insight of futility, terminal care and physician-patient relationship remains an important legacy for health care professionals and for families and patients facing end-of-life issues.

Document 424
Wright, James L.
Quality of life by proxy: a risky business
Health Progress 2009 November-December; 90(6): 51-53

Document 425
Bitsori, Maria; Georgopoulos, Dimitrios; Galanakis, Emmanouil
The question of futility and Roger C. Bone.
Medicine, Health Care, and Philosophy 2009 November; 12(4): 477-481
Abstract: Medical futility, one of the most debated end-of-life issues in medical ethics, has been discussed among physicians and scholars for years but remained an unresolved question. Roger C. Bone (1941-1997), an outstanding pulmonologist and critical care specialist, devoted his last years to ethical issues of terminal care, while facing himself metastatic renal cancer. Criticising the abuse of technology in terminal care and the administrative and financial interference on medical decisions, he bequeathed important points on futility, bringing also patients’ views into attention. He stressed the importance of physician-patient relationship and prompted physicians to remain honest with their patients and stand with them till their very last moments. Roger Bone's insight of futility, terminal care and physician-patient relationship remains an important legacy for health care professionals and for families and patients facing end-of-life issues.
Document 426

Barilan, Y. Michael

Nozick's experience machine and palliative care: revisiting hedonism.

Medicine, Health Care, and Philosophy 2009 November; 12(4): 399-407

**Abstract:** In refutation of hedonism, Nozick offered a hypothetical thought experiment, known as the Experience Machine. This paper maintains that end-of-life-suffering of the kind that is resistant to state-of-the-art palliation provides a conceptually equal experiment which validates Nozick's observations and conclusions. The observation that very many terminal patients who suffer terribly do no wish for euthanasia or terminal sedation is incompatible with motivational hedonism. Although irreversible vegetative state and death are equivalently pain-free, very many people loath the former even at the price of the latter. This attitude cannot be accounted for by hedonism. Following these observations, the goals of palliative care are sketched along four circles. The first is mere removal or mitigation of noxious symptoms and suffering. The second targets sufferings that stymie patients' life-plans and do not allow them to be happy, the third targets sufferings that interfere with their pursuance of other goods (palliation as a primary good). The fourth is the control of sufferings that do not allow the person to benefit from any human good whatsoever ("total pain" or critical suffering). Only in the fourth circle are people hedonists.

Georgetown users check [Georgetown Journal Finder](http://www.springerlink.com/content/102960/) for access to full text

Document 427

Berlinger, Nancy

Getting right with guidelines. [field notes]

Hastings Center Report 2009 November-December; 39(6): inside front cover

Georgetown users check [Georgetown Journal Finder](http://www.thehastingscenter.org/Publications/HCR/Default.aspx) for access to full text

Document 428

Schotsmans, Paul; Gastmans, Chris

How to deal with euthanasia requests: a palliative filter procedure.


Georgetown users check [Georgetown Journal Finder](http://journals.cambridge.org/action/displayJournal?jid=CQH) for access to full text

Document 429

MacGilles, Alec

The unwitting birthplace of the "Death Panel" myth; in Wisconsin, a pioneering program

Washington Post 2009 September 4; p. A1, A4

[http://www.washingtonpost.com](http://www.washingtonpost.com)
* Document 430
Cowan, Dale H.
United States laws and the rights of the terminally ill
Georgetown users check Georgetown Journal Finder for access to full text

* Document 431
Orr, Robert D.
Continuing "futile" ICU support at relative's insistence
Ethics & Medicine 2009 Fall; 25(3): 145-147
Georgetown users check Georgetown Journal Finder for access to full text

* Document 432
Biondi, Stefano
Can good law make up for bad politics? The case of Eluana Englaro.
Medical law review 2009 Autumn; 17(3): 447-56
Georgetown users check Georgetown Journal Finder for access to full text

* Document 433
van der Steen, Jenny T; Helton, Margaret R; Ribbe, Miel W
Prognosis is important in decisionmaking in Dutch nursing home patients with dementia and pneumonia.
International journal of geriatric psychiatry 2009 Sep ; 24(9): 933-6
Abstract: OBJECTIVE: To explore how physicians treating nursing home residents with dementia and pneumonia in the Netherlands consider prognosis in their treatment decision. METHODS: Survey study with data collected between July 2006 and March 2008. Physicians (n = 69) from 54 nursing homes in the Netherlands completed a questionnaire on symptoms, treatment, and prognosis for their next dementia patient newly diagnosed with pneumonia. They were also asked a general question regarding withholding antibiotic treatment and prognosis. Outcome was assessed at least two months afterwards. Two-week mortality risk if treated with antibiotics was calculated with a validated prognostic score. RESULTS: The patients not treated with antibiotics had high (92%) actual 2-week mortality while only 12% of patients treated with antibiotics died. Physicians believed that mortality risk was high in the untreated group and would have been only slightly lower if treated with antibiotics (mean estimated risk 73%), which was higher than predicted from the risk score (42%). In general, three-quarters of physicians considered withholding antibiotics appropriate for mortality risks between 75% and 90%. CONCLUSIONS: Prognosis is an important consideration when Dutch nursing home physicians make antibiotic treatment decisions for patients with dementia and pneumonia. This suggests they prefer not to treat with antibiotics when to do so is probably futile. Physicians in other countries may hold different views on futility, which should be addressed in larger, cross-national comparative studies.
Georgetown users check Georgetown Journal Finder for access to full text

* Document 434
Schildmann, Jan; Vollmann, Jochen
Empirische Forschung in der Medizinethik: Methodenreflexion und forschungspraktische Herausforderungen am Beispiel eines mixed-method Projekts zur ärztlichen Handlungspraxis am Lebensende
Ethik in der Medizin 2009 September; 21(3): 259-269
Document 435

Brennan, Frank

In life and death: how do we honour the patient's autonomy and the doctor's conscience?

Bioethics Outlook 2009 September; 20(3): 1-15

Document 436

Spronk, Peter E.; Kuiper, Alexej V.; Rommes, Johannes H.; Korevaar, Joke C.; Schultz, Marcus J.

The practice of and documentation on withholding and withdrawing life support: a retrospective study in two Dutch intensive care units.

Anesthesia and Analgesia 2009 September; 109(3): 841-846

Document 437

Schwarz, Judith K.

Stopping eating and drinking: this is one option for 'decisionally capable' adults who wish to hasten dying.

What are the ethical and legal implications for nurses?

AJN: American Journal of Nursing 2009 September; 109(9): 52-61

Document 438

Shaw, David M.

Euthanasia and eudaimonia.

Journal of Medical Ethics 2009 September; 35(9): 530-533

Abstract: This paper re-evaluates euthanasia and assisted suicide from the perspective of eudaimonia, the ancient Greek conception of happiness across one's whole life. It is argued that one cannot be said to have fully flourished or had a truly happy life if one's death is preceded by a period of unbearable pain or suffering that one cannot avoid without assistance in ending one's life. While death is to be accepted as part of life, it should not be left to nature to dictate the way we die, and it is fundamentally unjust to grant people liberal latitude in how they live their lives while granting them little control over the conclusion of their life narratives. Three objections to this position are considered and rejected; the paper also offers an explanation of why we think killing can be a benefit. Ultimately, euthanasia may be necessary in some cases in order to achieve eudaimonia.

Document 439

Travaline, John M.; Burke, Greg F.; Isajiw, George; White, R. Steven; Pitre, Thomas; Rybak, Leonard P.; Breschi, Louis C.; Williams, William V.; Brehany, John F.

Response to the Consortium of Jesuit Bioethics Programs statement "Undue Burden?"

Linacre Quarterly 2009 August; 76(3): 296-303
**Document 440**
Haas, John M.; Cioffi, Alfred; Furton, Edward J.; Hilliard, Marie; Napier, Stephen; Pacholczyk, Tadeusz
A defense of the Vatican on ANH
Linacre Quarterly 2009 August; 76(3): 291-295

**Document 441**
Brugger, E. Christian
Reply to the Jesuit Consortium
Linacre Quarterly 2009 August; 76(3): 283-290

**Document 442**
Rietjens, J.A.C.; van Tol, D.G.; Schermer, M.; van der Heide, A.
Judgement of suffering in the case of a euthanasia request in The Netherlands.
Journal of Medical Ethics 2009 August; 35(8): 502-507

**Abstract:** INTRODUCTION: In The Netherlands, physicians have to be convinced that the patient suffers unbearably and hopelessly before granting a request for euthanasia. The extent to which general practitioners (GPs), consulted physicians and members of the euthanasia review committees judge this criterion similarly was evaluated.
METHODS: 300 GPs, 150 consultants and 27 members of review committees were sent a questionnaire with patient descriptions. Besides a "standard case" of a patient with physical suffering and limited life expectancy, the descriptions included cases in which the request was mainly rooted in psychosocial or existential suffering, such as fear of future suffering or dependency. For each case, respondents were asked whether they recognised the case from their own practice and whether they considered the suffering to be unbearable.
RESULTS: The cases were recognisable for almost all respondents. For the "standard case" nearly all respondents were convinced that the patient suffered unbearably. For the other cases, GPs thought the suffering was unbearable less often (2-49%) than consultants (25-79%) and members of the euthanasia review committees (24-88%). In each group, the suffering of patients with early dementia and patients who were "tired of living" was least often considered to be unbearable.
CONCLUSIONS: When non-physical aspects of suffering are central in a euthanasia request, there is variance between and within GPs, consultants and members of the euthanasia committees in their judgement of the patient's suffering. Possible explanations could be differences in their roles in the decision-making process, differences in experience with evaluating a euthanasia request, or differences in views regarding the permissibility of euthanasia.

**Document 443**
Wilkinson, D.J.; Kahane, G.; Home, M.; Savulescu, J.
Functional neuroimaging and withdrawal of life-sustaining treatment from vegetative patients.
Journal of Medical Ethics 2009 August; 35(8): 508-511

**Abstract:** Recent studies using functional magnetic resonance imaging of patients in a vegetative state have raised the possibility that such patients retain some degree of consciousness. In this paper, the ethical implications of such findings are outlined, in particular in relation to decisions about withdrawing life-sustaining treatment. It is sometimes assumed that if there is evidence of consciousness, treatment should not be withdrawn. But, paradoxically, the discovery of consciousness in very severely brain-damaged patients may provide more reason to let them die.

http://jme.bmj.com (link may be outdated)
Although functional neuroimaging is likely to play an increasing role in the assessment of patients in a vegetative state, caution is needed in the interpretation of neuroimaging findings.

Document 444

Lemiengre, Joke; Dierckx de Casterlé, Bernadette; Denier, Yvonne; Schotsmans, Paul; Gastmans, Chris

Content analysis of euthanasia policies of nursing homes in Flanders (Belgium).

Abstract: OBJECTIVES: To describe the form and content of ethics policies on euthanasia in Flemish nursing homes and to determine the possible influence of religious affiliation on policy content. METHODS: Content analysis of euthanasia policy documents. RESULTS: Of the 737 nursing homes we contacted, 612 (83%) completed and returned the questionnaire. Of 92 (15%) nursing homes that reported to have a euthanasia policy, 85 (92%) provided a copy of their policy. Nursing homes applied the euthanasia law with additional palliative procedures and interdisciplinary deliberations. More Catholic nursing homes compared to non-Catholic nursing homes did not permit euthanasia. Policies described several phases of the euthanasia care process as well as involvement of caregivers, patients, and relatives; ethical issues; support for caregivers; reporting; and procedures for handling advance directives. CONCLUSION: Our study revealed that euthanasia requests from patients are seriously considered in euthanasia policies of nursing homes, with great attention for palliative care and interdisciplinary cooperation.

Document 445

McCoubrie, Rachel

AND ("allow natural death")-- could it make a difference?

Document 446

Beca, Juan Pablo; Rosselot, Eduardo; Asenjo, René; Anguita, Verónica; Quevedo, Rafael

Deactivating cardiac pacemakers and implantable cardioverter defibrillators in terminally ill patients.

Document 447

Ansuátegui Roig, Francisco Javier

Euthanasia, philosophy, and the law: a jurist's view from Madrid.
Document 448

Quaghebeur, Toon; Dierckx de Casterlé, Bernadette; Gastmans, Chris
Nursing and euthanasia: a review of argument-based ethics literature
Nursing Ethics 2009 July; 16(4): 466-486
Abstract: This article gives an overview of the nursing ethics arguments on euthanasia in general, and on nurses' involvement in euthanasia in particular, through an argument-based literature review. An in-depth study of these arguments in this literature will enable nurses to engage in the euthanasia debate. We critically appraised 41 publications published between January 1987 and June 2007. Nursing ethics arguments on (nurses' involvement in) euthanasia are guided primarily by the principles of respect for autonomy, nonmaleficence, beneficence and justice. Ethical arguments related to the nursing profession are described. From a care perspective, we discuss arguments that evaluate to what degree euthanasia can be considered positively or negatively as a form of good nursing care. Most arguments in the principle-, profession- and care-orientated approaches to nursing ethics are used both pro and contra euthanasia in general, and nurses' involvement in euthanasia in particular.

Document 449

Cohen-Almagor, Raphael
Belgian euthanasia law: a critical analysis
Journal of Medical Ethics 2009 July; 35(7): 436-439
Abstract: Some background information about the context of euthanasia in Belgium is presented, and Belgian law on euthanasia and concerns about the law are discussed. Suggestions as to how to improve the Belgian law and practice of euthanasia are made, and Belgian legislators and medical establishment are urged to reflect and ponder so as to prevent potential abuse.

Document 450

McLachlan, Hugh V.
To kill is not the same as to let die: a reply to Coggon
Journal of Medical Ethics 2009 July; 35(7): 456-458
Abstract: Coggon's remarks on a previous paper on active and passive euthanasia elicit a clarification and an elaboration of the argument in support of the claim that there is a moral difference between killing and letting die. The relevant moral duties are different in nature, strength and content. Moreover, not all people who are involved in the relevant situations have the same moral duties. The particular case that is presented in support of the claim that to kill is not the same as to let die is based upon a rejection of consequentialism.

Document 451

Sokol, Daniel K.
The slipperiness of futility
BMJ: British Medical Journal 2009 June 13; 338(7708): 1418
López-Soto, Alfonso; Sacanella, Emilio; Pérez Castejón, Juan Manuel; Nicolás, José M

[Elderly patient in an intensive critical unit]. = El anciano en la unidad de cuidados intensivos.
Revista española de geriatría y gerontología 2009 Jun; 44 Suppl 1: 27-33

Abstract: Admission of elderly patients to intensive care units (ICU) is an increasing phenomenon. The severity of the disease causing admission and the basal functional patient's status are conditions more important than age to predict mortality and long term functional outcome. Studies demonstrate that elderly ICU survivors recover after discharge the majority part of their functional capability and perception of quality of life. On the contrary, these patients develop higher number of geriatric syndromes, mainly confusional syndrome. The culture of geriatric comprehensive assessment should be implemented in ICU and especially after discharge. The use of simple and validates scales (Barthel's Index, Lawton's Index and EuroQol-5D...) must be incorporated into the clinical practice. This is a good tool that could be useful for the specialists involved in the usually difficult decision of whether an elderly patient should or not be admitted to an ICU.

Henning, J
The ethical dilemma of providing Intensive Care treatment to local civilians on operations.
Journal of the Royal Army Medical Corps 2009 Jun; 155(2): 84-6

La eutanasia es síntoma de la cultura de la muerte [Euthanasia is a symptom of the culture of death: after the death of the young Italian woman, Eluana Englaro]
Vida y Etica 2009 June; 10(1): 187-188

Steinberg, Avraham
The use of percutaneous endoscopic gastronomy (PEG) in demented patients: a halachic view
ASSIA: Jewish Medical Ethics 2009 June; 7(1): 41-42

Kaye, Y. Dovid
End of life issues in halacha: DNR, feeding tubes, and palliative care
ASSIA: Jewish Medical Ethics 2009 June; 7(1): 31-40
* Document 457
Brugger, Christian; Austriaco, Nicanor Pier Giorgio; Berg, Thomas; Boyle, Joseph; Cole, Basil; George, Robert P.; Koterski, Joseph W.; Latkovic, Mark S.; Lee, Patrick; May, William E.; Oleson, Christopher; Ryan, Peter F.; Saunders, William L.; Tollefsen, Christopher
Reply to the Jesuit Consortium
Ethics and Medics 2009 June; 34(6): 3-6
Georgetown users check Georgetown Journal Finder for access to full text

* Document 458
Haas, John M.; Cioffi, Alfred; Furton, Edward J.; Hillard, Marie; Napier, Stephen; Pacholczyk, Tadeusz
A defense of the Vatican on ANH
Ethics and Medics 2009 June; 34(6): 1-3
Georgetown users check Georgetown Journal Finder for access to full text

* Document 459
Naess, Mikael
Intensive and Critical Care Nursing 2009 June; 25(3): 140-146
Georgetown users check Georgetown Journal Finder for access to full text

* Document 460
Waisel, David B.; Simon, Robert; Truog, Robert D.; Baboolal, Hemanth; Raemer, Daniel B.
Simulation in Healthcare 2009 Summer; 4(2): 70-76
Georgetown users check Georgetown Journal Finder for access to full text

* Document 461
Waters, Brent
Revitalizing medicine: empowering natality vs. fearing mortality
Ethics and Medicine 2009 Summer; 25(2): 83-94
Georgetown users check Georgetown Journal Finder for access to full text

* Document 462
Nash, Ryan R.
On the permissibility of a DNR order for patient with dismal prognosis
Ethics and Medicine 2009 Summer; 25(2): 79-82
Georgetown users check Georgetown Journal Finder for access to full text
Kompanje, E.J.O.

**Ethical decision-making in two patients with locked-in syndrome on the intensive care unit**

**Abstract:** Locked-in syndrome (LIS) is one of the most dramatic neurological outcomes and has a profound impact on patients and their families. Most patients have intact cognition and intellectual ability and perception. Communication is possible with eyelid and/or eyeball movement. According to the literature, the wish to die is not an important issue in acute and chronic LIS. This study describes and analyses the ethical decision-making process in two opposite cases of LIS in the intensive care unit. One patient expressed the wish to prolong her life for as long as possible; the other patient asked for deliberate termination of life. Both wishes were honoured. In conclusion, most patients with LIS are competent and intellectually intact. In The Netherlands the autonomy of the patient is respected by law. In respecting this autonomy, medical choices can be different in comparable patients.

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

---

**Document 470**

Doyal, Len

**Euthanasia and free speech in Ireland**
BMJ: British Medical Journal 2009 May 30; 338(7706): 1334

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

[http://www.bmj.com](http://www.bmj.com) (link may be outdated)

---

**Document 471**

Sokol, Daniel K.

**The death of DNR: can a change of terminology improve end of life care?**
BMJ: British Medical Journal 2009 May 2; 338(7702): 1043

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

[http://www.bmj.com](http://www.bmj.com) (link may be outdated)

---

**Document 472**

Vilela, Luciana Pricoli; Caramelli, Paulo

**Knowledge of the definition of euthanasia: study with doctors and caregivers of Alzheimer's disease patients.**

**Abstract:** BACKGROUND: Euthanasia is an increasingly debated subject among specialized professionals and also among lay people, even in countries such as Brazil where it is not authorized. It is questionable, however, if the concept of euthanasia is well known by these persons. OBJECTIVE: The goal of this study was to investigate knowledge about the definition of euthanasia by family caregivers of patients with dementia and by specialized physicians and also to investigate their personal opinion on this topic. METHODS: We prospectively interviewed 30 physicians from three different medical specialties and 40 family caregivers of patients with Alzheimer's disease using a structured questionnaire. Two clinical vignettes were also presented to the physicians in order to ascertain their personal opinion about euthanasia. RESULTS: Among the caregivers, 10 (25.0%) knew the correct definition of euthanasia. Regarding their personal view, nine (22.5%) were in favor, while 20 (50.0%) were against. The remaining 11 (27.5%) caregivers were unable to define their position. Among the physicians, 19 (63.3%) gave a coherent answer regarding the definition of euthanasia. When they were presented with the clinical vignettes, less than 50% of them were in favor of euthanasia. CONCLUSION: The definition of euthanasia was unknown by most of the lay individuals and also by one third of the physicians. Although it is not officially approved in Brazil, a small proportion of family caregivers and also of specialized physicians would be in favor of the practice of euthanasia.

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text
Document 473
Day, Lisa
**Medical futility, personal goods, and social responsibility.**
American Journal of Critical Care 2009 May; 18(3): 279-282
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 474
Jones, James W.; McCullough, Laurence B.
**To transfer or not to transfer, that is the question.**
Journal of Vascular Surgery 2009 May; 49(5): 1337-1338
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 475
Isajiw, George
**To PEG or not to PEG: a case of hospice referral for vitamin B12 deficiency**
Linacre Quarterly 2009 May; 76(2): 212-217
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 476
Gielen, Joris; van den Branden, Stef; Broeckaert, Bert
**Religion and nurses’ attitudes to euthanasia and physician assisted suicide.**
Nursing Ethics 2009 May; 16(3): 303-318
**Abstract:** In this review of empirical studies we aimed to assess the influence of religion and world view on nurses’ attitudes towards euthanasia and physician assisted suicide. We searched PubMed for articles published before August 2008 using combinations of search terms. Most identified studies showed a clear relationship between religion or world view and nurses’ attitudes towards euthanasia or physician assisted suicide. Differences in attitude were found to be influenced by religious or ideological affiliation, observance of religious practices, religious doctrines, and personal importance attributed to religion or world view. Nevertheless, a coherent comparative interpretation of the results of the identified studies was difficult. We concluded that no study has so far exhaustively investigated the relationship between religion or world view and nurses’ attitudes towards euthanasia or physician assisted suicide and that further research is required.
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 477
Tepehan, Selma; Özkara, Erdem; Yavuz, M. Fatih
**Attitudes to euthanasia in ICUs and other hospital departments**
Nursing Ethics 2009 May; 16(3): 319-327
**Abstract:** The aim of this study was to reveal doctors’ and nurses’ attitudes to euthanasia in intensive care units and surgical, internal medicine and paediatric units in Turkey. A total of 205 doctors and 206 nurses working in several hospitals in Istanbul participated. Data were collected by questionnaire and analysed using SPSS v. 12.0. Significantly higher percentages of doctors (35.3%) and nurses (26.6%) working in intensive care units encountered euthanasia requests than those working in other units. Doctors and nurses caring for terminally ill patients in intensive care units differed considerably in their attitudes to euthanasia and patient rights from other health care staff. Euthanasia should be investigated and put on the agenda for discussion in Turkey.
Document 478

Mohindra, R.
**Positing a difference between acts and omissions: the principle of justice, Rachels' cases and moral weakness.**
Journal of Medical Ethics 2009 May; 35(5): 293-299

**Abstract:** The difficulty in discovering a difference between killing and letting die has led many philosophers to deny the distinction. This paper seeks to develop an argument defending the distinction between killing and letting die. In relation to Rachels’ cases, the argument is that (a) even accepting that Smith and Jones may select equally heinous options from the choices they have available to them, (b) the fact that the choices available to them are different is morally relevant, and (c) this difference in available choices can be used to distinguish between the agents in certain circumstances. It is the principle of justice, as espoused by Aristotle, which requires that equal things are treated equally and that unequal things are treated unequally that creates a presumption that Smith and Jones should be treated differently. The magnitude of this difference can be amplified by other premises, making the distinction morally relevant in practical reality.

Document 479

Merrell, Don A.
**Erring on the side of life: the case of Terri Schiavo.**
Journal of Medical Ethics 2009 May; 35(5): 323-325

**Abstract:** In debates over life and death it is often said that one should err on the side of caution—that is, on the side of life. In the light of the recent case of Terri Schiavo, it is explained how the "err-on-the-side-of-life" argument proceeds, and an objection to it is offered.

Document 480

Paterlini, Marta
**Italy urged to give end-of-life bill more time for debate.**
Lancet 2009 April 25; 373(9673): 1413

Document 481

May, William E.
**The Vatican and artificial nutrition and hydration**
Commonweal 2009 April 24; 136(8): 9-10
Lichtman, Rachel

Intolerable treatment.
Nursing Standard 2009 April 8-14; 23(31): 26-27

Georgetown users check Georgetown Journal Finder for access to full text

Grudzen, Corita R; Koenig, William J; Hoffman, Jerome R; Boscardin, W John; Lorenz, Karl A; Asch, Steven M

Potential impact of a verbal prehospital DNR policy.
Prehospital emergency care : official journal of the National Association of EMS Physicians and the National Association of State EMS Directors 2009 Apr-Jun; 13(2): 169-72

Abstract: Forgoing resuscitation in prehospital cardiac arrest has previously required a written prehospital do-not-resuscitate (DNR) order. Some emergency medical services (EMS) agencies, including Los Angeles County (LAC), have implemented policies allowing surrogate decision makers to verbally request to forgo resuscitation. The impact of a verbal DNR policy is unclear, given the absence of information about how often cardiac arrest occurs at home, or in the presence of a family member.

Georgetown users check Georgetown Journal Finder for access to full text

Monturo, Cheryl

The artificial nutrition debate: still an issue... after all these years.
Nutrition in Clinical Practice 2009 April-May; 24(2): 206-213

Georgetown users check Georgetown Journal Finder for access to full text

Kelley, Amy S.; Reid, M. Carrington; Miller, David H.; Fins, Joseph J.; Lachs, Mark S.

Implantable cardioverter-defibrillator deactivation at the end of life: a physician survey.
American Heart Journal 2009 April; 157(4): 702-708.e1

Georgetown users check Georgetown Journal Finder for access to full text

Rengachary, Setti S.; Xavier, Andrew; Manjilia, Sunil; Guthikonda, Murali

Human resuscitation in the 17th century: an interesting case report.
Surgical Neurology 2009 April; 71(4): 408-410

Georgetown users check Georgetown Journal Finder for access to full text

Babgi, Amani

Legal issues in end-of-life care: perspectives from Saudi Arabia and United States.
American Journal of Hospice and Palliative Care 2009 April-May; 26(2): 119-127
Okishiro, Nao; Miyashita, Mitsunori; Tsuneto, Satoru; Sato, Kazuki; Shima, Yasuo
The Japan Hospice and palliative care evaluation Study (J-HOPE Study): views about legalization of death with dignity and euthanasia among the bereaved whose family member died at palliative care units.
American Journal of Hospice and Palliative Care 2009 April-May; 26(2): 98-104

Giacomini, Mita; Cook, Deborah; DeJean, Deirdre
Life support decision making in critical care: Identifying and appraising the qualitative research evidence.
Critical Care Medicine 2009 April; 37(4): 1475-1482

Butcher, Robert
Futility

Cochrane, Thomas I.
Unnecessary time pressure in refusal of life-sustaining therapies: fear of missing the opportunity to die
American Journal of Bioethics 2009 April; 9(4): 47-54
Abstract: During an illness requiring brief use of life-sustaining therapy (LST), patients and surrogates sometimes feel that LST must be withdrawn before it becomes unnecessary to avoid later being stuck living in a debilitated condition that the patient considers worse than death. This fear depends on the belief that the patient can legitimately refuse only artificial LST, so that if such therapies are no longer required, he or she will have missed the 'opportunity to die.' This fear of being stuck with life can lead to premature decisions to terminate LST and is unfounded because adequate ethical and moral justification exists for refusal of not just artificial LST, but also for refusal of natural LST, including oral hydration and nutrition.

Cantor, Norman L.
The straight route to withholding hand-feeding and hydration
American Journal of Bioethics 2009 April; 9(4): 57-58
* Document 493
Jotkowitz, Alan
End-of-life treatment decisions: the opportunity to care
American Journal of Bioethics 2009 April; 9(4): 59-60
Georgetown users check Georgetown Journal Finder for access to full text

* Document 494
Ravitsky, Vardit
A Jewish perspective on the refusal of life-sustaining therapies: culture as shaping bioethical discourse
American Journal of Bioethics 2009 April; 9(4): 60-62
Georgetown users check Georgetown Journal Finder for access to full text

* Document 495
Smith, Robert Scott; Smith, Carr J.
Antibiotics and terminal illness: therapy and hospice care
Ethics and Medics 2009 April; 34(4): 1-2
Georgetown users check Georgetown Journal Finder for access to full text

* Document 496
Bendiane, M.K.; Bouhnik, A.-D.; Galinier, A.; Favre, R.; Obadia, Y.; Peretti-Watel, Patrick
French hospital nurses' opinion about euthanasia and physician-assisted suicide: a national phone survey.
Journal of Medical Ethics 2009 April; 35(4): 238-244
Abstract: BACKGROUND: Hospital nurses are frequently the first care givers to receive a patient's request for euthanasia or physician-assisted suicide (PAS). In France, there is no consensus over which medical practices should be considered euthanasia, and this lack of consensus blurred the debate about euthanasia and PAS legalisation. This study aimed to investigate French hospital nurses' opinions towards both legalisations, including personal conceptions of euthanasia and working conditions and organisation. METHODS: A phone survey conducted among a random national sample of 1502 French hospital nurses. We studied factors associated with opinions towards euthanasia and PAS, including contextual factors related to hospital units with random-effects logistic models. RESULTS: Overall, 48% of nurses supported legalisation of euthanasia and 29%, of PAS. Religiosity, training in palliative care/pain management and feeling competent in end-of-life care were negatively correlated with support for legalisation of both euthanasia and PAS, while nurses working at night were more prone to support legalisation of both. The support for legalisation of euthanasia and PAS was also weaker in pain treatment/palliative care and intensive care units, and it was stronger in units not benefiting from interventions of charityreligious workers and in units with more nurses. CONCLUSIONS: Many French hospital nurses uphold the legalisation of euthanasia and PAS, but these nurses may be the least likely to perform what proponents of legalisation call "good" euthanasia. Improving professional knowledge of palliative care could improve the management of end-of-life situations and help to clarify the debate over euthanasia.
Georgetown users check Georgetown Journal Finder for access to full text
Document 497
Miller, Terri Beth
"Reading" the body of Terri Schiavo: inscriptions of power in medical and legal discourse.
Literature and medicine 2009 Spring; 28(1): 33-54
Georgetown users check Georgetown Journal Finder for access to full text

Document 498
Dienstag, Aryeh; Dienstag, Penina
Autonomy within a given scope, the opinion of Rabbi Shlomo Salman Auerbach
Georgetown users check Georgetown Journal Finder for access to full text

Document 499
Kennedy, Thomas D.
Anti-aging rights and human nature
Ethics and Medicine 2009 Spring; 25(1): 21-29
Georgetown users check Georgetown Journal Finder for access to full text

Document 500
Whitmer, Mary; Hurst, Susan; Prins, Marilynn; Shepard, Kelli; McVey, Doris
Medical futility: a paradigm as old as Hippocrates.
Dimensions of Critical Care Nursing 2009 March-April; 28(2): 67-71
Georgetown users check Georgetown Journal Finder for access to full text

Document 501
Novakovi?, Milan; Babi?, Dragan; Dedi?, Gordana; Leposavi?, Ljubica; Milovanovi?, Aleksanadar; Novakovi?, Mitar
Euthanasia of patients with the chronic renal failure.
Collegium Antropologicum 2009 March; 33(1): 179-185
Georgetown users check Georgetown Journal Finder for access to full text

Document 502
Cotter, P.E.; Simon, M.; Quinn, C.; O'Keeffe, S.T.
Changing attitudes to cardiopulmonary resuscitation in older people: a 15-year follow-up study.
Age and Ageing 2009 March; 38(2): 200-205
Georgetown users check Georgetown Journal Finder for access to full text
* Document 503
Siegel, Mark D.
End-of-life decision making in the ICU.
Georgetown users check Georgetown Journal Finder for access to full text

* Document 504
Marco, Catherine A.; Bessman, Edward S.; Kelen, Gabor D.
Academic Emergency Medicine 2009 March; 16(3): 270-273
Georgetown users check Georgetown Journal Finder for access to full text

* Document 505
Winter, Robin O.; Birnberg, Bruce A.
Million dollar baby: murder or mercy.
Family Medicine 2009 March; 41(3): 164-166
Georgetown users check Georgetown Journal Finder for access to full text

* Document 506
Jansen-van der Weide, Marijke C.; Onwuteaka-Philipsen, Bregje D.; Heide, Agnes van der; Wal, Gerrit van der
How patients and relatives experience a visit from a consulting physician in the euthanasia procedure: a study among relatives and physicians.
Death Studies 2009 March; 33(3): 199-219
Georgetown users check Georgetown Journal Finder for access to full text

* Document 507
Rosner, Fred; Abramson, Neil
Fluids and nutrition: perspectives from Jewish Law (Halachah).
Southern Medical Journal 2009 March; 102(3): 248-250
Georgetown users check Georgetown Journal Finder for access to full text

* Document 508
Barrows, Jeffrey
Jewish law and end-of-life decisions.
Southern Medical Journal 2009 March; 102(3): 230
Georgetown users check Georgetown Journal Finder for access to full text
Document 509
Wick, Jeannette Y.
Rethinking code blue in long-term care.
Consultant Pharmacist 2009 March; 24(3): 180-184, 186-188

Georgetown users check Georgetown Journal Finder for access to full text

Document 510
E Chrispin, V English, J Sheather, and A Sommerville
Ethics briefings
Journal of Medical Ethics 2009 March; 35(3): 207-208

Georgetown users check Georgetown Journal Finder for access to full text

http://jme.bmj.com (link may be outdated)

Document 511
Brits, L.; Human, L.; Pieterse, L.; Sonnekus, P.; Joubert, G.
Opinions of private medical practitioners in Bloemfontein, South Africa, regarding euthanasia of terminally ill patients
Journal of Medical Ethics 2009 March; 35(3): 180-182

Abstract: The aim of this study was to determine the opinions of private medical practitioners in Bloemfontein, South Africa, regarding euthanasia of terminally ill patients. This descriptive study was performed amongst a simple random sample of 100 of 230 private medical practitioners in Bloemfontein. Information was obtained through anonymous self-administered questionnaires. Written informed consent was obtained. 68 of the doctors selected completed the questionnaire. Only three refused participation because they were opposed to euthanasia. Respondents were mainly male (74.2%), married (91.9%) and Afrikaans-speaking (91.9%). More were specialists (53.2%) than general practitioners (46.8%). A smaller percentage (35.5%) would never consider euthanasia for themselves compared to for their patients (46.8%). The decision should be made by the patient (50%), the patient's doctor with two colleagues (46.8%), close family (45.2%) or a special committee of specialists in ethics and medicine (37.1%). The majority (46.9%) indicated that euthanasia should be performed by an independent doctor trained in euthanasia, followed by the patient's doctor (30.7%). Notification should mainly be given to a special committee (49.9%). Only 9.8% felt that no notification was necessary. There was strong opposition to prescribing of medication to let the patient die. Withdrawal of essential medical treatment to speed up death was the most acceptable method. Although the responding group was fairly homogeneous, responses varied widely, indicating the complexity of opinions.

Georgetown users check Georgetown Journal Finder for access to full text

http://jme.bmj.com (link may be outdated)

Document 512
Glenn, Linda MacDonald
The Diving Bell and the Butterfly [film review]
American Journal of Bioethics 2009 March; 9(3): 50-51

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.net/journal/ (link may be outdated)
* Document 513
Huxtable, Richard
*Why I wrote . . . Euthanasia, Ethics and the Law: From Conflict to Compromise*
Clinical Ethics 2009 March; 4(1): 31-35
Georgetown users check Georgetown Journal Finder for access to full text
http://ce.rsmjournals.com/ (link may be outdated)

* Document 514
Tuckey, Lizzie; Slother, Anne
*The Doctrine of Double Effect and end-of-life decisions*
Clinical Ethics 2009 March; 4(1): 12-14
Georgetown users check Georgetown Journal Finder for access to full text
http://ce.rsmjournals.com/content/vol4/issue1/ (link may be outdated)

* Document 515
Miller, Franklin G.
*A planned death in the family.*
Georgetown users check Georgetown Journal Finder for access to full text

* Document 516
Brudney, Daniel
*Choosing for another: beyond autonomy and best interests.*
Hastings Center Report 2009 March-April; 39(2): 31-37
Abstract: According to bioethics orthodoxy, when we ask, "What would the patient choose?" the patient's autonomy is at stake. In fact, what underpins the moral force of that question is a value different from either autonomy or best interests. This is the value of doing things in a way that is authentic to the person.
Georgetown users check Georgetown Journal Finder for access to full text

* Document 517
Burt, Robert A.
*Invitation to the dance: lessons from Susan Sontag's death.*
Hastings Center Report 2009 March-April; 39(2): 38-45
Abstract: The standard model for end-of-life decision-making gives roles to two parties—the physician, who explains the medical options, and the patient, who selects from among those options. The model can be harmful not only for individuals but also for the state, if the patient's right to control her own choices is understood as a positive right of access to whatever is available.
Georgetown users check Georgetown Journal Finder for access to full text
Document 518
Aita, Mark; Bennett-Woods, Debra; Clarke, Peter; DuBois, James M.; Haddad, Amy; Kuczewski; Taylor, Carol; Walter, James J.
Consortium of Jesuit Bioethics Programs
Undue Burden? The Vatican and artificial nutrition and hydration
Commonweal 2009 February 13; 136(3): 13-15
Georgetown users check Georgetown Journal Finder for access to full text

Document 519
Westendorp, G. Wouter; van Delden, J.J.M.
"Father would have never wanted this". Substituted judgement from family members about the treatment of Wilson disease patients = 'Vader zou dit nooit gewild hebben'. Plaatsvervangende oordelen van naasten over de behandeling van wilsonbekwame patiënten.
Nederlands Tijdschrift voor Geneeskunde 2009 February 7; 153(6): 254-257
Georgetown users check Georgetown Journal Finder for access to full text

Document 520
Kacmarek, Robert M.
Should noninvasive ventilation be used with the do-not-intubate patient?
Respiratory Care 2009 February; 54(2): 223-229; discussion 229-231
Georgetown users check Georgetown Journal Finder for access to full text

Document 521
Rurup, Mette L.; Borgsteede, Sander D.; van der Heide, Agnes; van der Maas, Paul J.; Onwuteaka-Philipsen, Bregje D.
Trends in the use of opioids at the end of life and the expected effects on hastening death.
Journal of Pain and Symptom Management 2009 February; 37(2): 144-155
Georgetown users check Georgetown Journal Finder for access to full text

Document 522
Abarshi, Ebun; Onwuteaka-Philipsen, Bregje D.; van der Wal, Gerrit
Euthanasia requests and cancer types in the Netherlands: is there a relationship?
Health Policy 2009 February; 89(2): 168-173
Georgetown users check Georgetown Journal Finder for access to full text

Document 523
Chong, Alice Ming-Lin; Fok, Shiu-Yeu
Attitudes toward euthanasia: implications for social work practice.
Social Work in Health Care 2009 February-March; 48(2): 119-133
Georgetown users check Georgetown Journal Finder for access to full text
Document 524
Nurok, Michael; Henckes, Nicolas
Between professional values and the social valuation of patients: the fluctuating economy of pre-hospital emergency work.
Social Science and Medicine 2009 February; 68(3): 504-510
Georgetown users check Georgetown Journal Finder for access to full text

Document 525
Underwood, Mair; Bartlett, Helen P.; Partridge, Brad; Lucke, Jayne; Hall, Wayne D.
Community perceptions on the significant extension of life: an exploratory study among urban adults in Brisbane, Australia.
Social Science and Medicine 2009 February; 68(3): 496-503
Georgetown users check Georgetown Journal Finder for access to full text

Document 526
Bass, Madeline
Should patients who are at the end of life be offered resuscitation?
Nursing Times 2009 January 27-February 2; 105(3): 19
Georgetown users check Georgetown Journal Finder for access to full text

Document 527
Benedict, Susan; Georges, Jane M.
Nurses in the Nazi "euthanasia" program: a critical feminist analysis.
ANS. Advances in Nursing Science 2009 January-March; 32(1): 63-74
Georgetown users check Georgetown Journal Finder for access to full text

Document 528
Meeker, Mary Ann; Jezewski, Mary Ann
Metasynthesis: withdrawing life-sustaining treatments: the experience of family decision-makers.
Georgetown users check Georgetown Journal Finder for access to full text

Document 529
Jones, James W.; McCullough, Lawrence B.
Dominions of surrogate opinions: who is in charge?
Georgetown users check Georgetown Journal Finder for access to full text
* Document 530
Kuschner, Ware G.; Gruenewald, David A.; Clum, Nancy; Beal, Alice; Ezeji-Okoye, Stephen C.
**Implementation of ICU palliative care guidelines and procedures: a quality improvement initiative following an investigation of alleged euthanasia.**
Chest 2009 January; 135(1): 26-32

**Georgetown users check** [Georgetown Journal Finder](#) **for access to full text**

* Document 531
**Impact of perception of socioeconomic burden on advocacy for patient autonomy in end-of-life decision making: a study of societal attitudes.**
Palliative Medicine 2009 January; 23(1): 87-94

**Georgetown users check** [Georgetown Journal Finder](#) **for access to full text**

* Document 532
May, William E.
**Response to Stephen Napier: conflict with the 2007 CDF statement**
Ethics and Medics 2009 January; 34(1): 1-3

**Georgetown users check** [Georgetown Journal Finder](#) **for access to full text**

* Document 533
Napier, Stephen
**A defense of patients' wishes**
Ethics and Medics 2009 January; 34(1): 1-3

**Georgetown users check** [Georgetown Journal Finder](#) **for access to full text**

* Document 534
Berlinger, Nancy
**Helping people out: guidelines must address "unguidelineable" topics.**
Hastings Center Report 2009 January-February; 39(1): inside back cover

**Georgetown users check** [Georgetown Journal Finder](#) **for access to full text**

* Document 535
Knell, Sebastian and Weber, Marcel, eds.
**LÄNGER LEBEN? PHILOSOPHISCHE UND BIOWISSENSCHAFTLICHE PERSPEKTIVEN**
**Call number:** [HQ1061_L34 2009](#)

* Document 536
Alters, Sandra M.  
**DEATH AND DYING: END-OF-LIFE CONTROVERSIES**  
Call number: [R726 .A54 2009](#) [FIND IN A LIBRARY](#) 

Shepherd, Lois  
**IF THAT EVER HAPPENS TO ME: MAKING LIFE AND DEATH DECISIONS AFTER TERRI SCHIAVO**  
Call number: [R726.8 .S4755 2009](#) [FIND IN A LIBRARY](#) 

Falconer, Tim  
**THAT GOOD NIGHT: ETHICISTS, EUTHANASIA AND END-OF-LIFE CARE**  
Call number: [R726 .F34 2009](#) [FIND IN A LIBRARY](#) 

Denier, Yvonne; Dierckx de Casterle, Bernadette; De Bal, Nele; Gastmans, Chris  
**Involvement of nurses in the euthanasia care process in Flanders (Belgium): an exploration of two perspectives**  
Journal of Palliative Care 2009 Winter; 25(4): 264-274  
Georgetown users check [Georgetown Journal Finder](#) for access to full text 

Rutland, Glen  
**Futile or fruitful: the charter and the decision to withhold or withdraw life-sustaining treatment.**  
Health law journal 2009 17(): 81-114  
Georgetown users check [Georgetown Journal Finder](#) for access to full text 

Mukherjee, Debjani  
**Sleeping with ghosts: cognition, emotion, and scholarship**  
Atrium 2009; 6: 12-13  
Georgetown users check [Georgetown Journal Finder](#) for access to full text 

http://www.medschool.northwestern.edu/mhb/atrium/index.html (link may be outdated) 

Mukherjee, Debjani  
**Sleeping with ghosts: cognition, emotion, and scholarship**  
Atrium 2009; 6: 12-13  
Georgetown users check [Georgetown Journal Finder](#) for access to full text
* **Document 543**
Wilkinson, Dominic

**The self-fulfilling prophecy in intensive care**
Theoretical Medicine and Bioethics 2009; 30(6): 401-410

Georgetown users check [Georgetown Journal Finder](http://www.medschool.northwestern.edu/mhb/atrium/index.html) for access to full text

* **Document 544**
Douglas, Charles

**End-of-life decisions and moral psychology: killing, letting die, intention and foresight**

Georgetown users check [Georgetown Journal Finder](http://www.medschool.northwestern.edu/mhb/atrium/index.html) for access to full text

* **Document 545**
Magnusson, Roger S.

**The traditional account of ethics and law at the end of life-and its discontents**

Georgetown users check [Georgetown Journal Finder](http://www.medschool.northwestern.edu/mhb/atrium/index.html) for access to full text

* **Document 546**
Sinclair, Daniel B.

**Dealing with death in the Jewish legal tradition**
Journal of Bioethical Inquiry 2009; 6(3): 297-305

Georgetown users check [Georgetown Journal Finder](http://www.medschool.northwestern.edu/mhb/atrium/index.html) for access to full text

* **Document 547**
Rietjens, Judith A.C.; van der Maas, Paul J.; Onwuteaka-Philipsen, Bregje D.; van Delden, Johannes J.M.; van der Heide, Agnes

**Two decades of research on euthanasia from the Netherlands. What have we learnt and what questions remain?**

Georgetown users check [Georgetown Journal Finder](http://www.medschool.northwestern.edu/mhb/atrium/index.html) for access to full text

* **Document 548**
Wilkinson, Dominic

**The self-fulfilling prophecy in intensive care.**
Theoretical Medicine and Bioethics 2009; 30(6): 401-410

**Abstract:** Predictions of poor prognosis for critically ill patients may become self-fulfilling if life-sustaining treatment...
or resuscitation is subsequently withheld on the basis of that prediction. This paper outlines the epistemic and
normative problems raised by self-fulfilling prophecies (SFPs) in intensive care. Where predictions affect outcome, it
can be extremely difficult to ascertain the mortality rate for patients if all treatment were provided. SFPs may lead to
an increase in mortality for cohorts of patients predicted to have poor prognosis, they may lead doctors to feel
causally responsible for the deaths of their patients, and they may compromise honest communication with patients
and families about prognosis. However, I argue that the self-fulfilling prophecy is inevitable when life-sustaining
treatment is withheld or withdrawn in the face of uncertainty. SFPs do not necessarily make treatment limitation
decisions problematic. To minimize the effects of SFPs, it is essential to carefully collect and appraise evidence
about prognosis. Doctors need to be honest with themselves and with patients and their families about uncertainty
and the limits of knowledge.

Georgetown users check Georgetown Journal Finder for access to full text

Document 549

Dabbagh, Sorosh; Aramesh, Kiarash
The compatibility between Shiite and Kantian approach to passive voluntary euthanasia
[2010 March 12]

Georgetown users check Georgetown Journal Finder for access to full text

http://journals.tums.ac.ir/ (link may be outdated)

Document 550

Van den Block, Lieve; Deschepper, Reginald; Bilsen, Johan; Bossuyt, Nathalie; Van Casteren, Viviane; Deliens, Luc
Euthanasia and other end-of-life decisions: a mortality follow-back study in Belgium.
BMC Public Health 2009; 9: 79

Georgetown users check Georgetown Journal Finder for access to full text

Document 551

Anspach, Renee R.; Halpern, Sydney A.
From Cruzan to Schiavo: how bioethics entered the "culture wars"
In: Rothman, Barbara Katz; Armstrong, Elizabeth Mitchell; Tiger, Rebecca, eds. Bioethical Issues, Sociological
Perspectives. Amsterdam; London: Elsevier JAI, 2009: 33-63
Call number: QH332 .B48 2008

Document 552

Stoffel, Brian
Voluntary euthanasia, suicide, and physician-assisted suicide
In: Kuhse, Helga; Singer, Peter, eds. A Companion to Bioethics. 2nd edition. Chichester, UK; Malden, MA: Wiley-
Blackwell, 2009: 312-320
Call number: R724 .C616 2009

Document 553

Brock, Dan W.
Medical decisions at the end of life
In: Kuhse, Helga; Singer, Peter, eds. A Companion to Bioethics. 2nd edition. Chichester, UK; Malden, MA: Wiley-
Blackwell, 2009: 263-273
Document 554

Parmet, Wendy E.

**A right to die? Further reflections on due process rights**


Call number: **KF3775 .P35 2009**

Document 555

Supanich, Barbara

**Ethical issues concerning physician-assisted death**


Call number: **R724 .M66 2009**

Document 556

Hill, T. Patrick

**Ethical issues in the use of fluids and nutrition: when can they be withdrawn?**


Call number: **R724 .M66 2009**

Document 557

Fisher, Johnna, ed.

**End-of-life decision-making**

In her: Biomedical Ethics: A Canadian Focus. Don Mills, Ont.: Oxford University Press, 2009: 137-221

Call number: **R724 .B56 2009**

Document 558

Wyller, Torgeir Bruun

**[Who will die in peace?] = Hvem skal få dø i fred?**

Tidsskrift for den Norske lægeforening : tidsskrift for praktisk medicin, ny række 2008 December 18; 128(24): 2818-2819

Georgetown users check **Georgetown Journal Finder** for access to full text

Document 559

Mjåset, Christer; Gulbrandsen, Pål; Rønning, Ole Morten; Thommessen, Bente

**[Before and after implementation of do-not-resuscitate orders in a stroke unit] = Før og etter HLR minus-vedtak i en slagenhet.**

Tidsskrift for den Norske lægeforening : tidsskrift for praktisk medicin, ny række 2008 December 18; 128(24): 2819-2822

Georgetown users check **Georgetown Journal Finder** for access to full text

Document 556
Janssen, Daisy J.A.; Alsemgeest, Ton P.G.; Widdershoven, Guy A.M.; Wouters, Emiel F.M.; Schols, Jos M.G.A.; Spruit, Martijn A.

**The last wish of a patient with end stage chronic obstructive pulmonary disease**

*BMJ: British Medical Journal* 2008 December 13; 337(7683): 1413-1415

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

---

Nau, Jean-Yves

**Fin de vie: l'affirmation d'une position française [End of life: affirmation a French position]**

*Revue Médicale Suisse* 2008 December 10; 4(183): 2708

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

---

Arnold, Ken

**Quick or dead? [review of The Quick, by Laura Spinney]**

*Lancet* 2008 December 6-12; 372(9654): 1944

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

---

Joseph, Thomas

**Care at the end of life: what orthodox christianity has to teach**


[http://www.bioethics.org.gr/en/Care%20at%20the%20End%20of%20Life.pdf](http://www.bioethics.org.gr/en/Care%20at%20the%20End%20of%20Life.pdf) (link may be outdated)

---

Simón-Lorda, P.; Barrio-Cantalejo, I.M.

**The case of Inmaculada Echevarría: ethical and legal implications = El caso de Inmaculada Echevarría: implicaciones éticas.**

*Medicina Intensiva* 2008 December; 32(9): 444-451

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

---

Coat, Caroline

**Limiting and stopping resuscitation, an ethical consideration = Limitation et arrêt de traitement en réanimation, un regard ethique.**

*Revue de L'Infirmière* 2008 December; (146): 22

[Identify any problems with the link.](http://www.bmj.com)
* Document 566
Jones, James W.; McCullough, Laurence B.
**Just how far goes DNR?**

* Document 567
Morrison, Laurie J.; Bigham, Blair L.; Kiss, Alex; Verbeek, P. Richard
**Termination of resuscitation: a guide to interpreting the literature.**
Resuscitation 2008 December; 79(3): 387-390

* Document 568
Chen, Jack; Flabouris, Arthas; Bellomo, Rinaldo; Hillman, Kenneth; Finfer, Simon;
**The medical emergency team system and not-for-resuscitation orders: results from the MERIT study.**
Resuscitation 2008 December; 79(3): 391-397

* Document 569
Marco, Catherine A.; Larkin, Gregory L.
**Cardiopulmonary resuscitation: knowledge and opinions among the U.S. general public. State of the science-fiction.**
Resuscitation 2008 December; 79(3): 490-498

* Document 570
Smith, Gary B.
**Increased do not attempt resuscitation decision making in hospitals with a medical emergency teams system-cause and effect?**
Resuscitation 2008 December; 79(3): 346-347

* Document 571
Lautrette, Alexandre; Peigne, Vincent; Watts, Jeffrey; Souweine, Bertrand; Azoulay, Elie
**Surrogate decision makers for incompetent ICU patients: a European perspective.**
Current Opinion in Critical Care 2008 December; 14(6): 714-719

Georgetown users check [Georgetown Journal Finder](#) for access to full text.
* Document 572

Buiting, Hilde M.; Rietjens, Judith A.C.; Onwuteaka-Philipsen, Bregje D.; van der Maas, Paul J; van Delden, Johannes J.M.; van der Heide, Agnes

**A comparison of physicians' end-of-life decision making for non-western migrants and Dutch natives in the Netherlands.**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 573

Glogner, Peter; Lipp, Volker; Burchardt, Monika

**Willensbekundungen und Sorgfaltspfichten [Expressions of will and duty to care] [case study and commentaries]**

Ethik in der Medizin 2008 December; 20(4): 327-332

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 574

Prohl, Jörn; Nielsen-Sikora, Jürgen; Kreymann, Georg

**Umgang mit Prognosen bei komatösen Patienten im Zuge einer kardialen hypoxisch-ischämischen Enzephalopathie = Dealing with prognosis for comatose patients during cardial hypoxic-ischemic encephalopathy**

Ethik in der Medizin 2008 December; 20(4): 313-326

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 575

Bishop, Jeffrey P.

**Biopolitics, Terri Schiavo, and the sovereign subject of death.**


Abstract: Humanity does not gradually progress from combat to combat until it arrives at universal reciprocity, where the rule of law finally replaces warfare; humanity installs each of its violences in a system of rules and thus proceeds from domination to domination. (Foucault, 1984, 85) In this essay, I take a note from Michel Foucault regarding the notion of biopolitics. For Foucault, biopolitics has both repressive and constitutive properties. Foucault's claim is that with the rise of modern government, the state became exceedingly concerned about the body politic, the bodies that make up the polis, including the health of those bodies. However, Giorgio Agamben claims that Foucault and all western political philosophy misses the relationship between power and Sovereignty, with disastrous results and totalizing tendencies. I explore the case of Terri Schiavo claiming that the social conservatives have attempted to politicize bare life in its legal maneuverings, but I also show how the social liberals open an uncontrollable space between life and death. Both the left and the right miss the aporia at the heart of western political philosophy, and bioethics is complicit in the totalizing effects of contemporary medicine.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 576

Dubler, Nancy Neveloff

**Tell me about Mama: facilitating end-of-life decisions, ethics committees and ethics consultations**

Bioethics Outlook 2008 December; 19(4): 1-8

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Document 577

Miller, Geoffrey

**Futility by any other name. The Texas 10 Day Rule**


**Abstract:** This commentary examines the ethics and law in the United States as they relate to the foregoing of life sustaining treatment when such treatment is deemed medically inappropriate. In particular the article highlights the procedural approach when there is disagreement between physicians and surrogates or patients as exemplified in Texas Law. This approach, although worthy in concept, may in practice invite opposition and dissatisfaction as it may be perceived as coercive and pitting the weak against powerful adversaries and interests, in addition to discouraging the exercise of professional virtues. Too inflexible an approach erodes trust, and furthermore the Texas law allows hospital ethics committees to move from an advisory non judgmental role to a quasi legal court with real legal power but no credentialing or oversight.

Document 578

O'Rourke, Kevin D.

**When to withdraw life support?**

National Catholic Bioethics Quarterly 2008 Winter; 8(4): 663-672

Document 579

Chen, Yen-Yuan; Youngner, S.J.

"Allow natural death" is not equivalent to "do not resuscitate": a response.

Journal of Medical Ethics 2008 December; 34(12): 887-888

**Abstract:** Venneman and colleagues argue that "do not resuscitate" (DNR) is problematic and should be replaced by "allow natural death" (AND). Their argument is flawed. First, while end-of-life discussions should be as positive as possible, they cannot and should not sidestep painful but necessary confrontations with morality. Second, while DNR can indeed be nonspecific and confusing, AND merely replaces one problematic term with another. Finally, the study's results are not generalisable to the populations of physicians and working nurses and certainly do not support the authors' claim that there is a movement to replace DNR with AND.

Document 580

Aungst, Heide

'Death with dignity': the first decade of Oregon's physician-assisted death act.

Geriatrics 2008 December; 63(12): 20-22

Document 581
Anonymous

**Life is for living [commentary]**
BMJ: British Medical Journal 2008 November 29; 337(7681): 1297

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

---

Document 582

President's Council on Bioethics

[**Briefing Book for the President's Council on Bioethics' Thirty-fifth Meeting on November 20-21, 2008 at the Hotel Palomar in Arlington, VA**]


---

Document 583

Grunberg, Steven M.

**Giving permission.**
Journal of Clinical Oncology 2008 November 20; 26(33): 5477-5478

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

---

Document 584

Varelas, Panayiotis N.; Abdelhak, Tamer; Hacein-Bey, Lotfi

**Withdrawal of life-sustaining therapies and brain death in the intensive care unit.**
Seminars in Neurology 2008 November; 28(5): 726-735

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

---

Document 585

Jabre, P.; Combes, X.; Marty, J.; Margenet, A.; Ferrand, E.

**The law number 2005-370 of April 22, 2005 concerning the patients' rights at the end of life: a case of prehospital medicine = Loi no 2005-370 du 22avril 2005 relative aux droits des malades et à la fin de vie : application à un cas de médecine préhospitalière.**
Annales Francaises d'Anesthésie et de Réanimation 2008 November; 27(11): 934-937

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

---

Document 586

Shevchenko, Alexander

**Medical ethics and bioethics in anesthesiology and intensive care**

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

**Document 587**
Meidl, Erik J.
*The medical-ethical implications of Harry Potter*
Linacre Quarterly 2008 November; 75(4): 309-313
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 588**
American College of Emergency Physicians
*Discontinuing resuscitation in the out-of-hospital setting.*
Annals of Emergency Medicine 2008 November; 52(5): 592
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 589**
American College of Emergency Physicians
*Ethical issues of resuscitation.*
Annals of Emergency Medicine 2008 November; 52(5): 593
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 590**
Brzostek, Tomasz; Dekkers, Wim; Zalewski, Zbigniew; Januszewska, Anna; Górkiewicz, Maciej
*Perception of palliative care and euthanasia among recently graduated and experienced nurses*
Nursing Ethics 2008 November; 15(6): 761-776
Abstract: Palliative care and euthanasia have become the subject of ethical and political debate in Poland. However, the voice of nurses is rarely heard. The aim of this study is to explore the perception of palliative care and euthanasia among recent university bachelor degree graduates and experienced nurses in Poland. Specific objectives include: self-assessment of the understanding of these terms, recognition of clinical cases, potential acceptability of euthanasia, and an evaluation of attitudes towards palliative care and euthanasia. This is an exploratory study. A convenience sample of 206 recent graduates and 252 experienced nurse practitioners were interviewed. A structured questionnaire was used for collecting and interpreting data. Subjective perception of the terms 'palliative care' and 'euthanasia' was high and consistent with the recognition of clinical cases. The majority of the nurses excluded euthanasia from palliative care. They recognized personal philosophy of life as the most influential factor affecting attitudes towards euthanasia. The importance of the law was valued more highly by the experienced nurses.
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 591**
Deep, Kristy S.; Griffith, Charles H.; Wilson, John F.
*Communication and decision making about life-sustaining treatment: examining the experiences of resident physicians and seriously-ill hospitalized patients.*
Journal of General Internal Medicine 2008 November; 23(11): 1877-1882
Georgetown users check [Georgetown Journal Finder](#) for access to full text

http://www.springerlink.com/content/120414 (link may be outdated)
Stability of preferences for end-of-life treatment after 3 years of follow-up

Archives of Internal Medicine 2008 October 27; 168(19): 2125-2130

Abstract: Background: Preferences for life-sustaining treatment elicited in one state of health may not reflect preferences in another state of health. Methods: We estimated the stability of preferences for end-of-life treatment across 3 years and whether declines in physical functioning and mental health were associated with changes in preferences for end-of-life treatment. In this longitudinal cohort study of medical students in the graduating classes of 1948 to 1964 at Johns Hopkins University, 818 physicians completed the life-sustaining treatment questionnaire in 1999 and 2002 (mean age at baseline, 69 years). Results: Although the prevalence of the 3 clusters of life-sustaining treatment preferences remained stable across the 3-year follow-up, certain physicians changed their preferences with time. The probability that physicians were in the same cluster at follow-up as at baseline was 0.41 for "most aggressive," 0.50 for "intermediate care," and 0.80 for "least aggressive." Physicians without advance directives were more likely to transition to the most aggressive cluster than to the least aggressive cluster during the 3-year follow-up (odds ratio, 1.96; 95% confidence interval, 1.11-3.45). Age at baseline and decline in physical and mental health were not associated with transitions between 1999 and 2002. Conclusion: Periodic reassessment of preferences is most critical for patients who desire aggressive end-of-life care or who do not have advance directives.

http://www.archinte.ama-assn.org (link may be outdated)
Document 597

de Paula, Ignacio Carrasco; Camorreto, Nunziata; Turriziani, Adriana
Sobre la solicitud de suspensión de los tratamientos en la perspectiva ético-clínica
Medicina y Ética 2008 October-December; 19(4): 341-356

Document 598

Winter, Laraine; Parks, Susan Mockus
Family discord and proxy decision makers' end-of-life treatment decisions.
Journal of Palliative Medicine 2008 October; 11(8): 1109-1114

Document 599

Quill, Tim; Arnold, Robert M.
Evaluating requests for hastened death #156.
Journal of Palliative Medicine 2008 October; 11(8): 1151-1152

Document 600

Quill, Tim; Arnold, Robert M.
Responding to a request for hastening death #159.
Journal of Palliative Medicine 2008 October; 11(8): 1152-1153

Document 601

Payne, Judith K.; Thornlow, Deirdre K.
Clinical perspectives on portable do-not-resuscitate orders.
Journal of Gerontological Nursing 2008 October; 34(10): 11-16

Document 602

Smith, Cardinale B.; Bunch O'Neill, Lynn
Do not resuscitate does not mean do not treat: how palliative care and other modalities can help facilitate communication about goals of care in advanced illness.
Mount Sinai Journal of Medicine 2008 October; 75(5): 460-465
* Article Document 603
Johnstone, Megan-Jane
*Nurses, public policy and the euthanasia debate.*
Australian Nursing Journal 2008 October; 16(4): 30

Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 604
Sternbach, George L.; Huerta-Alardin, Ana Laura; Varon, Joseph
*The ethics of emergency resuscitation.*

Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 605
Yoku o lu, Mehmet; Eryilmaz, Mehmet; Baysan, Oben
*Hukuk ve etik açısından kardiyopulmoner resüssitasyon [Cardiopulmonary resuscitation in the view of ethics and law]*

Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 606
Cavell, Richard
*Not-for-resuscitation orders: the medical, legal and ethical rationale behind letting patients die.*
Journal of Law and Medicine 2008 October; 16(2): 305-334

Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 607
Pieracci, Fredric M.; Ullery, Brant W.; Eachempati, Soumitra R.; Nilson, Elizabeth; Hydo, Lynn J.; Barie, Philip S.; Fins, Joseph J.
*Prospective analysis of life-sustaining therapy discussions in the surgical intensive care unit: a housestaff perspective.*
Journal of the American College of Surgeons 2008 October; 207(4): 468-476

Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 608
Holt, Janet
*Nurses' attitudes to euthanasia: the influence of empirical studies and methodological concerns on nursing practice*
Nursing Philosophy 2008 October; 9(4): 257-272
Document 609
Cubelli, Roberto; Della Sala, Sergio

**Eponyms to forget.**
Cortex 2008 October; 44(9): 1137-1138

Georgetown users check [Georgetown Journal Finder](http://www.georgetownjournalfinder.com) for access to full text

Document 610
Jonquet, O.

**Limitations et arrêt de soins actifs en pneumologie = [Limitations and cessation of care in pulmonary medicine]**
Revue des Maladies Respiratoires 2008 October; 25(8): 1044-1045

Georgetown users check [Georgetown Journal Finder](http://www.georgetownjournalfinder.com) for access to full text

Document 611
Parpa, Efi; Mystakidou, Kyriaki; Tsilika, Eleni; Sakkas, Pavlos; Patiraki, Elisabeth; Pisteou-Gombaki, Kyriaki; Govina, Ourania; Vlahos, Lambros

**Euthanasia and physician-assisted suicide in cases of terminal cancer: the opinions of physicians and nurses in Greece.**
Medicine, Science, and the Law 2008 October; 48(4): 333-341

Georgetown users check [Georgetown Journal Finder](http://www.georgetownjournalfinder.com) for access to full text

Document 612
Allen, Rebecca S.; Allen, Jessica Y.; Hilgeman, Michelle M.; DeCoster, Jamie

**End-of-life decision-making, decisional conflict, and enhanced information: race effects.**
Journal of the American Geriatrics Society 2008 October; 56(10): 1904-1909

Georgetown users check [Georgetown Journal Finder](http://www.georgetownjournalfinder.com) for access to full text

http://www.blackwellpublishing.com/jgs (link may be outdated)

Document 613
Hales, Brigette M.; Hawryluck, Laura

**An interactive educational workshop to improve end of life communication skills.**
Journal of Continuing Education in the Health Professions 2008 Fall; 28(4):241-248; quiz 249-255

Georgetown users check [Georgetown Journal Finder](http://www.georgetownjournalfinder.com) for access to full text

Document 614

**Palliativpatienten im weit fortgeschrittenen Krankheitsstadium. Notärztliche Reanimation und Todesfeststellung [Palliative care patients in an advanced state of disease. Cardiopulmonary resuscitation**
and determination of death]
Der Anaesthesist 2008 September; 57(9): 873-881

Georgetown users check [Georgetown Journal Finder] for access to full text

Document 615
Smith, Stephen W.
Medical Law Review 2008 Autumn; 16(3): 464-469

Georgetown users check [Georgetown Journal Finder] for access to full text

Document 616
van Gend, David
Euthanasia's "unproductive burdens"
Human Life Review 2008 Fall; 34(4): 110-117

Georgetown users check [Georgetown Journal Finder] for access to full text

Document 617
Shabtai, David
End of life therapies
Journal of Halacha and Contemporary Society 2008 Fall; (56): 22-48

Georgetown users check [Georgetown Journal Finder] for access to full text

Document 618
Randall, Fiona
The ethical basis of making decisions about cardiopulmonary resuscitation.
British Journal of Hospital Medicine 2008 September; 69(9): 504-508

Georgetown users check [Georgetown Journal Finder] for access to full text

Document 619
Morris, Peter E.; Dracup, Kathleen
Time for a tool to measure moral distress?
American Journal of Critical Care 2008 September; 17(5): 398-401

Georgetown users check [Georgetown Journal Finder] for access to full text

Document 620
Hynninen, M.; Klepstad, P.; Petersson, J.; Skram, U.; Tallgren, M.
Acta Anaesthesiologica Scandinavica 2008 September; 52(8): 1081-1085

Georgetown users check [Georgetown Journal Finder] for access to full text
Bernat, James L.
**Theresa Schiavo's tragedy and ours, too**
Neurology 2008 September 23; 71(13): 964-965

Kompanje, E.J.O.; van der Hoven, B.; Bakker, J.
**Anticipation of distress after discontinuation of mechanical ventilation in the ICU at the end of life.**
Intensive Care Medicine 2008 September; 34(9): 1593-1599

Selph, R. Brac; Shiang, Julia; Engelberg, Ruth; Curtis, J. Randall; White, Douglas B.
**Empathy and life support decisions in intensive care units.**
Journal of General Internal Medicine 2008 September; 23(9): 1311-1317

Cutas, D.E.
**Life extension, overpopulation and the right to life: against lethal ethics**
*Abstract:* Some of the objections to life-extension stem from a concern with overpopulation. I will show that whether or not the overpopulation threat is realistic, arguments from overpopulation cannot ethically demand halting the quest for, nor access to, life-extension. The reason for this is that we have a right to life, which entitles us not to have meaningful life denied to us against our will and which does not allow discrimination solely on the grounds of age. If the threat of overpopulation creates a rights conflict between the right to come into existence, the right to reproduce, the right to more opportunities and space (if, indeed, these rights can be successfully defended), and the right to life, the latter ought to be given precedence.

Draper, Heather; Slowther, Anne
**Euthanasia**
Clinical Ethics 2008 September; 3(3): 113-115
Document 626

Morrell, E.D.; Brown, B.P.; Qi, R.; Drabiak, K.; Helft, P.R.
The do-not-resuscitate order: associations with advance directives, physician specialty and documentation of discussion 15 years after the Patient Self-Determination Act
Journal of Medical Ethics 2008 September; 34(9): 642-647

Abstract: Background: Since the passage of the Patient Self-Determination Act, numerous policy mandates and institutional measures have been implemented. It is unknown to what extent those measures have affected end-of-life care, particularly with regard to the do-not-resuscitate (DNR) order. Methods: Retrospective cohort study to assess associations of the frequency and timing of DNR orders with advance directive status, patient demographics, physician's specialty and extent of documentation of discussion on end-of-life care. Results: DNR orders were more frequent for patients on a medical service than on a surgical service (77.34% vs 64.20%, p = 0.02) and were made earlier in the hospital stay for medicine than for surgical patients (adjusted mean ratio of time from DNR orders to death versus total length of stay 0.30 for internists vs 0.21 for surgeons, p = 0.04). 22.18% of all patients had some form of an advance directive in their chart, yet this variable had no impact on the frequency or timing of DNR ordering. Documentation of DNR discussion was significantly associated with the frequency of DNR orders and the time from DNR to death (2.1 days with no or minimal discussion vs 2.8 days with extensive discussion, p<0.01). Conclusions: The physician’s specialty continues to have a significant impact on the frequency and timing of DNR ordering, while advance directive status still has no measurable impact. Additionally, documentation of end-of-life discussions is significantly associated with varying DNR ordering rates and timing.

Georgetown users check Georgetown Journal Finder for access to full text

Document 627

Gelbman, Brian D.; Gelbman, Joy M.
Deconstructing DNR
Journal of Medical Ethics 2008 September; 34(9): 640-641

Georgetown users check Georgetown Journal Finder for access to full text

Document 628

van Bruchem-van de Scheur, Grada (Ada) G.; van der Arend, Arie J.G.; Abu-Saad, Huda Huijer; van Wijmen, Frans C.B.; Spreeuwenberg, Cor; ter Meulen, Ruud H.J.
Alleviation of pain and symptoms with a life-shortening intention
Nursing Ethics 2008 September; 15(5): 682-695

Abstract: This article reports the findings of a study into the role of Dutch nurses in the alleviation of pain and symptoms with a life-shortening intention, conducted as part of a study into the role of nurses in medical end-of-life decisions. A questionnaire survey was carried out using a population of 1509 nurses who were employed in hospitals, home care organizations and nursing homes. The response rate was 82.0%; 78.1% (1179) were suitable for analysis. The results show that in about half of the cases (55.8%) nurses were involved in the decision making by the physician and that nurses were frequently (81.5%) involved in administering the medication. The authors' conclusion is that alleviation of pain and symptoms with a life-shortening intention represents a 'grey' area, in which physicians and nurses act on the basis of personal ethical norms rather than legal rules, professional guidelines or shared moral values.

Georgetown users check Georgetown Journal Finder for access to full text
Rousseau, Paul

Seventy-two hours

Georgetown users check Georgetown Journal Finder for access to full text

http://jama.ama-assn.org (link may be outdated)

Rigali, Justin F.; Lori, William E.

Human dignity and the end of life: caring for patients in a persistent vegetative state
America 2008 August 4-11; 199(3): 13-15

Georgetown users check Georgetown Journal Finder for access to full text

http://www.americamagazine.org/archives.cfm (link may be outdated)

McCabe, Helen

End-of-life decision-making, the principle of double effect, and the devil's choice: a response to Roger Magnusson.
Journal of Law and Medicine 2008 August; 16(1): 74-84

Georgetown users check Georgetown Journal Finder for access to full text

Van Ness, Peter H.; Towle, Virginia R.; O'Leary, John R.; Fried, Terri R.

Religion, risk, and medical decision making at the end of life.
Journal of Aging and Health 2008 August; 20(5): 545-559

Georgetown users check Georgetown Journal Finder for access to full text

McMillen, Rachel E.

End of life decisions: nurses perceptions, feelings and experiences.
Intensive and Critical Care Nursing 2008 August; 24(4): 251-259

Georgetown users check Georgetown Journal Finder for access to full text

Demir, Fatma

Presence of patients' families during cardiopulmonary resuscitation: physicians' and nurses' opinions

Georgetown users check Georgetown Journal Finder for access to full text
McLachlan, H.V.

**The ethics of killing and letting die: active and passive euthanasia**
Journal of Medical Ethics 2008 August; 34(8): 636-638

**Abstract:** In their account of passive euthanasia, Garrard and Wilkinson present arguments that might lead one to overlook significant moral differences between killing and letting die. To kill is not the same as to let die. Similarly, there are significant differences between active and passive euthanasia. Our moral duties differ with regard to them. We are, in general, obliged to refrain from killing each and everyone. We do not have a similar obligation to try (or to continue to try) to prevent each and everyone from dying. In any case, to be morally obliged to persist in trying to prevent their deaths would be different from being morally obliged to refrain from killing all other people even if we had both obligations.

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)

---

Gorton, A.J.; Jayanthi, N.V.G.; Lepping, P.; Scriven, M.W.

**Patients' attitudes towards "do not attempt resuscitation" status**
Journal of Medical Ethics 2008 August; 34(8): 624-626

**Abstract:** Introduction: The decision of "do not attempt resuscitation" (DNAR) in the event of cardiopulmonary arrest is usually made when the patients are critically ill and cannot make an informed choice. Although, various professional bodies have published guidelines, little is know about the patients' own views regarding DNAR discussion. Aim: The aim of this study was to determine patients' attitudes regarding discussing DNAR before they are critically ill. Methods: A prospective study was performed in a general out patients department. A questionnaire was distributed to consecutive outpatients along with an explanatory leaflet in the adult outpatient clinic. Results: 364 patients completed the questionnaire (response rate 77%). 90% of respondents wanted all patients to be asked regarding DNAR decision at some point during a hospital admission. The majority would not find a DNAR discussion distressing. Only 10% would find it upsetting, however, 48% of these still wanted a discussion. 37% of respondents wanted to discuss DNAR decisions on admission; 32% in outpatients; 17% at consent for surgery, 14% when they are critically ill. 87% of respondents would not object to their relatives being involved in making decisions about their resuscitation status. However, only 12% of the subjects in the study had been involved in discussing the resuscitation status of a relative and 21% would not be comfortable to discuss a relative’s resuscitation status. Although 33% of patients preferred their resuscitation status to simply be documented within their clinical notes, 77% wanted it to be more easily accessible. Conclusions: This study suggests that contrary to current practice most patients want to discuss their DNAR status prior to becoming critically ill. This includes half of the small number that find it distressing to discuss. Although most patients are comfortable with relatives being involved in discussing DNAR, a significant proportion do not want their relatives to be asked. Furthermore, once a decision has been made, the majority of patients want it to be more accessible than current practice allows.

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)

---

Coggon, John

**On acts, omissions and responsibility**
Journal of Medical Ethics 2008 August; 34(8): 576-579

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)
Dunavan, Claire Panosian

Coming to terms with a predator. My friend didn't beat her illness, but it didn't beat her
Washington Post 2008 July 8; F4

Bloom, Stuart H.

In defense of futile gestures.
Journal of Clinical Oncology 2008 July 1; 26(19): 3276-3278

Georgetown users check Georgetown Journal Finder for access to full text

Pandya, Sunil

Right to die.

Georgetown users check Georgetown Journal Finder for access to full text

Hoste, E.A.J.; Rubens, R.

Do not resuscitate in the critically ill.

Georgetown users check Georgetown Journal Finder for access to full text

Janssen van Doorn, K.; Diltoer, M.; Spapen, H.

Do-not-resuscitate orders in the critically ill patient--an observational study with special emphasis on withholding of renal replacement therapy.
Acta Clinica Belgica 2008 July-August; 63(4): 221-226

Georgetown users check Georgetown Journal Finder for access to full text

Allen, Sonia; Francis, Karen; O'Connor, Margaret; Chapman, Ysanne

Gaining human ethics approval: a strategy for refining research studies
Monash Bioethics Review 2008 July; 27(3): 54-60

Georgetown users check Georgetown Journal Finder for access to full text

Mortal Coil: A Short History of Living Longer, by David Haycock [book review]
Document 645

Bell, Christina; Somogyi-Zalud, Emese; Masaki, Kamal; Fortaleza-Dawson, Theresa; Blanchette, Patricia Lanoie
Factors associated with physician decision-making in starting tube feeding.

Georgetown users check Georgetown Journal Finder for access to full text

Document 646

Bakalis, Nick
Journal of Clinical Nursing 2008 July; 17(13): 1818-1819

Georgetown users check Georgetown Journal Finder for access to full text

Document 647

Reignier, Jean; Dumont, Romain; Katsahian, Sandrine; Martin-Lefevre, Laurent; Renard, Benoit; Fiancette, Maud; Lebert, Christine; Clementi, Eva; Bontemps, Frederic
Patient-related factors and circumstances surrounding decisions to forego life-sustaining treatment, including intensive care unit admission refusal.
Critical Care Medicine 2008 July; 36(7): 2076-2083

Georgetown users check Georgetown Journal Finder for access to full text

Document 648

Daly, Barbara J.
An indecent proposal: withholding cardiopulmonary resuscitation.
American Journal of Critical Care 2008 July; 17(4): 377-380

Georgetown users check Georgetown Journal Finder for access to full text

Document 649

Lawn, Anneliese; Bassi, Dilip
An unusual resuscitation request
Resuscitation 2008 July; 78(1): 5-6

Georgetown users check Georgetown Journal Finder for access to full text

Document 650

Khatcheressian, James; Harrington, Sara Beth; Lyckholm, Laurel J.; Smith, Thomas J.
EthxWeb Search Results

Search Detail:
Result=(!"20.5.1".PC.) NOT (EDITORIAL OR LETTER OR NEWS) AND (@YD >= "20050000")
2=1 : 
Documents: 651 - 975 of 1798

* Article Document 651
Similliss, Constantinos
Euthanasia: a summary of the law in England and Wales
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 652
Begley, Ann Marie
Response by Ann M. Begley to comments by Sellman, and Butts and Rich on: "Guilty but good: defending voluntary active euthanasia from a virtue perspective"
Nursing Ethics 2008 July; 15(4): 451-456
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 653
Butts, Janie B.; Rich, Karen L.
Comment by Janie B. Butts and Karen L. Rich on: "Guilty but good: defending voluntary active euthanasia from a virtue perspective"
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 654
Sellman, Derek
Comment by Derek Sellman on: "Guilty but good: defending voluntary active euthanasia from a virtue perspective": a critical response to Begley
Nursing Ethics 2008 July; 15(4): 446-449
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 655
Begley, Ann Marie
Guilty but good: defending voluntary active euthanasia from a virtue perspective
Abstract: This article is presented as a defence of voluntary active euthanasia from a virtue perspective and it is written with the objective of generating debate and challenging the assumption that killing is necessarily vicious in all
Practitioners are often torn between acting from virtue and acting from duty. In the case presented, the physician was governed by compassion and this illustrates how good people may have the courage to sacrifice their own security in the interests of virtue. The doctor's action created huge tensions for the nurse, who was governed by the code of conduct and relevant laws. Appraising active euthanasia from a virtue perspective can offer a more compassionate approach to the predicament of practitioners and clients. The tensions arising from the virtue versus rules debate generates irreconcilable difficulties for nurses. A shift towards virtue would help to resolve this problem and support the call for a change in the law. The controversial nature of this position is acknowledged. The argument is put forward on the understanding that many practitioners will not agree with the conclusions reached.
Document 661

de Meneses, Ramiro Délio Borges
**Eutanasia: entre la autonomía y la responsabilidad [Euthanasia: between autonomy and responsibility]**
Vida y Etica 2008 June; 9(1): 97-121

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 662

Oswald, Cristof
**Die Anordnung zum Verzicht auf Wiederbelebung" im Krankenhaus**
Ethik in der Medizin 2008 June; 20(2): 110-121

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 663

Murphy, A.D.; Healy, C.; Purcell, E.; Fitzgerald, E.; Kelly, J.L.
**An assessment of burn care professionals' attitudes to major burn.**
Burns 2008 June; 34(4): 512-515

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 664

Hiscox, Wendy E.
**Intention and causation in medical non-killing: the impact of criminal law concepts on euthanasia and assisted suicide by Glenys Williams [book review]**
Medical Law Review 2008 Summer; 16(2): 294-300

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 665

Williams, Steven N.
**A Concise History of Euthanasia: Life, Death, God, and Medicine by Ian Dowbiggin [book review]**
Ethics and Medicine 2008 Summer; 24(2): 119

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 666

Cranston, Robert
**Is it permissible to forgo life-saving dialysis?**
Ethics and Medicine 2008 Summer; 24(2): 83-85

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 667
Asscher, Joachim

**The moral distinction between killing and letting die in medical cases.**
Bioethics 2008 June; 22(5): 278-285

**Abstract:** In some medical cases there is a moral distinction between killing and letting die, but in others there is not. In this paper I present an original and principled account of the moral distinction between killing and letting die. The account provides both an explanation of the moral distinction and an explanation for why the distinction does not always hold. If these explanations are correct, the moral distinction between killing and letting die must be taken seriously in medical contexts. Defeasibly, when an agent kills she takes responsibility, but when an agent lets die she does not take responsibility. Therein lies the moral distinction between killing and letting die. The distinction, however, is defeated when an agent is already responsible for the surrounding situation. In such cases, killing does not involve taking any further responsibility and letting die does not avoid taking any responsibility. Medical examples are frequently complicated because patients' autonomous choices impact upon medical practitioners' surrounding responsibility.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Veerbeek, Laetitia; Van Zuylen, Lia; Swart, Siebe J.; Jongeneel, Gerrieke; Van Der Maas, Paul J.; Van Der Heide, Agnes

**Does recognition of the dying phase have an effect on the use of medical interventions?**
Journal of Palliative Care 2008 Summer; 24(2): 94-99

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Chen, Yen-Yuan; Connors, Alfred F. Jr.; Garland, Allan

**Effect of decisions to withhold life support on prolonged survival.**
Chest 2008 June; 133(6): 1312-1318

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Starks, Helene; Curtis, J. Randall

**Is withholding life support associated with a premature death? if so, what does this mean for ICU practice?**
Chest 2008 June; 133(6): 1298-1300

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Hirst, Lesley; Stec, Sandra

**Honouring client's wishes when DNR is the choice**
van Bruchem-van de Scheur, G.G.; van der Arend, Arie J.G.; Huijer Abu-Saad, Huda; van Wijmen, Frans C.B.; Spreeuwenberg, Cor; Ter Meulen, Ruud H.J.

Euthanasia and assisted suicide in Dutch hospitals: the role of nurses.
Journal of Clinical Nursing 2008 June; 17(12): 1618-1626

Rao, Arun S.; Desphande, Ohm M.; Jamoona, Chan; Reid, Carrington M.

Elderly Indo-Caribbean Hindus and end-of-life care: a community-based exploratory study

Brannigan, Michael C.

Heeding community voices in medical futility guidelines
HEC(Healthcare Ethics Committee Forum) 2008 June; 20(2): 105-125

Gummere, Peter J.

Assisted nutrition and hydration in advanced dementia of the Alzheimer's type: an ethical analysis
National Catholic Bioethics Quarterly 2008 Summer; 8(2): 291-305

Abstract: Nutrition and hydration-including artificially delivered, or assisted, nutrition and hydration (ANH)-are typically considered ordinary or proportionate care in the Roman Catholic moral tradition. They are thus morally obligatory, except when the benefit to the patient does not justify the burden … on the patient or when they no longer prolong life…. A review of Church documents and the medical literature provides convincing evidence that … ANH provides little hope of benefit and may impose an excessive burden on [patients with] advanced dementia of the Alzheimer's type and … can be properly considered extraordinary care and hence not obligatory in [these] patients.

Bryon, E.; Dierckx de Casterlé, B.; Gastmans, C.

Nurses’ attitudes towards artificial food or fluid administration in patients with dementia and in terminally ill patients: a review of the literature
Journal of Medical Ethics 2008 June; 34(6): 431-436
**Abstract:** OBJECTIVE: Although nurses have an important role in the care process surrounding artificial food or fluid administration in patients with dementia or in terminally ill patients, little is known about their attitudes towards this issue. The purpose of this study was to thoroughly examine nurses’ attitudes by means of a literature review.

METHOD: An extensive systematic search of the electronic databases PubMed, Cinahl, PsycINFO, The Cochrane Library, FRANCIS, Philosopher's Index and Social Sciences Citation Index was conducted to identify pertinent articles published from January 1990 to January 2007. FINDINGS: Nurses' arguments for or against could be categorised as ethical-legal, clinical or social-professional. The most important arguments explicitly for artificial food and fluid administration in patients with dementia or in terminally ill patients were sanctity of life, considering artificial food and fluid administration as basic nursing care, and giving reliable nutrition, hydration or medication. An explicit counter-argument was the high cost of treatment. Arguments used by opponents and proponents were quality of life and dignified death. The arguments were not strikingly different for the two patient populations. It turned out that the nurses’ ethical arguments remarkably reflected the current ethical debate. But some of their clinical presuppositions contradicted current clinical evidence. CONCLUSION: The interaction between clinical facts and ethical reflections makes the findings of this review extremely relevant for clinical ethics. A large need exists to clearly communicate to nurses the latest clinical evidence and the main results of ongoing ethical debates.

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

http://www.jmedethics.com (link may be outdated)

---

**Document 678**

Bagheri, Alireza

*Regulating medical futility: neither excessive patient's autonomy nor physician's paternalism*


Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

---

**Document 679**

Sherman, David A.

*Family presence during cardiopulmonary resuscitation: grief therapy or prolonged futility?*

Dimensions of Critical Care Nursing 2008 May-June; 27(3): 114-117

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

---

**Document 680**

Dick, Thom

*Final decision. People have a right to live -- and a right to die.*

EMS Magazine 2008 May; 37(5): 32

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

---

**Document 681**

Janvier, Annie; Leblanc, Isabelle; Barrington, Keith James

*The best-interest standard is not applied for neonatal resuscitation decisions.*

Pediatrics 2008 May; 121(5): 963-969

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text
Document 682
Moyano, Jairo; Zambrano, Sofia; Ceballos, César; Santacruz, Carlos Miguel; Guerrero, Carlos
Palliative sedation in Latin America: survey on practices and attitudes.
Supportive Care in Cancer 2008 May; 16(5): 431-435
Georgetown users check Georgetown Journal Finder for access to full text

Document 683
Lemiengre, Joke; Dierckx de Casterlé, Bernadette; Denier, Yvonne; Schotsmans, Paul; Gastmans, Chris
How do hospitals deal with euthanasia requests in Flanders (Belgium)? a content analysis of policy documents.
Patient Education and Counseling 2008 May; 71(2): 293-301
Georgetown users check Georgetown Journal Finder for access to full text

Document 684
Bae, Hyuna; Lee, Sangjin; Jang, Hye Young
The ethical attitude of emergency physicians toward resuscitation in Korea.
Georgetown users check Georgetown Journal Finder for access to full text

Document 685
Stolberg, Michael
Two pioneers of euthanasia around 1800.
Georgetown users check Georgetown Journal Finder for access to full text

Document 686
Townsend, S.C.; Hardy, J.
End-of-life decision-making in intensive care: the case for an international standard or a standard of care?
Internal Medicine Journal 2008 May; 38(5): 303-304
Georgetown users check Georgetown Journal Finder for access to full text

Document 687
End of life in the intensive care unit: knowledge and practice of clinicians from Karachi, Pakistan.
Internal Medicine Journal 2008 May; 38(5): 307-313
Georgetown users check Georgetown Journal Finder for access to full text

Document 688
Vasa, Robert  
**Death, where is thy victory? Her simple faith nourished me**  
Linacre Quarterly 2008 May; 75(2): 132-134  

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Wilson, John  
**To what extent should older patients be included in decisions regarding their resuscitation status?**  
Journal of Medical Ethics 2008 May; 34(5): 353-356  

*Abstract:* As medical technology continues to advance and we develop the expertise to keep people alive in states undreamt of even 20 years ago, there is increasing interest in the ethics of providing, or declining to provide, life-sustaining treatment. One such issue, highly contentious in clinical practice as well as in the media (and, through them, the public), is the use of do-not-attempt-resuscitation orders. The main group of patients affected by these orders is older people. This article explores some of the arguments regarding who should make the decision to implement such an order, with particular reference to older people and the unique issues they face in relation to resuscitation. The author concludes by arguing that official guidelines, while representing an ideal, are not easily applied in a typical acute setting where decisions regarding resuscitation are most commonly made, and makes suggestions as to how they may be implemented more successfully.  

Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)

---

**The practicalities of terminally ill patients signing their own DNR orders — a study in Taiwan**  
Journal of Medical Ethics 2008 May; 34(5): 336-340  

*Abstract:* OBJECTIVES: To investigate the current situation of completing the informed consent for do-not-resuscitate (DNR) orders among the competent patients with terminal illness and the ethical dilemmas related to it. PARTICIPANTS: This study enrolled 152 competent patients with terminal cancer, who were involved in the initial consultations for hospice care. Analysis: Comparisons of means, analyses of variance, Student's t test, chi(2) test and multiple logistic regression models. RESULTS: After the consultations, 117 (77.0%) of the 152 patients provided informed consent for hospice care and DNR orders. These included 21 patients (17.9%) who signed the consent by themselves, and 96 (82.1%) whose consent sheet was signed only by family members. The reasons why patients were not involved in the discussions toward the consent (n = 82) included poor physical or psychological condition (44.9%), concerns of the consultant hospice team (37.2%), and the family's refusal (28.2%). On a multivariate analysis, patients' awareness of their poor prognosis (odds ratio = 4.07, 95% confidence interval = 2.05 to 8.07) and their understanding of hospice care (2.27, 1.33 to 3.89) were two independent factors (p < 0.01) that influenced their participation in the discussions or their personal signature in the informed consent. CONCLUSION: The family-oriented culture in Asian countries may violate the principles of the Patient Self-Determination Act and the requirements of the Hospice Care Law in Taiwan, which inevitably poses an ethical dilemma. Earlier truth-telling and continuing education of the public by hospice care workers will be helpful in solving such ethical dilemmas.  

Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)

---

Zikmund-Fisher, B.J.; Lacey, H.P.; Fagerlin, A.  
**The potential impact of decision role and patient age on end-of-life treatment decision making**  
Journal of Medical Ethics 2008 May; 34(5): 327-331  

*Abstract:* BACKGROUND: Recent research demonstrates that people sometimes make different medical decisions
for others than they would make for themselves. This finding is particularly relevant to end-of-life decisions, which are often made by surrogates and require a trade-off between prolonging life and maintaining quality of life. We examine the impact of decision role, patient age, decision maker age and multiple individual differences on these treatment decisions. METHODS: Participants read a scenario about a terminally ill cancer patient faced with a choice between an aggressive chemotherapy regimen that will extend life by two years and palliative treatments to control discomfort for one remaining month. Participants were randomly assigned to one of three decision roles (patient, physician, or an abstract other) and the scenario randomly varied whether the patient was described as 25 or 65-years old. RESULTS: When deciding for a 65-year old patient, approximately 60% of participants selected aggressive chemotherapy regardless of decision role. When deciding for a 25-year old patient, however, participants were more likely to select chemotherapy for a patient (physician role) or another person (abstract other) than for themselves (70%, 67%, and 59%, respectively). In addition, confidence that powerful others (eg, physicians) control one's health, as well as respondents' age and race, consistently predicted treatment choices. CONCLUSIONS: Patient age appears to influence medical decisions made for others but not those that we make for ourselves. These findings may help to explain the discord that often occurs when younger cancer patients refuse life-extending treatments.
Document 696
Atari, Sally
The right to die: 'do not resuscitate': the Terri Schiavo case. How does hospice fit in?
Caring 2008 April; 27(4): 42-44

Document 697
Cruz-Oliver, D.M.; De Jesus-Monge, W.; Melendez-Rosario, M.; Muñiz-Gonzalez, J.
Age as a deciding factor in the consideration of futility for a medical intervention in patients with similar clinical severity of illness among internal medicine physicians [abstract]
Journal of the American Geriatrics Society 2008 April; 56(4, supplement): S150

Document 698
Winter, L.; Parks, S.M.
The role of family conflict in end-of-life care preferences by proxy decision makers [abstract]
Journal of the American Geriatrics Society 2008 April; 56(4, supplement): S109

Document 699
National Catholic Bioethics Center Ethicists
Frequently asked questions on the persistent vegetative state (PVS)
Ethics and Medics 2008 April; 33(4): insert

Document 700
Valentin, Andreas; Druml, Wilfred; Steltzer, Heinz; Wiedermann, Christian J.
Recommendations on therapy limitation and therapy discontinuation in intensive care units: consensus paper of the Austrian associations of intensive care medicine.
Intensive Care Medicine 2008 April; 34(4): 771-776

Document 701
Dawes, Jonathan
Should people have the right to end their life?
British Journal of Community Nursing 2008 April; 13(4): 153
* Article  Document 702

Sidler, D.; Amdt, H.R.; van Niekerk, A.A.

Medical futility and end-of-life care.


Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article  Document 703


Ethical decision-making about older adults and moral intensity: an international study of physicians

Journal of Medical Ethics 2008 April; 34(4): 285-296

Abstract: Through discourse with international groups of physicians, we conducted a cross-cultural analysis of the types of ethical dilemmas physicians face. Qualitative analysis was used to categorise the dilemmas into seven themes, which we compared among the physicians by country of practice. These themes were a-theoretically-driven and grounded heavily within the text. We then subjected the dilemmas to an analysis of moral intensity, which represents an important (albeit novel within healthcare research) theoretical perspective of ethical decision making. These constructs (ie, culture and moral intensity) represent salient determinants of ethical behaviour and our cross-cultural sample afforded us the opportunity to consider both the pragmatic aspects of culture, as they are perceived by physicians, as well as the theory-driven concept of moral intensity. By examining both culture and moral intensity, we hope to better elucidate the complexities of ethical decision-making determinants among physicians in their daily practice. Doing so may potentially have practical implications for ethics training of medical students and foreign physicians.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)

* Article  Document 704


The role of nurses in euthanasia and physician-assisted suicide in the Netherlands

Journal of Medical Ethics 2008 April; 34(4): 254-258

Abstract: Background: Issues concerning legislation and regulation with respect to the role of nurses in euthanasia and physician-assisted suicide gave the Minister for Health reason to commission a study of the role of nurses in medical end-of-life decisions in hospitals, home care and nursing homes. Aim: This paper reports the findings of a study of the role of nurses in euthanasia and physician-assisted suicide, conducted as part of a study of the role of nurses in medical end-of-life decisions. The findings for hospitals, home care and nursing homes are described and compared. Method: A questionnaire was sent to 1509 nurses, employed in 73 hospitals, 55 home care organisations and 63 nursing homes. 1179 responses (78.1%) were suitable for analysis. The questionnaire was pilot-tested among 106 nurses, with a response rate of 85%. Results: In 37.0% of cases, the nurse was the first person with whom patients discussed their request for euthanasia or physician-assisted suicide. Consultation between physicians and nurses during the decision-making process took place quite often in hospitals (78.8%) and nursing homes (81.3%) and less frequently in home care situations (41.2%). In some cases (12.2%), nurses administered the euthanatics. Conclusions: The results show substantial differences between the intramural sector (hospitals and nursing homes) and the extramural sector (home care), which are probably linked to the organisational structure of the institutions. Consultation between physicians and nurses during the decision-making process needs improvement, particularly in home care. Some nurses had administered euthanatics, although this task is by law exclusively reserved to physicians.

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Influence of physicians’ life stances on attitudes to end-of-life decisions and actual end-of-life decision-making in six countries

Abstract: Aim: To examine how physicians’ life stances affect their attitudes to end-of-life decisions and their actual end-of-life decision-making. Methods: Practising physicians from various specialties involved in the care of dying patients in Belgium, Denmark, The Netherlands, Sweden, Switzerland and Australia received structured questionnaires on end-of-life care, which included questions about their life stance. Response rates ranged from 53% in Australia to 68% in Denmark. General attitudes, intended behaviour with respect to two hypothetical patients, and actual behaviour were compared between all large life-stance groups in each country. Results: Only small differences in life stance were found in all countries in general attitudes and intended and actual behaviour with regard to various end-of-life decisions. However, with regard to the administration of drugs explicitly intended to hasten the patient’s death (PAD), physicians with specific religious affiliations had significantly less accepting attitudes, and less willingness to perform it, than non-religious physicians. They had also actually performed PAD less often. However, in most countries, both Catholics (up to 15.7% in The Netherlands) and Protestants (up to 20.4% in The Netherlands) reported ever having made such a decision. Discussion: The results suggest that religious teachings influence to some extent end-of-life decision-making, but are certainly not blankly accepted by physicians, especially when dealing with real patients and circumstances. Physicians seem to embrace religious belief in a non-imperative way, allowing adaptation to particular situations.

Nurses have no business killing.

Life-support guidelines

Last Rights: Rescuing the End of Life from the Medical System, by Stephen P. Kiernan [book review]
**Document 709**
Yates, Ferdinant D., Jr.; Orr, Robert D.
*Is it permissible to shut off this pacemaker?*
Ethics and Medicine 2008 Spring; 24(1): 15-18

Georgetown users check [Georgetown Journal Finder](#) for access to full text.

---

**Document 710**
Salomon, Fred; Salomon, Manuel
*Maximaltherapie trotz schlechter Prognose? = Maximum therapy despite a poor prognosis? [Fall und kommentare] [Case report and commentaries]*

Georgetown users check [Georgetown Journal Finder](#) for access to full text.

---

**Document 711**
Bülow, Hans-Henrik; Sprung, Charles L.; Reinhart, Konrad; Prayag, Shirish; Du, Bin; Armaganidis, Apostolos; Abroug, Fekri; Levy, Mitchell M.
*The world's major religions' points of view on end-of-life decisions in the intensive care unit.*
Intensive Care Medicine 2008 March; 34(3): 423-430

Georgetown users check [Georgetown Journal Finder](#) for access to full text.

---

**Document 712**
Benedict, Susan; Chelouche, Tessa
*Meseritz-Obrawalde: a 'wild euthanasia hospital of Nazi Germany.*
History of Psychiatry 2008 March; 19(73 Pt 1): 68-76

Georgetown users check [Georgetown Journal Finder](#) for access to full text.

---

**Document 713**
Gannon, Craig; Garland, Eva
*Legalisation of euthanasia and assisted suicide: a professional's view.*

Georgetown users check [Georgetown Journal Finder](#) for access to full text.

---

**Document 714**
Bird, Sara
*End of life decisions and the law*
Australian Family Physician 2008 March; 37(3): 155-156

Georgetown users check [Georgetown Journal Finder](#) for access to full text.

Title: A "little bit illegal"? Withholding and withdrawing of mechanical ventilation in the eyes of German intensive care physicians

Abstract: This study explores a highly controversial issue of medical care in Germany: the decision to withhold or withdraw mechanical ventilation in critically ill patients. It analyzes difficulties in making these decisions and the physicians' uncertainty in understanding the German terminology of Sterbehilfe, which is used in the context of treatment limitation. Used in everyday language, the word Sterbehilfe carries connotations such as helping the patient in the dying process or helping the patient to enter the dying process. Yet, in the legal and ethical discourse Sterbehilfe indicates several concepts: (1) treatment limitation, i.e., withholding or withdrawing life-sustaining treatment (passive Sterbehilfe), (2) the use of medication for symptom control while taking into account the risk of hastening the patient's death (indirekte Sterbehilfe), and (3) measures to deliberately terminate the patient's life (aktive Sterbehilfe). The terminology of Sterbehilfe has been criticized for being too complex and misleading, particularly for practical purposes.

Materials and methods An exploratory study based on qualitative interviews was conducted with 28 physicians from nine medical intensive care units in tertiary care hospitals in the German federal state of Baden-Wuerttemberg. The method of data collection was a problem-centered, semi-structured interview using two authentic clinical case examples. In order to shed light on the relation between the physicians' concepts and the ethical and legal frames of reference, we analyzed their way of using the terms passive and aktive Sterbehilfe.

Results Generally, the physicians were more hesitant in making decisions to withdraw rather than withhold mechanical ventilation. Almost half of them assumed a categorical prohibition to withdraw any mechanical ventilation and more than one third felt that treatment ought not to be withdrawn at all. Physicians showed specific uncertainty about classifying the withdrawal of mechanical ventilation as passive Sterbehilfe, and had difficulties understanding that terminating ventilation is not basically illegal, but the permissibility of withdrawal depends on the situation.

Conclusions The physicians' knowledge and skills in interpreting clinical ethical dilemmas require specific improvement on the one hand; on the other hand, the terms passive and aktive Sterbehilfe are less clear than desirable and not as easy to use in clinical practice. Fear of making unjustified or illegal decisions may motivate physicians to continue (even futile) treatment. Physicians strongly opt for more open discussion about end-of-life care to allow for discontinuation of futile treatment and to reduce conflict.

Georgetown users check [Georgetown Journal Finder](#) for access to full text.

* * *

Title: Responses to certain questions of the USCCB concerning artificial nutrition and hydration

Abstract: This study explores a highly controversial issue of medical care in Germany: the decision to withhold or withdraw mechanical ventilation in critically ill patients. It analyzes difficulties in making these decisions and the physicians' uncertainty in understanding the German terminology of Sterbehilfe, which is used in the context of treatment limitation. Used in everyday language, the word Sterbehilfe carries connotations such as helping the patient in the dying process or helping the patient to enter the dying process. Yet, in the legal and ethical discourse Sterbehilfe indicates several concepts: (1) treatment limitation, i.e., withholding or withdrawing life-sustaining treatment (passive Sterbehilfe), (2) the use of medication for symptom control while taking into account the risk of hastening the patient's death (indirekte Sterbehilfe), and (3) measures to deliberately terminate the patient's life (aktive Sterbehilfe). The terminology of Sterbehilfe has been criticized for being too complex and misleading, particularly for practical purposes.

Materials and methods An exploratory study based on qualitative interviews was conducted with 28 physicians from nine medical intensive care units in tertiary care hospitals in the German federal state of Baden-Wuerttemberg. The method of data collection was a problem-centered, semi-structured interview using two authentic clinical case examples. In order to shed light on the relation between the physicians' concepts and the ethical and legal frames of reference, we analyzed their way of using the terms passive and aktive Sterbehilfe.

Results Generally, the physicians were more hesitant in making decisions to withdraw rather than withhold mechanical ventilation. Almost half of them assumed a categorical prohibition to withdraw any mechanical ventilation and more than one third felt that treatment ought not to be withdrawn at all. Physicians showed specific uncertainty about classifying the withdrawal of mechanical ventilation as passive Sterbehilfe, and had difficulties understanding that terminating ventilation is not basically illegal, but the permissibility of withdrawal depends on the situation.

Conclusions The physicians' knowledge and skills in interpreting clinical ethical dilemmas require specific improvement on the one hand; on the other hand, the terms passive and aktive Sterbehilfe are less clear than desirable and not as easy to use in clinical practice. Fear of making unjustified or illegal decisions may motivate physicians to continue (even futile) treatment. Physicians strongly opt for more open discussion about end-of-life care to allow for discontinuation of futile treatment and to reduce conflict.

Georgetown users check [Georgetown Journal Finder](#) for access to full text.

* * *

Title: Consciousness, Terri Schiavo, and the persistent vegetative state

Abstract: This study explores a highly controversial issue of medical care in Germany: the decision to withhold or withdraw mechanical ventilation in critically ill patients. It analyzes difficulties in making these decisions and the physicians' uncertainty in understanding the German terminology of Sterbehilfe, which is used in the context of treatment limitation. Used in everyday language, the word Sterbehilfe carries connotations such as helping the patient in the dying process or helping the patient to enter the dying process. Yet, in the legal and ethical discourse Sterbehilfe indicates several concepts: (1) treatment limitation, i.e., withholding or withdrawing life-sustaining treatment (passive Sterbehilfe), (2) the use of medication for symptom control while taking into account the risk of hastening the patient's death (indirekte Sterbehilfe), and (3) measures to deliberately terminate the patient's life (aktive Sterbehilfe). The terminology of Sterbehilfe has been criticized for being too complex and misleading, particularly for practical purposes.

Materials and methods An exploratory study based on qualitative interviews was conducted with 28 physicians from nine medical intensive care units in tertiary care hospitals in the German federal state of Baden-Wuerttemberg. The method of data collection was a problem-centered, semi-structured interview using two authentic clinical case examples. In order to shed light on the relation between the physicians' concepts and the ethical and legal frames of reference, we analyzed their way of using the terms passive and aktive Sterbehilfe.

Results Generally, the physicians were more hesitant in making decisions to withdraw rather than withhold mechanical ventilation. Almost half of them assumed a categorical prohibition to withdraw any mechanical ventilation and more than one third felt that treatment ought not to be withdrawn at all. Physicians showed specific uncertainty about classifying the withdrawal of mechanical ventilation as passive Sterbehilfe, and had difficulties understanding that terminating ventilation is not basically illegal, but the permissibility of withdrawal depends on the situation.

Conclusions The physicians' knowledge and skills in interpreting clinical ethical dilemmas require specific improvement on the one hand; on the other hand, the terms passive and aktive Sterbehilfe are less clear than desirable and not as easy to use in clinical practice. Fear of making unjustified or illegal decisions may motivate physicians to continue (even futile) treatment. Physicians strongly opt for more open discussion about end-of-life care to allow for discontinuation of futile treatment and to reduce conflict.

Georgetown users check [Georgetown Journal Finder](#) for access to full text.

* * *

Title: Nurses' conceptions of decision making concerning life-sustaining treatment

Abstract: This study explores a highly controversial issue of medical care in Germany: the decision to withhold or withdraw mechanical ventilation in critically ill patients. It analyzes difficulties in making these decisions and the physicians' uncertainty in understanding the German terminology of Sterbehilfe, which is used in the context of treatment limitation. Used in everyday language, the word Sterbehilfe carries connotations such as helping the patient in the dying process or helping the patient to enter the dying process. Yet, in the legal and ethical discourse Sterbehilfe indicates several concepts: (1) treatment limitation, i.e., withholding or withdrawing life-sustaining treatment (passive Sterbehilfe), (2) the use of medication for symptom control while taking into account the risk of hastening the patient's death (indirekte Sterbehilfe), and (3) measures to deliberately terminate the patient's life (aktive Sterbehilfe). The terminology of Sterbehilfe has been criticized for being too complex and misleading, particularly for practical purposes.

Materials and methods An exploratory study based on qualitative interviews was conducted with 28 physicians from nine medical intensive care units in tertiary care hospitals in the German federal state of Baden-Wuerttemberg. The method of data collection was a problem-centered, semi-structured interview using two authentic clinical case examples. In order to shed light on the relation between the physicians' concepts and the ethical and legal frames of reference, we analyzed their way of using the terms passive and aktive Sterbehilfe.

Results Generally, the physicians were more hesitant in making decisions to withdraw rather than withhold mechanical ventilation. Almost half of them assumed a categorical prohibition to withdraw any mechanical ventilation and more than one third felt that treatment ought not to be withdrawn at all. Physicians showed specific uncertainty about classifying the withdrawal of mechanical ventilation as passive Sterbehilfe, and had difficulties understanding that terminating ventilation is not basically illegal, but the permissibility of withdrawal depends on the situation.

Conclusions The physicians' knowledge and skills in interpreting clinical ethical dilemmas require specific improvement on the one hand; on the other hand, the terms passive and aktive Sterbehilfe are less clear than desirable and not as easy to use in clinical practice. Fear of making unjustified or illegal decisions may motivate physicians to continue (even futile) treatment. Physicians strongly opt for more open discussion about end-of-life care to allow for discontinuation of futile treatment and to reduce conflict.

Georgetown users check [Georgetown Journal Finder](#) for access to full text.
treatment for dialysis patients. Semistructured interviews were conducted with 13 nurses caring for such patients at three hospitals. The interview material was subjected to qualitative content analysis. The nurses saw decision making as being characterized by uncertainty and by lack of communication and collaboration among all concerned. They described different ways of handling decision making, as well as insufficiency of physician-nurse collaboration, lack of confidence in physicians, hindrances to patient participation, and ambivalence about the role of patients' next of kin. Future research should test models for facilitating communication and decision making so that decisions will emerge from collaboration of all concerned. Nurses' role in decision making also needs to be discussed.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* **Document 719**

Sandman, Lars; Bolmsjö, Ingrid Ågren; Westergren, Albert

**Ethical considerations of refusing nutrition after stroke**

Nursing Ethics 2008 March; 15(2): 147-159

**Abstract:** The aim of this article is to analyse and discuss the ethically problematic conflict raised by patients with stroke who refuse nutritional treatment. In analysing this conflict, the focus is on four different aspects: (1) Is nutritional treatment biologically necessary? (2) If necessary, is the reason for refusal a functional disability, lack of appetite or motivation, misunderstanding of the situation or a genuine conflict of values? (3) If the latter, what values are involved in the conflict? (4) How should we deal with the different kinds of refusal of nutritional treatment? We argue that patients' autonomy should be respected as far as possible, while also considering that those who have suffered a stroke might re-evaluate their life as a result of a beneficial prognosis. However, if patients persist with their refusal, health care professionals should force nutritional treatment only when it is clear that the patients will re-evaluate their future life.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* **Document 720**

Pope, Thaddeus Mason

**Involuntary passive euthanasia in U.S. Courts: reassessing the judicial treatment of medical futility cases**

Marquette Elder's Advisor 2008 Spring; 9(2): 229-268

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* **Document 721**

Eliott, Jaklin; Olver, Ian

**Choosing between life and death: patient and family perceptions of the decision not to resuscitate the terminally ill cancer patient**

Bioethics 2008 March; 22(3): 179-189

**Abstract:** In keeping with the pre-eminence accorded autonomy within Australia, Europe, and the United States, medical practice requires that patients authorize do-not-resuscitate (DNR) orders, intended to countermand the default practice in hospitals of instituting cardiopulmonary-resuscitation (CPR) on all patients experiencing cardiopulmonary arrest. As patients typically do not make these decisions proactively, however, family members are often asked to act as surrogate decision-makers and decide on the patient's behalf. Although the appropriateness of patients or their families having to decide about the provision of CPR has been challenged, there has been little examination of how patients and their families talk about and negotiate such decisions, particularly in the context of the patient's imminent death. In this article, part of a larger study analysing interviews with 28 patients (13 female) with cancer within weeks of their death, and 20 others (predominantly family) attending, we argue that a common assumption underpinning participants' talk about the DNR decision (i.e. forgoing CPR) is that it requires a choice between life and death. Using illustrative examples, we demonstrate that in making decisions about CPR, patients and their families are implicitly required to make moral judgements about the value of the patient's life, including their relationships with significant others. We identify some implications of these empirical observations for the development of ethically appropriate policies and practices regarding patient autonomy and surrogacy at the end of life.
Document 722
Georges, J.-J.; The, A.M.; Onwuteaka-Philipsen, B.D.; van der Wal, G.

**Dealing with requests for euthanasia: a qualitative study investigating the experience of general practitioners**
Journal of Medical Ethics 2008 March; 34(3): 150-155

**Abstract:** BACKGROUND: Caring for terminally ill patients is a meaningful task, however the patient's suffering can be a considerable burden and cause of frustration. OBJECTIVES: The aim of this study is to describe the experiences of general practitioners (GPs) in The Netherlands in dealing with a request for euthanasia from a terminally ill patient. METHODS: The data, collected through in-depth interviews, were analysed according to the constant comparative method. RESULTS: Having to face a request for euthanasia when attempting to relieve a patient's suffering was described as a very demanding experience that GPs generally would like to avoid. Nearly half of the GPs (14/30) strive to avoid euthanasia or physician assisted suicide because it was against their own personal values or because it was emotional burdening to be confronted with this issue. They explained that by being directed on promoting a peaceful dying process, or the quality of end-of-life of a patient by caring and supporting the patient and the relatives it was mainly possible to shorten patient's suffering without "intentionally hastening a patient's death on his request". The other GPs (16/30) explained that as sometimes the suffering of a patient could not be lessened they were open to consider a patient's request for euthanasia or physician assisted suicide. They underlined the importance of a careful decision-making process, based on finding a balance between the necessity to shorten the patient's suffering through euthanasia and their personal values. CONCLUSION: Dealing with requests for euthanasia is very challenging for GPs, although they feel committed to alleviate a patient's suffering and to promote a peaceful death.

**Document 723**
Braun, Ursula K.; Beyth, Rebecca J.; Ford, Marvella E.; McCullough, Laurence B.

**Voices of African American, Caucasian, and Hispanic surrogates on the burdens of end-of-life decision making**
JGIM: Journal of General Internal Medicine 2008 March; 23(3): 267-274

**Document 724**
Johnson, Martin

**Help to let go.**
Nursing Standard 2008 February 20-26; 22(24): 26-27

**Document 725**
Shannon, Thomas A.

**At the end of life: Are feeding tubes now obligatory?**
America 2008 February 18; 198(5): 9-12
* Article  Document 726
Sprung, Charles L.; Woodcock, Thomas; Sjokvist, Peter; Ricou, Bara; Bulow, Hans-Henrik; Lippert, Anne; Maia, Paulo; Cohen, Simon; Baras, Mario; Hovilehto, Seppo; Ledoux, Didier; Phelan, Dermot; Wennberg, Elisabet; Schobersberger, Wolfgang

Reasons, considerations, difficulties and documentation of end-of-life decisions in European intensive care units: the ETHICUS Study.
Intensive Care Medicine 2008 February; 34(2): 271-277

Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 727
Regnier, Stephen J.

Symposium considers the art of medicine at the end of life.
Bulletin of the American College of Surgeons 2008 February; 93(2): 13-16

Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 728
Paton, Alex

Never say die?
Clinical Medicine 2008 February; 8(1): 106-107

Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 729
Sulmasy, Daniel P.; Sood, J.R.; Ury, W.A.

Physicians' confidence in discussing do not resuscitate orders with patients and surrogates
Journal of Medical Ethics 2008 February; 34(2): 96-101

Abstract: PURPOSE: Physicians are often reluctant to discuss "Do Not Resuscitate" (DNR) orders with patients. Although perceived self-efficacy (confidence) is a known prerequisite for behavioural change, little is understood about the confidence of physicians regarding DNR discussions. SUBJECTS AND METHODS: A survey of 217 internal medicine attendings and 132 housestaff at two teaching hospitals about their attitudes and confidence regarding DNR discussions. RESULTS: Participants were significantly less confident about their ability to discuss DNR orders than to discuss consent for medical procedures (p<0.001), and this was true for both attendings (p = 0.002) and housestaff (p<0.001). In a multivariate logistic model of confidence regarding DNR discussions, women were less confident than men (OR = 0.52, CI = 0.29 to 0.92); house officers were less confident than attendings (OR = 0.35, CI = 0.20 to 0.61), those who were less confident of their ability to discuss medical procedures were less confident discussing DNR (OR = 0.12, CI = 0.06 to 0.25), and those who found talking to patients about DNR orders very difficult reported less confidence than those who did not (OR = 0.06, CI = 0.02 to 0.16). CONCLUSION: We conclude that physicians' confidence regarding DNR discussions is low compared with their confidence regarding other medical discussions and that confidence varies by sex and perceived difficulty of the task. Efforts to improve DNR discussions should explore the need to tailor educational interventions to fit these characteristics.

Georgetown users check Georgetown Journal Finder for access to full text

http://www.jmedethics.com (link may be outdated)
**Document 730**

Walker, Wendy

*Accident and emergency staff opinion on the effects of family presence during adult resuscitation: critical literature review*


Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 731**

Ceaser, Mike

*Euthanasia in legal limbo in Colombia*


Georgetown users check [Georgetown Journal Finder](#) for access to full text

http://www.thalancet.com/journals/lancet (link may be outdated)

**Document 732**

Hardt, John J.

*Church teaching and my father's choice*

America 2008 January 21-28; 198(2): 11-12, 14-16

Georgetown users check [Georgetown Journal Finder](#) for access to full text

http://www.americamagazine.org/archives.cfm [amw] (link may be outdated)

**Document 733**

Russell, James A.; Fins, Joseph J.

*Patients with chronic states of impaired consciousness*


Georgetown users check [Georgetown Journal Finder](#) for access to full text

http://www.lahey.org/Ethics/ (link may be outdated)

**Document 734**

Koogler, Tracy K.; Hoehn, K. Sarah

*Euthanasia, eye of the beholder?*

Critical Care Medicine 2008 January; 36(1): 331-332

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 735**

Siqueira-Batista, Rodrigo; Schramm, Fermin Roland

*A eutanásia e os paradoxos da autonomia = Euthanasia and the paradoxes of autonomy*

Ciência & saúde coletiva 2008 January-February; 13(1): 207-221
**Document 736**

Atwood, Denise A.

*To hold her hand: family presence during patient resuscitation*

JONA's Healthcare Law, Ethics and Regulation 2008 January-March; 10(1): 12-16

**Abstract:** Family presence at the bedside during resuscitation is an important component of the patient's care. Many families report feeling that their presence at such a time is helpful to both them and the patient. Some studies suggest that family presence may reduce the chance of legal action regarding the patient's outcome because it decreases the mystery surrounding the level of effort undertaken to save the patient's life. However, many facilities are reluctant to allow family presence during resuscitation typically because of the belief that family presence will somehow disrupt the providers' ability to conduct the resuscitation. This article explores the background behind this issue and the studies done to date on family presence and makes suggestions for adopting policies allowing family presence during resuscitation.

Georgetown users check [Georgetown Journal Finder](http://www.jonalaw.com) for access to full text (link may be outdated)

**Document 737**

Tuya, A.; Teno, J.

*Feeding tubes for nursing home residents with advanced dementia: how to approach feeding tube decisions*

Medicine and Health, Rhode Island 2008 January; 91(1): 33-34

Georgetown users check [Georgetown Journal Finder](http://www.jonalaw.com) for access to full text (link may be outdated)

**Document 738**

Lemiengre, Joke; Dierckx de Casterl, Bernadette; Verbeke, Geert; Van Craen, Katleen; Schotsmans, Paul; Gastmans, Chris

*Ethics policies on euthanasia in nursing homes: a survey in Flanders, Belgium*

Social Science and Medicine 2008 January; 66(2): 376-386

Georgetown users check [Georgetown Journal Finder](http://www.jonalaw.com) for access to full text (link may be outdated)

**Document 739**

Venneman, S.S.; Namor-Harris, P.; Perish, M.; Hamilton, M.

"Allow natural death" versus "do not resuscitate": three words that can change a life

Journal of Medical Ethics 2008 January; 34(1): 2-6

**Abstract:** Physician-written "do not resuscitate" DNR orders elicit negative reactions from stakeholders that may decrease appropriate end-of-life care. The semantic significance of the phrase has led to a proposed replacement of DNR with "allow natural death" (AND). Prior to this investigation, no scientific papers address the impact of such a change. Our results support this proposition due to increased likelihood of endorsement with the term AND.

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text (link may be outdated)
Document 740
Smith, Russell
The ethics of the ordinary
Health Progress 2008 January-February; 89(1): 10-11
Georgetown users check Georgetown Journal Finder for access to full text
http://www.chausa.org (link may be outdated)

Document 741
National Catholic Bioethics Center
Preaching points on nutrition and hydration
Ethics and Medics 2008 January; 33(1): insert
Georgetown users check Georgetown Journal Finder for access to full text

Document 742
Kopaczynski, Germain
Do popes disagree on providing ANH: comparing John Paul II and Pius XII
Ethics and Medics 2008 January; 33(1): 1-3
Georgetown users check Georgetown Journal Finder for access to full text

Document 743
Sulmasy, Daniel P.
Within you / without you: biotechnology, ontology, and ethics
JGIM: Journal of General Internal Medicine 2008 January; 23(Supplement 1): 69-72
Georgetown users check Georgetown Journal Finder for access to full text

Document 744
Goldstein, Nathan E.; Mehta, Davendra; Teitelbaum, Ezra; Bradley, Elizabeth H.; Morrison, R. Sean
"It's like crossing a bridge" complexities preventing physicians from discussing deactivation of implantable defibrillators at the end of life
JGIM: Journal of General Internal Medicine 2008 January; 23(Supplement 1): 2-6
Georgetown users check Georgetown Journal Finder for access to full text

Document 745
Koch, Kathryn A.
Allow natural death: "do not resuscitate" orders
Georgetown users check Georgetown Journal Finder for access to full text
Document 746
Simon, Jeremy; Fischbach, Ruth L.
"Doctor, will you turn off my LVAD?" [case study]
Georgetown users check Georgetown Journal Finder for access to full text

Document 747
McHaffie, Hazel
RIGHT TO DIE
Call number: PR6063 .C517 R54 2008

Document 748
Platz, W.E. and Schneider, V., eds.
DOKUMENTE EINER TÖTUNGSANSTALT: "IN DEN ANSTALTEN GESTORBEN"
Call number: D804.5 .H35 D65 2008

Document 749
Griffiths, John; Weyers, Heleen; and Adams, Maurice
EUTHANASIA AND LAW IN EUROPE
Call number: KJC8357 .E96 G75 2008

Document 750
McDougall, Jennifer Fecio and Gorman, Martha
EUTHANASIA: A REFERENCE HANDBOOK
Call number: R726 .R53 2008

Document 751
Hashemi, Zahra; Mortazavi, Seyed Mohammad Javad
Euthanasia and physician-assisted suicide from Islamic and the modern medical ethics' perspectives
Abstract: Life in Islam is so valuable that the holy Quran states that saving the life of one person is the same as saving the life of all beings. Based on the doctrines of this holy and divine religion, a person's life does not belong to him, but it has been entrusted to him as a loan. The safe keeping of this trust is every Moslem's obligation. One of the controversial issues of medical ethics and philosophy is the issue of life and death. A particularly challenging case in the medical ethics is the issue of physician-assisted suicide and euthanasia, the deliberate and intentional act which is clearly intended to end a patient's life. Based on the doctrines of some man based religions, a patient's informed request for ending his life could become a basis for justifying euthanasia, but the governing laws and religions of many countries clearly reject euthanasia as an unlawful and unethical act. World Medical
Association (WMA), as part of the Hippocratic Oath, prohibits and rejects euthanasia as unethical. Considering the variability of medical issues, the modern medical ethics tries to evaluate these issues from philosophical, legal and divine perspectives. In order to do this, it needs to take into considerations many decisions and standpoints. One of the most challenging issues in this field is euthanasia. This article makes a comparative evaluation of the perspectives of the divine religions specially Islam and the modern medical ethics about the issue of euthanasia.

Georgetown users check Georgetown Journal Finder for access to full text

http://iranmedex.com (link may be outdated)

Document 752
Hashemi, Zahra; Mortazavi, Seyed Mohammad Javad,
Atanazi az didghahe Eslam va akhalgh pezeshgi novin = Euthanasia and physician-assisted suicide from Islamic and modern medical ethics perspectives

Abstract: Life in Islam is so valuable that the holy Quran states that saving the life of one person is the same as saving the life of all human beings. Based on the doctrines of this holy and divine religion, a person's life does not belong to him, but it has been entrusted to him as a loan. The safe keeping of this trust is every Moslem's obligation. One of the controversial issues of medical ethics and philosophy is the issue of life and death. A particularly challenging case in the medical ethics is the issue of Physician-assisted suicide and euthanasia, the deliberate and intentional act which is clearly intended to end a patient's life. Based on the doctrines of some man based religions, a patient's informed request for ending his life could become a basis for justifying euthanasia, but the governing laws and religions of many countries clearly reject euthanasia as an unlawful and unethical act. World Medical Association (WMA), as part of the Hippocratic Oath, prohibits and rejects euthanasia as unethical. Considering the variability of medical issues, the modern medical ethics tries to evaluate these issues from philosophical, legal and divine perspectives. In order to do this, it needs to take into considerations many decisions and standpoints. One of the most challenging issues in this field is euthanasia. This article makes a comparative evaluation of the perspectives of the divine religions specially Islam and the modern medical ethics about the issue of euthanasia.

Georgetown users check Georgetown Journal Finder for access to full text

http://iranmedex.com (link may be outdated)

Document 753
Deghan Naeri, Nahid
Khate mash haye payan dadan beh hayat dar farhang haye mokhtalef = Policies on euthanasia in different cultures

Abstract: The presenter suggested that there should be written and government approved practical policies and procedures to protect physicians and nurses for euthanasia and assisted suicide. She suggested more research and better education will be helpful for physicians and patients especially for the partners' involvement in the care of patients. The statistics indicate that a systematic guideline to follow for euthanasia and assisted suicide is already established in many countries in the world.

http://mehr.tums.ac.ir (link may be outdated)

Document 754
Eich, Thomas
Fragen des Lebensendes - Ein Nachspann
Call number: KBP3115_M63_2008
Document 755
Sachedina, Abdulaziz
Das Recht, mit Würde zu sterben
Call number: KBP3115 .M63 2008

Document 756
Fadlallah, Muhammad Husain
Euthanasie
Call number: KBP3115 .M63 2008

Document 757
Honings, Bonifacio
Euthanasia and the mentally ill? A few critical points from a Christian-ethical vision!
Dolentium Hominum 2008; 23(3): 33-38
Georgetown users check Georgetown Journal Finder for access to full text

Document 758
Barragán, Javier L.
The post-modern context of euthanasia
Dolentium Hominum 2008; 23(3): 30-32
Georgetown users check Georgetown Journal Finder for access to full text

Document 759
Egger, Alexandra; Müller-Busch, H Christof
Limitation of medical treatment and ethics in chronic recurrent Clivus chordoma = Therapiebegrenzung und ethische Aspekte bei chronisch rezidivierendem Clivuschordom.
Georgetown users check Georgetown Journal Finder for access to full text

Document 760
May, William E.
Euthanasia, assisted suicide, and care of the dying
Call number: R725.56 .M325 2008

Document 761
Berry, Philip A.  
**Sophistry and circumstance at the end of life.**  
Communication and Medicine 2008; 5(1): 81-87

Byrne, Anthony  
**Subtlety without the sophistry.**  
Communication and Medicine 2008; 5(1): 89-90

Brannigan, Michael C.  
**Considering the geography of relations.**  
Communication and Medicine 2008; 5(1): 91-92

White, Katherine M.; Wise, Susi E.; Young, Ross McD.; Hyde, Melissa K.  
**Exploring the beliefs underlying attitudes to active voluntary euthanasia in a sample of Australian medical practitioners and nurses: a qualitative analysis.**  

Hellenic National Bioethics Commission  
**Report on artificial prolongation of life**  

Hellenic National Bioethics Commission  
**Opinion on artificial prolongation of life**  

Rismanchi, Mojtaba  
**Chronic pain and voluntary euthanasia**  
October 15

Georgetown users check Georgetown Journal Finder for access to full text

http://journals.tums.ac.ir/ (link may be outdated)

---

Document 768

Aguayo, Enrique

Moralidad e inmoralidad de la eutanasia [The morality and immorality of euthanasia]
Medicina y Ética 2008; 19(1): 29-41

Georgetown users check Georgetown Journal Finder for access to full text

---

Document 769

Valiquette, Johanna

Medically assisted nutrition and hydration in end-stage dementia: burdens and benefits of surgically-placed gastronomy tubes
Medicina y Etica 2008; 19(3): 259-271

Georgetown users check Georgetown Journal Finder for access to full text

---

Document 770

Iadecola, Gianfranco

Rechazo de los cuidados y derecho a morir = Refusal of cares [sic; care] and the right to die
Medicina y Etica 2008; 19(2): 153-161

Georgetown users check Georgetown Journal Finder for access to full text

---

Document 771

Atighetchi, Dariusch

Islamismo y eutanasia = Islam and euthanasia
Medicina y Etica 2008; 19(2): 121-151

Georgetown users check Georgetown Journal Finder for access to full text

---

Document 772

Ortiz Rivera, Jorge Luis

Ahora que puedo hablar: un excursus sobre el último acto de vida: la muerte = Now that I can speak. An excursus on the last act of life: the death
Medicina y Etica 2008; 19(2): 109-119

Georgetown users check Georgetown Journal Finder for access to full text

---

* Document 773

Portell, Clayton R.

Live or let die: will the courts recognize in terminally ill patients a fundamental right to choose non-FDA
approved drugs or does the FDA's stringent approval process carry sufficient merit?
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 774
Truog, R.D.
End-of-life decision-making in the United States.
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 775
Löfmark, Rurik; Nilstun, Tore; Cartwright, Colleen; Fischer, Susanne; van der Heide, Agnes; Mortier, Freddy; Norup, Michael; Simonato, Lorenzo; Onwuteaka-Philipsen, Bregje D.;
Physicians' experiences with end-of-life decision-making: survey in 6 European countries and Australia.
BMC Medicine 2008; 6: 4
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 776
Schellinger, Ellen L; Eidsness, LuAnn M; Eide, Allen; Harris, Mary Helen
Medical futility: balancing patient autonomy and physician integrity.
South Dakota Medicine : the journal of the South Dakota State Medical Association 2008; Spec No.(): 25-7
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 777
Bennett, Joann; Eidsness, LuAnn M.; Young, Sandy
Artificial hydration and nutrition: a practical approach to discussion and decision-making.
South Dakota Medicine 2008; Spec. No.: 54-58
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 778
Rydvall, Anders; Lynöe, Niels
Withholding and withdrawing life-sustaining treatment: a comparative study of the ethical reasoning of physicians and the general public.
Critical Care 2008; 12(1): R13
Georgetown users check Georgetown Journal Finder for access to full text

http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2374603 (link may be outdated)

*  Document 779
Ai, Amy L.; Park, Crystal L.; Shearer, Marshall
Spiritual and religious involvement relate to end-of-life decision-making in patients undergoing coronary bypass graft surgery.
Georgetown users check Georgetown Journal Finder for access to full text

* Document 780
Shildrick, Margrit
Deciding on death: conventions and contestations in the context of disability
Abstract: Conflicts between bioethicists and disability theorists often arise over the permissibility of euthanasia and physician assisted suicide. Where mainstream bioethicists propose universalist guidelines that will direct action across a range of effectively disembodied situations, and take for granted that moral agency requires autonomy, feminist bioethicists demand a contextualisation of the circumstances under which moral decision making is conducted, and stress a more relational view of autonomy that does not require strict standards of independent agency. Nonetheless, neither traditional nor feminist perspectives have fully engaged with the critique of disabled people that they are consistently subjected to discriminatory, even life-threatening, practice and policy in biomedical and health care. The paper revisits some of the issues that drive the often highly polarised debate between bioethicists and disability theorists around the question of end of life decisions involving disabled people. While many bioethicists have doubtless been indifferent to the difference that disability makes, I am also concerned that the very proper demand of disability activists and theorists to scrutinise all end of life decisions for signs of discrimination and even violence has segued into something damagingly restrictive that silences internal dissension and stifles external debate. Given that euthanasia and physician assisted suicide may be issues where conventional argument on either side will founder on deeply felt convictions, I make the radical move to speculate on an entirely different, quasi-Deleuzian, approach to the value of life in order to shake up entrenched positions, and begin to think differently.
Georgetown users check Georgetown Journal Finder for access to full text

* Document 781
Charles, J. Daryl
Ethics, bioethics, and the natural law -- a test case: euthanasia yesterday and today
Call number: K420 .C33 2008

* Document 782
Bernat, James L.
Ethical issues in death and dying
In his: Ethical Issues in Neurology. 3rd edition. Philadelphia: Lippincott Williams & Wilkins, 2008: 149-250
Call number: RC346 .B479 2008

* Document 783
Comité consultatif de Bioéthique de Belgique
Bioetica Belgica 2007 December; (29): 3-15
Georgetown users check Georgetown Journal Finder for access to full text
Document 784
Farrelly, Colin
Sufficiency, justice, and the pursuit of health extension.
Rejuvenation Research 2007 December; 10(4): 513-520
Georgetown users check Georgetown Journal Finder for access to full text

Document 785
Ramcharan, Paul
Journal of Clinical Nursing 2007 December; 16(12): 2365-2367, discussion 2367-2368
Georgetown users check Georgetown Journal Finder for access to full text

Document 786
Golan, Ilana; Ligumsky, Moshe; Brezis, Mayer
Percutaneous endoscopic gastrostomy in hospitalized incompetent geriatric patients: poorly informed, constrained and paradoxical decisions
IMAJ: Israel Medical Association Journal 2007 December; 9(12): 839-842
Georgetown users check Georgetown Journal Finder for access to full text

Document 787
Rosin, Danny
To PEG or not to PEG? Feeding the incompetent patient
IMAJ: Israel Medical Association Journal 2007 December; 9(12): 881-882
Georgetown users check Georgetown Journal Finder for access to full text

Document 788
Au, Derrick K.S.
Euthanasia and physician-assisted suicide: ongoing controversies
Hong Kong Medical Journal = Xianggang yi xue za zhi 2007 December; 13(6): 419-420
Georgetown users check Georgetown Journal Finder for access to full text

Document 789
Burns, Jeffrey P.; Truog, Robert D.
Futility: a concept in evolution
Georgetown users check Georgetown Journal Finder for access to full text
Document 790
Baumrucker, Steven J.; Sheldon, Joanne E.; Morris, Gerald M.; Stolick, Matt; Carter, Gregory T.; Harrington, Diane
*Withdrawning treatment for the "wrong" reasons*
American Journal of Hospice and Palliative Care 2007 December-2008 January; 24(6): 509-514
Georgetown users check [Georgetown Journal Finder](http://georgetownjournal.finder.georgetown.edu) for access to full text

Document 791
Price, David
*My view of the sanctity of life: a rebuttal of John Keown's critique*
Legal Studies 2007 December; 27(4): 549-565
Georgetown users check [Georgetown Journal Finder](http://georgetownjournal.finder.georgetown.edu) for access to full text

Document 792
Lemiengre, Joke; Dierckx de Casterlé, Bernadette; Verbeke, Geert; Guisson, Catherine; Schotsmans, Paul; Gastmans, Chris
*Ethics policies on euthanasia in hospitals -- a survey in Flanders (Belgium)*
Health Policy 2007 December; 84(2-3): 170-180
Georgetown users check [Georgetown Journal Finder](http://georgetownjournal.finder.georgetown.edu) for access to full text

Document 793
Heismann, Sean
*A Catholic view on end-of-life care [review of Medical Care at the End of Life: A Catholic Perspective, by David F. Kelly]*
Ethics and Behavior 2007 December; 17(4): 403-406
Georgetown users check [Georgetown Journal Finder](http://georgetownjournal.finder.georgetown.edu) for access to full text

Document 794
Boz, Bora; Acar, Kemalettin; Ergin, Ahmet; Kurtulus, Ayse; Ergin, Nesrin; Oguzhanoglu, Nalan
*Effect of locus of control on acceptability of euthanasia among medical students and residents in Denizli, Turkey*
Journal of Palliative Care 2007 Winter; 23(4): 286-290
Georgetown users check [Georgetown Journal Finder](http://georgetownjournal.finder.georgetown.edu) for access to full text

Document 795
Kimsma, Geritt K.; van Leeuwen; Evert
*The role of family in euthanasia decision making*
HEC (Healthcare Ethics Committee) Forum 2007 December; 19(4): 365-373
Georgetown users check [Georgetown Journal Finder](http://georgetownjournal.finder.georgetown.edu) for access to full text

[http://www.wkap.nl/jrnltoc.htm/0956-2737](http://www.wkap.nl/jrnltoc.htm/0956-2737) (link may be outdated)
* Article  Document 796
Reiter-Theil, Stella; Mertz, Marcel; Meyer-Zehnder, Barbara
**The complex roles of relatives in end-of-life decision-making: an ethical analysis**
HEC (Healthcare Ethics Committee) Forum 2007 December; 19(4): 341-364
Georgetown users check [Georgetown Journal Finder](http://www.wkap.nl/jrnltoc.htm/0956-2737) for access to full text

* Article  Document 797
Rosner, Fred
**Commentary on “Jewish law and end-of-life decision making”**
Georgetown users check [Georgetown Journal Finder](http://www.wkap.nl/jrnltoc.htm/0956-2737) for access to full text

* Article  Document 798
Davis, Dena S.
**A tale of two daughters: Jewish law and end-of-life decision making**
Georgetown users check [Georgetown Journal Finder](http://www.wkap.nl/jrnltoc.htm/0956-2737) for access to full text

* Article  Document 799
Berger, Jeffrey T.
**When surrogates’ responsibilities and religious concerns intersect**
Georgetown users check [Georgetown Journal Finder](http://www.wkap.nl/jrnltoc.htm/0956-2737) for access to full text

* Article  Document 800
Blinderman, Craig D.
**Jewish law and end-of-life decision making: a case report**
Georgetown users check [Georgetown Journal Finder](http://www.wkap.nl/jrnltoc.htm/0956-2737) for access to full text

* Article  Document 801
Dubler, Nancy Neveloff
**Commentary on “Beyond Schiavo”: beyond theory**
Georgetown users check [Georgetown Journal Finder](http://www.wkap.nl/jrnltoc.htm/0956-2737) for access to full text
**Document 802**

Caplan, Arthur L.; Bergman, Edward J.

Beyond Schiavo


Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

---

**Document 803**

Neil, David A.; Coady, C.A.J.; Thompson, J.; Kuhse, H.

End-of-life decisions in medical practice: a survey of doctors in Victoria (Australia)

Journal of Medical Ethics 2007 December; 33(12): 721-725

Abstract: OBJECTIVES: To discover the current state of opinion and practice among doctors in Victoria, Australia, regarding end-of-life decisions and the legalisation of voluntary euthanasia. Longitudinal comparison with similar 1987 and 1993 studies. Design and PARTICIPANTS: Cross-sectional postal survey of doctors in Victoria. RESULTS: 53% of doctors in Victoria support the legalisation of voluntary euthanasia. Of doctors who have experienced requests from patients to hasten death, 35% have administered drugs with the intention of hastening death. There is substantial disagreement among doctors concerning the definition of euthanasia. CONCLUSIONS: Disagreement among doctors concerning the meaning of the term euthanasia may contribute to misunderstanding in the debate over voluntary euthanasia. Among doctors in Victoria, support for the legalisation of voluntary euthanasia appears to have weakened slightly over the past 17 years. Opinion on this issue is sharply polarised.

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)

---

**Document 804**

Bendiane, M.-K.; Galinier, A.; Favre, R.; Ribiere, C.; Lapiana, J.-M.; Obadia, Y.; Peretti-Watel, Patrick

French district nurses' opinions towards euthanasia, involvement in end-of-life care and nurse-patient relationship: a national phone survey

Journal of Medical Ethics 2007 December; 33(12): 708-711

Abstract: OBJECTIVES: To assess French district nurses’ opinions towards euthanasia and to study factors associated with these opinions, with emphasis on attitudes towards terminal patients. DESIGN AND SETTING: An anonymous telephone survey carried out in 2005 among a national random sample of French district nurses. PARTICIPANTS: District nurses currently delivering home care who have at least 1 year of professional experience. Of 803 district nurses contacted, 602 agreed to participate (response rate 75%). MAIN OUTCOME MEASURES: Opinion towards the legalisation of euthanasia (on a five-point Likert scale from "strongly agree" to "strongly disagree"), attitudes towards terminal patients (discussing end-of-life issues with them, considering they should be told their prognosis, valuing the role of advance directives and surrogates). RESULTS: Overall, 65% of the 602 nurses favoured legalising euthanasia. Regarding associated factors, this proportion was higher among those who discuss end-of-life issues with terminal patients (70%), who consider competent patients should always be told their prognosis (81%) and who value the role of advance directives and surrogates in end-of-life decision-making for incompetent patients (68% and 77% respectively). Women and older nurses were less likely to favour legalising euthanasia, as were those who believed in a god who masters their destiny. CONCLUSIONS: French nurses are more in favour of legalising euthanasia than French physicians; these two populations contrast greatly in the factors associated with this support. Further research is needed to investigate how and to what extent such attitudes may affect nursing practice and emotional well-being in the specific context of end-of-life home care.

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)
**Document 805**

Reiling, Jennifer  

**Euthanasia as a romantic motive**  

JAMA: The Journal of the American Medical Association 2007 November 7; 298(17): 2076

Georgetown users check [Georgetown Journal Finder](http://jama.ama-assn.org) for access to full text

**Document 806**

Sibbald, Robert; Downar, James; Hawryluck, Laura  

**Perceptions of "futile care" among caregivers in intensive care units**  

CMAJ/JAMC: Canadian Medical Association Journal 2007 November 6; 177(10): 1201-1208

Georgetown users check [Georgetown Journal Finder](http://www.cmaj.ca) for access to full text

**Document 807**

Hashemi, Zahra; Hossieni, Seyed Mohammad; Mortazavi, Seyed Mohammad Javad  

Shaheed Beheshti University of Medical Sciences. Iranian Research Center for Ethics and Law in Medicine  

**barasi didghah gharb va din mobin Islam dar khoussouheh etanazi = A comparative evaluation of Islam and the modern medical ethics' perception of euthanasia**  

First International Congress of Medical Law, Shaheed Beheshti University of Medical Sciences, Iranian Research Center for Ethics and Law in Medicine 2007 November 15-16  

**Abstract:** Life in Islam is so valuable that the holy Quran states that saving the life of one person is the same as saving the life of all human beings. Based on the doctrines of this holy and divine religion, a person's life does not belong to him, but it has been entrusted to him as a loan. The safe keeping of this trust is every Moslem's obligation. One of the controversial issues of medical ethics and philosophy is the issue of life and death. A particularly challenging case in the medical ethics is the issue of euthanasia, the deliberate and intentional act which is clearly intended to end a patient's life. Based on the doctrines of some man based religions, a patient's informed request for ending his life could become a basis for justifying euthanasia, but the governing laws and religions of many countries clearly reject euthanasia as an unlawful and unethical act. World Medical Association (WMA), as part of the Hippocratic Oath, prohibits and rejects euthanasia as unethical. Considering the variability of medical issues, the modern medical ethics tries to evaluate these issues from philosophical, legal and divine perspectives. In order to do this, it needs to take into considerations many decisions and standpoints. One of the most challenging issues in this field is euthanasia. This article makes a comparative evaluation of the perspectives of the divine religions specially Islam and the modern medical ethics about the issue of euthanasia.

[www.elm.ac.ir](http://www.elm.ac.ir) (link may be outdated)

**Document 808**

Pourkhoshbakht, Golshid  

Shaheed Beheshti University of Medical Sciences. Iranian Research Center for Ethics and Law in Medicine  

**ghatel tarahunam amiz; jorm engari ya jorm zodaiee = Euthanasia in Iranian law: criminalization or decriminalization**  

First International Congress of Medical Law, Shaheed Beheshti University of Medical Sciences, Iranian Research Center for Ethics and Law in Medicine 2007 November 15-16  

**Abstract:** The present article is an attempt to investigate oh the national legislative policies in Iran on criminalization or decriminalization of euthanasia. On studying the issue, the existing regulations concerning homicide and the general rules intact by the law makers are reviewed. Euthanasia includes “Commission clear measures to kill a
patient”. It is divided into “active”, and “passive” categories; through, “letting the patient die” is still another case which in only delicately different from the former case. The approaches about criminalization or decriminalization on the issue at hand involve considering euthanasia as “a crime”, “euthanasia as a non-Crime” and “intermediary euthanasia” which considered the act as a crime if some conditions are fulfilled. In other words, relative criminalization of euthanasia is the third approach towards the issue and is the focus of attention of the present study. The present study at first seeks to review the ethical-philosophical bases of criminalization and decriminalization of euthanasia. The article elaborates on the life value and the importance of its quality, on the prescription of death by humans, and religious beliefs and trainings, as well as on the problems stemming from the cultural beliefs of the societies. The impacts of any of these in laws and regulations practiced in Iran will be well discussed. Attention will be also paid to some related issues such as suicides. With respect to all aspects on the issue, and understanding the national legislative policies, the article will attempt to study the presence of cultural beliefs or the social needs for criminalizing or decriminalizing euthanasia; yet the center of attention in the study focuses to the approaches mentioned above, with special attention to the third approach and its adjustment to general criminal laws in Iran.

www.elm.ac.ir (link may be outdated)

Document 809
Basami, Masood
Shaheed Beheshti University of Medical Sciences. Iranian Research Center for Ethics and Law in Medicine
Barasi anaz dar hoghough Islam va Iran = Study of euthanasia in Islamic and Iranian law
First International Congress of Medical Law, Shaheed Beheshti University of Medical Sciences, Iranian Research Center for Ethics and Law in Medicine 2007 November 15-16
Abstract: At the beginning of the 21st century, Euthanasia was propounded as an important legal and moral subject; a single definition of Euthanasia is so hard because of so many definitions submitted in this regard, so Euthanasia is defined as follow: “To kill predominately an incurable patient by physician due to be released and rescued from pain” There are five type of Euthanasia: 1- Active; 2- Passive; 3- Involuntary; 4- Voluntary; 5- Non-voluntary. But some of the physicians assisted suicide as the other kind of Euthanasia. Euthanasia is discussed from three or four points of views: Moral, Medical, Religious and Legal. From legal point of view which is the main subject of this article, in the most countries Euthanasia is deemed as homicide and consent of patient and motive compassion do not explain this action, because two of fundamentals principles of criminal law “the principle of ineffectiveness consentement la victim and principle ineffectiveness motive in nature of crime”. In Islamic and Iranian law, Euthanasia is discussed and studied from two points of view: 1- from viewpoint of consent to homicide 2- from viewpoint of actus reus of homicide. From point of view of consent to homicide, some of clergyman and lawman believe that consent to homicide cause punishment (retaliation), so Euthanasia voluntary lacks retaliation. Also regarding actus reus of homicide, some of the clergy and lawmen believe that homicide is full filled only by action and omission cannot be actus reus of homicide, therefore passive Euthanasia which fulfill through omission, is not considered as homicide. In this article we try to explain Position of Euthanasia in Islamic and Iranian Law by studying jurisprudential laws and regulations.

www.elm.ac.ir (link may be outdated)

Document 810
Sayers, Gwen M.
Non-voluntary passive euthanasia: the social consequences of euphemisms.
European Journal of Health Law 2007 November; 14(3): 221-240
Georgetown users check Georgetown Journal Finder for access to full text

Document 811
Brashler, Rebecca; Savage, Teresa A.; Mukherjee, Debjani; Kirschner, Kristi L.
Feeding tubes: three perspectives.
Document 812
Kirchhoff, Chlodwig; Stegmaier, Julia; Buhmann, Sonja; Leidel, Bernd A.; Biberthaler, Peter; Mutschler, Wolf; Kanz, Karl-Georg
Trauma surgeons' attitude towards family presence during trauma resuscitation: a nationwide survey.
Resuscitation 2007 November; 75(2): 267-275

Document 813
Kämäräinen, Antti; Virkkunen, Ilkka; Yli-Hankala, Arvi; Silfvast, Tom
Resuscitation 2007 November; 75(2): 235-243

Document 814
Pang, M.C.S.; Volicer, L.; Chung, P.M.B.; Chung, Y.M.I.; Leung, W.K.A.; White, P.
Comparing the ethical challenges of forgoing tube feeding in American and Hong Kong patients with advanced dementia

Document 815
Lipman, Hannah I.
Medical futility
American Journal of Geriatric Cardiology 2007 November-December; 16(6): 381-383

Document 816
Thompson, Richard
Self-serving altruism: not an oxymoron.
Physician Executive 2007 November-December; 33(6): 82-83

Document 817
Oncology Nursing Society; Association of Oncology Social Work
Oncology Nursing Society and Association of Oncology Social Work joint position on palliative and end-of-life care
* Document 818
Hardt, John J.; O'Rourke, Kevin D.
**Nutrition and hydration: the CDF response, in perspective**
Health Progress 2007 November-December; 88(6): 44-47

Georgetown users check [Georgetown Journal Finder](http://www.chausa.org) for access to full text

http://www.chausa.org (link may be outdated)

* Document 819
National Catholic Bioethics Center
**Brief comments on the CDF responses [from Statement of the NCBC On the CDF's “Responses to Certain Questions Concerning Artificial Nutrition and Hydration”]**
Ethics and Medics 2007 November; 32(11): 3-4

Georgetown users check [Georgetown Journal Finder](http://www.ncbcenter.org/07-09-14-Nutrition-Hydation.asp) for access to full text

http://www.ncbcenter.org/07-09-14-Nutrition-Hydation.asp (link may be outdated)

* Document 820
Catholic Church. Congregatio Pro Doctrina Fidei = Catholic Church. Congregation for the Doctrine of the Faith
**Responses to certain questions of the USCCB concerning artificial nutrition and hydration**
Ethics and Medics 2007 November; 32(11): 1-3

Georgetown users check [Georgetown Journal Finder](http://www.jemh.ca) for access to full text

* Document 821
Cosgriff, JoAnne Alissi; Pisani, Margaret; Bradley, Elizabeth H.; O'Leary, John R.; Fried, Terri R.
**The association between treatment preferences and trajectories of care at the end-of-life**
JGIM: Journal of General Internal Medicine 2007 November; 22(11): 1566-1571

Georgetown users check [Georgetown Journal Finder](http://www.jemh.ca) for access to full text

http://www.jemh.ca (link may be outdated)
Document 823
Benedict, Susan; Caplan, Arthur; Page, Traute LaFrenz
Duty and ‘euthanasia’: the nurses of Meseritz-Obrawalde
Nursing Ethics 2007 November; 14(6): 781-794
Georgetown users check Georgetown Journal Finder for access to full text

Document 824
Woien, Sandra
Georgetown users check Georgetown Journal Finder for access to full text

http://bioethics.net (link may be outdated)

Document 825
Heneghan, Tom
Does Italy have its own "Terry Schiavo case?"

http://blogs.reuters.com/faithworld/2007/10/24/does-italy-have-its-own-terry-schiavo-case/ (link may be outdated)

Document 826
Extraordinary measures. Perpetuating a vegetative, unresponsive life may not in every case protect human dignity
Christian Century 2007 October 16; 124(21): 5
Georgetown users check Georgetown Journal Finder for access to full text

Document 827
Holm, Søren
Euthanasia in intensive care: some unresolved issues.
Critical Care Medicine 2007 October; 35(10): 2460-2461
Georgetown users check Georgetown Journal Finder for access to full text

Document 828
Kompanje, Edwin J.O; de Beaufort, Inez D.; Bakker, Jan
Euthanasia in intensive care: a 56-year-old man with a pontine hemorrhage resulting in a locked-in syndrome.
*  Document 829
Agren Bolmsjö, Ingrid; Nilstun, Tore; Löfmark, Rurik
From cure to palliation: agreement, timing, and decision making within the staff.
American Journal of Hospice and Palliative Care 2007 October-November; 24(5): 366-370
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 830
Baumrucker, Steven J.
Assigning an appropriate surrogate.
American Journal of Hospice and Palliative Care 2007 October-November; 24(5): 422-428
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 831
Wiegand, Debra Lynn-Mchale; Kalowes, Peggy G.
Withdrawal of cardiac medications and devices.
AACN Advanced Critical Care 2007 October-December; 18(4): 415-425
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 832
Kim, Do Yeun; Lee, Kyoung Eun; Nam, Eun Mi; Lee, Hye Ran; Lee, Keun-Wook; Kim, Jee Hyun; Lee, Jong Seok; Lee, Soon Nam
Do-not-resuscitate orders for terminal patients with cancer in teaching hospitals of Korea
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 833
Faunce, Thomas
Re Herrington: aboriginality and the quality of human rights jurisprudence in end-of-life decisions by the Australian judiciary
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 834
Ritchie, Christine S.; Wilcox, C. Mel; Kvale, Elizabeth
Ethical and medicolegal issues related to percutaneous endoscopic gastrostomy placement
Gastrointestinal Endoscopy Clinics of North America 2007 October; 17(4): 805-815
Georgetown users check Georgetown Journal Finder for access to full text
* Article  Document 835
Wiegand, Debra Lynn-McHale; Kalowes, Peggy G.
Withdrawal of cardiac medications and devices
AACN Advanced Critical Care 2007 October-December; 18(4): 415-425
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 836
Mobley, Melinda J.; Rady, Mohamed Y.; Verheijde, Joseph L.; Patel, Bhavesh; Larson, Joel S.
The relationship between moral distress and perception of futile care in the critical care unit.
Intensive and Critical Care Nursing 2007 October; 23(5): 256-263
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 837
Albar, Mohammed Ali
Seeking remedy, abstaining from therapy and resuscitation: an Islamic perspective.
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 838
Michalsen, Andrej
Care for dying patients -- German legislation.
Intensive Care Medicine 2007 October; 33(10): 1823-1826
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 839
Ellard, John
Euthanasia: the final paradox
Australasian Psychiatry 2007 October; 15(5): 365-367
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 840
van Marwijk, Harm; Haverkate, Ilinka; van Royen, Paul; The, Anne-Mei
Impact of euthanasia on primary care physicians in the Netherlands
Palliative Medicine 2007 October; 21(7): 609-614
Georgetown users check Georgetown Journal Finder for access to full text
Document 841

Karlsson, Marit; Strang, Peter; Milberg, Anna

Attitudes toward euthanasia among Swedish medical students
Palliative Medicine 2007 October; 21(7): 615-622

Georgetown users check Georgetown Journal Finder for access to full text

Document 842

Lemiengre, Joke; de Casterlé, Bernadette Dierckx; Van Craen, Katleen; Schotsmans, Paul; Gastmans, Chris

Institutional ethics policies on medical end-of-life decisions: a literature review
Health Policy 2007 October; 83(2-3): 131-143

Georgetown users check Georgetown Journal Finder for access to full text

Document 843

Pijnenburg, Martien A.M.; Leget, Carlo

Who wants to live forever? Three arguments against extending the human lifespan
Journal of Medical Ethics 2007 October; 33(10): 585-587

Abstract: The wish to extend the human lifespan has a long tradition in many cultures. Optimistic views of the possibility of achieving this goal through the latest developments in medicine feature increasingly in serious scientific and philosophical discussion. The authors of this paper argue that research with the explicit aim of extending the human lifespan is both undesirable and morally unacceptable. They present three serious objections, relating to justice, the community and the meaning of life.

Georgetown users check Georgetown Journal Finder for access to full text

http://www.jmedethics.com (link may be outdated)

Document 844

Castellano, Gina

The criminalization of treating end of life patients with risky pain medication and the role of the extreme emergency situation

Georgetown users check Georgetown Journal Finder for access to full text

Document 845

British Medical Association [BMA]. Ethics Department

Treatment of patients in persistent vegetative state. Guidance from the BMA's Medical Ethics Department

http://www.bma.org.uk/ap.nsf/Content/pvs2007?OpenDocument&Highlight=2,persistent,vegetative,state (link may be outdated)

Document 846

Congregation for the Doctrine of the Faith
Commentary on responses to questions on nutrition and hydration
Origins 2007 September 27; 37(16): 242-245
Georgetown users check Georgetown Journal Finder for access to full text

* Document 847
Levada, William; Amato, Angelo
Congregation for the Doctrine of the Faith
Responses to certain questions concerning artificial nutrition and hydration
Origins 2007 September 27; 37(16): 241-242
Georgetown users check Georgetown Journal Finder for access to full text

* Document 848
Tsagloglidou, Areti; Rammos, Kyriakos; Kiriklidis, Konstantinos; Zourladani, Athanasia; Matziari, Chrysoula
Nurses' ethical decision-making role in artificial nutritional support
British Journal of Nursing 2007 September 13-27; 16(16): 996-998
Georgetown users check Georgetown Journal Finder for access to full text

Document 849
Lammers, Stephen E.
A Life That Matters: The Legacy of Terri Schiavo – A Lesson for All, by Mary Schindler; Robert Schindler, Suzanne Schindler Vitadamo and Bobby Schindler; Terri's Story: The Court-Ordered Death of an American Woman, by Diana Lynne; Fighting for Dear Life: The Untold Story of Terri Schiavo and What It Means for All of Us, by David Gibbs, with Bob DeMoss; [and] The Case of Terri Schiavo, edited by Arthur L. Caplan, James J. McCartney and Dominic A Sisti [book reviews]
Christian Century 2007 September 4; 124(18): 49-53
Georgetown users check Georgetown Journal Finder for access to full text

Document 850
Brehaux, Karine
Libéralisme, communautarisme et euthanasie. = Liberalism, communautarism and euthanasia
Abstract: The controversy surrounding the right to die illustrates the impossibility for political liberalism to put aside the moral and religious convictions of individuals. This is contrary to the issue of abortion, where the political values of tolerance and the equal rights of women as citizens constitute a sufficient base to conclude that women are free to chose for themselves if they wish to have an abortion or not. The claims in favor of the right to die in dignity concern a category of the population: patients at the end of life. Does the majority always win over the minority? Confronted with social emergency, political solutions put in place in favor or against the recognition of the right to die have fostered numerous political spectra, such as liberal or communitary theories.
Georgetown users check Georgetown Journal Finder for access to full text

Document 851
Raoul, Magali; Rougeron, Claude
Besoins spirituels des patients en fin de vie à domicile, à propos d'une étude qualitative auprès de 13
Abstract: Within the framework of overall care of palliative patients, the notion of spiritual needs has emerged in medical literature over the last twenty years. In the particular context of the palliative home care network, this study focuses on 13 patients at the end of life with the objective of describing their spiritual needs. It is an exploratory and qualitative study, based on the analysis of semi-directive interviews with patients. From a redefinition of the relationship with time, stem several themes: reinterpretation of life, search for meaning, densification of the connection to the world, to loved ones and to oneself control, vital energy, ambivalence to the future, confrontation with death, relationship to transcendence... The results confirm the existence in the study group of spiritual needs as described in literature and highlights certain particular aspects, including some linked to home care. They provide an illustration of the vision of man, asserted by the patients themselves, encompassing identity, relationships and communication, dignity, unity of the person, openness beyond the self and life force. The ethical notion of relationships in the framework of spiritual accompaniment at the end of life is developed.
Two steps forward, one step back: advance care planning, Australian regulatory frameworks and the Australian Medical Association.
Internal Medicine Journal 2007 September; 37(9): 637-643

Georgetown users check Georgetown Journal Finder for access to full text

Document 857
Aldridge, Matthew; Barton, Ellen
Establishing terminal status in end-of-life discussions
Qualitative Health Research 2007 September; 17(7): 908-918

Georgetown users check Georgetown Journal Finder for access to full text

Document 858
Pope, Thaddeus Mason
Medical futility statutes: no safe harbor to unilaterally refuse life-sustaining treatment
Tennessee Law Review 2007 Fall; 75(1): 1-81

Georgetown users check Georgetown Journal Finder for access to full text

Document 859
Spielthenner, Georg
Ordinary and extraordinary means of treatment
Ethics and Medicine: An International Journal of Bioethics 2007 Fall; 23(3): 145-158

Georgetown users check Georgetown Journal Finder for access to full text

Document 860
Meyer, Erin K.G.; AuBuchon, James P.
Conflicting duties: an ethical dilemma in transfusion medicine
Medical Ethics Newsletter [Lahey Clinic] 2007 Fall; 14(3): 3,7

Georgetown users check Georgetown Journal Finder for access to full text
http://www.lahey.org/Ethics/ (link may be outdated)

Document 861
Fins, Joseph J.
The minimally conscious state: ethics and diagnostic nosology
Medical Ethics Newsletter [Lahey Clinic] 2007 Fall; 14(3): 1-2, 5

Georgetown users check Georgetown Journal Finder for access to full text
http://www.lahey.org/Ethics/ (link may be outdated)

Document 862
Clarkson, Frederick

Tragedy on the national stage: conservative intervention into the Terri Schiavo case was a disservice to everybody

Conscience 2007 Autumn; 28(3): 35-38

Georgetown users check Georgetown Journal Finder for access to full text

---

Dunn, Jodi; O'Brien, Jane; Andrews, Francesca

Palliative sedation therapy for intolerable suffering: a community hospital develops their clinical practice guideline [abstract]

Journal of Palliative Care 2007 Autumn; 23(3): 228

Georgetown users check Georgetown Journal Finder for access to full text

---

Shidler, Sarah

Using video to initiate important discussions = Comment amorcer des conversations essentielles à l'aide d'une vidéo [abstract]

Journal of Palliative Care 2007 Autumn; 23(3): 218

Georgetown users check Georgetown Journal Finder for access to full text

---

Tomandl[sic; Tomandls], Stan; Jacob, Ann

Coma communication: ethics and enhancing patient and family decision making during altered consciousness [abstract]

Journal of Palliative Care 2007 Autumn; 23(3): 211

Georgetown users check Georgetown Journal Finder for access to full text

---

Chandrakanthan, Joseph

End-of-life care in a multicultural milieu: South Asian perspectives on the ethics of interpretation, the surplus of meaning, and truth telling [abstract]

Journal of Palliative Care 2007 Autumn; 23(3): 206

Georgetown users check Georgetown Journal Finder for access to full text

---

Williams, John R.


Journal of Palliative Care 2007 Autumn; 23(3): 190

Georgetown users check Georgetown Journal Finder for access to full text
Sullivan, Scott M.  
**The development and nature of the ordinary/extraordinary means distinction in the Roman Catholic tradition**  
Bioethics 2007 September; 21(7): 386-397  
**Abstract:** In the Roman Catholic tradition the nature of the ordinary/extraordinary means distinction is best understood in light of its historical development. The moralist tradition that reared and nurtured this distinction implicitly developed a set of general criteria to distinguish the extraordinary from the ordinary. These criteria, conjoined with the context within which they were understood, can play an important role in refereeing the contemporary debate over the aggressiveness of medical treatment and the extent of one's moral obligation.

Buyx, Alena M.  
**Entscheidungen am Lebensende in der modernen Medizin: Ethik, Recht, Ökonomie und Klinik, by Jan Schildmann and Uwe Fahr, edited by Jochen Vollmann [book review]**  
Ethik in der Medizin 2007 September; 19(3): 244-247  

Wu, Eugene B.  
**The ethics of implantable devices**  
Journal of Medical Ethics 2007 September; 33(9): 532-533  
[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)

Cheng, Guang-Shing  
**Compromise [case study]**  
Hastings Center Report 2007 September-October; 37(5): 8-9

Eliott, Jaklin; Olver, Ian  
**Response from Eliott and Olver**  
Journal of Clinical Ethics 2007 Fall; 18(3): 233-234  

Nelson, James L.; Lindemann, Hilde  
**What families say about surrogacy: a response to “Autonomy and the family as (in)appropriate surrogates for**
Autonomy and the family as (in)appropriate surrogates for DNR decisions: a qualitative analysis of dying cancer patients' talk

Eliot, Jaklin; Olver, Ian

Journal of Clinical Ethics 2007 Fall; 18(3): 206-218

Abstract: This study examined why intensive care unit (ICU) nurses experience difficulties in respecting the wishes of patients in end-of-life care in Japan. A questionnaire survey was conducted with ICU nurses working in Japanese university hospitals. The content of their narratives was analyzed concerning the reasons why the nurses believed that patients' wishes were not respected. The most commonly stated reason was that patients' wishes were impossible to realize, followed by the fact that decision making was performed by others, regardless of whether the patients' wishes were known, if the death was sudden, and time constraints. Many nurses wanted to respect the wishes of dying patients, but they questioned how patients die in ICUs and were therefore faced with ethical dilemmas. However, at the same time, many of the nurses realized that respecting patients' wishes about end-of-life care in an ICU would be difficult and that being unable to respect these wishes would often be unavoidable. The results thus suggest that there has been insufficient discussion about respecting the wishes of patients undergoing intensive care.

Respecting the wishes of patients in intensive care units

Kinoshita, Satomi

Nursing Ethics 2007 September; 14(5): 651-664

Abstract: This study examined why intensive care unit (ICU) nurses experience difficulties in respecting the wishes of patients in end-of-life care in Japan. A questionnaire survey was conducted with ICU nurses working in Japanese university hospitals. The content of their narratives was analyzed concerning the reasons why the nurses believed that patients' wishes were not respected. The most commonly stated reason was that patients' wishes were impossible to realize, followed by the fact that decision making was performed by others, regardless of whether the patients' wishes were known, if the death was sudden, and time constraints. Many nurses wanted to respect the wishes of dying patients, but they questioned how patients die in ICUs and were therefore faced with ethical dilemmas. However, at the same time, many of the nurses realized that respecting patients' wishes about end-of-life care in an ICU would be difficult and that being unable to respect these wishes would often be unavoidable. The results thus suggest that there has been insufficient discussion about respecting the wishes of patients undergoing intensive care.

Physicians' and nurses' preferences in using life-sustaining treatments

Carmel, Sara; Werner, Perla; Ziedenberg, Hanna

Nursing Ethics 2007 September; 14(5): 665-674

Abstract: This study examined why intensive care unit (ICU) nurses experience difficulties in respecting the wishes of patients in end-of-life care in Japan. A questionnaire survey was conducted with ICU nurses working in Japanese university hospitals. The content of their narratives was analyzed concerning the reasons why the nurses believed that patients' wishes were not respected. The most commonly stated reason was that patients' wishes were impossible to realize, followed by the fact that decision making was performed by others, regardless of whether the patients' wishes were known, if the death was sudden, and time constraints. Many nurses wanted to respect the wishes of dying patients, but they questioned how patients die in ICUs and were therefore faced with ethical dilemmas. However, at the same time, many of the nurses realized that respecting patients' wishes about end-of-life care in an ICU would be difficult and that being unable to respect these wishes would often be unavoidable. The results thus suggest that there has been insufficient discussion about respecting the wishes of patients undergoing intensive care.

Respecting the wishes of patients in intensive care units

Kinoshita, Satomi

Nursing Ethics 2007 September; 14(5): 651-664

Abstract: This study examined why intensive care unit (ICU) nurses experience difficulties in respecting the wishes of patients in end-of-life care in Japan. A questionnaire survey was conducted with ICU nurses working in Japanese university hospitals. The content of their narratives was analyzed concerning the reasons why the nurses believed that patients' wishes were not respected. The most commonly stated reason was that patients' wishes were impossible to realize, followed by the fact that decision making was performed by others, regardless of whether the patients' wishes were known, if the death was sudden, and time constraints. Many nurses wanted to respect the wishes of dying patients, but they questioned how patients die in ICUs and were therefore faced with ethical dilemmas. However, at the same time, many of the nurses realized that respecting patients' wishes about end-of-life care in an ICU would be difficult and that being unable to respect these wishes would often be unavoidable. The results thus suggest that there has been insufficient discussion about respecting the wishes of patients undergoing intensive care.
Intensive care unit nurses' opinions about euthanasia
Nursing Ethics 2007 September; 14(5): 637-650

Abstract: This study was conducted to gain opinions about euthanasia from nurses who work in intensive care units. The research was planned as a descriptive study and conducted with 186 nurses who worked in intensive care units in a university hospital, a public hospital, and a private not-for-profit hospital in Adana, Turkey, and who agreed to complete a questionnaire. Euthanasia is not legal in Turkey. One third (33.9%) of the nurses supported the legalization of euthanasia, whereas 39.8% did not. In some specific circumstances, 44.1% of the nurses thought that euthanasia was being practiced in our country. The most significant finding was that these Turkish intensive care unit nurses did not overwhelmingly support the legalization of euthanasia. Those who did support it were inclined to agree with passive rather than active euthanasia (P = 0.011).

Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 878
Daly, Daniel J.
Prudence and the debate on death and dying; in the Catholic theological tradition, temporal life is not the highest good
Health Progress 2007 September-October; 88(5): 49-54

Georgetown users check Georgetown Journal Finder for access to full text

http://www.chausa.org (link may be outdated)

* Article Document 879
Allsopp, Michael E.
A Merciful End: The Euthanasia Movement in Modern America, by Ian Dowbiggin [book review]
National Catholic Bioethics Quarterly 2007 Autumn; 7(3): 627-630

Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 880
Kaczor, Christopher
Philosophy and theology: the authority of Pope John Paul II allocution; is ANH required for PVS patients?; papal allocution and Catholic tradition; human life as intrinsic good;
National Catholic Bioethics Quarterly 2007 Autumn; 7(3): 595-605

Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 881
Blakely, Gillian; Millward, Jennifer
Moral dilemmas associated with the withdrawal of artificial hydration
British Journal of Nursing 2007 August 9 - September 12; 16(15): 916-919

Georgetown users check Georgetown Journal Finder for access to full text

Document 882
Kaplan, Robert
The clinicide phenomenon: an exploration of medical murder.
* Document 883
Critchell, C. Dana; Marik, Paul E.
**Should family members be present during cardiopulmonary resuscitation? A review of the literature.**
American Journal of Hospice and Palliative Care 2007 August-September; 24(4): 311-317
Georgetown users check Georgetown Journal Finder for access to full text

* Document 884
Stolberg, Michael
**Active euthanasia in pre-modern society, 1500-1800: learned debates and popular practices.**
Social History of Medicine 2007 August; 20(2): 205-221
Georgetown users check Georgetown Journal Finder for access to full text

* Document 885
Linacre Institute
**Catholic medical decision-making on the concept of futility**
Linacre Quarterly 2007 August; 74(3): 258-262
Georgetown users check Georgetown Journal Finder for access to full text

* Document 886
Brotherton, Alisa M.; Abbott, Janice; Hurley, Margaret A.; Aggett, Peter J.
**Home percutaneous endoscopic gastrostomy feeding: perceptions of patients, carers, nurses and dietitians**
Georgetown users check Georgetown Journal Finder for access to full text

* Document 887
Dennis, William J.
**What is death with dignity?**
Ethics and Medics 2007 August; 32(8): 1-2
Georgetown users check Georgetown Journal Finder for access to full text

* Document 888
Fullbrook, Suzanne
**End-of-life issues: common law and the Mental Capacity Act 2005**
British Journal of Nursing 2007 July 12-25; 16(13): 816-818
Georgetown users check Georgetown Journal Finder for access to full text
Luce, John M.; White, Douglas B.
The pressure to withhold or withdraw life-sustaining therapy from critically ill patients in the United States.
American Journal of Respiratory and Critical Care Medicine 2007 Jun 1; 175(11): 1104-1108
Georgetown users check Georgetown Journal Finder for access to full text

Berghs, Maria; Dierckx de Casterlé, Bernadette; Gastmans, Chris
Practices of responsibility and nurses during the euthanasia programs of Nazi Germany: a discussion paper
Georgetown users check Georgetown Journal Finder for access to full text

Nava, S.; Sturani, C.; Hartl, S.; Magni, G.; Ciontu, M.; Corrado, A.; Simonds, A.
End-of-life decision-making in respiratory intermediate care units: a European survey
Georgetown users check Georgetown Journal Finder for access to full text

Fatemi, Seyed Mohammed Gharî S.
Autonomy, euthanasia and the right to die with dignity: a comparison of Kantian ethics and Shi'ite teachings
Islam and Christian-Muslim Relations 2007 July; 18(3): 345-353
Georgetown users check Georgetown Journal Finder for access to full text

Grossenbacher, Julius
Georgetown users check Georgetown Journal Finder for access to full text

Lippert-Rasmussen, Kasper
Why killing some people is more seriously wrong than killing others
Ethics 2007 July; 117(4): 716-738
Georgetown users check Georgetown Journal Finder for access to full text

http://www.journals.uchicago.edu/ET (link may be outdated)
Document 895
Fried, Terri R.; O’Leary, John; Van Ness, Peter; Fraenkel, Liana
Inconsistency over time in the preferences of older persons with advanced illness for life-sustaining treatment
Georgetown users check Georgetown Journal Finder for access to full text

Document 896
Miller, Geoffrey
Ten days in Texas
Hastings Center Report 2007 July-August; 37(4): inside back cover
Georgetown users check Georgetown Journal Finder for access to full text

Document 897
Berlinger, Nancy
Field notes. Take it and read
Hastings Center Report 2007 July-August; 37(4): inside front cover
Georgetown users check Georgetown Journal Finder for access to full text

Document 898
McCabe, Helen
Nursing involvement in euthanasia: a 'nursing-as-healing-praxis' approach
Nursing Philosophy 2007 July; 8(3): 176-186
Georgetown users check Georgetown Journal Finder for access to full text

Document 899
McCabe, Helen
Nursing involvement in euthanasia: how sound is the philosophical support?
Nursing Philosophy 2007 July; 8(3): 167-175
Georgetown users check Georgetown Journal Finder for access to full text

Document 900
Bito, Seiji; Asai, Atsushi
Attitudes and behaviors of Japanese physicians concerning withholding and withdrawal of life-sustaining treatment for end-of-life patients: results from an Internet survey
Abstract: BACKGROUND: Evidence concerning how Japanese physicians think and behave in specific clinical situations that involve withholding or withdrawal of medical interventions for end-of-life or frail elderly patients is yet insufficient. METHODS: To analyze decisions and actions concerning the withholding/withdrawal of life-support care by Japanese physicians, we conducted cross-sectional web-based internet survey presenting three scenarios

involve an elderly comatose patient following a severe stroke. Volunteer physicians were recruited for the survey through mailing lists and medical journals. The respondents answered questions concerning attitudes and behaviors regarding decision-making for the withholding/withdrawal of life-support care, namely, the initiation/withdrawal of tube feeding and respirator attachment. RESULTS: Of the 304 responses analyzed, a majority felt that tube feeding should be initiated in these scenarios. Only 18% felt that a respirator should be attached when the patient had severe pneumonia and respiratory failure. Over half the respondents felt that tube feeding should not be withdrawn when the coma extended beyond 6 months. Only 11% responded that they actually withdrew tube feeding. Half the respondents perceived tube feeding in such a patient as a "life-sustaining treatment," whereas the other half disagreed. Physicians seeking clinical ethics consultation supported the withdrawal of tube feeding (OR, 6.4; 95% CI, 2.5-16.3; P < 0.001). CONCLUSION: Physicians tend to harbor greater negative attitudes toward the withdrawal of life-support care than its withholding. On the other hand, they favor withholding invasive life-sustaining treatments such as the attachment of a respirator over less invasive and long-term treatments such as tube feeding. Discrepancies were demonstrated between attitudes and actual behaviors. Physicians may need systematic support for appropriate decision-making for end-of-life care.
Artificial nutrition and hydration in terminal cancer patients: the real and the ideal
Supportive Care in Cancer 2007 June; 15(6): 631-636

* Griffith, Richard
Euthanasia: is there a case for changing the law?

* Michalowski, Sabine
Trial and error at the end of life – no harm done?

* Elliott, Michael S.
The commerce of physician-assisted suicide: can Congress regulate a "legitimate medical purpose"?
Williamette Law Review 2007 Summer; 43(3): 399-420

* Howsepiian, A.A.
Cerebral neurophysiology, 'Libetian' action, and euthanasia
Ethics and Medicine: An International Journal of Bioethics 2007 Summer; 23(2): 103-111

* Kaplan, Kalman J.
Zeno, Job and Terry Schiavo: the right to die versus the right to life

* Dunlop, John
A good death [commentary]
Ethics and Medicine: An International Journal of Bioethics 2007 Summer; 23(2): 69-75
**Document 912**

Cantor, Norman L.

**On hastening death without violating legal and moral prohibitions**

Specialty Law Digest: Health Care Law 2007 June; (338): 9-31

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 913**

Schleger, Heidi Albisser

"Alter" und Kosten" - Faktoren bei Therapieentscheidungen am Lebensende? Eine Analyse informeller Wissensstrukturen bei Ärzten und Pflegenden = "Age" and "Costs" - factors in treatment decisions at the end-of-life? An analysis of informal knowledge structures of doctors and nurses

Ethik in der Medizin 2007 June; 19(2): 103-119

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 914**

Tucker, Kathryn L.

**Privacy and dignity at the end of life: protecting the right of Montanans to choose aid in dying**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 915**

Galanakis, E.; Dimoliatis, I.D.K.

**Early European attitudes towards "good death": Eugenios Voulgaris, Treatise on euthanasia, St Petersburg, 1804**

Medical Humanities 2007 June; 33(1): 1-4

**Abstract:** Eugenios Voulgaris (Corfu, Greece, 1716; St Petersburg, Russia, 1806) was an eminent theologian and scholar, and bishop of Kherson, Ukraine. He copiously wrote treatises in theology, philosophy and sciences, greatly influenced the development of modern Greek thought, and contributed to the perception of Western thought throughout the Eastern Christian world. In his Treatise on euthanasia (1804), Voulgaris tried to moderate the fear of death by exalting the power of faith and trust in the divine providence, and by presenting death as a universal necessity, a curative physician and a safe harbour. Voulgaris presented his views in the form of a consoling sermon, abundantly enriched with references to classical texts, the Bible and the Church Fathers, as well as to secular sources, including vital statistics from his contemporary England and France. Besides euthanasia, he introduced terms such as dysthanasia, etoimothanasia and prothanasia. The Treatise on euthanasia is one of the first books, if not the very first, devoted to euthanasia in modern European thought and a remarkable text for the study of the very early European attitudes towards "good death". In the Treatise, euthanasia is clearly meant as a spiritual preparation and reconciliation with dying rather than a physician-related mercy killing, as the term progressed to mean during the 19th and the 20th centuries. This early text is worthy of study not only for the historian of medical ethics or of religious ethics, but for everybody who is trying to courageously confront death, either in private or in professional settings.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.medicalhumanities.com](http://www.medicalhumanities.com) (link may be outdated)
**Document 916**

Kakuk, Peter

*The slippery slope of the middle ground: reconsidering euthanasia in Britain*

HEC (Healthcare Ethics Committee) Forum 2007 June; 19(2):145-159

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 917**

Chaloner, C.; Sanders, K.

*Euthanasia: the legal issues*

Nursing Standard 2007 May 16-22; 21(36): 42-46

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 918**

Rabinstein, Alejandro A.; Diringer, Michael N.

*Withholding care in intracerebral hemorrhage: realistic compassion or self-fulfilling prophecy?*

Neurology 2007 May 15; 68(20): 1647-1648

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 919**

Sanders, K.; Chaloner, C.

*Voluntary euthanasia: ethical concepts and definitions*

Nursing Standard 2007 May 9-15; 21(35): 41-44

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 920**

Jones, Barry J.M.

*Nutritional support at the end of life: the relevant ethical issues.*

European Journal of Gastroenterology and Hepatology 2007 May; 19(5): 383-388

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 921**

Foster, Charles; Carpenter, Jamie

*Nutritional support at the end of life: the relevant legal issues.*

European Journal of Gastroenterology and Hepatology 2007 May; 19(5): 389-393

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 922**

Heo, Yang Hee
Viewpoints of euthanasia between the public and nurses [abstract]
Eubios Journal of Asian and International Bioethics 2007 May; 17(3): 80

http://www.eubios.info/EJAIB52007.pdf (link may be outdated)

Miyasaka, Michio

Autonomy, dignity, and compassion: dying with dignity in the context of Japanese culture [abstract]
Eubios Journal of Asian and International Bioethics 2007 May; 17(3): 74-75

http://www.eubios.info/EJAIB52007.pdf (link may be outdated)

Breier-Mackie, Sarah; Fleming, David

The science and ethics of feeding tubes.
Missouri Medicine 2007 May-June; 104(3): 191-195

Hughes, J.T.

Neuropathology in Germany during World War II: Julius Hallervorden (1882-1965) and the Nazi programme of 'euthanasia'.
Journal of Medical Biography 2007 May; 15(2): 116-122

Borgsteede, Sander D.; Deliens, Luc; Graafland-Riedstra, Corrie; Francke, Anneke L.; van der Wal, Gerrit; Willems, Dick L.

Communication about euthanasia in general practice: opinions and experiences of patients and their general practitioners
Patient Education and Counseling 2007 May; 66(2): 156-161

O'Rourke, Kevin D.

Artificial nutrition and hydration and the Catholic tradition: the Terri Schiavo case had even members of Congress debating the issue
Health Progress 2007 May-June; 88(3): 50-54

Georgetown users check Georgetown Journal Finder for access to full text
Document 928
Kwok, Timothy; Twinn, Sheila; Yan, Elsie
The attitudes of Chinese family caregivers of older people with dementia towards life sustaining treatments
Journal of Advanced Nursing 2007 May; 58(3): 256-262
Georgetown users check Georgetown Journal Finder for access to full text

Document 929
Thiagarajan, Malar, et al.
Deciding about life-support: a perspective on the ethical and legal framework in the United Kingdom and Australia
Journal of Law and Medicine 2007 May; 14(4): 61
Georgetown users check Georgetown Journal Finder for access to full text

Document 930
Hofmann, Paul B.; Schneiderman, Lawrence J.
Physicians should not always pursue a good “clinical” outcome
Hastings Center Report 2007 May-June; 37(3): inside back cover
Georgetown users check Georgetown Journal Finder for access to full text

Document 931
Hyde, Michael J.; McSpiritt, Sarah
Coming to terms with perfection: the case of Terri Schiavo
Quarterly Journal of Speech 2007 May; 93 (2): 150-178
Georgetown users check Georgetown Journal Finder for access to full text

Document 932
Do-not-resuscitate decision: the attitudes of medical and non-medical students
Journal of Medical Ethics 2007 May; 33(5): 261-265
Abstract: OBJECTIVES: To study the attitudes of both medical and non-medical students towards the do-not-resuscitate (DNR) decision in a university in Hong Kong, and the factors affecting their attitudes. METHODS: A questionnaire-based survey conducted in the campus of a university in Hong Kong. Preferences and priorities of participants on cardiopulmonary resuscitation in various situations and case scenarios, experience of death and dying, prior knowledge of DNR and basic demographic data were evaluated. RESULTS: A total of 766 students participated in the study. There were statistically significant differences in their DNR decisions in various situations between medical and non-medical students, clinical and preclinical students, and between students who had previously experienced death and dying and those who had not. A prior knowledge of DNR significantly affected DNR decision, although 66.4% of non-medical students and 18.7% of medical students had never heard of DNR. 74% of participants from both medical and non-medical fields considered the patient's own wish as the most important factor that the healthcare team should consider when making DNR decisions. Family wishes might not be decisive on the choice of DNR. CONCLUSIONS: Students in medical and non-medical fields held different views on DNR. A majority of participants considered the patient's own wish as most important in DNR decisions. Family wishes were
considered less important than the patient's own wishes.

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

---

**Document 933**

Wainwright, Paul; Gallagher, Ann

*Ethical aspects of withdrawing and withholding treatment*

Nursing Standard 2007 April 25-May 1; 21(33): 46-50

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

---

**Document 934**

Elliott, Jaklin A.; Olver, Ian N.

*The implications of dying cancer patients' talk on cardiopulmonary resuscitation and do-not-resuscitate orders.*

Qualitative Health Research 2007 April; 17(4): 442-455

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

---

**Document 935**

Carter, G.L.; Clover, K.A.; Parkinson, L.; Rainbird, K.; Kerridge, I.; Ravenscroft, P.; Cavenagh, J.; McPhee, J.

*Mental health and other clinical correlates of euthanasia attitudes in an Australian outpatient cancer population.*

Psycho-Oncology 2007 April; 16(4): 295-303

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

---

**Document 936**

Vissers, Kris C.P.; Hasselaar, Jeroen; Verhagen, Stans A.H.H.V.M.

*Sedation in palliative care.*

Current Opinion in Anaesthesiology 2007 April; 20(2): 137-142

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

---

**Document 937**

Norwood, Frances

*Nothing more to do: euthanasia, general practice, and end-of-life discourse in the Netherlands.*

Medical Anthropology 2007 April-June; 26(2): 139-172

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

---

**Document 938**

Document 939
Preferences for treatment at the end of life after 3 years of follow-up: the Johns Hopkins Precursors Study [abstract]
Georgetown users check Georgetown Journal Finder for access to full text

Document 940
Glazier, E.J.; Silverstone, F.A.
DNR literacy: a survey in a continuing care retirement community [abstract]
Georgetown users check Georgetown Journal Finder for access to full text

Document 941
Bell, C.; Somogyi-Zalud, E.; Masaki, K.; Fortaleza-Dawson, T.R.; Blanchette, P.L.
Factors associated with physician decision-making in starting tube feeding [abstract]
Georgetown users check Georgetown Journal Finder for access to full text

Document 942
Do aggressive treatments in the last week of life harm quality of death? [abstract]
Georgetown users check Georgetown Journal Finder for access to full text

Document 943
Teno, J.M.; Mitchell, S.; Rhodes, R.; Intrator, O.; Bostrup-Jensen, C.; Mor, V.
Health care transitions and incident feeding tube insertion among persons with advanced cognitive impairment: lost in transition [abstract]
Journal of the American Geriatrics Society 2007 April; 55(4, Supplement): S1
Georgetown users check Georgetown Journal Finder for access to full text

Document 944
Lindsay, Ronald A.
**Document 945**
McCarron, Mary; McCallion, Philip
*End-of-life care challenges for persons with intellectual disability and dementia: making decisions about tube feeding*
Intellectual and Developmental Disabilities 2007 April; 45(2): 128-131
Georgetown users check *Georgetown Journal Finder* for access to full text

**Document 946**
Friedman, Sandra; Gilmore, Dana
*Factors that impact resuscitation preferences for young people with severe developmental disabilities*
Intellectual and Developmental Disabilities 2007 April; 45(2): 90-97
Georgetown users check *Georgetown Journal Finder* for access to full text

**Document 947**
Perry, Joshua E.
*Biopolitics at the bedside: proxy wars and feeding tubes*
Georgetown users check *Georgetown Journal Finder* for access to full text

**Document 948**
van Bruchem-van de Scheur, G.G.; van der Arend, Arie J.G.; Spreeuwenberg, Cor; Abu-Saad, Huda Huijer; ter Meulen, Ruud H.J.
*Euthanasia and physician-assisted suicide in the Dutch homecare sector: the role of the district nurse*
Georgetown users check *Georgetown Journal Finder* for access to full text

**Document 949**
Fried, Terri R.; Van Ness, Peter H.; Byers, Amy L.; Towle, Virginia R.; O'Leary, John R.; Dubin, Joel A.
*Changes in preferences for life-sustaining treatment among older persons with advanced illness*
Journal of General Internal Medicine 2007 April; 22(4): 495-501
Georgetown users check *Georgetown Journal Finder* for access to full text

http://www.pubmedcentral.nih.gov (link may be outdated)
Gedge, E.; Giacomini, M.; Cook, D.  
**Withholding and withdrawing life support in critical care settings: ethical issues concerning consent**  
Journal of Medical Ethics 2007 April; 33(4): 215-218  

**Abstract:** The right to refuse medical intervention is well established, but it remains unclear how best to respect and exercise this right in life support. Contemporary ethical guidelines for critical care give ambiguous advice, largely because they focus on the moral equivalence of withdrawing and withholding care without confronting the very real differences regarding who is aware and informed of intervention options and how patient values are communicated and enacted. In withholding care, doctors typically withhold information about interventions judged too futile to offer. They thus retain greater decision-making burden (and power) and face weaker obligations to secure consent from patients or proxies. In withdrawing care, there is a clearer imperative for the doctor to include patients (or proxies) in decisions, share information and secure consent, even when continued life support is deemed futile. How decisions to withhold and withdraw life support differ ethically in their implications for positive versus negative interpretations of patient autonomy, imperatives for consent, definitions of futility and the subjective evaluation of (and submission to) benefits and burdens of life support in critical care settings are explored. Professional reflection is required to respond to trends favouring a more positive interpretation of patient autonomy in the context of life support decisions in critical care. Both the bioethics and critical care communities should investigate the possibilities and limits of growing pressure for doctors to disclose their reasoning or seek patient consent when decisions to withhold life support are made. 

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

---

van Delden, Johannes J.M.  
**Terminal sedation: source of a restless ethical debate**  
Journal of Medical Ethics 2007 April; 33(4): 187-188

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

---

Jacobson, Meghan K.  
**Assault on the judiciary: judicial response to criticism post-Schiavo**  
University of Miami Law Review 2007 April; 61(3): 931-959

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

---

Goodman, Kenneth  
**Ethics schmhetics: the Schiavo case and the culture wars**  
University of Miami Law Review 2007 April; 61(3): 863-870

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

---

Francis, Leslie Pickering; Silvers, Anita  
**(Mis)framing Schiavo as discrimination against persons with disabilities**  
University of Miami Law Review 2007 April; 61(3): 789-820
Gudridge, Patrick O.
**Pangloss**
University of Miami Law Review 2007 April; 61(3): 763-787
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Meisel, Alan
*Suppose the Schindlers had won the Schiavo case*
University of Miami Law Review 2007 April; 61(3): 733-761
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Winick, Bruce J.
*A legal autopsy of the lawyering in Schiavo: a therapeutic jurisprudence/preventive law rewind exercise*
University of Miami Law Review 2007 April; 61(3): 595-664
Georgetown users check [Georgetown Journal Finder](#) for access to full text

White, Douglas B.; Braddock, Clarence H., III; Bereknyei, Sylvia; Curtis, J. Randall
*Toward shared decision making at the end of life in intensive care units: opportunities for improvement*
Archives of Internal Medicine 2007 March 12; 167(5): 461-467
Georgetown users check [Georgetown Journal Finder](#) for access to full text

http://archinte.ama-assn.org (link may be outdated)

Moore, Patrick
*An end of life quandary in need of a statutory response: when patients demand life-sustaining treatment that physicians are unwilling to provide*
Boston College Law Review 2007 March; 48: 433-469
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Edin, Michael Gordon
*Cardiopulmonary resuscitation in the frail elderly: clinical, ethical and halakhic issues.*
Israel Medical Association Journal 2007 March; 9(3): 177-179
Georgetown users check [Georgetown Journal Finder](#) for access to full text
Document 961
Asai, Atsushi; Sakamoto, Sayaka
**Self-determination of death in Japan: a review and discussion**
[Find in Library](https://www.unescobkk.org/index.php?id=2434) (link may be outdated)

Document 962
Limerick, Michael H.
**The process used by surrogate decision makers to withhold and withdraw life-sustaining measures in an intensive care environment.**
Oncology Nursing Forum 2007 March; 34(2): 331-339
[Find in Library](https://www.unescobkk.org/index.php?id=2434) (link may be outdated)

Document 963
Carey, Lindsay B.; Newell, Christopher J.
**Withdrawal of life support and chaplaincy in Australia.**
Critical care and resuscitation 2007 March; 9(1): 34-39
[Find in Library](https://www.unescobkk.org/index.php?id=2434) (link may be outdated)

Document 964
Lipman, Hannah I.
**Deactivation of advanced lifesaving technologies.**
American Journal of Geriatric Cardiology 2007 March-April; 16(2): 109-111
[Find in Library](https://www.unescobkk.org/index.php?id=2434) (link may be outdated)

Document 965
Norris, Patrick
**The ethics of end-of-life issues; Fr. O'Rourke has made wide-ranging contributions to thinking on the topic**
Health Progress 2007 March-April; 88(2): 46-51
[Find in Library](https://www.unescobkk.org/index.php?id=2434) (link may be outdated)

Document 966
Dunlop, John
**Permissibility to stop man’s ventilator on his request**
Document 967
Hofmann, Irmgard
_Pflege und Sterbehilfe. Zur Problematik eines (un-)erwünschten Diskurses, by Constanze Giese, Christian Koch, and Dietmar Siewert [book review]_
_Ethik in der Medizin 2007 March; 19(1): 80-82_
Georgetown users check Georgetown Journal Finder for access to full text

Document 968
Salladay, Susan A.
Life and death disagreements [interview]
Georgetown users check Georgetown Journal Finder for access to full text

Document 969
Enrione, Evelyn B.; Chutkan, Sophia
Preferences of registered dietitians and nurses recommending artificial nutrition and hydration for elderly patients
_Journal of the American Dietetic Association 2007 March; 107(3): 416-421_
Georgetown users check Georgetown Journal Finder for access to full text

Document 970
Rietjens, Judith A.C.; Bilsen, Johan; Fischer, Susanne; Van Der Heide, Agnes; Van Der Maas, Paul J.; Miccinessi, Guido; Norup, Michael; Onwuteaka-Philipsen, Bregje D.; Vrakking, Astrid M.; Van Der Wal, Gerrit
Using drugs to end life without an explicit request of the patient
_Death Studies 2007 March; 31(3): 205-221_
Georgetown users check Georgetown Journal Finder for access to full text

Document 971
Mitchell, Susan L.; Teno, Joan M.; Intrator, Orna; Feng, Zhanlian; Mor, Vincent
Decisions to forgo hospitalization in advance dementia: a nationwide study
Georgetown users check Georgetown Journal Finder for access to full text

Document 972
Schaffer, Marjorie A.
Ethical problems in end-of-life decisions for elderly Norwegians
_Nursing Ethics 2007 March; 14(2): 242-257_
**Abstract:** Norwegian health professionals, elderly people and family members experience ethical problems involving
end-of-life decision making for elders in the context of the values of Norwegian society. This study used ethical inquiry and qualitative methodology to conduct and analyze interviews carried out with 25 health professionals, six elderly people and five family members about the ethical problems they encountered in end-of-life decision making in Norway. All three participant groups experienced ethical problems involving the adequacy of health care for elderly Norwegians. Older people were concerned about being a burden to their families at the end of their life. However, health professionals wished to protect families from the burden of difficult decisions regarding health care for elderly parents at the end of life. Strategies are suggested for dialogue about end-of-life decisions and the integration of palliative care approaches into health care services for frail elderly people.

Georgetown users check Georgetown Journal Finder for access to full text

* Document 973
Huxtable, Richard; Möller, Maaike
'Setting a principled boundary'? Euthanasia as a response to 'life fatigue'
Bioethics 2007 March; 21(3): 117-126

Abstract: The Dutch case of Brongersma presents novel challenges to the definition and evaluation of voluntary euthanasia since it involved a doctor assisting the suicide of an individual who was (merely?) 'tired of life'. Legal officials had called on the courts to 'set a principled boundary', excluding such cases from the scope of permissible voluntary euthanasia, but they arguably failed. This failure is explicable, however, since the case seems justifiable by reference to the two major principles in favour of that practice, respect for autonomy and beneficence. Ultimately, it will be argued that those proponents of voluntary euthanasia who are wary of its use in such circumstances may need to draw upon 'practical' objections, in order to erect an otherwise arbitrary perimeter. Furthermore, it will be suggested that the issues raised by the case are not peculiarly Dutch in nature and that, therefore, there are lessons here for other jurisdictions too.

Georgetown users check Georgetown Journal Finder for access to full text

* Document 974
Fox, Ellen; Daskal, Frona C.; Stocking, Carol
Ethics consultants' recommendations for life-prolonging treatment of patients in persisten vegetative state: a follow-up study
Journal of Clinical Ethics 2007 Spring; 18(1): 64-71

Georgetown users check Georgetown Journal Finder for access to full text

* Document 975
Tonelli, Mark R.
What medical futility means to clinicians
HEC.(Healthcare Ethics Committee) Forum 2007 March; 19(1): 83-93

Georgetown users check Georgetown Journal Finder for access to full text

http://www.wkap.nl/jrnltoc.htm/0956-2737 (link may be outdated)
EthxWeb Search Results

Search Detail:
Result=(!"20.5.1".PC.) NOT (EDITORIAL OR LETTER OR NEWS)) AND (@YD >= "20050000")
2=1 : "
Documents: 976 - 1300 of 1798

Document 976
Slosar, John Paul
Medical futility in the post-modern context
Georgetown users check Georgetown Journal Finder for access to full text
http://www.wkap.nl/jrnltoc.htm/0956-2737 (link may be outdated)

Document 977
Rubin, Susan B.
If we think it's futile, can't we just say no?
HEC (Healthcare Ethics Committee) Forum 2007 March; 19(1): 45-65
Georgetown users check Georgetown Journal Finder for access to full text
http://www.wkap.nl/jrnltoc.htm/0956-2737 (link may be outdated)

Document 978
Tomlinson, Thomas
Futility beyond CPR: the case of dialysis
HEC (Healthcare Ethics Committee) Forum 2007 March; 19(1): 33-43
Georgetown users check Georgetown Journal Finder for access to full text
http://www.wkap.nl/jrnltoc.htm/0956-2737 (link may be outdated)

Document 979
Jecker, Nancy S.
Medical futility: a paradigm analysis
Georgetown users check Georgetown Journal Finder for access to full text
http://www.wkap.nl/jrnltoc.htm/0956-2737 (link may be outdated)

Document 980
May, William E.
The Case of Terri Schiavo: Ethics at the End of Life, edited by Arthur L. Caplan, James J. McCartney, and Dominic A. Sisti; Fighting for Dear Life: The Untold Story of Terri Schiavo and What It Means for All of Us, by David Gibbs with Bob DeMoss [book reviews]
National Catholic Bioethics Quarterly 2007 Spring; 7(1): 197-202
Georgetown users check Georgetown Journal Finder for access to full text

Australian Government. Classification Review Board
The Peaceful Pill Handbook refused classification upon review
Australia: Classification Review Board 2007 February 24; 1 p. [Online].


Euthanasia in Oregon: by any other name
Economist 2007 February 17; 1 p.

Polish paramedics jailed for murdering patients
Lancet 2007 February 17-23; 369(9561): 548
Georgetown users check Georgetown Journal Finder for access to full text

http://www.thelancet.com/journal (link may be outdated)

Cameron, Andrew; Nodder, Tracy; Watts, Lisa
Social Issues Executive, Anglican Diocese of Sydney
Euthanasia and the abandonment of life

http://www.sydneyanglicans.net/socialissues (link may be outdated)

Aramesh, Kiarash; Heydar, Shadi
Euthanasia: an Islamic ethical perspective
Iranian Journal of Allergy, Asthma and Immunology 2007 February; 6(suppl.5): 35-38 Accessed:

Abstract: Euthanasia which is defined generally as the deliberate killing of a person for his/her benefit, raises moral and religious questions such as: is it ever right for another person to end the life of a terminally ill patient who is in
severe pain or enduring other suffering? Under what circumstances euthanasia is right? In this article we are going to
discuss this topic from Islamic perspective through reviewing Islamic primary texts and contemporary Muslim
scholar's point of views. We have used three main sources: a. the Islamic primary source, Holy Koran; b. religious
opinions and decrees (Fatwas) from great Muslim scholars; and c. the Islamic codes of medical ethics. Islamic
jurisprudence, based on a convincing interpretation of the holy koran, does not recognize a person's right to die
voluntarily. According to Islamic teachings, life is a divine trust and cannot be terminated by any form of active or
passive voluntary intervention. There are two instances, however, that could be interpreted as passive assistance in
allowing a terminally ill patient to die and would be permissible by Islamic law.

http://iranmedex.com (link may be outdated)

---

Document 986
Larijani, Bagher; Zahedi, Farzaneh; Tavakoly Bazzaz, Javad
End of life ethical issues and Islamic views
Iranian Journal of Allergy, Asthma and Immunology 2007 February; 6(Suppl. 5): 5-15

http://ijaai.hbi.ir/browse/Journals/vol-6-s-5 (link may be outdated)

---

Document 987
Varelius, Jukka
Illness, suffering and voluntary euthanasia
Bioethics 2007 February; 21(2): 75-83

Abstract: It is often accepted that we may legitimately speak about voluntary euthanasia only in cases of persons
who are suffering because they are incurably injured or have an incurable disease. This article argues that when we
consider the moral acceptability of voluntary euthanasia, we have no good reason to concentrate only on persons
who are ill or injured and suffering.

---

Document 988
Stone, Jim
Pascal's Wager and the persistent vegetative state
Bioethics 2007 February; 21(2): 84-92

Abstract: I've argued that a version of Pascal's Wager applies to PVS so forcefully that no one who declines
continued life without considering it makes a reasoned and informed decision. Thomas Mappes objects that my
argument is much more limited than I realize. Of special interest is his appeal to an emerging diagnostic category,
the 'minimally conscious state; to argue that there is much to lose in gambling on life. I will defend the Wager. Along
the way I maintain that the chance of recovery from long-term PVS is much better than represented (as is the
prospect of regaining independence if one recovers consciousness), and that the 1994 Multi-Society Task Force
definitions of 'permanent' PVS are confused in ways that make crafting advance directives dangerously difficult.
Valid advance directives require informed consent, I argue; the Wager needs to be part of the process. A
consequence of my argument is that withdrawing medically-delivered nutrition and hydration from PVS patients is
much harder to justify.

---

Document 989
Harris, Dylan; Davies, Rachel
An audit of "do not attempt resuscitation" decisions in two district general hospitals: do current guidelines need changing?
Postgraduate Medical Journal 2007 February; 83(976): 137-140
Georgetown users check Georgetown Journal Finder for access to full text

Öhlén, Joakim; Andershed, Birgitta; Berg, Christina; Palm, Carl-Axel; Ternestedt, Britt-Marie; Segesten, Kerstin
Relatives in end-of-life care -- Part 2: a theory for enabling safety
Journal of Clinical Nursing 2007 February; 16(2): 382-390
Georgetown users check Georgetown Journal Finder for access to full text

Zahedi, Farzaneh; Larijani, Bagher
Cancer ethics from the Islamic point of view
Iranian Journal of Allergy, Asthma and Immunology 2007 February; 6(Suppl. 5): 17-24
Georgetown users check Georgetown Journal Finder for access to full text

http://www.iaari.hbi.ir/journal/archive/articles/v6s5za2.pdf (link may be outdated)

Starks, Helene; Back, Anthony L.; Pearlman, Roberta A.; Koenig, Barbara A.; Hsu, Clarissa; Gordon, Judith R.; Bharucha, Ashok J.
Family member involvement in hastened death
Death Studies 2007 February; 31(2): 105-130
Georgetown users check Georgetown Journal Finder for access to full text

White, Douglas B.; Engelberg, Ruth A.; Wenrich, Marjorie D.; Lo, Bernad; Curtis, J. Randall
Prognostication during physician-family discussions about limiting life support in intensive care units
Critical Care Medicine 2007 February; 35(2): 442-448
Georgetown users check Georgetown Journal Finder for access to full text

Gavrin, Jonathan R.
Ethical considerations at the end of life in the intensive care unit
Critical Care Medicine 2007 February; 35(2, Supplement): S85-S94
Georgetown users check Georgetown Journal Finder for access to full text

* Document 995
Baggs, Judith G.
Prognostic information provided during family meetings in the intensive care unit
Critical Care Medicine 2007 February; 35(2): 646-647
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 996
Whyte, J.
Treatments to enhance recovery from the vegetative and minimally conscious states: ethical issues surrounding efficacy studies
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 997
De Gendt, Cindy; Bilsen, Johan; Stichele, Robert Vander; Van Den Noortgate, Nele; Lambert, Margareta; Deliens, Luc
Nurses' involvement in 'do not resuscitate' decisions on acute elder care wards
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 998
Anwar, Rahij; Ahmed, Azeem
Who is responsible for "do not resuscitate" status in patients with broken hips?
BMJ: British Medical Journal 2007 January 20; 334(7585): 155
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bmj.com (link may be outdated)

* Article Document 999
Sidhu, Navdeep S.; Dunkley, Margaret E.; Egan, Melinda J.
"Not-for-resuscitation" orders in Australian public hospitals: policies, standardised order forms and patient information leaflets
Medical Journal of Australia 2007 January 15; 186(2): 72-75
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 1000
Paris, John
A life too burdensome
Tablet 2007 January 6; 261(8672): 10-11
Georgetown users check Georgetown Journal Finder for access to full text
Document 1001

Bell, Dominic
The legal framework for end of life care: a United Kingdom perspective.

Georgetown users check [Georgetown Journal Finder](http://www.georgetown.edu) for access to full text

Document 1002

Wahl, Norman
Jewish dentists under Hitler.
Dental Historian 2007 January; (44): 59-72

Georgetown users check [Georgetown Journal Finder](http://www.georgetown.edu) for access to full text

Document 1003

Cavlak, Ugur; Aslan, Ummuhan Bas; Gurso, Suleyman; Yagci, Nesrin; Yeldan, Ipek
Attitudes of physiotherapists and physiotherapy students toward euthanasia: a comparative study.

Georgetown users check [Georgetown Journal Finder](http://www.georgetown.edu) for access to full text

Document 1004

Martin, Robert D.; Cohen, Mary Ann; Weiss Roberts, Laura; Batista, Sharon M.; Hicks, Dan; Bourgeois, James
DNR versus DNT: clinical implications of a conceptual ambiguity: a case analysis.
Psychosomatics 2007 January-February; 48(1): 10-15

Georgetown users check [Georgetown Journal Finder](http://www.georgetown.edu) for access to full text

Document 1005

Thomas, George
Response: such neat resolutions are not possible in India
Indian Journal of Medical Ethics 2007 January-March; 4(1): 34

Georgetown users check [Georgetown Journal Finder](http://www.georgetown.edu) for access to full text

Document 1006

Sweet, Victoria
Code pearl
Health Affairs 2008 January-February; 27(1): 216-220

Georgetown users check [Georgetown Journal Finder](http://www.georgetown.edu) for access to full text

[http://www.healthaffairs.org](http://www.healthaffairs.org) (link may be outdated)
Papadimitriou, John D.; Skiadas, Panayiotis; Mavrantonis, Constantino S.; Polimeropoulos, Vassilis; Papadimitriou, Dimitris J.; Papacostas, Kyriaki J.

Euthanasia and suicide in antiquity: viewpoint of the dramatists and philosophers

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Bendiane, Marc Karim; Bouhnik, Anne-Deborah; Favre, Roger; Galinier, Anne; Obadia, Yolande; Moatti, Jean-Paul; Peretti-Watel, Patrick

Morphine prescription in end-of-life care and euthanasia: French home nurses' opinions

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Hov, Reidun; Hedelin, Birgitta; Athlin, Elsy

Being an intensive care nurse related to questions of withholding or withdrawing curative treatment
Journal of Clinical Nursing 2007 January; 16(1): 203-211

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Georges, Jean-Jacques.; Onwuteaka-Philipsen, Bregje D.; Muller, Martien T.; Van Der Wal, Gerrit.; Van Der Heide, Agnes; Van Der Maas, Paul J.

Relatives' perspective on the terminally ill patients who died after euthanasia or physician-assisted suicide: a retrospective cross-sectional interview study in the Netherlands

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Chen, J.L.; Sosnov, J.; Lessard, D.; Yarzebski, J.; Gore, J.; Goldberg, R.

Use of do-not-resuscitate orders in patients with kidney disease hospitalized with acute myocardial infarction

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Garcia, J.L.A.

Health versus harm: euthanasia and physicians' duties

Abstract: This essay rebuts Gary Seay's efforts to show that committing euthanasia need not conflict with a physician's professional duties. First, I try to show how his misunderstanding of the correlativity of rights and duties and his discussion of the foundation of moral rights undermine his case. Second, I show aspects of physicians'
professional duties that clash with euthanasia, and that attempts to avoid this clash lead to absurdities. For professional duties are best understood as deriving from professional virtues and the commitments and purposes with which the professional as such ought to act, and there is no plausible way in which her death can be seen as advancing the patient's medical welfare. Third, I argue against Prof. Seay's assumption that apparent conflicts among professional duties must be resolved through "balancing" and argue that, while the physician's duty to extend life is continuous with her duty to protect health, any duty to relieve pain is subordinate to these. Finally, I show that what is morally determinative here, as throughout the moral life, is the agent's intention and that Prof. Seay's implicitly preferred consequentialism threatens not only to distort moral thinking but would altogether undermine the medical (and any other) profession and its internal ethics.

Georgetown users check Georgetown Journal Finder for access to full text
Document 1017
Shannon, Thomas A. and Faso, Charles N.
LET THEM GO FREE: A GUIDE FOR WITHDRAWING LIFE SUPPORT
Call number: RC86.7 .S53 2007

Document 1018
Hamel, Ronald P. and Walter, James J., eds.
ARTIFICIAL NUTRITION AND HYDRATION AND THE PERMANENTLY UNCONSCIOUS PATIENT: THE CATHOLIC DEBATE
Call number: RB150 .C6 A78 2007

Document 1019
Walters, LeRoy
Paul Braune confronts the National Socialists' "euthanasia" program.
Holocaust and genocide studies 2007; 21(3): 454-487
Abstract: On July 9, 1940, asylum director Paul Braune completed a twelve-page memorandum, or Denkschrift, on the National Socialists' T-4 "euthanasia" program. The memorandum identified three killing centers within a carefully planned, Reich-wide program and summarized what Braune's research had uncovered about the fate of asylum patients at various T-4 facilities. Braune estimated that several thousand disabled people had been murdered between February and June 1940. After Protestant church leaders formally submitted Braune's memorandum to the Reich Chancellery, Braune was arrested by the Gestapo-pursuant to a direct order by Reinhard Heydrich-for having "sabotaged measures of the state in an irresponsible way." Despite Braune's protest, the killing of German asylum patients continued unabated. This article shows what a determined German citizen, assisted by an extensive network of information sources, was able to learn about the "euthanasia" program during the first six months of its implementation, and reveals the formidable difficulties that opponents of the program faced in their efforts to stop the killing of disabled people.

Georgetown users check Georgetown Journal Finder for access to full text

Document 1020
Panicola, Michael R.; Belde, David M.; Slosar, John Paul; Repenshek, Mark F.
Forgoing treatment at the end of life
Call number: R724 .I63 2007

Document 1021
Greece. Holy Synod of the Church of Greece. Bioethics Committee
Basic positions on the ethics of euthanasia

http://www.bioethics.org.gr/en/Euthanasia4l.pdf (link may be outdated)

Document 1022
Winter, Laraine; Dennis, Marie P.; Parker, Barbara
Religiosity and preferences for life-prolonging medical treatments in African-American and white elders: a
**mediation study**
Omega 2007-2008; 56(3): 273-288

Georgetown users check [Georgetown Journal Finder](http://georgetownjournalfinder.georgetown.edu) for access to full text


* **Chapter** Document 1023
Biggs, Hazel
**Criminalising carers: death desires and assisted dying outlaws**
Call number: GT3150 .D43 2007

* **Chapter** Document 1024
Jackson, Emily
**Death, euthanasia and the medical profession**
Call number: GT3150 .D43 2007

* **Article** Document 1025
Barton, Ellen
**Situating end-of-life decision making in a hybrid ethical frame.**
Communication and Medicine 2007; 4(2): 131-140

Georgetown users check [Georgetown Journal Finder](http://georgetownjournalfinder.georgetown.edu) for access to full text

* **Article** Document 1026
Hemphill, J. Claude, 3rd
**Do-not-resuscitate orders, unintended consequences, and the ripple effect**
Critical Care 2007; 11(2): 121

Georgetown users check [Georgetown Journal Finder](http://georgetownjournalfinder.georgetown.edu) for access to full text

* **Article** Document 1027
Ravvaz, Kourosh; Patrick, Timothy B.
**An ethical review of euthanasia web sites.**
American Medical Informatics Association Annual Symposium Proceedings 2007: 1088

Georgetown users check [Georgetown Journal Finder](http://georgetownjournalfinder.georgetown.edu) for access to full text

* **Article** Document 1028
Polacek, Kelly Myer
**Controversial issues: euthanasia - a guide to resources**
Medical Reference Services Quarterly 2007; 26(2): 65-74
**Document 1029**
McCluskey, Leo
*Amyotrophic Lateral Sclerosis: ethical issues from diagnosis to end of life.*
NeuroRehabilitation 2007; 22(6): 463-472

**Document 1030**
Kamm, F.M.
*Brody on passive and active euthanasia*
Call number: R725.57 .P588 2007

**Document 1031**
Mains, Douglas A.; Coustasse, Alberto; Lurie, Sue G.
*Case studies in medical futility.*
Journal of Hospital Marketing and Public Relations 2007; 18(1): 61-70

**Document 1032**
Goldberg, Daniel S.
*The ethics of DNR orders as to neonatal and pediatric patients: the ethical dimensions of communication*

**Document 1033**
Bergeron, Nicole E.
*Resuscitating elderly wards in Michigan: should a legal guardian be allowed to execute a "do-not-resuscitate" order on a legally incapacitated individual's behalf?*

**Document 1034**
Pope, Thaddeus Mason; Waldman, Ellen A.
*Meditation at the end of life: getting beyond the limits of the talking cure*
Ohio State Journal of Dispute Resolution 2007; 23(1): 143-195
**Document 1035**
Kopelman, Loretta M.
**Is withholding artificial nutrition and hydration from PVS patients active euthanasia?**

**Document 1036**
Smith, George P., II
**When mercy seasons justice**

**Document 1037**
Asscher, Joachim
**Killing and letting die: the similarity criterion**
Georgetown users check *Georgetown Journal Finder* for access to full text

**Document 1038**
Brusco, Angelo
**Treating and caring**
Dolentium Hominum 2007; 22(2): 58-60
Georgetown users check *Georgetown Journal Finder* for access to full text

**Document 1039**
Hong, Suk Young
**Patients in a vegetative state and the quality of life**
Dolentium Hominum 2007; 22(2): 22-27
Georgetown users check *Georgetown Journal Finder* for access to full text

**Document 1040**
Cutas, Daniela; Harris, John
**The ethics of ageing, immortality and genetics**
Call number: R724 .P69 2007

**Document 1041**
Huxtable, Richard
**Euthanasia and principled health care ethics: from conflict to compromise?**
Call number: R724 .P69 2007
Takala, Tuija

**Acts and omissions**


Call number: R724 .P69 2007

---

John, Stephen D.

**Ordinary and extraordinary means**


Call number: R724 .P69 2007

---

Sweetman, Brendan

**Two arguments against euthanasia**


Call number: R725.56 .M443 2007

---

Berkman, John

**Medically assisted nutrition and hydration in medicine and moral theology**


Call number: R725.56 .M443 2007

---

**Special report: Switzerland: an appointment with death**


Georgetown users check Georgetown Journal Finder for access to full text

http://www.internationaltaskforce.org/ (link may be outdated)

---

Dubler, Nancy Neveloff

**The legal aspects of end-of-life decision making**


Call number: RA408 .A3 C47 2007

---

Komatsu, Yoshihiko

**Document 1048**

---
The age of a "revolutionized human body" and the right to die
Call number: R853 .H8 D37 2007

* Document 1049
Pence, Gregory E.
Terri Schiavo: when does personhood end?
Call number: R724 .P37 2007

* Document 1050
Kinlaw, Kathy
Prolonging living and dying
Call number: BL240.3 .S37 2007 v.2

* Document 1051
Dorff, Elliot N.
Judaism and ethical issues in end of life care
Call number: BL240.3 .S37 2007 v.2

Document 1052
British Medical Association [BMA]
Withholding and withdrawing life-prolonging medical treatment: guidance for decision making, 3rd edition

Document 1053
Sanminiatelli, Maria
Shut out of church, funeral goes on; catholic officials denied rites to Italian man who had respirator turned off
http://www.washingtonpost.com (link may be outdated)

* Document 1054
Beermann, Jack M.
Federal court self-preservation and Terri Schiavo.
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1055
Ball, Susan C.

**Nurse-patient advocacy and the right to die**
Journal of Psychosocial Nursing and Mental Health Services 2006 December; 44(12): 36-42

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

*  

Document 1056

Paris, J.J.; Billings, J.A.; Cummings, B.; Moreland, M.P.

**Howe v. MGH and Hudson v. Texas Children's Hospital: two approaches to resolving family-physician disputes in end-of-life care**
Journal of Perinatology 2006 December; 26(12): 726-729

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

*  

Document 1057

Cohen, J.; Marcoux, I.; Bilsen, J.; Deboosere, P.; van der Wal, G.; Deliens, L.

**Trends in acceptance of euthanasia among the general public in 12 European countries (1981-1999)**
European Journal of Public Health 2006 December; 16(6): 663-669

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

*  

Document 1058

Bookman, Kelly; Abbott, Jean

**Ethics seminars: withdrawal of treatment in the emergency department -- when and how?**
Academic Emergency Medicine 2006 December; 13(12): 1328-1332

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

*  

Document 1059

Moore, Amanda; Tzovarras, Hunter

**2005-2006 National Health Law Moot Court competition: best brief**

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

*  

Document 1060

Cerminara, Kathy

**2005-2006 National Health Law Moot Court competition: problem**

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

*  

Document 1061

Dane, Francis C.; Parish, David C.

**Ethical issues in registry research: in-hospital resuscitation as a case study**
Abstract: RESEARCH BASED ON REGISTRY STUDIES involves significant ethical issues. Using detailed information about one registry concerning in-hospital resuscitation, we present issues concerning informed consent, access to identifiable medical information, and benefit for participants. In addition, multiple methodological difficulties have indirect implications for the ethical conduct of registry research, including consensus about variable definitions, validity and reliability for clinical decisions, sample sizes, and sources of data. Both direct and indirect ethical issues are examined from the viewpoint of accepted regulations and codes regarding ethical conduct of research; specific examples of more or less ethical solutions to the problems are presented from published research.

Georgetown users check Georgetown Journal Finder for access to full text

* Document 1062
Janssen, Fanny; van der Heide, Agnes; Kunst, Anton E.; Mackenbach, Johan P.
End-of-life decisions and old-age mortality: a cross-country analysis

Georgetown users check Georgetown Journal Finder for access to full text

* Document 1063
Gevers, J.K.M.
Terminal sedation: between pain relief, withholding treatment and euthanasia

Abstract: In the last five to ten years there has been increasing debate on terminal sedation, a medical practice that is difficult to place between other decisions at the end of life, like alleviating pain, withholding treatment, and (in jurisdictions where this is allowed) euthanasia or physician-assisted suicide. Terminal sedation is the administration of sedative drugs with the aim to reduce the consciousness of a terminal patient in order to relieve distress. It is frequently accompanied by the withdrawal (or withholding) of life-sustaining interventions, such as hydration and nutrition. It is typically a measure of the last resort, to be considered in situations where all other measures to reduce pain and suffering have failed. While similar to palliative measures as far as the sedation itself is concerned, withholding of hydration and nutrition brings terminal sedation into the realm of non treatment decisions. At the same time, to the extent that the combination of these two measures may shorten the patient's life, the practice may be easily associated with euthanasia. It is no surprise therefore, that terminal sedation has been called (and has been disqualified as) 'slow euthanasia' or 'backdoor euthanasia'. This paper addresses the question how terminal sedation may be looked upon from a legal point of view. Is it indeed a disguised form of euthanasia, or should it be considered as a practice in its own right? In the latter case, what does it imply in legal terms, and under which conditions and safeguards could it be legally justified? To answer these questions, I will look first at the different clinical realities that may be brought under the heading 'terminal sedation'. Then I will deal with its two components—sedation on the one hand, and withholding artificial feeding on the other—in a legal perspective. The paper ends with conclusions on terminal sedation as a whole.

Georgetown users check Georgetown Journal Finder for access to full text

* Document 1064
Beauchamp, Tom L.
The right to die as the triumph of autonomy

Georgetown users check Georgetown Journal Finder for access to full text

* Document 1065
Participation of French general practitioners in end-of-life decisions for their hospitalised patients
Journal of Medical Ethics 2006 December; 32(12): 683-687

Georgetown users check Georgetown Journal Finder for access to full text

http://www.jmedethics.com (link may be outdated)

* Document 1066
Shepherd, Lois
Terri Shiavo: unsettling the settled
Loyola University Chicago Law Journal 2006 Winter; 37(2): 297-341

Georgetown users check Georgetown Journal Finder for access to full text

* Document 1067
Iltis, Ana S.
On the impermissibility of euthanasia in Catholic healthcare organizations
Christian Bioethics 2006 December; 12(3): 281-290
Abstract: Roman Catholic healthcare institutions in the United States face a number of threats to the integrity of their missions, including the increasing religious and moral pluralism of society and the financial crisis many organizations face. These organizations in the United States often have fought fervently to avoid being obligated to provide interventions they deem intrinsically immoral, such as abortion. Such institutions no doubt have made numerous accommodations and changes in how they operate in response to the growing pluralism of our society, but they have resisted crossing certain lines and providing particular interventions deemed objectively wrong. Catholic hospitals in Belgium have responded differently to pluralism. In response to a growing diversity of moral views and to the Belgian Act of Euthanasia of 2002, Catholic hospitals in Belgium now engage in euthanasia. This essay examines a defense that has been offered of this practice of euthanasia in Catholic hospitals and argues that it is misguided.

Georgetown users check Georgetown Journal Finder for access to full text

* Document 1068
Cantor, Norman L.
On hastening death without violating legal and moral prohibitions

Georgetown users check Georgetown Journal Finder for access to full text

* Document 1069
Clark, Annette E.
The right to die: the broken road from Quinlan to Schiavo
Loyola University Chicago Law Journal 2006 Winter; 37(2): 385-405

Georgetown users check Georgetown Journal Finder for access to full text

* Document 1070
Cerminara, Kathy L.
Critical essay: musings on the need to convince some people with disabilities that end-of-life decision-
making advocates are not out to get them
Loyola University Chicago Law Journal 2006 Winter; 37(2): 343-384
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1071
Colby, William H.
From Quinlan to Cruzan to Schiavo: what have we learned?
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1072
Dimond, Bridgit
Mental capacity requirement and a patient's right to die
British Journal of Nursing 2006 November 9-22; 15(20): 1130-1131
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1073
Haddad, Amy
Texas case spotlights end-of-life quandary.
RN 2006 November; 69(11): 20
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1074
Grudzen, Corita
Out-of-hospital resuscitation: have we gone too far?
Prehospital and Disaster Medicine 2006 November-December; 21(6): 445-450
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1075
Cook, Deborah; Rocker, Graeme; Giacomini, Mita; Sinuff, Tasnim; Heyland, Daren
Understanding and changing attitudes toward withdrawal and withholding of life support in the intensive care unit
Critical Care Medicine 2006 November; 34(11, Supplement): S317-S323
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1076
Burt, Robert A.
Law's effect on the quality of end-of-life care: lessons from the Schiavo case
Critical Care Medicine 2006 November; 34(11, Supplement): S348-S354
**Document 1077**

Schneiderman, Lawrence J.

**Effect of ethics consultations in the intensive care unit**

Critical Care Medicine 2006 November; 34(11, Supplement): S359-S363

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1078**

Moselli, N.M.; Debernardi, F.; Piovano, F.

**Forgoing life sustaining treatments: differences and similarities between North America and Europe**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1079**

Sullivan, Scott M.

**A history of extraordinary means**

Ethics and Medics 2006 November; 31(11): 3-4

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1080**

Gordon, Michael

**Ethical and clinical issues in cardiopulmonary resuscitation (CPR) in the frail elderly with dementia: a Jewish perspective**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.jemh.ca/](http://www.jemh.ca/) (link may be outdated)

**Document 1081**

Horrobin, Steven

**Immortality, human nature, the value of life and the value of life extension**

Bioethics 2006 November; 20(6): 279-292

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1082**

Bond, Alex

**Where nowhere can lead you**


Georgetown users check [Georgetown Journal Finder](#) for access to full text
Manninen, B.A.

**A case for justified non-voluntary active euthanasia: exploring the ethics of the Groningen Protocol**

Journal of Medical Ethics 2006 November; 32(11): 643-651

**Abstract:** One of the most recent controversies to arise in the field of bioethics concerns the ethics for the Groningen Protocol: the guidelines proposed by the Groningen Academic Hospital in The Netherlands, which would permit doctors to actively euthanise terminally ill infants who are suffering. The Groningen Protocol has been met with an intense amount of criticism, some even calling it a relapse into a Hitleresque style of eugenics, where people with disabilities are killed solely because of their handicaps. The purpose of this paper is threefold. First, the paper will attempt to disabuse readers of this erroneous understanding of the Groningen Protocol by showing how such a policy does not aim at making quality-of-life judgements, given that it restricts euthanasia to suffering and terminally ill infants. Second, the paper illustrates that what the Groningen Protocol proposes to do is both ethical and also the most humane alternative for these suffering and dying infants. Lastly, responses are given to some of the worries expressed by ethicists on the practice of any type of non-voluntary active euthanasia.

[Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

Louhiala, P.; Hilden, H.-M.

**Attitudes of Finnish doctors towards euthanasia in 1993 and 2003**

Journal of Medical Ethics 2006 November; 32(11): 627-628

[Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

Oliver, D.

**A perspective on euthanasia**

British Journal of Cancer 2006 October 23; 95(8): 953-954

[Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

Stein, Rob

**Technique may help revive head-injury victims: doctors report unprecedented success in restoring some abilities in semiconscious patient**

Washington Post 2006 October 16; p. A9

[Georgetown Journal Finder](http://www.washingtonpost.com) (link may be outdated)

Myint, P.K.; Miles, S.; Halliday, D.A.; Bowker, L.K.

**Experiences and views of specialist registrars in geriatric medicine on 'do not attempt resuscitation' decisions: a sea of uncertainty?**

[Georgetown Journal Finder](http://www.jmedethics.com) (link may be outdated)
Document 1088
Gastmans, Chris; Lemiengre, Joke; de Casterlé, Bernadette Dierckx
Development and communication of written ethics policies on euthanasia in Catholic hospitals and nursing homes in Belgium (Flanders)
Patient Education and Counseling 2006 October; 63(1-2): 188-195

Document 1089
Prior, Stephanie; Zimmern, Jonathan
Law and science
Medicine, Science, and the Law 2006 October; 46(4): 360-362

Document 1090
Hoffmann, Diane E.; Schwartz, Jack
Who decides whether a patient lives or dies?
Trial 2006 October; 42(1): 7 p.

Document 1091
Kollas, Chad D.; Boyer-Kollas, Beth
Closing the Schiavo case: an analysis of legal reasoning
Journal of Palliative Medicine 2006 October; 9(5): 1145-1163

Document 1092
Rocker, Graeme
Life-support limitation in the pre-hospital setting
Intensive Care Medicine 2006 October; 32(10): 1464-1466

Document 1093
Rousseau, Paul
Allegations of euthanasia
American Journal of Hospice and Palliative Care 2006 October-November; 23(5): 422-423
Halpern, Scott D.; Hansen-Flaschen, John
Terminal withdrawal of life-sustaining supplemental oxygen

Georgetown users check Georgetown Journal Finder for access to full text

http://www.jama.ama-assn.org (link may be outdated)

Reborn: we have always been told there is no recovery from persistent begetative state -- doctors can only make a sufferer's last days as painless as possible. But is that really the truth? Across three continents, severely brain-damaged patients are awake

http://infoweb.newsbank.com (link may be outdated)

Consciousness and conscience: Persistent Vegetative States [PVS]

http://infoweb.newsbank.com (link may be outdated)

Detecting awareness in the vegetative state
Science 2006 September 8; 313(5792): 1402

Georgetown users check Georgetown Journal Finder for access to full text

http://www.sciencemag.org (link may be outdated)

Is she conscious?
Science 2006 September 8; 313(5792): 1395-1396

Georgetown users check Georgetown Journal Finder for access to full text

http://www.sciencemag.org (link may be outdated)

For first time, doctors communicate with patient in persistant vegetative state [PVS]; brain scans showed woman was able to imagine playing tennis and walking around her flat
Document 1106
Ferrell, Betty R.
Understanding the moral distress of nurses witnessing medically futile care
Oncology Nursing Forum 2006 September 1; 33(5): 922-930
Georgetown users check Georgetown Journal Finder for access to full text

Document 1107
Wong, Kam C.
Whose life is it anyway?
Cardozo Public Law, Policy, and Ethics Journal 2006 Fall; 5(1); 233-307
Georgetown users check Georgetown Journal Finder for access to full text

Document 1108
Michalsen, Andrej; Reinhart, Konrad
"Euthanasia": a confusing term, abused under the Nazi regime and misused in present end-of-life debate
Intensive Care Medicine 2006 September; 32(9): 1304-1310
Georgetown users check Georgetown Journal Finder for access to full text

Document 1109
Sizemore, Rebecca
Separating medical and ethical: helping families determine the best interests of loved ones
Dimensions of Critical Care Nursing 2006 September-October; 25(5): 216-220
Georgetown users check Georgetown Journal Finder for access to full text

Document 1110
Robinson, Ellen M.; Phipps, Marion; Purtilo, Ruth B.; Tsoumas, Angelica; Hamel-Nardozzi, Marguerite
Complexities in decision making for persons with disabilities nearing end of life
Topics in Stroke Rehabilitation 2006 Fall; 13(4): 54-67
Georgetown users check Georgetown Journal Finder for access to full text

Document 1111
Karenberg, Axel
Neurosciences and the Third Reich introduction
Georgetown users check Georgetown Journal Finder for access to full text
Peiffer, Jürgen
Phases in the postwar German reception of the "Euthanasia Program" (1939-1945) involving the killing of the mentally disabled and its exploitation by neuroscientists
Journal of the History of the Neurosciences 2006 September; 15(3): 210-244

Weyers, Heleen
Explaining the emergence of euthanasia law in the Netherlands: how the sociology of law can help the sociology of bioethics
Sociology of Health and Illness 2006 September; 28(6): 802-816

Bretzke, James T.
A burden of means: interpreting recent Catholic magisterial teaching on end-of-life issues

Vohra, Sameer S.
An American Muslim's right to die: incorporating Islamic law into the debate
Journal of Legal Medicine 2006 September; 27(3): 341-359

Sheldon, Tony
Letting Him Down: making the euthanasia decision easier [film review]
BMJ: British Medical Journal 2006 September 9; 333(7567): 556

Schwerdt, Ruth; Merkel, Reinhard
Schön warm zudecken [Cover up warmly]
Ethik in der Medizin 2006 September; 18(3): 251-260
Cerminara, Kathy L.

**Terri: The Truth by Michael Schiavo and Michael Hirsh [book review]**
American Journal of Bioethics 2006 September-October; 6(5): 57-58

Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text

**http://bioethics.net** (link may be outdated)

Cerminara, Kathy L.

**A Life that Matters: The Legacy of Terri Schiavo -- A Lesson For Us All, by Mary Schindler, Robert Schindler, Suzanne Schindler Vitadamo and Bobby Schindler [book review]**
American Journal of Bioethics 2006 September-October; 6(5): 57-58

Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text

**http://bioethics.net** (link may be outdated)

Loeben, Greg

**Understanding futility: why trust and disparate impact matter as much as what works**
American Journal of Bioethics 2006 September-October; 6(5): 38-39; discussion W30-W32

Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text

**http://bioethics.net** (link may be outdated)

Baily, Mary Ann

**How do we avoid compounding the damage?**
American Journal of Bioethics 2006 September-October; 6(5): 36-38; discussion W30-W32

Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text

**http://bioethics.net** (link may be outdated)

Bolin, Jane N.

**Pernicious encroachment into end-of-life decision making: federal intervention in palliative pain treatment**
American Journal of Bioethics 2006 September-October; 6(5): 34-36; discussion W30-W32

Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text

**http://bioethics.net** (link may be outdated)
* Document 1123
Grant, Richard E.; Boylan, Michael

**Just end-of-life policies and patient dignity**
American Journal of Bioethics 2006 September-October; 6(5): 32-33; discussion W30-W32

Georgetown users check Georgetown Journal Finder for access to full text

http://bioethics.net (link may be outdated)

* Document 1124
Smith, Martin L.

**Should possible disparities and distrust trump do-no-harm?**
American Journal of Bioethics 2006 September-October; 6(5): 28-30; discussion W30-W32

Georgetown users check Georgetown Journal Finder for access to full text

http://bioethics.net (link may be outdated)

* Document 1125
Shannon, Sarah E.

**Damage compounded or damage lessened? Disparate impact or the compromises of multiculturalism**
American Journal of Bioethics 2006 September-October; 6(5): 27-28; discussion W30-W32

Georgetown users check Georgetown Journal Finder for access to full text

http://bioethics.net (link may be outdated)

* Document 1126
Bernal, Ellen W.

**What we do not know about racial/ethnic discrimination in end-of-life treatment decisions**
American Journal of Bioethics 2006 September-October; 6(5): 21-23; discussion W30-W32

Georgetown users check Georgetown Journal Finder for access to full text

http://bioethics.net (link may be outdated)

* Document 1127
Truog, Robert D.; Mitchell, Christine

**Futility -- from hospital policies to state laws**
American Journal of Bioethics 2006 September-October; 6(5): 19-21; discussion W30-W32

Georgetown users check Georgetown Journal Finder for access to full text

http://bioethics.net (link may be outdated)

* Document 1128
Goldblatt, David
**The gift: when a patient chooses to die**
Perspectives in Biology and Medicine 2006 Autumn; 49(4): 537-541
Georgetown users check [Georgetown Journal Finder](#) for access to full text

*S*  Document 1129
Sclar, David
**U.S. Supreme Court ruling in Gonzales v. Oregon upholds the Oregon Death with Dignity Act**
Journal of Law, Medicine and Ethics 2006 Fall; 34(3): 639-645
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1130
Sullivan, Scott M.
**A history of extraordinary means**
Ethics and Medics 2006 September; 31(9): 1-2
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1131
Gee, Matthew D.
**Thought and Discussion about Stopping Dialysis among Dialysis Patients [abstract]**
National Catholic Bioethics Quarterly 2006 Autumn; 6(3): 583-584
Georgetown users check [Georgetown Journal Finder](#) for access to full text

*S*  Document 1132
Kehl, Karen A.
**Moving toward peace: an analysis of the concept of a good death.**
American Journal of Hospice and Palliative Care 2006 August-September; 23(4): 277-286
Georgetown users check [Georgetown Journal Finder](#) for access to full text

*S*  Document 1133
Rohrer, James E.; Esler, W. Vance; Saeed, Qaiser; Saeed, Samreen; Periman, Phillip; Beggs, David; Hancock, Paul; Lim, Seah H.
**Risk of mistaken DNR orders.**
Supportive Care in Cancer 2006 August; 14(8): 871-873
Georgetown users check [Georgetown Journal Finder](#) for access to full text

*S*  Document 1134
Cohen, Joachim; Marcoux, Isabelle; Bilsen, Johan; Deboosere, Patrick; van der Wal, Gerrit; Deliens, Luc
**European public acceptance of euthanasia: socio-demographic and cultural factors associated with the acceptance of euthanasia in 33 European countries.**
* Document 1135
Lacey, Debra
End-of-Life decision making for nursing home residents with dementia: a survey of nursing home social services staff
Health and Social Work 2006 August; 31(3): 189-199
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1136
Ray, Ratna; Raju, Mohan
Attitude towards euthanasia in relation to death anxiety among a sample of 343 nurses in India
Psychological Reports 2006 August; 99(1): 20-26
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1137
Kompanje, Erwin J.O.
‘Death rattle’ after withdrawal of mechanical ventilation: practical and ethical considerations
Intensive and Critical Care Nursing 2006 August; 22(4): 214-219
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1138
Kelley, Amy S.; Gold, Heather T.; Roach, Keith W.; Fins, Joseph J.
Differential medical and surgical house staff involvement in end-of-life decisions: A retrospective chart review
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1139
Scherer, Yvonne.; Jezewski, Mary Ann; Graves, Brian; Wu, Yow-Wu; Bu, Xiaoyan
Advance directives and end-of-life decision making: survey of critical care nurses' knowledge, attitude, and experience
Critical Care Nurse 2006 August; 26(4): 30-40
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1140
Heyland, Daren K.; Frank, Chris; Groll, Dianne; Pichora, Deb; Dodek, Peter; Rocker, Graeme; Gafni, Amiram
Canadian Researchers at the End of Life Network
Understanding cardiopulmonary resuscitation decision making: perspectives of seriously ill hospitalized
patients and family members
Chest 2006 August; 130(2): 419-428

Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 1141
McGrath, Pam D.; Forrester, Kim
Ethico-legal issues in relation to end-of-life care and institutional mental health
Australian Health Review: A Publication of the Australian Hospital Association 2006 August; 30(3): 286-297

Georgetown users check Georgetown Journal Finder for access to full text

* Document 1142
Smith, Wesley J.
Life unworthy of life [review of A Concise History of Euthanasia, by Isan Dowbiggin]
First Things 2006 August-September; (165): 61-64

Georgetown users check Georgetown Journal Finder for access to full text

http://www.firstthings.com (link may be outdated)

* Document 1143
Delkeskamp-Hayes, Corinna
Freedom-costs of canonical individualism: enforced euthanasia tolerance in Belgium and the problem of European liberalism

Abstract: Belgium's policy of not permitting Catholic hospitals to refuse euthanasia services rests on ethical presuppositions concerning the secular justification of political power which reveal the paradoxical character of European liberalism: In endorsing freedom as a value (rather than as a side constraint), liberalism prioritizes first-order intentions, thus discouraging lasting moral commitments and the authority of moral communities in supporting such commitments. The state itself is thus transformed into a moral community of its own. Alternative policies (such as an explicit moral diversification of public healthcare or the greater tolerance for Christian institutions in the Netherlands) are shown to be incompatible with Europe's liberal concern with securing social and material freedom resources, as well as the concern with equality of opportunity, as embodied in the European Union's anti-discrimination labor law. The essay's argument for the preferability of a libertarian solution closes with the challenge that only if the provision of public healthcare can be shown to be rationally indispensable for a morally justified polity, could the exposed incoherence of modern European liberalism be generously discounted.

Georgetown users check Georgetown Journal Finder for access to full text

* Document 1144
White, Douglas B.; Curtis, J. Randall; Lo, Bernard; Luce, John M.
Decisions to limit life-sustaining treatment for critically ill patients who lack both decision-making capacity and surrogate decision-makers
Critical Care Medicine 2006 August; 34(8): 2053-2059

Georgetown users check Georgetown Journal Finder for access to full text
Document 1145
Siegel, Mark D.
Alone at life's end: trying to protect the autonomy of patients without surrogates or decision-making capacity
Critical Care Medicine 2006 August; 34(8): 2238-2239

Document 1146
Rodriguez, K.L.; Young, A.J.
Perceptions of patients in utility or futility of end-of-life treatment
Journal of Medical Ethics 2006 August; 32(8): 444-449
Abstract: BACKGROUND AND OBJECTIVES: Definitions of medical futility, offered by healthcare professionals, bioethicists and other experts, have been rigorously debated by many investigators, but the perceptions of patients of futility have been explored only by a few. Patients were allowed to discuss their concerns about end-of-life care, so that their ideas about treatment futility or utility could be extrapolated by us. METHODS: In this cross-sectional study, in-depth, semistructured interviews were conducted with 30 elderly people who were receiving outpatient care in a large, urban Veterans Affairs medical centre in the US. Each of their healthcare providers was also interviewed. Participants were asked to consider four terms commonly used in advance directive forms (ie, life-sustaining treatment, terminal condition, state of permanent unconsciousness and decision-making capacity) and to discuss what these terms meant to them. Audiotapes of the open-ended interviews were transcribed and responses were coded and categorised by constant comparison, a commonly used qualitative method. RESULTS: The following four factors were taken into account by the participants when discussing end-of-life interventions and outcomes: (1) expected quality of life; (2) emotional and financial costs of treatment; (3) likelihood of treatment success; and (4) expected effect on longevity. CONCLUSIONS: Although the terms "utility" or "futility" were not generally used by the participants, segments of speech indicating their perceptions of these terms were identified. Treatment was not always discussed in the same way by patients and providers, but seemed to reflect the same four concerns. Therefore, it may be fruitful for providers to focus on these concerns when discussing end-of-life treatment options with their patients.

Document 1147
Sleeboom-Faulkner, Margaret
Chinese concepts of euthanasia and health care
Bioethics 2006 August; 20(4): 203-212
Abstract: This article argues that taking concepts of euthanasia out of their political and economic contexts leads to violations of the premises on which the Stoic ideal of euthanasia is based: 'a quick, gentle and honourable death.' For instance, the transplantation of the narrowly defined concept of euthanasia developed under the Dutch welfare system into a developing country, such as the People's Republic of China (PRC), seems inadequate. For it cannot deal with questions of anxiety about degrading forms of dying and suffering without reference to its economic rationale, demanded by a scarcity (unequal distribution) of health care resources. The weakness of health care provisions for the terminally ill in Mainland China has become increasingly poignant since the collapse of collective health care institutions in the countryside since the reforms of the late-1980s. As in most cases where health care facilities are wanting, it is difficult to apply the criteria of gentleness and dignity at reaching death. Its solution lies not in a faster relief from suffering by euthanasia, but in extending the quality of life through distributive justice within Chinese healthcare policy-making. This paper begins with a brief description of the Dutch euthanasia law, after which it discusses Chinese conceptions of euthanasia in biomedical textbooks, the media and in surveys. It concludes by pointing out the need for a transnational framework in which both the specifics and generalities of euthanasia can be discussed.

Georgetown users check Georgetown Journal Finder for access to full text
Schloendorn, John
Making the case for human life extension: personal arguments

Abstract: In the close to medium future, the life sciences might permit a vast extension of the human life span. I will argue that this is a very desirable development for the individual person. The question whether death is a harm to the dying is irrelevant here. All it takes is that being alive is good for the living person and not being alive is not good for anyone. Thus, living persons who expect to live on happily are rationally required to want to stay alive. Eventual uncertainty whether it will be possible to be happy in the future provides no objection, but rather an incentive to try. This view, however, may be naive in assuming that persons are unchanging entities that exist separately from their psychological information. Objections have been derived from reductionistic views that value our future experiences in a way that declines with time, so that there will be a future point beyond which only negligible value accrues. If we adopt such a view, then we cannot now be concerned to have experiences beyond that point. I argue that these arguments fail to take into account all the reasons we might have to be concerned for the future and all kinds of such concern that come from them. The adoption of a plausible reductionistic account can arguably weaken our concern for the future and certainly change its quality in important ways. But this provides no objection to the desire to live forever, nor to live at all.

Georgetown users check Georgetown Journal Finder for access to full text
Arvanitakis, M.; Ballarin, A.; Van Gossum, A. 
Ethical aspects of percutaneous endoscopic gastrostomy placement for artificial nutrition and hydration. 

De Bal, N.; Dierckx de Casterlé, B.; De Beer, T.; Gastmans, C. 
Involvement of nurses in caring for patients requesting euthanasia in Flanders (Belgium): a qualitative study. 

Butler, M.W.; Saaidin, N.; Sheikh, A.A.; Fennell, J.S. 
Dissatisfaction with Do Not Attempt Resuscitation Orders: a nationwide study of Irish consultant physician practices 
Irish Medical Journal 2006 July-August; 99(7): 208-210 

Adams, Derrick H.; Snedden, David P. 
How misconceptions among elderly patients regarding survival outcomes of inpatient cardiopulmonary resuscitation affect do-not-resuscitate orders 
Journal of the American Osteopathic Association 2006 July; 106(7): 402-404 

Finlay, Ilora 
Crossing the 'bright line' -- difficult decisions at the end of life 

Mettner, Jeanne 
Lights, coma, action. A Mayo neurologist shines the spotlight on how coma is portrayed in the movies
**Document 1159**

Sulmasy, Daniel P.

*End-of-life care revisited*

Health Progress 2006 July-August; 87(4): 50-56

Georgetown users check [Georgetown Journal Finder](http://www.chausa.org) for access to full text

**Document 1160**

Van Dijk, Yehuda; Sonnenblick, Moshe

*Enteral feeding in terminal dementia—a dilemma without a consensual solution*

Israel Medical Association Journal: IMAJ 2006 July; 8(7): 503-504

Georgetown users check [Georgetown Journal Finder](http://www.chausa.org) for access to full text

**Document 1161**

Berner, Yitshal N.

*Non-benefit of active nutritional support in advanced dementia*

Israel Medical Association Journal: IMAJ. 2006 July; 8(7): 505-506

Georgetown users check [Georgetown Journal Finder](http://www.chausa.org) for access to full text

**Document 1162**

Shapiro, Dvorah S.; Friedmann, Reuven

*To feed or not to feed the terminal demented patient—is there any question?*


Georgetown users check [Georgetown Journal Finder](http://www.chausa.org) for access to full text

**Document 1163**

Kamat, Vijaylaxmi

*Guiding light at the end of the tunnel [response]*

Indian Journal of Medical Ethics 2006 July-September; 3(3): 103-104

Georgetown users check [Georgetown Journal Finder](http://www.chausa.org) for access to full text

**Document 1164**

Pandya, Sunil K.

*The team had no options [response]*
**Document 1165**
Adhikary, Sanjib Das; Raviraj, R.
**Do not resuscitate orders [case study]**
Indian Journal of Medical Ethics 2006 July-September; 3(3): 100-101

**Document 1166**
Schneider, Carl E.
**Drugged**
Hastings Center Report 2006 July-August; 36(4): 10-11

**Document 1167**
Commission consultative nationale d'ethique pour les sciences de la vie et de la santé [C.N.E.] (Luxembourg); Section des sciences morales et politiques (Luxembourg); Sciences médicales de l'Institute Grand-Ducal (Luxembourg)
**Faut-il dépenaliser l'euthanasie? [Should we de-penalize euthanasia?]**

**Document 1168**
Levine, Carol
**Coma: reel life is not real life**

**Document 1169**
Larriviere, D.; Bonnie, R.J.
**Terminating artificial nutrition and hydration in persistent vegetative state patients: current and proposed state laws**
* Document 1170
Bernat, J.L.; Beresford, H.R.
The controversy over artificial hydration and nutrition
Neurology 2006 June 13; 66(11): 1618-1619
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1171
Zamperetti, Nereo; Bellomo, Rinaldo; Dan, Maurizio; Ronco, Claudio
Ethical, political, and social aspects of high-technology medicine: eos and care.
Intensive Care Medicine 2006 June; 32(6): 830-835
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1172
Baumrucker, Steven J.
The ethics of withdrawing treatment: how should the choice be made?
American journal of hospice & palliative care 2006 June-July; 23(3): 170-2
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1173
Baumrucker, Steven J.; Douglas, Sharon P.; Morris, Gerald M.; Stolick, Matt; Brothers, Diane
Continuation of feeding tube.
American Journal of Hospice and Palliative Care 2006 June-July; 23(3): 236-240
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1174
Cohen, Lewis M.
Shattering the consensus on end-of-life care: was the Schiavo case palliative medicine's Humpty Dumpty?
Palliative and Supportive Care 2006 June; 4(2): 113-116
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1175
Paris, John J.
Terri Schiavo and the use of artificial nutrition and fluids: insights from the Catholic tradition on end-of-life care
Palliative and Supportive Care 2006 June; 4(2): 117-120
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1176

* Document 1176
Ganzini, Linda

* Artificial nutrition and hydration at the end of life: ethics and evidence
Palliative and Supportive Care 2006 June; 4(2): 135-143

Lazzarini, Zita; Arons, Stephen; Wisniewski, Alice

* Legal and policy lessons from the Schiavo case: is our right to choose the medical care we want seriously at risk?
Palliative and Supportive Care 2006 June; 4(2): 145-153

Szasz, Thomas

* "A rose for Emily," a rose for Terri: the lifeless body as love object and the case of Theresa Marie Schindler Schiavo
Palliative and Supportive Care 2006 June; 4(2): 159-167

Pawlik, T.M.

* Withholding and withdrawing life-sustaining treatment: a surgeon's perspective
Journal of the American College of Surgeons 2006 June; 202(6): 990-994


* Factors influencing DNR decision-making in a surgical ICU
Journal of the American College of Surgeons 2006 June; 202(6): 995-1000

Newton, J.P.

* End of life decisions and care of the elderly
Gerodontology 2006 June; 23(2): 65-66

Pierce, Susan F.

* Limit life-sustaining treatments with crucial communication
Document 1183
Mathes, Michele
Gonzales v. Oregon and the legitimate purposes of medicine: who gets to decide?
Georgetown users check Georgetown Journal Finder for access to full text

Document 1184
Martin, Claudio M.
The "rights" for patients with prolonged respiratory failure
Journal of Critical Care 2006 June; 21(2): 161-162
Georgetown users check Georgetown Journal Finder for access to full text

Document 1185
Schulz-Baldes, Anette; Splett, Thomas
Entscheidungen am Lebensende in der modernen Medizin: Ethik, Recht, Ökonomie und Klinik [Decisions at the end of life in modern medicine: ethics, law, economics, and clinical practice]
Ethik in der Medizin 2006 June; 18(2): 195-200
Georgetown users check Georgetown Journal Finder for access to full text

Document 1186
Erbguth, Frank; Lipp, Volker; Nagel, Michael Benedikt
Zum problem ausreichender Gründe für eine Behandlungsbegrenzung [The problem of adequate reasons for limiting treatment. Commentaries I and II]
Ethik in der Medizin 2006 June; 18(2): 181-188
Georgetown users check Georgetown Journal Finder for access to full text

Document 1187
Biggs, Hazel
In whose best interests: who knows?
Clinical Ethics 2006 June; 1(2): 90-93
Georgetown users check Georgetown Journal Finder for access to full text

Document 1188
Higham, Helen
Artificial nutrition and hydration: managing the practicalities
Clinical Ethics 2006 June; 1(2): 86-89
Georgetown users check Georgetown Journal Finder for access to full text
Document 1189

Gertz, Renate; Harmon, Shawn; Laurie, Graeme; Pradella, Geoff
Developments in medical law in the United Kingdom in 2005 and 2006

Document 1190

Nys, Herman
Recent developments in health law in Belgium

Document 1191

van Delden, Johannes J.M.; Löfmark, Rurik; Deliens, Luc; Bosshard, Georg; Norup, Michael; Cecioni, Riccardo; van der Heide, Agnes
EURELD (European End-of-life Decision) Consortium
Do-not-resuscitate decisions in six European countries
Critical Care Medicine 2006 June; 34(6): 1686-1690

Document 1192

National Conference of Commissioners on Uniform State Laws
Uniform Health-Care Decisions Act
Issues in Law & Medicine 2006 Summer; 22(1): 83-97

Document 1193

Stith, Marah
The semblance of autonomy: treatment of persons with disabilities under the Uniform Health-Care Decisions Act

Document 1194

Perry, Joshua E.
Biblical biopolitics: judicial process, religious rhetoric, Terri Schiavo and beyond
Health Matrix: The Journal of Law-Medicine 2006 Summer; 16(2): 553-630
* Document 1195
Gurnham, David
Losing the wood for the trees: Burke and the Court of Appeal: R (on the application of Oliver Leslie Burke) v. the General Medical Council [comment]
Medical Law Review 2006 Summer; 14(2): 253-263
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1196
Willmott, Lindy; White, Ben; Cooper, Donna
The Schiavo decision: emotional, but legally controversial?
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1197
Meidl, Erik J.
A case studies approach to assisted nutrition and hydration
National Catholic Bioethics Quarterly 2006 Summer; 6(2): 319-336
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1198
Herranz, Gonzalo
Euthanasia: an uncontrollable power over death
National Catholic Bioethics Quarterly 2006 Summer; 6(2): 263-269
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1199
Saliga, Christopher M.
Freedom at the end of life: voluntary death versus human flourishing
National Catholic Bioethics Quarterly 2006 Summer; 6(2): 253-262
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1200
Castledine, George
Are nurses concerned over legalizing euthanasia?
British Journal of Nursing 2006 May 25-June 7; 15(10): 587
Georgetown users check Georgetown Journal Finder for access to full text
* Document 1201
Place, Michael
Nutrition, hydration and the "persistent vegetative state"
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1202
Kaufman, Marc
Court backs experimental drugs for dying patients
Washington Post 2006 May 3; p. A9
http://www.washingtonpost.com (link may be outdated)

* Document 1203
Kellermann, Arthur; Lynn, Joanne
Withholding resuscitation in prehospital care
Annals of Internal Medicine 2006 May 2; 144(9): 692-693
Georgetown users check Georgetown Journal Finder for access to full text
http://www.annals.org (link may be outdated)

* Document 1204
Lewis, C.L.; Hanson, L.C.; Golin, C.; Garrett, J.M.; Cox, C.E.; Jackman, A.; Phifer, N.; Carey, T.S.
Surrogates' perceptions about feeding tube placement decisions
Patient Education and Counseling 2006 May; 61(2): 246-252
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1205
Finlay, I.
'First do no harm' -- a clear line in law and medical ethics
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1206
Wiegand, D.L.
Families and withdrawal of life-sustaining therapy: state of the science
Journal of Family Nursing 2006 May; 12(2): 165-184
Georgetown users check Georgetown Journal Finder for access to full text
Trotochaud, K.

**CE: "Medically futile" treatments require more than going to court**

Case Manager 2006 May-June; 17(3): 60-64

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Kapp, Marshall B.

**Pain control for dying patients: hastening death or ensuring comfort?**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Nicolasora, Nelson; Pannala, Rahul; Mountantonakis, Stavros; Shanmugam, Baia; DeGirolamo, Angela; Amoateng-Adjepong, Yaw.; Manthous, Constantine A.

**If asked, hospitalized patients will choose whether to receive life-sustaining therapies**

Journal of Hospital Medicine 2006 May; 1(3): 161-167

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Mohindra, Raj

**Obligations to treat, personal autonomy, and artificial nutrition and hydration**

Clinical Medicine 2006 May-June; 6(3): 271-273

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Naudts, Kris; Ducatelle, Caroline; Kovacs, Jozsef; Laurens, Kristin; van den Eynde, Frederique; van Heeringen, Cornelis

**Euthanasia: the role of the psychiatrist**

British Journal of Psychiatry 2006 May; 188: 405-409

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Skrobik, Yoanna; Kavanagh, Brian P.

**Scoring systems for the critically ill: use, misuse and abuse**

Canadian Journal of Anaesthesia 2006 May; 53(5): 432-436

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Document 1213
Ehrmann, Stephan; Mercier, Emmanuelle; Bertrand, Philippe; Dequin, Pierre-François
The logistic organ dysfunction score as a tool for making ethical decisions
Canadian Journal of Anaesthesia 2006 May; 53(5): 518-523
Georgetown users check Georgetown Journal Finder for access to full text

Document 1214
Cook, Deborah; Rocker, Graeme; Marshall, John; Griffith, Lauren; McDonald, Ellen; Guyatt, Gordon
Level of Care Study Investigators; Canadian Critical Care Trials Group
Levels of care in the intensive care unit: a research program
American Journal of Critical Care: an official publication, American Association of Critical-Care Nurses 2006 May; 15(3): 269-379
Georgetown users check Georgetown Journal Finder for access to full text

Document 1215
Day, Lisa
Questions concerning the goodness of hastening death
American Journal of Critical Care: an official publication, American Association of Critical-Care Nurses 2006 May; 15(3): 312-314
Georgetown users check Georgetown Journal Finder for access to full text

Document 1216
Trossman, Susan
Self-determination vs. better treatment?
AJN: American Journal of Nursing 2006 May; 106(5): 73-74
Georgetown users check Georgetown Journal Finder for access to full text

Document 1217
Pfeifer, Gail M.
Understanding medical futility
AJN: American Journal of Nursing 2006 May; 106(5): 25-26
Georgetown users check Georgetown Journal Finder for access to full text

Document 1218
Narang, Aneesh T.; Sikka, Rishi
Resuscitation of the elderly
Emergency Medicine Clinics of North America 2006 May; 24(2): 261-272
Georgetown users check Georgetown Journal Finder for access to full text
* Article  Document 1219
Bailey, Susan
**Decision making in acute care: a practical framework supporting the 'best interests' principle**
_Nursing Ethics_ 2006 May; 13(3): 284-291

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article  Document 1220
Duncan, O.D.; Parmelee, L.F.
**Trends in public approval of euthanasia and suicide in the US, 1947-2003**
_Journal of Medical Ethics_ 2006 May; 32(5): 266-272

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article  Document 1221
Leget, C.
**Boundaries, borders, and limits. A phenomenological reflection on ethics and euthanasia**
_Journal of Medical Ethics_ 2006 May; 32(5): 256-259

Abstract: The subject of euthanasia divides both people and nations. It will always continue to do so because the arguments for and against this issue are intrinsically related to each other. This paper offers an analysis of the interrelation of the arguments, departing from a phenomenology of boundaries. From the participant perspective the boundary of euthanasia appears as a limit. From a helicopter perspective it appears as a border. Reflecting on both perspectives they turn out to complement each other: the positive effects of the former correspond to the negative effects of the latter. In order to see how this interrelation of viewpoints works out in the case of euthanasia a paradigmatic case is analysed from the perspective of the patient, the doctor, and the family. This phenomenological analysis does not directly lead to normative conclusions. It helps by both paying attention to, and dealing with, the complexity of the issue with intellectual honesty.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article  Document 1222
Marker, Rita L.
**Euthanasia and assisted suicide today**
_Society_ 2006 May-June; 43(4): 59-67

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article  Document 1223
Diamond, Eugene F.
**Terminal sedation**
_Linacre Quarterly_ 2006 May; 73(2): 172-175

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Document 1224

Garcia, Jorge L.A.
A Catholic perspective on the ethics of artificially providing food and water
Linacre Quarterly 2006 May; 73(2): 132-152
Georgetown users check Georgetown Journal Finder for access to full text

Document 1225

Smith, Wesley J.
"We never say no." The right-to-die movement abandons pretense
Georgetown users check Georgetown Journal Finder for access to full text

Document 1226

Onwuteaka-Philipsen, Bregje D.; Fisher, Susanne; Cartwright, Colleen; Deliens, Luc; Miccinesi, Guido; Norup, Michael; Nilstun, Tore; van der Heide, Agnes; van der Wal, Gerrit
End-of-life decision making in Europe and Australia
Archives of Internal Medicine 2006 April 24; 166(8): 921-929
Georgetown users check Georgetown Journal Finder for access to full text
http://archinte.ama-assn.org (link may be outdated)

Document 1227

Shakespeare, Jocasta
A date with death
http://www.timesonline.co.uk/ (link may be outdated)

Document 1228

Bernat, James L.
Chronic disorders of consciousness
Lancet 2006 April 8-14; 367(9517): 1181-1192
Georgetown users check Georgetown Journal Finder for access to full text
http://www.thelancet.com/journal (link may be outdated)

Document 1229

Gray, Douglas A.; Brkle, Alexander
SENS and the polarization of aging-related research
Schockenhoff, Eberhard
Töten oder Sterbenlassen: Worauf es in der Euthanasiediskussion ankommt.
Call number: R724 .M335 2000

Borsellino, Patrizia
Italian debate on end-of-life decisions
EACME NEWSLETTER 2006 April; (15): 13-14
Georgetown users check Georgetown Journal Finder for access to full text

Griffith, R.
Making decisions for incapable adults. 2: Advanced decisions refusing care
British Journal of Community Nursing 2006 April; 11(4): 162-166
Georgetown users check Georgetown Journal Finder for access to full text

Vandrevala, T.; Hampson, S.E.; Daly, T.; Arber, S.; Thomas, H.
Dilemmas in decision-making about resuscitation--a focus group study of older people
Social Science and Medicine 2006 April; 62(7): 1579-1593
Georgetown users check Georgetown Journal Finder for access to full text

Cartwright, C.M.; Williams, G.M.; Parker, M.H.; Steinberg, M.A.
Does being against euthanasia legislation equate to being anti-euthanasia?
Internal Medicine Journal 2006 April; 36(4): 256-259
Georgetown users check Georgetown Journal Finder for access to full text

Körner, U.; Bondolfi, A.; Bühler, E.; Macfie, J.; Meguid, M.M.; Messing, B.; Oehmichen, F.; Valentini, L.; Allison,
S.P.

**Ethical and legal aspects of enteral nutrition**
Clinical Nutrition 2006 April; 25(2): 196-202

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

* Article

Document 1236

Collins, N.; Phelan, D.; Carton, E.

**End of life in ICU -- care of the dying or 'pulling the plug'?**
Irish Medical Journal 2006 April; 99(4): 112-114

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

* Article

Document 1237

Gastmans, Chris; Lemiengre, Joke; Dierckx de Casterlé, Bernadette

**Role of nurses in institutional ethics policies on euthanasia**

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

* File

Document 1238

Netherlands. Ministry of Health, Welfare and Sport. Regional Euthanasia Review Committees

**Annual report 2005**


---

* Article

Document 1239

Jennings, Beth

**The politics of end-of-life decision-making: computerised decision-support tools, physicians' jurisdiction and morality**
Sociology of Health and Illness 2006 April; 28(3): 350-375

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

* Article

Document 1240

Modi, S.C.

**Multi-method assessment of race and peg tube decision-making [abstract]**

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Parks, S.M.; Winter, L.; Parker, B.; Collins, L.

**End of life values that influence proxy decision-making [abstract]**

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Goldstein, N.E.; Mehta, D.; Siddiqui, S.; Teitelbaum, E.; Singson, M.; Pe, E.; Bradley, E.H.; Morrison, R.

"I'd think my doctor was crazy." Patients' reactions to discussing deactivation of implantable cardioverter defibrillators at the end of life [abstract]
Journal of the American Geriatrics Society 2006 April; 54(4, Supplement): S77-S78

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Bishop, J.P.

**Framing euthanasia**
Journal of Medical Ethics 2006 April; 32(4): 225-228

Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)

---

Bishop, J.P.

**Euthanasia, efficiency, and the historical distinction between killing a patient and allowing a patient to die**
Journal of Medical Ethics 2006 April; 32(4): 220-224

Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)

---

Ganz, F.D.; Benbenishty, J.; Hersch, M.; Fischer, A.; Gumman, G.; Sprung, C.L.

**The impact of regional culture on intensive care end of life decision making: an Israeli perspective from the ETHICUS study**
Journal of Medical Ethics 2006 April; 32(4): 196-199

Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)

---

de Casterlé, B. Dierckx; Verpoort, C.; De Bal, N.; Gastmans, C.

**Nurses' views on their involvement in euthanasia: a qualitative study in Flanders (Belgium)**
**Document 1247**

Bishop, J.P.

**Framing euthanasia**

Journal of Medical Ethics 2006 April; 32(4): 225-228

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

**Document 1248**

Miller, Eric C.

**Listening to the disabled: end-of-life medical decision making and the never competent**

Fordham Law Review 2006 April; 74(5): 2889-2925

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

**Document 1249**

Harvey, John C.

**The burdens-benefits ratio consideration for medical administration of nutrition and hydration to persons in the persistent vegetative state**


**Abstract:** In this article, Harvey notes the initial confusion about the statement made by the pope concerning artificial nutrition and hydration on patients suffering persistent vegetative states (PVS) due to misunderstanding through the translation of the pope's words. He clarifies and assesses what was meant by the statement. He also discusses the problems of terminology concerned with the subject of PVS. Harvey concludes that the papal allocution was in line with traditional Catholic bioethics, and that while maintaining the life of a patient is favorable, in particular cases this presumption wanes when it is clear that this treatment modality would be futile or very burdensome.

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

**Document 1250**

O'Rourke, Kevin

**Reflections on the papal allocution concerning care for persistent vegetative state patients**


**Abstract:** This article critically examines the recent papal allocution on patients in a persistent vegetative state with regard to the appropriate conditions for considering "reformable statements." In the first part of the article, the purpose and meaning of the allocution are assessed. O'Rourke concludes that give consideration of the individual patient's best interest, prolonging artificial nutrition and hydration is not, in every case, the best option. Although he stresses favorability for preservation of the life of the patient through artificial nutrition and hydration, costs and benefits to the patient should be weighed. Ultimately, he argues in favor of leaving the decision to the patient, his caregivers, and others immediately involved in the case.

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text
**Document 1251**

Zientek, David M.

**The impact of Roman Catholic moral theology on end-of-life care under the Texas Advance Directives Act**


**Abstract:** This essay reviews the Roman Catholic moral tradition surrounding treatments at the end of life together with the challenges presented to that tradition by the Texas Advance Directives Act. The impact on Catholic health care facilities and physicians, and the way in which the moral tradition should be applied under this statute, particularly with reference to the provision dealing with conflicts over end-of-life treatments, will be critically assessed. I will argue, based on the traditional treatment of end-of-life issues, that Catholic physicians and institutions should appeal to the conflict resolution process of the Advance Directives Act only under a limited number of circumstances. The implications, under the Texas statute, of varied interpretations of Pope John Paul II's recent allocation on artificial feeding and hydration in the persistent vegetative state will also be considered.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 1252**

Clark, Peter

**Tube feedings and persistent vegetative state patients: ordinary and extraordinary means?**

Christian Bioethics 2006 April; 12(1): 43-64

**Abstract:** This article looks at the late John Paul II's allocation on artificial nutrition and hydration (ANH) and the implications his statement will have on the ordinary-extraordinary care distinction. The purpose of this article is threefold: first, to examine the medical condition of a persistent vegetative state (PVS); second, to examine and analyze the Catholic Church's tradition on the ordinary-extraordinary means distinction; and third, to analyze the ethics behind the pope's recent allocation in regards to PVS patients as a matter of conscience. Rather than providing clarification, I argue that the papal allocation has raised many difficult questions. People in situations where decisions must be made about withdrawal or continued ANH are in need of guidance. Moreover, additional analysis is needed to determine whether the papal allocation is in conflict with the traditional Catholic medical ethics understanding of the ordinary-extraordinary care distinction.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 1253**

Shannon, Thomas A.

**Nutrition and hydration: an analysis of the recent papal statement in the light of the Roman Catholic bioethical tradition**

Christian Bioethics 2006 April; 12(1): 29-41

**Abstract:** This article discusses the unexpectedly firm stance professed by John Paul II on the provision of artificial nutrition and hydration to patients who are in a persistent vegetative state, and it implications on previously held standards of judging medical treatments. The traditional ordinary/extraordinary care distinction is assessed in light of complexities of the recent allocation as well as its impact on Catholic individuals and in Catholic health care facilities. Shannon concludes that the papal allocation infers that the average Catholic patient is incapable of making proper judgments about their own care. Shannon sees the preservation of life at all costs as at least highly troubling, if not as a radical move against the Catholic medical ethics tradition.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 1254**

Cherry, Mark J.

**How should Christians make judgments at the edge of life and death?**

Christian Bioethics 2006 April; 12(1): 1-10

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Abstract: When applying moral principles to concrete cases, we assume a background shared understanding of the boundaries of the persons to whom the principles apply. In most contexts, this assumption is unproblematic. However, in end-of-life contexts, when patients are receiving 'artificial' life-support, judgments about where a person's self begins and ends can become controversial. To illustrate this possibility, this paper presents a case in which a decision must be made whether to deactivate a patient's pacemaker as a means to hasten his death. After discussing some common moral principles that are often applied to resolve ethical problems at the end of life and after explaining why they are of no help here, the paper argues that the correct analysis of this case, and of cases of this sort, turns on considerations that relate to the constitution of the self. These considerations, the paper further argues, sometimes resist resolution. The constitution of the self is fixed in large measure by our concepts and social conventions, and these do not always provide determinate grounds for delimiting the boundaries of the self.

http://www.bioethicsforum.org (link may be outdated)
Document 1260
Cerminara, Kathy L.
**Theresa Marie Schiavo's long road to peace**
Death Studies 2006 March; 30(2): 101-112

Document 1261
Ditto, Peter H.
**What would Terri want? on the psychological challenges of surrogate decision making.**
Death Studies 2006 March; 30(2): 135-148

Document 1262
Preston, Tom; Kelly, Michael
**A medical ethics assessment of the case of Terri Schiavo.**
Death Studies 2006 March; 30(2): 121-133

Document 1263
Roscoe, Lori A.; Osman, Hana; Haley, William E.
**Implications of the Schiavo case for understanding family caregiving issues at the end of life**
Death Studies 2006 March; 30(2): 149-161

Document 1264
Basta, L.L.
**End-of-life and other ethical issues related to pacemaker and defibrillator use in the elderly**

Document 1265
Lewis, Penney
**Assisted dying in France: the evolution of assisted dying in France: a third way?**
Medical Law Review 2006 Spring; 14(1): 44-72
Document 1266
Carney, John G.
**Seeking a moral compass--decisions to withhold or withdraw tube feedings**
Practical Bioethics 2006 Spring-Summer; 2(2-3): 2, 16
[Find in a Library](http://www.practicalbioethics.org/cpb.aspx?pgID=893) (link may be outdated)

Georgetown users check [Georgetown Journal Finder](http://www.practicalbioethics.org/cpb.aspx?pgID=893) for access to full text

---

Document 1267
Hanson, Laura C.
**Honoring Ms. Burke's wishes--a commentary**
Practical Bioethics 2006 Spring-Summer; 2(2-3): 14-15
[Find in a Library](http://www.practicalbioethics.org/cpb.aspx?pgID=893) (link may be outdated)

Georgetown users check [Georgetown Journal Finder](http://www.practicalbioethics.org/cpb.aspx?pgID=893) for access to full text

---

Document 1268
Hanson, Laura C.
**Honoring Ms. Burke's wishes**
Practical Bioethics 2006 Spring-Summer; 2(2-3): 13
[Find in a Library](http://www.practicalbioethics.org/cpb.aspx?pgID=893) (link may be outdated)

Georgetown users check [Georgetown Journal Finder](http://www.practicalbioethics.org/cpb.aspx?pgID=893) for access to full text

---

Document 1269
Flanigan, Rosemary
**Artificial food and hydration--defending a tradition**
Practical Bioethics 2006 Spring-Summer; 2(2-3): 11-12
[Find in a Library](http://www.practicalbioethics.org/cpb.aspx?pgID=893) (link may be outdated)

Georgetown users check [Georgetown Journal Finder](http://www.practicalbioethics.org/cpb.aspx?pgID=893) for access to full text

---

Document 1270
Rosell, Tarris D.
**After Terri--an ethics of reciprocity**
Practical Bioethics 2006 Spring-Summer; 2(2-3): 8-10, 12
[Find in a Library](http://www.practicalbioethics.org/cpb.aspx?pgID=893) (link may be outdated)

Georgetown users check [Georgetown Journal Finder](http://www.practicalbioethics.org/cpb.aspx?pgID=893) for access to full text
*  Document 1271
Breier-Mackie, Sarah
Ethics, artificial nutrition, and anorexia nervosa
Practical Bioethics 2006 Spring-Summer; 2(2-3): 3-5
Georgetown users check Georgetown Journal Finder for access to full text
http://www.practicalbioethics.org/cpb.aspx?pgID=893 (link may be outdated)

*  Document 1272
Gillick, Muriel R.
The ethics of artificial nutrition and hydration—a practical guide
Practical Bioethics 2006 Spring-Summer; 2(2-3): 1, 5-7
Georgetown users check Georgetown Journal Finder for access to full text
http://www.practicalbioethics.org/cpb.aspx?pgID=893 (link may be outdated)

*  Document 1273
Brannigan, Michael C.
On medical futility: considerations and guidelines
Missouri Medicine 2006 March-April; 103(2): 113-117
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 1274
Dick, Thom
Let me die: honoring people's other right
Emerg Medical Services 2006 March; 35(3): 32
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 1275
Reiver, Joanna
The modern art of dying: a history of euthanasia in the United States by Shai J. Lavi [book review]
Journal of Legal Medicine 2006 March; 27(1): 109-118
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 1276
Slowther, Anne-Marie
Medical futility and 'do not attempt resuscitation' orders
Clinical Ethics 2006 March; 1(1): 18-20
Georgetown users check Georgetown Journal Finder for access to full text
Document 1277

White, Mary Terrell

Diagnosing PVS and minimally conscious state: the role of tacit knowledge and intuition
Journal of Clinical Ethics 2006 Spring; 17(1): 62-71

Georgetown users check Georgetown Journal Finder for access to full text

Document 1278

Ganzini, Linda; Beer, Tomasz M.; Brouns, Matthew; Mori, Motomi; Hsieh, Yi-Ching

Interest in physician-assisted suicide among Oregon cancer patients
Journal of Clinical Ethics 2006 Spring; 17(1): 27-38

Georgetown users check Georgetown Journal Finder for access to full text

Document 1279

Marson, Stephen M.

Life and Death Decisions: Psychological and Ethical Considerations in End-of-life Care by Philip M. Kleespies [book review]

Georgetown users check Georgetown Journal Finder for access to full text

Document 1280

Lapertosa, Max

Preventing the "right to refuse" from becoming a license to kill: adopting a Constitutional minimum standard for approving withdrawal of life support for legally incompetent patients

Georgetown users check Georgetown Journal Finder for access to full text

Document 1281

Straton, Joseph B.

Physician assistance with dying: reframing the debate; restricting access

Georgetown users check Georgetown Journal Finder for access to full text

Document 1282

Parver, Corrine

The politics of dying: how the religious right has come to influence the right-to-die debate

Georgetown users check Georgetown Journal Finder for access to full text
Hartling, O.J.

**Euthanasia -- the illusion of autonomy**


**Abstract:** The paper deals with some of the more common arguments used for the legalisation of voluntary euthanasia. It looks at these arguments from an ethical and philosophical point of view. First, the argument that to offer a person the possibility of euthanasia is to respect that person's autonomy is questionable. Can a person's decision on euthanasia be really autonomous? If euthanasia were legal everybody would be conscious of this option: the patient, the doctor, the family and the nursing staff. Thus, there could be indirect pressure on the patient to make a decision. The choice is meant to be free but the patient is not free not to make the choice. Secondly, a choice that seeks to alleviate suffering and thus improve life by annihilating it is irrational. Thirdly, autonomy as to one's own death is hardly exercised freely. Even an otherwise competent person may not be competent in deciding on his own death on account of despair, hopelessness, fear or maybe a feeling of being weak, superfluous and unwanted. This is a very uncertain base for decision-making, especially in the irrevocable decision of euthanasia. Finally, a competent person usually makes any choice in a responsible way and after due consideration; a 'good' decision should consider and respect the wishes and feelings of others. This will be no less the case in making a decision on the so-called free choice of euthanasia. Thus 'normal' behaviour in decision making will only add to the tendency of the already depressed person to feel a burden on his family, the staff and even on society.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 1290**

Cahill, Lisa Sowle

**Bioethics**

Theological Studies 2006 March; 67(1): 120-142

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 1291**

Shirley, Jamie L.

**Autonomy at the end of life: a discourse analysis [abstract]**

National Catholic Bioethics Quarterly 2006 Spring; 6(1): 174

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 1292**

Giacomini, M.; Cook, D.; DeJean, D.; Shaw, R.; Gedge, E.

**Decision tools for life support: a review and policy analysis**

Critical Care Medicine 2006 March; 34(3): 864-870

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 1293**

Svantesson, Mia; Sjokvist, Peter; Thorsen, Hakan; Ahlstrom, Gerd

**Nurses' and physicians' opinions on aggressiveness of treatment for general ward patients**

Nursing Ethics 2006 March; 13(2): 147-162

**Abstract:** The aim of this study was to evaluate agreement between nurses' and physicians' opinions regarding aggressiveness of treatment and to investigate and compare the rationales on which their opinions were based. Structured interviews regarding 714 patients were performed on seven general wards of a university hospital. The data gathered were then subjected to qualitative and quantitative analyses. There was 86% agreement between nurses' and physicians' opinions regarding full or limited treatment when the answers given as 'uncertain' were excluded. Agreement was less (77%) for patients with a life expectancy of less than one year. Disagreements were
not associated with professional status because the physicians considered limiting life-sustaining treatment as often as the nurses. A broad spectrum of rationales was given but the results focus mostly on those for full treatment. The nurses and the physicians had similar bases for their opinions. For the majority of the patients, medical rationales were used, but age and quality of life were also expressed as important determinants. When considering full treatment, nurses used quality-of-life rationales for significantly more patients than the physicians. Respect for patients' wishes had a minor influence.

Georgetown users check [Georgetown Journal Finder](https://journal.finder.georgetown.edu) for access to full text
CPR or DNR? End-of-life decision in Korean cancer patients: a single center’s experience  
Supportive Care in Cancer: Official Journal of the Multinational Association of Supportive Care in Cancer 2006 February; 14(2): 103-108

Schaller, C.; Kessler, M.  
On the difficulty of neurosurgical end of life decisions  
Journal of Medical Ethics 2006 February; 32(2): 65-69

Abstract: OBJECTIVE: To analyse the process of end of life decisions in a neurosurgical environment. METHODS: All 113 neurosurgical patients, who were subject to so called end of life decisions within a one year period were prospectively enrolled in a computerised data bank. Decision pathways according to patient and physician related parameters were assessed. RESULTS: Leading primary diagnoses of the patients were traumatic brain injury and intracranial haemorrhage. Forty-five patients had undergone an emergency neurosurgical operation prior to end of life decision, N = 69 were conservatively treated, which included intracranial pressure recording, or they were not offered neurosurgical care because of futile prognosis. N = 111 died after a median of two (zero to nine) days. Two, in whom the end of life decisions were revised, survived. Clear decisions to terminate further treatment were made by a senior staff member on call being informed by the senior resident on call (27.4%), difficult decisions on the basis of extensive round discussions (71.7%), and very difficult decision by an interdisciplinary ethical consult (0.9%). Decisions were further substantiated by electrophysiological examinations in N = 59. CONCLUSION: End of life decisions are to be considered standard situations for neurosurgeons. These decisions may reach a high rate of "positive" prediction, if substantiated by electrophysiological examinations as well as on the grounds of clinical experience and respect for the assumed will of the patient. The fact that patients may survive following revision of an end of life decision underlines the necessity for repeated reassessment of these decisions. Ethical training for neurosurgeons is to be encouraged.
EthxWeb Search Results

Search Detail:
Result=(("20.5.1".PC.) NOT (EDITORIAL OR LETTER OR NEWS)) AND (@YD >= "20050000")
2=1 : 
Documents: 1301 - 1625 of 1798

*  Document 1301
Manno, Edward M.; Wijdicks, Eelco F.M.
The declaration of death and the withdrawal of care in the neurologic patient
Neurologic Clinics 2006 February; 24(1): 159-169
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 1302
Georges, Jean-Jacques; Onwuteaka-Phillipsen, Bregje D.; van der Heide, Agnes; van der Wal, Gerrit; van der Maas, Paul J.
Requests to forgo potentially life-prolonging treatment and to hasten death in terminally ill cancer patients: a prospective study
Journal of Pain and Symptom Management 2006 February; 31(2): 100-110
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 1303
Andrews, Maria; Marian, Mary
Ethical framework for the registered dietitian in decisions regarding withholding/withdrawing medically assisted nutrition and hydration
Journal of the American Dietetic Association 2006 February; 106(2): 206-208
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 1304
Lazaruk, Tina
The CPR question
Canadian Nurse 2006 February; 102(2): 22-24; discussion 23-24
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 1305
Heland, Melodie
Fruitful or futile: intensive care nurses' experiences and perceptions of medical futility
Australian Critical Care 2006 February; 19(1): 25-31
* Article Document 1306
Angelucci, Patricia A.
**Grasping the concept of medical futility**
Nursing Management 2006 February; 37(2): 12, 14
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 1307
Sayers, G.M.; Lloyd, D.A.; Gabe, S.M.
**Parenteral nutrition: ethical and legal considerations**
Postgraduate Medical Journal 2006 February; 82(964): 79-83
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 1308
Parfitt, A.
**Resuscitation guidelines [opinion]**
Lancet 2006 January 28-February 3; 367(9507): 283-284
http://www.thelancet.com/journal (link may be outdated)

* Article Document 1309
Frawley, Theresa; Begley, Cecily M.
**Ethical issues in caring for people with carotid artery rupture**
British Journal of Nursing 2006 January 26-February 8; 15(2): 100-103
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 1310
Dennehy, Christine
**Analysis of patients' rights: dementia and PEG insertion**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 1311
Salomon, F.
**Leben erhalten und Sterben ermöglichen.Entscheidungskonflikte in der intensivmedizin = Saving life and permitting death. Decision conflicts in intensive medicine**
Der Anaesthesist 2006 January; 55(1): 64-69
Georgetown users check [Georgetown Journal Finder](#) for access to full text
Kaye, Neil S.

Jay Wolfson, DrPH, JD: the living and dying of Terri Schiavo
Georgetown users check Georgetown Journal Finder for access to full text

Seale, Clive

National survey of end-of-life decisions made by UK medical practitioners
Palliative Medicine 2006 January; 20(1): 3-10
Georgetown users check Georgetown Journal Finder for access to full text

Davila, Fidel

The infinite costs of futile care—the ultimate physician executive challenge
Physician Executive 2006 January-February; 32(1): 60-63
Georgetown users check Georgetown Journal Finder for access to full text

Strous, Rael D.

Hitler's psychiatrists: healers and researchers turned executioners and its relevance today
Georgetown users check Georgetown Journal Finder for access to full text

Henry, Maureen

Update on end-of-life issues in Utah
Utah Bar Journal 2006 January-February; 19: 6-10
Georgetown users check Georgetown Journal Finder for access to full text

Widdershoven, G.

Commentary: euthanasia in Europe: a critique of the Marty report
Georgetown users check Georgetown Journal Finder for access to full text

http://www.jmedethics.com (link may be outdated)
Document 1318
Keown, J.
Mr. Marty's muddle: a superficial and selective case for euthanasia in Europe
Journal of Medical Ethics 2006 January; 32(1): 29-33
Abstract: In April 2004 the Parliamentary Assembly of the Council of Europe debated a report from its Social, Health and Family Affairs Committee (the Marty Report), which questioned the Council of Europe's opposition to legalising euthanasia. This article exposes the Report's flaws, not least its superficiality and selectivity.

http://www.jmedethics.com (link may be outdated)

Document 1319
Watson, Katie
Pascal's wager 2.0
Atrium 2006 Winter; 2: 9-11

http://www.medschool.northwestern.edu/mhb/atrium/index.html (link may be outdated)

Document 1320
Deschepper, Reginald; Vander Stichele, Robert; Bernheim, Jan L.; De Keyser, Els; Van Der Kelen, Greta; Mortier, Freddy; Deliens, Luc
Communication on end-of-life decisions with patients wishing to die at home: the making of a guideline for GPs in Flanders, Belgium
British Journal of General Practice 2006 January; 56(522): 14-19

Document 1321
Eachempati, Soumitra R.; Hydo, Lynn; Shou, Jian; Barie, Philip S.
Sex differences in creation of do-not-resuscitate orders for critically ill elderly patients following emergency surgery
Journal of Trauma 2006 January; 60(1): 193-198

Document 1322
Kimsma, G.K.
Euthanasia for existential reasons

http://www.lahey.org/Ethics/ (link may be outdated)
Document 1323
Baumrucker, Steven J.; Carter, Greg; Morris, Gerald M.; VandeKieft, Gregg K.; Owens, Darrell
**Case study: advisability of partial-code orders**
American Journal of Hospice and Palliative Medicine 2006 January-February; 23(1): 59-64
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1324
Miura, Yasuhiko; Asai, Atsushi; Matsushima, Masato; Nagata, Shizuko; Onishi, Motoki; Shimbo, Takuro; Hosoya, Tatsuo; Fukuhara, Shunichi
**Families' and physicians' predictions of dialysis patients' preferences regarding life-sustaining treatments in Japan**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1325
Hilden, Hanna-Mari; Honkasalo, Marja-Liisa
**Finnish nurses' interpretations of patient autonomy in the context of end-of-life decision making**
Nursing Ethics 2006 January; 13(1): 41-51
**Abstract:** Our aim was to study how nurses interpret patient autonomy in end-of-life decision making. This study built on our previous quantitative study, which evaluated the experiences of and views on end-of-life decision making of a representative sample of Finnish nurses taken from the whole country. We performed qualitative interviews with 17 nurses and analysed these using discourse analysis. In their talk, the nurses demonstrated three different discourses, namely, the 'supporter', the 'analyst' and the 'practical' discourses, each of which outlined a certain position for patients and relatives, and a certain identity for the nurses in end-of-life decision making. The nurses' talk showed notable differences when compared with that of physicians, highlighting the differences that take place in respect of the image of a person's work, professional culture, professional identification and responsibilities. An important finding was that the nurses often described their participation in end-of-life decision making in terms of indirect influence.
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1326
Browne, Alister
**Causation, intention, and active euthanasia**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1327
Merkel, Christian
**"TOD DEN IDIOTEN": EUGENIK UND EUTHANASIE IN JURISTISCHER REZEPTION VOM KAISERREICH ZUR HITLERZEIT**
Document 1335

Gigli, Gian L.
From Athens to Spara: we are all on a journey with Terri Schiavo
Dolentium Hominum 2006; 21(2): 64-66

Georgetown users check Georgetown Journal Finder for access to full text

Document 1336

Wolfson, Jay
The basis for decisions to end life. the Schiavo dilemma: an essay by the special guardian ad litem.
Clinical Interventions in Aging 2006; 1(1): 3-6; discussion 6

Georgetown users check Georgetown Journal Finder for access to full text

Document 1337

Allen, Mason L.
Crossing the rubicon: the Netherlands' steady march towards involuntary euthanasia.
Brooklyn Journal of International Law 2006; 31(2): 535-576

Georgetown users check Georgetown Journal Finder for access to full text

Document 1338

Doerflinger, Richard M.
Pope John Paul II on nutrition and hydration for the seriously ill and disabled
Call number: RA975 .C37 W67 2005

Document 1339

Pattinson, Shaun D.
End of life decisions I: the law
In his: Medical Law and Ethics. London: Sweet and Maxwell, 2006: 475-511
Call number: KD3395 .P38 2006

Document 1340

Chiarella, Mary
Legal and ethical issues: clinical practice
Call number: R726.8 .C477 2006

Document 1341

Bass, Madeline
The law and ethics surrounding resuscitation
Call number: R726.8 .B37 2006
Document 1342
Bass, Madeline
Resuscitation guidelines, success and futility, and medical paternalism
Call number: R726.8 .B37 2006

Document 1343
Paola, Frederick Adolf.; Nixon Lois LaCivita; Walker, Robert
Beyond medical futility: a proposed taxonomy of ultra vireis acts in medicine
Georgetown users check Georgetown Journal Finder for access to full text

Document 1344
Hildén, Hanna-Mari; Honkasalo, Marja-Liisa
Unethical bunglers or humane professionals? Discussions in the media of end-of-life treatment decisions
Communication and Medicine 2006; 3(2): 125-134
Georgetown users check Georgetown Journal Finder for access to full text

Document 1345
Doig, Christopher; Murray, Holt; Bellomo, Rinaldo; Kuiper, Michael; Costa, Rubens; Azoulay, Elie; Crippen, David
Ethics roundtable debate: patients and surrogates want 'everything done' -- what does 'everything' mean?
Critical Care 2006; 10(5): 231
Georgetown users check Georgetown Journal Finder for access to full text

Document 1346
Ewanchuk, Mark; Brindley, Peter G.
Perioperative do-not-resuscitate orders -- doing 'nothing' when 'something' can be done
Georgetown users check Georgetown Journal Finder for access to full text

Document 1347
Neugebauer, Matthias
Der theologische Lebensbegriff Dietrich Bonhoeoffers im Lichte aktueller Fragen um Euthanasie, Sterbehilfe und Zwangssterilisation
Call number: R726 .D524 2005

Document 1348
Walters, LeRoy
Der Widerstand Paul Braunes und des Bonhoefferkreises gegen das "Euthanasie"-Programm der Nationalsozialisten
Call number: R726_D524 2005

Document 1349
Babylon, Debra M.; Monk-Turner, Elizabeth
Should incurable patients be allowed to die?
Omega 2006; 53(4): 311-319
Georgetown users check Georgetown Journal Finder for access to full text

Document 1350
Stonington, Scott; Ratanakul, Pinit
Is there a global bioethics? End-of-life in Thailand and the case for local difference
Call number: citation only
http://repositories.cdlib.org/cgi/viewcontent.cgi?article=1021&context=pacrim (link may be outdated)

Document 1351
Keown, John
Defending the Council of Europe's opposition to euthanasia
Call number: K3601_F57 2006

Document 1352
Doyal, Len
The futility of opposing the legalisation of non-voluntary and voluntary euthanasia
Call number: K3601_F57 2006

Document 1353
Campbell, Tom
Euthanasia as a human right
Call number: K3601_F57 2006

Document 1354
McLean, Sheila A.M.
From Bland to Burke: the law and politics of assisted nutrition and hydration
**Document 1355**

Skene, Loane  
*Life-prolonging treatment and patients' legal rights*  
Call number: K3601.F57 2006

**Document 1356**

Hynds, James  
*Reconsidering Catholic teaching on withdrawal of artificial nutrition and hydration*  
Health Care Ethics USA 2006; 14(3): E4

Georgetown users check Georgetown Journal Finder for access to full text

http://chce.slu.edu/Partnerships_HCE_Intro.html (link may be outdated)

**Document 1357**

Case timeline.  
Call number: R726.C357 2006

**Document 1358**

Paris, John J.; Schreiber, Michael D.; Fogerty, Robert  
*Rage, rage against the dying of the light: not a metaphor for end-of-life care.*  
Call number: R726.D442 2006

**Document 1359**

Velleman, J. David  
*Against the right to die.*  
Call number: R726.D442 2006

**Document 1360**

Souza, João P.; Neto-Oliveira, Antonio; Surita, Fernanda Garanhani; Cecatti, José G.; Amaral, Eliana; Pinto e Silva; João  
*The prolongation of somatic support in a pregnant woman with brain-death: a case report*  

Georgetown users check Georgetown Journal Finder for access to full text

http://www.reproductive-health-journal.com/content/3/1/3 (link may be outdated)
Document 1361

Panicola, Michael R.
Making decisions about medically administered nutrition and hydration
Call number: R725.56 .M27 2006

Document 1362

Sparks, Richard C.
Making decisions about end-of-life care
Call number: R725.56 .M27 2006

Document 1363

Calabresi, Steven G.
The Terri Schiavo case: in defense of the special law enacted by Congress and President Bush
Northwestern University Law Review 2006; 100(1): 151-170
Georgetown users check Georgetown Journal Finder for access to full text

Document 1364

Ahmed, A.M.; Kheir, M.M.
Attitudes towards euthanasia among final-year Khartoum University medical students
Georgetown users check Georgetown Journal Finder for access to full text
http://www.emro.who.int/publications (link may be outdated)

Document 1365

Sugerman, Noah
Person in PVS: an oxymoronic bioethical issue
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bioethicsjournal.com (link may be outdated)

Document 1366

Lowenstein, Jerome
The midnight meal and other essays about doctors, patients and medicine
**Document 1367**

**Cohen-Almagor, Raphael**

**The right to die with dignity: an argument in ethics, medicine and law**


Georgetown users check Georgetown Journal Finder for access to full text

http://www.humanehealthcare.com (link may be outdated)

**Document 1368**

**Noah, Barbara A.**

**The role of religion in the Schiavo controversy**

Houston Journal of Health Law and Policy 2006; 6(2): 319-346

Georgetown users check Georgetown Journal Finder for access to full text

**Document 1369**

**Bagheri, Alireza; Asai, Atsushi; Ida, Ryuichi**

**Experts' attitudes towards medical futility: an empirical survey from Japan**


**Abstract:**

BACKGROUND The current debate about medical futility is mostly driven by theoretical and personal perspectives and there is a lack of empirical data to document experts and public attitudes towards medical futility.

METHODS: To examine the attitudes of the Japanese experts in the fields relevant to medical futility a questionnaire survey was conducted among the members of the Japan Association for Bioethics. A total number of 108 questionnaires returned filled in, giving a response rate of 50.9%. Among the respondents 62% were healthcare professionals (HCPs) and 37% were non-healthcare professionals (Non-HCPs).

RESULTS: The majority of respondents (67.6 %) believed that a physician's refusal to provide or continue a treatment on the ground of futility judgment could never be morally justified but 22.2% approved such refusal with conditions. In the case of physiologically futile care, three-quarters believed that a physician should inform the patient/family of his futility judgment and it would be the patient who could decide what should be done next, based on his/her value judgment. However more than 10% said that a physician should ask about a patient's value and goals, but the final decision was left to the doctor not the patient. There was no statistically significant difference between HCPs and Non-HCPs (p = 0.676). Of respondents 67.6% believed that practical guidelines set up by the health authority would be helpful in futility judgment. CONCLUSION: The results show that there is no support for the physicians' unilateral decision-making on futile care. This survey highlights medical futility as an emerging issue in Japanese healthcare and emphasizes on the need for public discussion and policy development.

Georgetown users check Georgetown Journal Finder for access to full text

http://www.biomedcentral.com/1472-6939/7/8 (link may be outdated)

**Document 1370**

**Marshall, Jennifer**

**Life extension research: an analysis of contemporary biological theories and ethical issues**

Medicine, Health Care and Philosophy 2006; 9(1): 87-96

**Abstract:** Many opinions and ideas about aging exist. Biological theories have taken hold of the popular and scientific imagination as potential answers to a "cure" for aging. However, it is not clear what exactly is being cured
or whether aging could be classified as a disease. Some scientists are convinced that aging will be biologically alterable and that the human lifespan will be vastly extendable. Other investigators believe that aging is an elusive target that may only be "statistically" manipulatable through a better understanding of the operational principles of systems situated within complex environments. Not only is there confusion over definitions but also as to the safety of any potential intervention. Curing cell death, for example, may lead to cell cancer. The search for a cure for aging is not a clearly beneficial endeavour. This paper will first, describe contemporary ideas about aging processes and second, describe several current life extension technologies. Third, it analyses these theories and technologies, focusing on two representative and differing scientific points of view. The paper also considers the public health dilemma that arises from life extension research and examines two issues, risk/benefit ratio and informed consent, that are key to developing ethical guidelines for life extension technologies.

Georgetown users check Georgetown Journal Finder for access to full text
Refusal of hydration and nutrition: irrelevance of the "artificial" vs "natural" distinction
Truog, Robert D.; Cochrane, Thomas I.
Archives of Internal Medicine 2005 December 12-26; 165(22): 2574-2576
Georgetown users check Georgetown Journal Finder for access to full text

Last rights: how simple device set off a fight over elderly care; invented for younger patients, feeding tube now figures in end-of-life debate; a missed box on a living will
Fritz, Mark
Wall Street Journal 2005 December 8; p. A1, A10

Religious perspectives on withdrawal of treatment from patients with multiple organ failure
Ankeny, Rachel A.; Clifford, Ross; Jordens, Christopher F.C.; Kerridge, Ian H.; Benson, Rod
Medical Journal of Australia 2005 December 5-19; 183(11-12): 616-621
Georgetown users check Georgetown Journal Finder for access to full text

Allow natural death: a more humane approach to discussing end-of-life directives
Knox, Crissy; Vereb, John A.
Georgetown users check Georgetown Journal Finder for access to full text

The Alaska Health Care Decisions Act, analyzed
Kirk, Kenneth C.
Georgetown users check Georgetown Journal Finder for access to full text

Congress and Terri Schiavo: a primer on the American Constitutional order?
Allen, Michael P.
* Article  Document 1381

Georges, Jean-Jacques; Onwuteaka-Philipsen, Bregje D.; van der Wal, Gerrit; van der Heide, Agnes; van der Maas, Paul J.

Differences between terminally ill cancer patients who died after euthanasia had been performed and terminally ill cancer patients who did not request euthanasia

Palliative Medicine 2005 December; 19(8): 578-586

Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 1382

Comby, M.C.; Filbet, M.

The demand for euthanasia in palliative care units: a prospective study in seven units of the 'Rhône-Alpes' region

Palliative Medicine 2005 December; 19(8): 587-593

Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 1383

Baskett, Peter J.F.; Steen, Petter A.; Bossaert, Leo

European Resuscitation Council guidelines for resuscitation 2005. Section 8. The ethics of resuscitation and end-of-life decisions

Resuscitation 2005 December; 67(Supplement 1): S171-S180

Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 1384

Do you believe a terminal patient should have the right to end his own life? [forum]

RN 2005 December; 68(12): 29-30

Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 1385

Carlson, Bryant; Simopolous, Nicole; Goy, Elizabeth R.; Jackson, Ann; Ganzini, Linda

Oregon hospice chaplains' experiences with patients requesting physician-assisted suicide


Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 1386

Knox, Crissy; Vereb, John A.

Allow natural death: a more humane approach to discussing end-of-life directives


Georgetown users check Georgetown Journal Finder for access to full text
* Article Document 1387
DeLegge, Mark H.; McClave, Stephen A.; DiSario, James A.; Baskin, William N.; Brown, Russel D.; Fang, John C.; Ginsberg Gregory G.
**Ethical and medicolegal aspects of PEG-tube placement and provision of artificial nutritional therapy**
Gastrointestinal Endoscopy 2005 December; 62(6): 952-959
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 1388
Thelen, Mary
**End-of-life decision making in intensive care**
Critical Care Nurse 2005 December; 25(6): 28-38
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 1389
De Gendt, Cindy; Bilsen, Johan; Vander Stichele, Robert; Lambert, Margareta; Van Den Noortgate, Nele; Deliens, Luc
**Do-not-resuscitate policy on acute geriatric wards in Flanders, Belgium**
Journal of the American Geriatrics Society 2005 December; 53(12): 2221-2226
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 1390
Levy, Cari R.; Fish, Ronald; Kramer, Andrew
**Do-not-resuscitate and do-not-hospitalize directives of persons admitted to skilled nursing facilities under the Medicare benefit**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 1391
Vrakking, Astrid M.; van der Heide, Agnes; van Delden, Johannes J.M.; Looman, Caspar W.N.; Visser, Michelle H.; van der Maas, Paul J.
**Medical decision-making for seriously ill non-elderly and elderly patients**
Health Policy 2005 December; 75(1): 40-48
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 1392
Edwards, Miles J.
**Opioids and benzodiazepines appear paradoxically to delay inevitable death after ventilator withdrawal**
Journal of Palliative Care 2005 Winter; 21(4): 299-302
Georgetown users check [Georgetown Journal Finder](#) for access to full text
* Article Document 1393

Gevers, Sjef

**Withdrawing life support from patients in a persistent vegetative state: the law in the Netherlands**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 1394

Pradella, Geoffrey M.

**Substituting a judgment of best interests: dignity and the application of objective principles to PVS cases in the U.K.**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 1395

Becker-Schwarze, Kathrin

**Terri Schiavo: the assessment of the persistent vegetative state in accordance with German law**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 1396

Hall, Mark A.; Trachtenberg, F.; Dugan, E.

**The impact on patient trust of legalising physician aid in dying**

Journal of Medical Ethics 2005 December; 31(12): 693-697

**Abstract:** OBJECTIVE: Little empirical evidence exists to support either side of the ongoing debate over whether legalising physician aid in dying would undermine patient trust. DESIGN: A random national sample of 1117 US adults were asked about their level of agreement with a statement that they would trust their doctor less if "euthanasia were legal [and] doctors were allowed to help patients die". RESULTS: There was disagreement by 58% of the participants, and agreement by only 20% that legalising euthanasia would cause them to trust their personal physician less. The remainder were neutral. These attitudes were the same in men and women, but older people and black people had more agreement that euthanasia would lower trust. However, overall, only 27% of elderly people (age 65+) and 32% of black people thought that physician aid in dying would lower trust. These views differed with physical and mental health, and also with education and income, with those having more of these attributes tending to view physician aid in dying somewhat more favourably. Again, however, overall views in most of these subgroups were positive. Views about the effect of physician aid in dying on trust were significantly correlated with participants' underlying trust in their physicians and their satisfaction with care. In a multivariate regression model, trust, satisfaction, age, and white/black race remained independently significant. CONCLUSION: Despite the widespread concern that legalising physician aid in dying would seriously threaten or undermine trust in physicians, the weight of the evidence in the USA is to the contrary, although views vary significantly.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)

* Article Document 1397
Futility in medical decisions: the word and the concept [M573]
HEC (Healthcare Ethics Committee) Forum 2005 December; 17(4): 308-318
Georgetown users check Georgetown Journal Finder for access to full text
http://www.kluweronline.com/issn/0956-2737/contents (link may be outdated)

Document 1398
Anderson-Shaw, Lisa; Meadow, William; Leeds, Hilary S.; Lantos, John J.
The fiction of futility: what to do with policy?
HEC (Healthcare Ethics Committee) Forum 2005 December; 17(4): 294-307
Georgetown users check Georgetown Journal Finder for access to full text
http://www.kluweronline.com/issn/0956-2737/contents (link may be outdated)

Document 1399
Brett, Allan S.
Futility revisited: reflections on the perspectives of families, physicians, and institutions
HEC (Healthcare Ethics Committee) Forum 2005 December; 17(4): 276-293
Georgetown users check Georgetown Journal Finder for access to full text
http://www.kluweronline.com/issn/0956-2737/contents (link may be outdated)

Document 1400
Fleming, David A.
Futility: revisiting a concept of shared moral judgment
HEC (Healthcare Ethics Committee) Forum 2005 December; 17(4): 260-275
Georgetown users check Georgetown Journal Finder for access to full text
http://www.kluweronline.com/issn/0956-2737/contents (link may be outdated)

Document 1401
Chelouche, Tessa
Some ethical dilemmas faced by Jewish doctors during the Holocaust
Abstract: The discourse on physicians and ethics in the Nazi regime usually refers to the violation of medical ethics by Nazi doctors who as a guild and as individuals applied their professional knowledge, training and status in order to facilitate murder and medical "experimenation". In the introduction to this article I will give a brief outline of this vast subject. In the main article I wish to bear witness to the Jewish physicians in the ghettos and the camps who tried to the best of their ability to apply their professional training according to ethical principles in order to prolong life as best as they could, despite being forced to exist and work under the most appalling conditions. These prisoner doctors were faced with impossible existential, ethical and moral dilemmas that they had not encountered beforehand. This paper addresses some of these ethical quandaries that these prisoner doctors had to deal with in trying to help their patients despite the extreme situations they found themselves in. This is an overview of some of these ethical predicaments and does not delve into each one separately for lack of space, but rather gives the reader food for thought. Each dilemma discussed deserves an analysis of its own in the context of professionalism and medical ethics today.
* Document 1402

Sandman, Lars

**Should people die a natural death?**


**Abstract:** In the article the concept of natural death as used in end-of-life decision contexts is explored. Reviewing some recent empirical studies on end-of-life decision-making, it is argued that the concept of natural death should not be used as an action-guiding concept in end-of-life decisions both for being too imprecise and descriptively open in its current use but mainly since it appears to be superfluous to the kind of considerations that are really at stake in these situations. Considerations in terms of the quality of life cost of the intervention in relation to the quality and length of life benefits of the same intervention. In referring to the concept of natural death we risk to blur these considerations and end up in difficult distinctions between what is a natural and non- or un-natural death, a distinction which it is argued is of no real moral interest.

* Document 1403

Guarrera, Vincent J.

**Patients, proxies and self-determination in end-of-life decision making [abstract]**

National Catholic Bioethics Quarterly 2005 Winter; 5(4): 823

* Document 1404

Maxwell, Lesley-Ann

**Purposeful dehydration in a terminally ill cancer patient**

British Journal of Nursing 2005 November 24-December 7; 14(21): 1117-1119

* Document 1405

Perry, Joshua E.; Churchill, Larry R.; Kirshner, Howard S.

**The Terri Schiavo case: legal, ethical, and medical perspectives**

Annals of Internal Medicine 2005 November 15; 143(10): 744-748

**Abstract:** Although tragic, the plight of Terri Schiavo provides a valuable case study. The conflicts and misunderstandings surrounding her situation offer important lessons in medicine, law, and ethics. Despite media saturation and intense public interest, widespread confusion lingers regarding the diagnosis of persistent vegetative state, the judicial processes involved, and the appropriateness of the ethical framework used by those entrusted with Terri Schiavo's care. First, the authors review the current medical understanding of persistent vegetative state, including the requirements for patient examination, the differential diagnosis, and the practice guidelines of the American Academy of Neurology regarding artificial nutrition and hydration for patients with this diagnosis. Second, they examine the legal history, including the 2000 trial, the 2002 evidentiary hearing, and the subsequent appeals. The authors argue that the law did not fail Terri Schiavo, but produced the highest-quality evidence and provided the most judicial review of any end-of-life guardianship case in U.S. history. Third, they review alternative ethical frameworks for understanding the Terri Schiavo case and contend that the principle of respect for autonomy is paramount in this case and in similar cases. Far from being unusual, the manner in which Terri Schiavo's case was reviewed and the basis for the decision reflect a broad medical, legal, and ethical consensus. Greater clarity regarding the persistent vegetative state, less apprehension of the presumed mysteries of legal proceedings, and greater appreciation of the ethical principles at work are the chief benefits obtained from studying this provocative
* Document 1406
McAdam, Catherine; Barton, Anna; Bull, Patricia; Rai, Gurcharan
An audit of nurses' views on DNR decisions in 1989 and 2003

* Document 1407
Cardozo, Margaret
What is a good death? Issues to examine in critical care
British Journal of Nursing 2005 November 10-23; 14(20): 1056, 1058-1060

* Document 1408
Henderson, Deborah Parkman; Knapp, Jane F.
Report of the National Consensus Conference on Family Presence During Pediatric Cardiopulmonary Resuscitation and Procedures
Pediatric Emergency Care 2005 November; 21(11): 787-791

* Document 1409
Saunders, John
Assisted dying: considerations in the continuing debate
Clinical Medicine 2005 November-December; 5(6): 543-547

* Document 1410
American Osteopathic Association; End-of-Life Care Committee
American Osteopathic Association's policy statement on end-of-life care

* Document 1411
Jacobs, Barbara Bennett; Taylor, Carol
"Seeing" artificial hydration and nutrition through an ethical lens
Home Healthcare Nurse 2005 November; 23(11): 739-742
* Document 1412
Skene, Loane
**The Schiavo and Korp cases: conceptualising end-of-life decision-making**

* Document 1413
Hansen, Lissi; Archbold, Patricia G.; Stewart, Barbara; Westfall, Una Beth; Ganzini, Linda
**Family caregivers making life-sustaining treatment decisions: factors associated with role strain and ease**

* Document 1414
Lanier, William L.
**Medical interventions at the end of life: what is appropriate and who is responsible?**
Mayo Clinic Proceedings 2005 November; 80(11): 1411-1413

* Document 1415
Hook, C. Christopher; Mueller, Paul S.
**The Terri Schiavo saga: the making of a tragedy and lessons learned**
Mayo Clinic Proceedings 2005 November; 80(11): 1449-1460

* Document 1416
McMahon, M. Molly; Hurley, Daniel L.; Kamath, Patrick S.; Mueller, Paul S.
**Medical and ethical aspects of long-term enteral tube feeding**

* Document 1417
Lewin, Sharyn N.; Buttin, Barbara M.; Powell, Matthew A.; Gibb, Randall K.; Rader, Janet S.; Mutch, David G.; Herzog, Thomas J.
**Resource utilization for ovarian cancer patients at the end of life: how much is too much?**
Gynecologic Oncology 2005 November; 99(2): 261-266
Variation in end-of-life decision making between critical care consultants

Anaesthesia 2005 November; 60(11): 1101-1105

Life extension, human rights, and the rational refinement of repugnance

Journal of Medical Ethics 2005 November; 31(11): 659-663

The end-of-life care of John Paul II: clinical and moral observations

Ethics and Medics 2005 November; 30(11): 3-4

The Eucharist and tube feeding: our pastoral obligation

Ethics and Medics 2005 November; 30(11): 1-3

La.(Louisiana) investigates allegations of euthanasia at hospital; autopsies sought on 45 in post-Katrina inquiry


Taking resuscitation decisions in the nursing home setting

Nursing Times 2005 October 11-17; 101(41): 28-30
Document 1424

Barnett, Richard

*The quick and the dead [review of The Contemporary Deathbed, by John Anthony Tercier]*

*Lancet* 2005 October 8-14; 366(9493): 1258

Georgetown users check **Georgetown Journal Finder** for access to full text

[http://www.thelancet.com/journal](http://www.thelancet.com/journal) (link may be outdated)

*  

Document 1425

Baggini, Julian; Pym, Madeleine

*End of life: the humanist view [opinion]*

*Lancet* 2005 October 1-7; 366(9492): 1235-1237

Georgetown users check **Georgetown Journal Finder** for access to full text

[http://www.thelancet.com/journal](http://www.thelancet.com/journal) (link may be outdated)

*  

Document 1426

Kwak, Jung; Haley, William E.

*Current research findings on end-of-life decision making among racially or ethnically diverse groups*

*The Gerontologist* 2005 October; 45(5): 634-641

Georgetown users check **Georgetown Journal Finder** for access to full text

*  

Document 1427

Jacobs, Barbara Bennett; Taylor, Carol

*Medical futility in the natural attitude*


Georgetown users check **Georgetown Journal Finder** for access to full text

*  

Document 1428


*Cardiac pacemakers at end of life #111*


Georgetown users check **Georgetown Journal Finder** for access to full text

*  

Document 1429


*Implantable cardioverter defibrillator (ICD) at end of life #112*

*Journal of Palliative Medicine* 2005 October; 8(5): 1056-1057

Georgetown users check **Georgetown Journal Finder** for access to full text
**Document 1430**

Fairchild, Alysa; Kelly, Karie-Lynn; Balogh, Alex

*In pursuit of an artful death: discussion of resuscitation status on an inpatient radiation oncology service*

Supportive Care in Cancer 2005 October; 13(10): 842-849

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1431**

Mick, JoAnn

*The ethical dilemma of medical futility: the case of Mr. X*

Clinical Journal of Oncology Nursing 2005 October; 9(5): 611-616

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1432**

*Euthanasia: a "kit" sold in Belgian pharmacies*

Prescrire International 2005 October; 14(79): 197

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1433**

Seay, Gary

*Euthanasia and physicians' moral duties*

Journal of Medicine and Philosophy 2005 October; 30(5): 517-533

**Abstract:** Opponents of euthanasia sometimes argue that it is incompatible with the purpose of medicine, since physicians have an unconditional duty never to intentionally cause death. But it is not clear how such a duty could ever actually be unconditional, if due consideration is given to the moral weight of countervailing duties equally fundamental to medicine. Whether physicians' moral duties are understood as correlative with patients' moral rights or construed noncorrelatively, a doctor's obligation to abstain from intentional killing cannot be more than a defeasible duty.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1434**

Parker, Malcolm

*End games: euthanasia under interminable scrutiny*

Bioethics 2005 October; 19(5-6): 523-536

**Abstract:** It is increasingly asserted that the disagreements of abstract principle between adversaries in the euthanasia debate fail to account for the complex, particular and ambiguous experiences of people at the end of their lives. A greater research effort into experiences, meaning, connection, vulnerability, and motivation is advocated, during which the euthanasia 'question' should remain open. I argue that this is a normative strategy, which is felicitous to the status quo and further medicalises the end of life, but which masquerades as a value-neutral assertion about needing more knowledge.

Georgetown users check [Georgetown Journal Finder](#) for access to full text
**Document 1435**
Foster, Charles
*What is man, that the judges are mindful of him?: Lessons from the PVS cases*

Georgetown users check [Georgetown Journal Finder](http://www.psljournal.com) for access to full text

**Document 1436**
Yaguchi, Arino; Truog, Robert D.; Curtis, J. Randall; Luce, John M.; Levy, Mitchell M.; Melot, Christian; Vincent, Jean-Louis
*International differences in end-of-life attitudes in the intensive care unit*
Archives of Internal Medicine 2005 September 26; 165(17): 1970-1975

**Abstract:** BACKGROUND: Important international differences exist in attitudes toward end-of-life issues in the intensive care unit. METHODS: A simple questionnaire survey was sent by e-mail to participants at an international meeting on intensive care medicine. Respondents were asked to choose 1 of 3 to 5 possible answers for each of 4 questions related to the treatment of a hypothetical patient in a vegetative state due to anoxic encephalopathy after cardiac arrest with no family and no advance directives. RESULTS: From 3494 valid addresses, 1961 complete questionnaires (56%) were received from 21 countries. Sixty-two percent of physicians from Northern and Central Europe said they involved nurses in end-of-life discussions compared with only 32% of physicians in Southern Europe, 38% in Brazil, 39% in Japan, and 29% in the United States (P<.001 for all comparisons). Written do-not-resuscitate orders were preferred in Northern and Central Europe, whereas oral orders took preference in Southern Europe, Turkey, and Brazil. One third of Japanese physicians said that they would not apply do-not-resuscitate orders. Most participants from Japan, Turkey, the United States, Southern Europe, and Brazil chose to treat the hypothetical patient with antibiotics if he/she developed septic shock, whereas in Northern Europe, Central Europe, Canada, and Australia, terminal withdrawal of mechanical ventilation and extubation were the more commonly chosen responses. CONCLUSIONS: In countries where intensive care medicine is relatively well developed, considerable differences remain in physicians' attitudes toward end-of-life care in the intensive care unit. Substantial work remains if an international consensus on these issues is to be reached.

Georgetown users check [Georgetown Journal Finder](http://archinte.ama-assn.org) for access to full text

**Document 1437**
Markwell, Hazel
*End-of-life: a Catholic view [opinion]*
Lancet 2005 September 24-30; 366(9491): 1132-1135

Georgetown users check [Georgetown Journal Finder](http://www.thelancet.com/journal) for access to full text

**Document 1438**
Onwuteaka-Philipsen, Bregje D.; van der Heide, Agnes; Muller, Martien T.; Rurup, Mette; Rietjens, Judith A.C.; Georges, Jean-Jacques; Vrakking, Astrid M.; Cuperus-Bosma, Jacqueline M.; van der Wal, Gerrit; van der Maas, Paul J.
*Dutch experience of monitoring euthanasia*
BMJ: British Medical Journal 2005 September 24; 331(7518): 691-693
* Document 1439
Tansjo, Torbjorn
**Moral dimensions**
BMJ: British Medical Journal 2005 September 24; 331(7518): 689-691
Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

* Document 1440
Sommerville, Ann
**Changes in BMA policy on assisted dying**
BMJ: British Medical Journal 2005 September 24; 331(7518): 686-688
Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

* Document 1441
George, R.J.D.; Finlay, I.G.; Jeffrey, David
**Legalised euthanasia will violate the rights of vulnerable patients**
BMJ: British Medical Journal 2005 September 24; 331(7518): 684-685
Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

* Document 1442
Branthwaite, M.A.
**Taking the final step: changing the law on euthanasia and physician assisted suicide: time for change**
BMJ: British Medical Journal 2005 September 24; 331(7518): 681-683
Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

* Document 1443
Myers, John
**End-of-life decisions: ethical principles**
Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text
van der Lee, Marije L.; van der Bom, Johanna G.; Swarte, Nikkie B.; Heintz, A. Peter; de Graeff, Alexander; van den Bout, Jan

**Euthanasia and depression: a prospective cohort study among terminally ill cancer patients**

Journal of Clinical Oncology 2005 September 20; 23(27): 6607-6612

Georgetown users check [Georgetown Journal Finder](http://www.thelancet.com/journal) for access to full text

---

Engelhardt, H. Tristram, Jr.; Iltis, Ana Smith

**End-of-life: the traditional Christian view**

Lancet 2005 September 17-23; 366(9490): 1045-1049

Georgetown users check [Georgetown Journal Finder](http://www.thelancet.com/journal) for access to full text

[http://www.thelancet.com/journal](http://www.thelancet.com/journal) (link may be outdated)

---

Keown, Damien

**End of life: the Buddhist view [opinion]**

Lancet 2005 September 10-16; 366(9489): 952-955

Georgetown users check [Georgetown Journal Finder](http://www.thelancet.com/journal) for access to full text

[http://www.thelancet.com/journal](http://www.thelancet.com/journal) (link may be outdated)

---

Faunce, Thomas A.; Stewart, Cameron

**The Messiha and Schiavo cases: third-party ethical and legal interventions in futile care disputes**

Medical Journal of Australia 2005 September 5; 183(5): 261-263

Georgetown users check [Georgetown Journal Finder](http://www.thelancet.com/journal) for access to full text

---

Dorff, Elliot N.

**End-of-life: Jewish perspectives [opinion]**

Lancet 2005 September 3-9; 366(9488): 862-865

Georgetown users check [Georgetown Journal Finder](http://www.thelancet.com/journal) for access to full text

[http://www.thelancet.com/journal](http://www.thelancet.com/journal) (link may be outdated)

---

**Reflections on and Implications of Schiavo**

STETSON LAW REVIEW 2005 Fall; 35(1): 1-205

Call number: Special Issue shelf
Document 1450

Bouma, Hessel III

**Challenges and lessons from the Terri Schiavo case**
Perspectives on Science and Christian Faith 2005 September; 57(3): 212-220 [Online].

Georgetown users check [Georgetown Journal Finder](http://www.asa3.org/ASA/PSCF/2005/PSCF9-05Bouma.pdf) for access to full text

Document 1451

Wolfson, J.

**Schiavo's lessons for health attorneys when good law is all you have: reflections of the special guardian ad litem to Theresa Marie Schiavo**

Georgetown users check [Georgetown Journal Finder](http://www.asa3.org/ASA/PSCF/2005/PSCF9-05Bouma.pdf) for access to full text

Document 1452

Mayo, T.W.

**Living and dying in a post-Schiavo world**

Georgetown users check [Georgetown Journal Finder](http://www.asa3.org/ASA/PSCF/2005/PSCF9-05Bouma.pdf) for access to full text

Document 1453

Vicini, Andrea

**Last Right: A Catholic Perspective on End-of-Life Decisions, by Dolores Christie [book review]**

Georgetown users check [Georgetown Journal Finder](http://www.asa3.org/ASA/PSCF/2005/PSCF9-05Bouma.pdf) for access to full text

Document 1454

Jans, Jan

**The Belgian "Act on Euthanasia": clarifying context, legislation, and practice from an ethical point of view**

Georgetown users check [Georgetown Journal Finder](http://www.asa3.org/ASA/PSCF/2005/PSCF9-05Bouma.pdf) for access to full text

Document 1455

Murphy, Timothy F.

**Gov. Jeb Bush orders Terry Schiavo back from the dead**
Newsletter on Philosophy and Medicine 2005 Fall; 05(1): 3

Georgetown users check [Georgetown Journal Finder](http://www.asa3.org/ASA/PSCF/2005/PSCF9-05Bouma.pdf) for access to full text
Document 1456

Vogel, Werner

_Ethische Überlegungen im Jahr 2005 zur Situation am Lebensende / Ethical considerations in 2005 on geriatric patients’ end of life_


Georgetown users check [Georgetown Journal Finder](http://www.apanonline.org/publications/onlinesubscriptions/) for access to full text.

Document 1457

_Artificial feeding for a child with a degenerative disorder: a family's view_

Archives of Disease in Childhood 2005 September; 90(9): 979

Georgetown users check [Georgetown Journal Finder](http://www.apanonline.org/publications/onlinesubscriptions/) for access to full text.

Document 1458

Mayda, Atilla Senih; Özkara, Erdem; Çorapçıoglu, Funda

_Attitudes of oncologists toward euthanasia in Turkey_

Palliative and Supportive Care 2005 September; 3(3): 221-225

Georgetown users check [Georgetown Journal Finder](http://www.apanonline.org/publications/onlinesubscriptions/) for access to full text.

Document 1459

Morgan, Rebecca C.; Allen, Michael P.

_Introduction and commentary: reflections on and implications of Schiavo_


Georgetown users check [Georgetown Journal Finder](http://www.apanonline.org/publications/onlinesubscriptions/) for access to full text.

Document 1460

Marco, C.A.

_Ethical issues of resuscitation: an American perspective_

Postgraduate Medical Journal 2005 September; 81(959): 608-612

Georgetown users check [Georgetown Journal Finder](http://www.apanonline.org/publications/onlinesubscriptions/) for access to full text.

Document 1461

Kopelman, Arthur E.; Parker, Joseph Clinton; Ho, George, Jr.; Willson, Charles F.; Kopelman, Loretta M.

_The benefits of a North Carolina policy for determining inappropriate or futile medical care_

North Carolina Medical Journal 2005 September-October; 66(5): 392-394

Georgetown users check [Georgetown Journal Finder](http://www.apanonline.org/publications/onlinesubscriptions/) for access to full text.
Document 1462
Flarey, Dominick L.
**Ethical issues and the right to die**
Lippincott's Case Management 2005 September-October; 10(5): 228-232
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1463
Palda, Valerie A.; Bowman, Kerry W.; McLean, Richard F.; Chapman, Martin G.
"Futile" care: do we provide it? Why? A semistructured, Canada-wide survey of intensive care unit doctors and nurses
Journal of Critical Care 2005 September; 20(3): 207-213
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1464
Verhagen, A.A.E.; Sauer, P.J.J.
**End-of-life decisions in newborns: an approach from the Netherlands**
Pediatrics 2005 September; 116(3): 736-739
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1465
Finlay, I.G.; Wheatley, Victoria J.; Izdebski, C.
The House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill: implications for specialist palliative care
Palliative Medicine 2005 September; 19(6): 444-453
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1466
Johansen, Sissel; Holen, Jacob C.; Kaasa, Stein; Loge, Jon Håvard; Materstvedt, Lars Johan
**Attitudes towards, and wishes for, euthanasia in advanced cancer patients at a palliative medicine unit**
Palliative Medicine 2005 September; 19(6): 454-460
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1467
Fissell, Rachel B.; Bragg-Gresham, Jennifer L.; Lopes, Antonio Alberto; Cruz, José Miguel; Fukuhara, Shunichi; Asano, Yasushi; Brown, Wendy Weinstock; Keen, Marcia L.; Port, Friedrich K.; Young, Eric W.
**Factors associated with "do not resuscitate" orders and rates of withdrawal from hemodialysis in the international DOPPS**
Kidney International 2005 September; 68(3): 1282-1288
Georgetown users check [Georgetown Journal Finder](#) for access to full text
**Document 1468**

Cohen, Simon; Sprung, Charles; Sjokvist, Peter; Lippert, Anne; Ricou, Bara; Baras, Mario; Hovilehto, Seppo; Maia, Paulo; Phelan, Demot; Reinhardt, Konrad; Werdan, Karl; Bulow, Hans-Henrik; Woodcock, Tom

*Communication of end-of-life decisions in European intensive care units*

Intensive Care Medicine 2005 September; 31(9): 1215-1221

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1469**

Coulehan, Jack

"They wouldn't pay attention": death without dignity

American Journal of Hospice and Palliative Medicine 2005 September-October; 22(5): 339-343

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1470**

Baumrucker, Steven J.; Davis, Mellar P.; Paganini, Emil; Morris, Gerald M.; Stolick, Matt; Sheldon, Joanne E.

*Case study: dementia, quality of life, and appropriate treatment*

American Journal of Hospice and Palliative Medicine 2005 September-October; 22(5): 385-391

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1471**

Marcoux, Isabelle; Onwuteaka-Philipsen, Bregje D.; Jansen-van der Weide, Marijke C.; van der Wal, Gerrit

*Withdrawing an explicit request for euthanasia or physician-assisted suicide: a retrospective study on the influence of mental health status and other patient characteristics*

Psychological Medicine 2005 September; 35(9): 1265-1274

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1472**

Thompson, Richard E.

*The Terri Schiavo dilemma: an ethics report card with a few surprises*

Physician Executive 2005 September-October; 31(5): 60-61

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1473**

Starks, Helene; Pearlman, Robert A.; Hsu, Clarissa; Back, Anthony L.; Gordon, Judith R.; Bharucha, Ashok J.

*Why now? Timing and circumstances of hastened deaths*


Georgetown users check [Georgetown Journal Finder](#) for access to full text
* Document 1474
Marks, Thomas C., Jr.
**A dissenting opinion, Bush v. Schiavo, 885 So. 2d 321 (Fla. 2004)**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 1475
Allen, Michael P.
**Terri's law and democracy**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 1476
Cerminara, Kathy L.
**Tracking the storm: the far-reaching power of the forces propelling the Schiavo cases**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 1477
Allen, William
**Erring too far on the side of life: déjà vu all over again in the Schiavo saga**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 1478
Robertson, John A.
**Schiavo and its (in)significance**
Stetson Law Review 2005 Fall; 35(1): 101-121
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 1479
Cantor, Norman L.
**Déjà vu all over again: the false dichotomy between sanctity of life and quality of life**
Stetson Law Review 2005 Fall; 35(1): 81-100
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 1480
Annas, George J.
"I want to live": medicine betrayed by ideology in the political debate over Terri Schiavo

Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 1481
Wolfson, Jay
The rule in Terri's case: an essay on the public death of Theresa Marie Schiavo

Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 1482
Connor, Kenneth
Connor on Schiavo

Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 1483
Gibbs, David C., III
Gibbs on Schiavo

Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 1484
Felos, George
Felos on Schiavo

Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 1485
Muller, David
Do NOT resuscitate: a well-orchestrated plan for death ends on a brutal note
Health Affairs 2005 September-October; 24(5): 1317-1322

Georgetown users check Georgetown Journal Finder for access to full text

http://www.healthaffairs.org (link may be outdated)

* Article Document 1486
Veysman, Boris
Full code: a young physician is confounded by -- then learns from -- a dying patient's decisions
Health Affairs 2005 September-October; 24(5): 1311-1316
Document 1487
Price, David
Medical Law Review 2005 Autumn; 13(3): 419-424

Document 1488
Keown, John
A futile defence of Bland: a reply to Andrew McGee [debate]
Medical Law Review 2005 Autumn; 13(3): 393-402

Document 1489
Harris, John
The right to die lives! There is no personhood paradox [debate]
Medical Law Review 2005 Autumn; 13(3): 386-392

Document 1490
McGee, Andrew
Finding a way through the ethical and legal maze: withdrawal of medical treatment and euthanasia
Medical Law Review 2005 Autumn; 13(3): 357-385

Document 1491
Frank, Gary
Euthanasia and palliative care: a history of the debate over the last 200 years [abstract]
Journal of Palliative Care 2005 Autumn; 21(3): 226

Document 1492
Dean, Mervyn
Palliative sedation therapy [abstract]
Journal of Palliative Care 2005 Autumn; 21(3): 211
Document 1493
Buckholz, Gary; Ferris, Frank D.; O'Mary, Sharon
A process to guide difficult decision making: responding to requests for sedation to manage intractable suffering [abstract]
Journal of Palliative Care 2005 Autumn; 21(3): 210
Georgetown users check Georgetown Journal Finder for access to full text

Document 1494
Downing, G. Michael; Black, Fraser
Palliative sedation: a framework for decision making [abstract]
Journal of Palliative Care 2005 Autumn; 21(3): 208
Georgetown users check Georgetown Journal Finder for access to full text

Document 1495
Frank, Gary
Euthanasia and palliative care: a history of the debate over the last 200 years [abstract]
Journal of Palliative Care 2005 Autumn; 21(3): 205
Georgetown users check Georgetown Journal Finder for access to full text

Document 1496
Blondeau, Danielle; Dumont, Serge; Roy, Louis; Martineau, Isabelle
La sedation en fin de vie au Quebec: pratique clinique et enjeux ethiques [abstract]
Journal of Palliative Care 2005 Autumn; 21(3): 196
Georgetown users check Georgetown Journal Finder for access to full text

Document 1497
MacIver, Jane; Ross, Heather J.
Withdrawal of ventricular assist device support
Journal of Palliative Care 2005 Autumn; 21(3): 151-156
Georgetown users check Georgetown Journal Finder for access to full text

Document 1498
Canellopoulou-Bottis, Maria
Georgetown users check Georgetown Journal Finder for access to full text
Lessons learned: what the Terri schiavo case has taught us thus far

King, Dorothy

Health Care Food and Nutrition Focus 2005 September; 22(9): 1, 3-6

Georgetown users check Georgetown Journal Finder for access to full text

Dilemmas surrounding passive euthanasia – a Malaysian perspective

Talib, Norchaya

Medicine and Law: World Association for Medical Law 2005 September; 24(3): 605-613

Abstract: In western societies where the principle of autonomy is jealously guarded, perhaps active euthanasia is more often the focus of public concern and debates rather than any other forms of euthanasia. However due to the advance in technology and its corresponding ability in prolonging life, in Malaysia passive euthanasia presents more of a dilemma. For those concerned and involved with end of life decision-making, it is generally agreed that this is an area fraught with not only medical but legal and ethical issues. In Malaysia where the society is not homogenous but is multi-cultural and multi-religious, in addition to medical, legal and ethical issues, religious principles and cultural norms further impact and play significant roles in end of life decision-making. This paper seeks to identify the issues surrounding the practice of passive euthanasia in Malaysia. It will be shown that despite applicable legal provisions, current practice of the medical profession combined with religious and cultural values together affect decision-making which involves the withholding and/or withdrawing of life-saving treatment.

Georgetown users check Georgetown Journal Finder for access to full text


Tong, Rosemarie

Journal of Medical Humanities 2005 Fall; 26(2-3): 199-202

Georgetown users check Georgetown Journal Finder for access to full text


Kester, Gillian M.

Ethics and Medicine 2005 Fall; 21(3): 181-182

Georgetown users check Georgetown Journal Finder for access to full text

Death of John Paul II and the basic human care for the sick and the dying

Velez G., Juan R.

Ethics and Medicine 2005 Fall; 21(3): 167-177

Georgetown users check Georgetown Journal Finder for access to full text
Document 1504
Hurd, Robert E.
**Notes on bioethics: medicine**
National Catholic Bioethics Quarterly 2005 Autumn; 5(3): 592- 598
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1505
Henke, Donald E.
**A history of ordinary and extraordinary means**
National Catholic Bioethics Quarterly 2005 Autumn; 5(3): 555- 575
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1506
O'Rourke, Kevin D.
**The Catholic tradition on forgoing life support**
National Catholic Bioethics Quarterly 2005 Autumn; 5(3): 537- 553
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1507
Latkovic, Mark S.
**The morality of tube feeding PVS patients**
National Catholic Bioethics Quarterly 2005 Autumn; 5(3): 503- 513
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1508
Eberl, Jason T.
**Extraordinary care and the spiritual goal of life: a defense of the view of Kevin O'Rourke, O.P.**
National Catholic Bioethics Quarterly 2005 Autumn; 5(3): 491- 501
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1509
Kim, Su Hyun; Kjervik, Diane
**Artificial feeding for a child with a degenerative disorder: a family's view [opinion]**
Archives of Disease in Childhood 2005 September; 90(9): 979
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1510
Kim, Su Hyun; Kjervik, Diane
**Deferred decision making: patients' reliance on family and physicians for CPR decisions in critical care**
Abstract: The aim of this study was to investigate factors associated with seriously ill patients' preferences for their family and physicians making resuscitation decisions on their behalf. Using SUPPORT II data, the study revealed that, among 362 seriously ill patients who were experiencing pain, 277 (77%) answered that they would want their family and physicians to make resuscitation decisions for them instead of their own wishes being followed if they were to lose decision-making capacity. Even after controlling for other variables, patients who preferred the option of undergoing cardiopulmonary resuscitation (CPR) in the future were twice as likely, and those who had had ventilator treatment were four-fifths less likely, to rely on their family and physicians than those who did not want CPR (odds ratio (OR) = 2.28; 95% confidence interval (CI) 1.18-4.38) or those who had not received ventilator treatment (OR = 0.23; 95% CI 0.06-0.90). Psychological variables (anxiety, quality of life, and depression), symptomatic variables (severity of pain and activities of daily living) and the existence of surrogates were not significantly associated with patients' preferences for having their family and physicians make resuscitation decisions for them. Age was not a significant factor for predicting the decision-making role after controlling for other variables.
but few studies have investigated the role of hospital factors or of regional variation. We examined these influences on the use of early DNR orders (written <24 hours after admission). METHODS: We conducted a retrospective cross-sectional study of patients 50 years and older admitted to acute-care hospitals in California in 2000 from the most prevalent medical and surgical diagnosis related groups. We performed multivariate logistic regression predicting use of DNR by hospital characteristics while accounting for patient characteristics, and estimated indirectly standardized rates of DNR use by county. RESULTS: In the selected diagnosis related groups, 819 686 persons were admitted to 386 hospitals. Early DNR orders varied from 2% (patients aged 50-59 years) to 17% (patients aged > or =80 years). In multivariate analyses, the odds of having early DNR orders written were significantly lower in for-profit (vs private nonprofit) hospitals, higher in the smallest (vs the largest) hospitals, and lower in academic (vs nonacademic) hospitals. Standardized rates of DNR order use varied 10-fold across counties. However, variation in use did not correspond well to county population, hospital bed availability, or population density. CONCLUSIONS: Hospital characteristics appear to be associated with the use of DNR orders, even after accounting for differences in patient characteristics. This association reflects institutional culture, technological bent, and physician practice patterns. If these factors do not match patient preferences, then improvements in care are needed.

Georgetown users check Georgetown Journal Finder for access to full text

http://archinte.ama-assn.org (link may be outdated)

* Article  Document 1515

Jansen-van der Weide, Marijke C.; Onwuteaka-Philipsen, Bregje D.; van der Wal, Gerrit

Granted, undecided, withdrawn, and refused requests for euthanasia and physician-assisted suicide

Archives of Internal Medicine 2005 August 8-22; 165(15): 1698-1704

Abstract: BACKGROUND: The aims of this study were to obtain information about the characteristics of requests for euthanasia and physician-assisted suicide (EAS) and to distinguish among different types of situations that can arise between the request and the physician's decision. METHODS: All general practitioners in 18 of the 23 Dutch general practitioner districts received a written questionnaire in which they were asked to describe the most recent request for EAS they received. RESULTS: A total of 3614 general practitioners responded to the questionnaire (response rate, 60%). Of all explicit requests for EAS, 44% resulted in EAS. In the other cases the patient died before the performance (13%) or finalization of the decision making (13%), the patient withdrew the request (13%), or the physician refused the request (12%). Patients' most prominent symptoms were "feeling bad," "tiredness," and "lack of appetite." The most frequently mentioned reasons for requesting EAS were "pointless suffering," "loss of dignity," and "weakness." The patients' situation met the official requirements for accepted practice best in requests that resulted in EAS and least in refused requests. A lesser degree of competence and less unbearable and hopeless suffering had the strongest associations with the refusal of a request. CONCLUSIONS: The complexity of EAS decision making is reflected in the fact that besides granting and refusing a request, 3 other situations could be distinguished. The decisions physicians make, the reasons they have for their decisions, and the way they arrived at their decisions seem to be based on patient evaluations. Physicians report compliance with the official requirements for accepted practice.

Georgetown users check Georgetown Journal Finder for access to full text

http://archinte.ama-assn.org (link may be outdated)

News  Document 1516

McCrummen, Stephanie

A "vigorous" beginning for Northern Virginia preemie; girl doing well after birth by brain-dead woman (Susan Torres)

Washington Post 2005 August 5; p. B4

http://www.washingtonpost.com (link may be outdated)
* Document 1517
McCrummen, Stephanie
**Brain-dead mother is taken off life support; health premature baby is likely to avoid cancer (Susan Torres)**
Washington Post 2005 August 4; p. A1, A4

http://www.washingtonpost.com (link may be outdated)

* Document 1518
McCrummen, Stephanie
**Brain-dead Virginia woman gives birth; baby appears healthy after 3-month ordeal**
Washington Post 2005 August 3; p. A1, A8

http://www.washingtonpost.com (link may be outdated)

* Document 1519
Crippen, David
**Medical treatment for the terminally ill: the 'risk of unacceptable badness'**

Georgetown users check Georgetown Journal Finder for access to full text

* Document 1520
Clayton, Josephine M.; Butow, Phyllis N.; Tattersall, Martin H.N.
**When and how to initiate discussion about prognosis and end-of-life issues with terminally ill patients**

Georgetown users check Georgetown Journal Finder for access to full text

* Document 1521
Manthous, Constantine A.
**Critical care physicians' practices and attitudes and applicable statutes regarding withdrawal of life-sustaining therapies**
Connecticut Medicine 2005 August; 69(7): 395-400

Georgetown users check Georgetown Journal Finder for access to full text

* Document 1522
Mercurio, Mark R.
**The Conscientious Practice Policy: a futility policy for acute care hospitals**
Connecticut Medicine 2005 August; 69(7): 417-419

Georgetown users check Georgetown Journal Finder for access to full text
Document 1523
Lamberg, Jennifer L.; Person, Carmel J.; Kiely, Dan K.; Mitchell, Susan L.
Decisions to hospitalize nursing home residents dying with advanced dementia
Journal of the American Geriatrics Society 2005 August; 53(8): 1396-1401
Georgetown users check Georgetown Journal Finder for access to full text

Document 1524
McQuoid-Mason, David
Pacemakers and end-of-life decisions
South African Medical Journal 2005 August; 95(8): 566, 568
Georgetown users check Georgetown Journal Finder for access to full text

Document 1525
Roman, Linda M.; Metules, Terri J.
What we can learn from the Schiavo case
RN 2005 August; 68(8): 53-57, 60
Georgetown users check Georgetown Journal Finder for access to full text

Document 1526
Crippen, David; Hawryluck, Laura
Pro/con clinical debate: life support should have a special status among therapies, and patients or their families should have a right to insist on this treatment even if it will not improve outcome
Critical Care 2004 August; 8(4): 231-233
Georgetown users check Georgetown Journal Finder for access to full text

Document 1527
Berghs, M.; Dierckx de Casterle, B.; Gastmans, C.
The complexity of nurses' attitudes toward euthanasia: a review of the literature
Journal of Medical Ethics 2005 August; 31(8): 441-446
Abstract: In this literature review, a picture is given of the complexity of nursing attitudes toward euthanasia. The myriad of data found in empirical literature is mostly framed within a polarised debate and inconclusive about the complex reality behind attitudes toward euthanasia. Yet, a further examination of the content as well as the context of attitudes is more revealing. The arguments for euthanasia have to do with quality of life and respect for autonomy. Arguments against euthanasia have to do with non-maleficence, sanctity of life, and the notion of the slippery slope. When the context of attitudes is examined a number of positive correlates for euthanasia such as age, nursing specialty, and religion appear. In a further analysis of nurses' comments on euthanasia, it is revealed that part of the complexity of nursing attitudes toward euthanasia arises because of the needs of nurses at the levels of clinical practice, communication, emotions, decision making, and ethics.
Georgetown users check Georgetown Journal Finder for access to full text

http://www.jmedethics.com (link may be outdated)
Document 1528

Singer, Peter

**Making our own decisions about death: competency should be paramount**

Free Inquiry 2005 August-September; 25(5): 36-38

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 1529

McMahon, Kevin T.

**Nutrition and hydration: should they be considered medical therapy?**

Linacre Quarterly 2005 August; 72(3): 229-239

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 1530

Kunin, Joshua

**Caring for the terminally ill: halachic approaches to withholding and withdrawing of therapy**

Jewish Medical Ethics and Halacha 2005 August; 5(1): 22-28

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 1531

Needham, Andrea

**Patients' right to decide whether to be resuscitated**

Nursing Times 2005 July 26-August 1; 101(30): 26-27

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 1532

**Medical Ethics and End-of-Life Decisions: Edmund D. Pellegrino, MD, MACP, Video #851 (2005)**

**Abstract:** "Medical ethics encompasses a broad range of difficult clinical issues and decisions. Some of these issues, such as embryonic research, in vitro fertilization, cloning, and gene mapping, deal with the beginning of life. Others, such as those involving informed consent, organ donation, and human experimentation, can occur at any time during life. End-of-life decisions, including withdrawing and withholding treatment, euthanasia, and advance directives, comprise a significant and especially challenging part of medical ethics. In this program, Dr. William Matory interviews Dr. Edmund Pellegrino, a world-renowned spokesman on ethics and the medical profession. Dr. Pellegrino addresses end-of-life and other difficult decisions faced by physicians and other healthcare professionals in caring for patients, and provides clinically and morally sound advice, based on his belief in the moral nature of medicine and the ethical obligations of physicians."

[description from cassette] Video #851 in the Network of Continuing Medical Education Series, this program was released on July 7, 2005 and is certified for category 1 credit through July 7, 2008. This activity is designed for primary care physicians and other healthcare professionals who are involved in medical decision making. AMA PRA Category 1: up to 2 credits. Dr. Edmund D. Pellegrino, MD, MACP is Professor Emeritus of Medicine and Medical Ethics, Center for Clinical Bioethics, Georgetown University Medical Center, Washington, DC. Dr. William E. Matory, MD, FACS, is Professor Emeritus of Surgery and Professor Emeritus of Family Medicine, Howard University School of Medicine, and Director, Center for Continuing Medical Education, National Medical Association, Washington, DC.
**Document 1533**

Rodriguez del Pozo, Pablo; Fins, Joseph J.

**Death, dying and informatics: misrepresenting religion on MedLine**


**Abstract:** BACKGROUND: The globalization of medical science carries for doctors worldwide a correlative duty to deepen their understanding of patients' cultural contexts and religious backgrounds, in order to satisfy each as a unique individual. To become better informed, practitioners may turn to MedLine, but it is unclear whether the information found there is an accurate representation of culture and religion. To test MedLine's representation of this field, we chose the topic of death and dying in the three major monotheistic religions. METHODS: We searched MedLine using PubMed in order to retrieve and thematically analyze fulllength scholarly journal papers or case reports dealing with religious traditions and end-of-life care. Our search consisted of a string of words that included the most common denominations of the three religions, the standard heading terms used by the National Reference Center for Bioethics Literature (NRCBL), and the Medical Subject Headings (MeSH) used by the National Library of Medicine. Eligible articles were limited to English-language papers with an abstract. RESULTS: We found that while a bibliographic search in MedLine on this topic produced instant results and some valuable literature, the aggregate reflected a selection bias. American writers were over-represented given the global prevalence of these religious traditions. Denominationally affiliated authors predominated in representing the Christian traditions. The Islamic tradition was under-represented. CONCLUSION: MedLine's capability to identify the most current, reliable and accurate information about purely scientific topics should not be assumed to be the same case when considering the interface of religion, culture and end-of-life care.

Georgetown users check [Georgetown Journal Finder](http://www.biomedcentral.com/content/pdf/1472-6939-6-6.pdf) for access to full text

**Document 1534**

Couzin, Jennifer

**How much can human life span be extended?**

Science 2005 July 1; 309(5731): 83

Georgetown users check [Georgetown Journal Finder](http://www.nature.com) for access to full text

**Document 1535**

Lyons, Edward C.

**In incognito- the principle of double effect in American constitutional law**

Florida Law Review 2005 July; 57(3): 469-563

Georgetown users check [Georgetown Journal Finder](http://www.sciencedirect.com/science/journal/01638343) for access to full text

**Document 1536**

Sullivan, Mark D.

**The desire for death arises from an intolerable future rather than an intolerable present**

General Hospital Psychiatry 2005 July-August; 27(4): 256-257

Georgetown users check [Georgetown Journal Finder](http://www.sciencedirect.com/science/journal/01638343) for access to full text
Document 1537
Mystakidou, Kyriaki; Rosenfeld, Barry; Parpa, Efi; Katsouda, Emmanuela; Tsilika, Eleni; Galanos, Antonis; Vlahos, Lambros
Desire for death near the end of life: the role of depression, anxiety and pain
General Hospital Psychiatry 2005 July-August; 27(4): 258-262
Georgetown users check Georgetown Journal Finder for access to full text
http://www.sciencedirect.com/science/journal/01638343 (link may be outdated)

Document 1538
Tabak, Ying P.; Johannes, Richard S.; Silber, Jeffrey H.; Kurtz, Stephen G.
Should do-not-resuscitate status be included as a mortality risk adjustor? The impact of DNR variations on performance reporting
Medical Care 2005 July; 43(7): 658-666
Georgetown users check Georgetown Journal Finder for access to full text

Document 1539
McCullough, Laurence B.; Richman, Bruce W.; Jones, James W.
Withdrawal of life-sustaining low-burden care
Georgetown users check Georgetown Journal Finder for access to full text

Document 1540
Breier-Mackie, Sarah J.
PEGs and ethics revisited: a timely reflection in the wake of the Terri Schiavo case
Georgetown users check Georgetown Journal Finder for access to full text

Document 1541
Regnard, Claud; Randall, Fiona
A framework for making advance decisions on resuscitation
Clinical Medicine 2005 July-August; 5(4): 354-360
Georgetown users check Georgetown Journal Finder for access to full text

Document 1542
Basta, Lofty L.
Ethical issues in the management of geriatric cardiac patients. Special report: the end of a person: brain formulation of death
American Journal of Geriatric Cardiology 2005 July-August; 14(4): 200-202, 204
Georgetown users check Georgetown Journal Finder for access to full text
Document 1543
McLean, Sheila A.M.
**Permanent vegetative state: the legal position**
Neuropsychological Rehabilitation 2005 July-September; 15(3-4): 237-250
Georgetown users check [Georgetown Journal Finder](http://library.georgetown.edu) for access to full text

Document 1544
Borthwick, Chris
**Ethics and the vegetative state**
Neuropsychological Rehabilitation 2005 July-September; 15(3-4): 257-263
Georgetown users check [Georgetown Journal Finder](http://library.georgetown.edu) for access to full text

Document 1545
van der Steen, Jenny T.; van der Wal, Gerrit; Mehr, David R.; Ooms, Marcel E.; Ribbe, Miel W.
**End-of-life decision making in nursing home residents with dementia and pneumonia: Dutch physicians' intentions regarding hastening death**
Alzheimer Disease and Associated Disorders 2005 July-September; 19(3): 148-155
Georgetown users check [Georgetown Journal Finder](http://library.georgetown.edu) for access to full text

Document 1546
Veatch, Robert M.
**Terri Schiavo, Son Hudson, and 'nonbenefical medical treatments**
Health Affairs 2005 July-August; 24(4): 976-979
Georgetown users check [Georgetown Journal Finder](http://library.georgetown.edu) for access to full text

[http://www.healthaffairs.org](http://www.healthaffairs.org) (link may be outdated)

Document 1547
Hampson, Lindsay A.; Emanuel, Ezekiel J.
**The prognosis for changes in end-of-life care after the Schiavo case**
Health Affairs 2005 July-August; 24(4): 972-975
Georgetown users check [Georgetown Journal Finder](http://library.georgetown.edu) for access to full text

[http://www.healthaffairs.org](http://www.healthaffairs.org) (link may be outdated)

Document 1548
Gorman, Todd E.; Ahem, Stephane P.; Wiseman, Jeffrey; Skrobik, Yoanna
**Residents' end-of-life decision making with adult hospitalized patients: a review of the literature**
Academic Medicine 2005 July; 80(7): 622-633
Georgetown users check [Georgetown Journal Finder](http://library.georgetown.edu) for access to full text
Document 1549

Gabbay, Baback B.; Matsumura, Shinji; Etzioni, Shiri; Asch, Steven M; Rosenfeld, Kenneth E.; Shiojiri, Toshiaki; Balingit, Peter P.; Lorenz, Karl A.

**Negotiating end-of-life decision making: a comparison of Japanese and U.S. residents' approaches**

*Academic Medicine* 2005 July; 80(7): 617-621

Georgetown users check [Georgetown Journal Finder](http://www.georgetown.edu/) for access to full text

Document 1550

Hall, Jacquelyn Kay

**After Schiavo: next issue for nursing ethics**

*JONA's Healthcare Law, Ethics, and Regulation* 2005 July-September; 7(3): 94-98

Georgetown users check [Georgetown Journal Finder](http://www.georgetown.edu/) for access to full text

Document 1551

Erlen, Judith A.

**When patients and families disagree**

*Orthopaedic Nursing* 2005 July-August; 24(4): 279-282

Georgetown users check [Georgetown Journal Finder](http://www.georgetown.edu/) for access to full text

Document 1552

Gannon, C.

**A request for hospice admission from hospital to withdraw ventilation**

*Journal of Medical Ethics* 2005 July; 31(7): 383-384

**Abstract:** A request to admit a hospital inpatient with motor neurone disease to the hospice generated unusual unease. Significantly, withdrawal of ventilation had already been planned. The presumption that ventilation would be withdrawn after transfer presented a dilemma. Should the hospice accept the admission? If so, should the hospice staff stop the ventilation, and then when and how? Debate centred on the continuity of best interests and the logistics of withdrawing ventilation. The factors making the request contentious identified competing interests within hospice admission decision making that could detrimentally impact on patient care.

Georgetown users check [Georgetown Journal Finder](http://www.georgetown.edu/) for access to full text

http://www.jmedethics.com (link may be outdated)

Document 1553

Koch, T.

**The challenge of Terri Schiavo: lessons for bioethics**

*Journal of Medical Ethics* 2005 July; 31(7): 376-378

**Abstract:** This essay reviews a range of issues arising from the complex case of Terri Schiavo and the lessons the case raises for bioethicists. It argues that embedded in the case is a broader controversy than is immediately evident, one involving the definitions by which bioethics judge cases of extreme physical and psychological limits, in its principled form of address. Further, it argues that bioethicists who assume the issues involved in the case are settled miss the point of the emotional responses it has brought forth.
Craig, Gillian; Janssens, Rien M.J.P.A.; Olthuis, Gert; Dekkers, Wim; Harvath, Theresa A.; Smyth, Dion

Sedation without hydration can seriously damage your health [debate]

Caplan, Arthur L.

Death as an unnatural process: why is it wrong to seek a cure for ageing?
EMBO Reports 2005 July; 6(Special Issue): S72-S75

Mauron, Alex

The choosy reaper: from the myth of eternal youth to the reality of unequal death
EMBO Reports 2005 July; 6(Special Issue): S67-S71

Bruce, Donald

To everything there is a season? Time, eternity and the promise of extending human life
EMBO Reports 2005 July; 6(Special Issue): S63-S66

Lindemann, Hilde; Callahan, Daniel

Before he wakes [case study and commentary]

Bernacki, Rachelle

Not at peace
* **Document 1560**
Fins, Joseph J.; Schiff, Nicholas D.
**The afterlife of Terri Schiavo**
Hastings Center Report 2005 July-August; 35(4): 8
Georgetown users check Georgetown Journal Finder for access to full text

http://www.jstor.org/action/showPublication?journalCode=hastcentrepo (link may be outdated)

* **Document 1561**
McDougall, Rosalind
**Best interests, dementia, and end of life decision-making: the case of Mrs S [case study]**
Monash Bioethics Review 2005 July; 24(3): 36-46
Georgetown users check Georgetown Journal Finder for access to full text

* **Document 1562**
Mamdani, Bashir
**The Terry Schiavo case: possible implications for India**
Indian Journal of Medical Ethics 2005 July-September; 2(3): 97-98
Georgetown users check Georgetown Journal Finder for access to full text

http://www.issuesinmedicalethics.org (link may be outdated)

* **Document 1563**
Rastogi, Anil Kumar
**End-of-life issues neglected in India**
Indian Journal of Medical Ethics 2005 July-September; 2(3): 83-84
Georgetown users check Georgetown Journal Finder for access to full text

http://www.issuesinmedicalethics.org (link may be outdated)

* **Document 1564**
Chatterjee, Suhita Chopra; Mohanty, Sweta
**Socio-ethical issues in the deployment of life-extending technologies**
Indian Journal of Medical Ethics 2005 July-September; 2(3): 81-82
Georgetown users check Georgetown Journal Finder for access to full text

http://www.issuesinmedicalethics.org (link may be outdated)
Document 1565
Jindal, S.K.
Issues in the care of the dying
Indian Journal of Medical Ethics 2005 July-September; 2(3): 79-80
Georgetown users check Georgetown Journal Finder for access to full text
http://www.issuesinmedicalethics.org (link may be outdated)

Document 1566
Mulligan, James J.
Caring for the unconscious
Ethics and Medics 2005 July; 30(7): 2-4
Georgetown users check Georgetown Journal Finder for access to full text

Document 1567
McCrummen, Stephanie
Weary father left to count the days: doctors hope technology can sustain fetus
Washington Post 2005 June 27; p. B1, B4
http://www.washingtonpost.com (link may be outdated)

Document 1568
McCrummen, Stephanie
Inside stricken mother, a race between life and death; cancer that felled woman now threatens fetus
http://www.washingtonpost.com (link may be outdated)

Document 1569
End-of-Life Issues and Persons with Disabilities
JOURNAL OF DISABILITY POLICY STUDIES 2005 Summer; 16(1): 2-71
Call number: Citation only

Document 1570
Fisher, Anthony
The ethics of care for those with post-coma unresponsiveness and related conditions
Georgetown users check Georgetown Journal Finder for access to full text
**Document 1571**
Werth Jr., James L.
**Concerns about decisions related to withholding/withdrawing life-sustaining treatment and futility for persons with disabilities.**
Georgetown users check [Georgetown Journal Finder](http://www.practicalbioethics.org/cpb.aspx?pgID=893) for access to full text

**Document 1572**
Reinders, Hans S.
**Euthanasia and disability: comments on the Terry Schiavo case**
Ethics and Intellectual Disability 2005 Summer; 9(1): 6-7
Georgetown users check [Georgetown Journal Finder](http://www.practicalbioethics.org/cpb.aspx?pgID=893) for access to full text

**Document 1573**
Langan, John
**Catholic perspectives on nutrition**
Ethics and Intellectual Disability 2005 Summer; 9(1): 3-4
Georgetown users check [Georgetown Journal Finder](http://www.practicalbioethics.org/cpb.aspx?pgID=893) for access to full text

**Document 1574**
Cranford, Ronald
**Terri Schiavo was not disabled**
Ethics and Intellectual Disability 2005 Summer; 9(1): 1, 4-5
Georgetown users check [Georgetown Journal Finder](http://www.practicalbioethics.org/cpb.aspx?pgID=893) for access to full text

**Document 1575**
Eidelman, Steve; Drake, Steve
**Not yet dead**
Ethics and Intellectual Disability 2005 Summer; 9(1): 1-3
Georgetown users check [Georgetown Journal Finder](http://www.practicalbioethics.org/cpb.aspx?pgID=893) for access to full text

**Document 1576**
Potter, Robert L.; Flanigan, Rosemary
**A family divided**
Practical Bioethics 2005 Summer; 1(3): 9
Georgetown users check [Georgetown Journal Finder](http://www.practicalbioethics.org/cpb.aspx?pgID=893) for access to full text

http://www.practicalbioethics.org/cpb.aspx?pgID=893 (link may be outdated)
Document 1577

Brannigan, Michael

*When enough is enough—the predicament over futility*

Practical Bioethics 2005 Summer; 1(3): 2

Georgetown users check **Georgetown Journal Finder** for access to full text


---

Document 1578

Pellegrino, Edmund D.

*Decisions at the end of life—the abuse of the concept of futility*

Practical Bioethics 2005 Summer; 1(3): 3-6

Georgetown users check **Georgetown Journal Finder** for access to full text


---

Document 1579

Walter, James J.

*Medical futility—an ethical issue for clinicians and patients*

Practical Bioethics 2005 Summer; 1(3): 1, 6-8

Georgetown users check **Georgetown Journal Finder** for access to full text


---

Document 1580

Baertschi, Bernard

*La dignité de l'être humain et les états végétatifs*


Georgetown users check **Georgetown Journal Finder** for access to full text


---

Document 1581

Cosman, Madeleine Pelner

*Frogs, crabs, and the culture of death: lessons from the Schiavo case*


Georgetown users check **Georgetown Journal Finder** for access to full text

---

Document 1582

Levin, Phillip D.; Sprung, Charles L.
Withdrawing and withholding life-sustaining therapies are not the same [opinion]
Critical Care 2005 June; 9(3): 230-232
Georgetown users check Georgetown Journal Finder for access to full text

Vincent, Jean-Louis
Withdrawing may be preferable to withholding [opinion]
Critical Care 2005 June; 9(3): 226-229
Georgetown users check Georgetown Journal Finder for access to full text

Tasseau, F.
Aspects éthiques et juridiques posés par les états paucirelationnels et l'état végétatif chronique / Ethical and legal points concerning minimally conscious state and permanent vegetative state
Annales Francaises d'Anesthesie et de Reanimation 2005 June; 24(6): 683-687
Georgetown users check Georgetown Journal Finder for access to full text

Mak, Yvonne Yi Wood; Elwyn, Glyn
Voices of the terminally ill: uncovering the meaning of desire for euthanasia
Georgetown users check Georgetown Journal Finder for access to full text

Mathes, Michele
Terri Schiavo and end-of-life decisions: can law help us out?
Medsurg Nursing 2005 June; 14(3): 200-202
Georgetown users check Georgetown Journal Finder for access to full text

Tulloch, Gail
A feminist utilitarian perspective on euthanasia: from Nancy Crick to Terri Schiavo
Georgetown users check Georgetown Journal Finder for access to full text

Wunsch, Hannah; Harrison, David A.; Harvey, Sheila; Rowan, Kathryn
End-of-life decisions: a cohort study of the withdrawal of all active treatment in intensive care units in the United Kingdom
Intensive Care Medicine 2005 June; 31(6): 823-831
Document 1589
Wolf, Susan M.
**Death and dying in America: Schiavo's implications [opinion]**

Document 1590
Mareiniss, Darren P.
**A comparison of Cruzan and Schiavo: the burden of proof, due process, and autonomy in the persistently vegetative patient**

Document 1591
Cranford, Ronald
**Facts, lies, and videotapes: the permanent vegetative state and the sad case of Terri Schiavo**
*Journal of Law, Medicine and Ethics* 2005 Summer; 33(2): 363-371

Document 1592
Cerminara, Kathy L.
**Dealing with dying: how insurers can help patients seeking last-chance therapies (even when the answer is "no")**

Document 1593
McHugh, Paul
**Annihilating Terri Schiavo**
*Human Life Review* 2005 Summer; 31(3): 67-77

Document 1594
Hitchcock, James
**The Schiavo case and the culture wars**
*Human Life Review* 2005 Summer; 31(3): 50-60
**Document 1595**
Das, Abhay K.; Mulley, Graham P.
The value of an ethics history?
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1596**
Norris, Wendi M.; Nielsen, Elizabeth L.; Engelberg, Ruth A.; Curtis, J. Randall
Treatment preferences for resuscitation and critical care among homeless persons
Chest 2005 June; 127(6): 2180-2187
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1597**
Kapadia, Farhad; Singh, Manoj; Divatia, Jigeeshu; Vaidyanathan, Priya; Udwadia, Farokh E.; Raisinghaney, Sumit J.; Limaye, Harshad S.; Kamad, Dilip R.
Limitation and withdrawal of intensive therapy at the end of life: practices in intensive care units in Mumbai, India
Critical Care Medicine 2005 June; 33(6): 1272-1275
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1598**
Bandi, Venkata; Guntupalli, Kalpalatha K.
Limitation and withdrawal practice patterns in India
Critical Care Medicine 2005 June; 33(6): 1436-1437
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1599**
Winzelberg, Gary S.; Hanson, Laura C.; Tulsky, James A.
Beyond autonomy: diversifying end-of-life decision-making approaches to serve patients and families
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1600**
Kimsma, Gerit; Obstein, Keith L.; Chambers, Tod
A response to Shalowitz and Emanuel
Journal of Clinical Ethics 2005 Summer; 16(2): 176-178
Georgetown users check [Georgetown Journal Finder](#) for access to full text
**Document 1601**

Sullivan, Dennis

**Euthanasia versus letting die: Christian decision-making in terminal patients**

*Ethics and Medicine* 2005 Summer; 21(2): 109-118

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1602**

Joseph, Jay

**The 1942 'euthanasia' debate in the American Journal of Psychiatry**

*History of Psychiatry* 2005 June; 16(2): 171-179

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1603**

**Death with dignity**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1604**

Furton, Edward

**On the death of Terri Schiavo**

*Ethics and Medics* 2005 June; 30(6): 3-4

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1605**

Stith, Richard

**Death by hunger and thirst**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1606**

Guedj, M.; Gibert, M.; Maudet, A.; Munoz Sastre, M.T.; Mullet, E.; Sorum, P.C.

**The acceptability of ending a patient's life**

*Journal of Medical Ethics* 2005 June; 31(6): 311-317

**Abstract:** OBJECTIVES: To clarify how lay people and health professionals judge the acceptability of ending the life of a terminally ill patient. DESIGN: Participants judged this acceptability in a set of 16 scenarios that combined four factors: the identity of the actor (patient or physician), the patient's statement or not of a desire to have his life ended, the nature of the action as relatively active (injecting a toxin) or passive (disconnecting life support), and the type of suffering (intractable physical pain, complete dependence, or severe psychiatric illness). PARTICIPANTS: 115 lay people and 72 health professionals (22 nurse's aides, 44 nurses, six physicians) in Toulouse, France. Main measurements: Mean acceptability ratings for each scenario for each group. RESULTS: Life ending interventions are more acceptable to lay people than to the health professionals. For both, acceptability is highest for intractable...
physical suffering; is higher when patients end their own lives than when physicians do so; and, when physicians are
the actors, is higher when patients have expressed a desire to die (voluntary euthanasia) than when they have not
(involuntary euthanasia). In contrast, when patients perform the action, acceptability for the lay people and nurse's
aides does not depend on whether the patient has expressed a desire to die, while for the nurses and physicians
unassisted suicide is more acceptable than physician assisted suicide. CONCLUSIONS: Lay participants judge the
acceptability of life ending actions in largely the same way as do healthcare professionals.

Georgetown users check Georgetown Journal Finder for access to full text

http://www.jmedethics.com (link may be outdated)

*   Document 1607
Gostin, Lawrence O.
Ethics, the Constitution, and the dying process: the case of Theresa Marie Schiavo
Georgetown users check Georgetown Journal Finder for access to full text

http://jama.ama-assn.org (link may be outdated)

Document 1608
Jost, Kenneth
Right to Die
CQ Researcher 2005 May 13; 15918): 421-444
http://library2.cqpress.com/cqresearcher/ (link may be outdated)

Document 1609
Bulletin of Medical Ethics 2005 May; (208): 23
Georgetown users check Georgetown Journal Finder for access to full text

http://www.bullmedeth.info/ (link may be outdated)

Document 1610
Beca, Juan Pablo; Ortiz, Armando; Solar, Sebastián
Derecho a morir: un debate actual = The debate about the right to die
Revista Medica de Chile 2005 May; 133(5): 601-606
Georgetown users check Georgetown Journal Finder for access to full text

http://www.bullmedeth.info/ (link may be outdated)

*   Document 1611
Smith, Gary B.; Poplett, Nicola; Williams, Derek
Staff awareness of a 'do not attempt resuscitation' policy in a district general hospital
Resuscitation 2005 May; 65(2): 159-163
* Document 1612
Dombi, William A.  
**Lessons from Schiavo --beyond the legal**  
Carina 2005 May; 24(5): 28-31

* Document 1613
VandeKieft, Gregg  
**Who decides? An ethics case consult for Terri Schiavo**  
American Journal of Hospice and Palliative Medicine 2005 May-June; 22(3): 175-177

* Document 1614
Willmott, Lindy; White, Ben  
**Charting a course through difficult legislative waters: tribunal decisions on life-sustaining measures**  

* Document 1615
Patterson, Rachael; George, Katrina  
**Euthanasia and assisted suicide: a liberal approach versus the traditional moral view**  

* Document 1616
**End-of-life decisions can be complex, even when patients have a DNR**  
ED Management 2005 May; 17(5): 49-51

* Document 1617
Foti, Mary Ellen; Bartels, Stephen J.; Van Citters, Aricca D.; Merriman, Melanie P.; Fletcher, Kenneth E.  
**End-of-life treatment preferences of persons with serious mental illness**  
Psychiatric Services 2005 May; 56(5): 585-591

* Document 1618
von Gruenigen, Vivian E.; Daly, Barbara J.

**Futility: clinical decisions at the end-of-life in women with ovarian cancer**
Gynecologic Oncology 2005 May; 97(2): 638-644

Georgetown users check [Georgetown Journal Finder](http://www.jstor.org/action/showPublication?journalCode=hastcentrepo) for access to full text

---

* Document 1619
Drake, Stephen

**Euthanasia is out of control in the Netherlands [opinion]**
Hastings Center Report 2005 May-June; 35(3): inside back cover

Georgetown users check [Georgetown Journal Finder](http://www.jstor.org/action/showPublication?journalCode=hastcentrepo) for access to full text

---

* Document 1620
Schneider, Carl E.

**Hard cases and the politics of righteousness**

Georgetown users check [Georgetown Journal Finder](http://www.jstor.org/action/showPublication?journalCode=hastcentrepo) for access to full text

---

* Document 1621
Cassell, Eric J.

**The Schiavo case: a medical perspective**

Georgetown users check [Georgetown Journal Finder](http://www.jstor.org/action/showPublication?journalCode=hastcentrepo) for access to full text

---

* Document 1622
Dresser, Rebecca

**Shiavo's legacy: the need for an objective standard**

Georgetown users check [Georgetown Journal Finder](http://www.jstor.org/action/showPublication?journalCode=hastcentrepo) for access to full text

---

* Document 1623
Wolfson, Jay

**Erring on the side of Theresa Schiavo: reflections of the special guardian ad litem**

Georgetown users check [Georgetown Journal Finder](http://www.jstor.org/action/showPublication?journalCode=hastcentrepo) for access to full text

---

* Document 1624
Bostrom, N.
The fable of the dragon tyrant
Journal of Medical Ethics 2005 May; 31(5): 273-277
http://www.jmedethics.com (link may be outdated)

Meilaender, Gilbert
Living life's end
First Things 2005 May; (153): 17-21
http://www.firstthings.com (link may be outdated)
EthxWeb Search Results

Search Detail:
Result=(("20.5.1".PC.) NOT (EDITORIAL OR LETTER OR NEWS)) AND (@YD >= "20050000")
2=1 : "
Documents: 1626 - 1798 of 1798

* Article Document 1626
Miller, Robert T.
The legal death of Terri Schiavo
First Things 2005 May; (153): 14-16
Georgetown users check Georgetown Journal Finder for access to full text
http://www.firstthings.com (link may be outdated)

* News Document 1627
McCarthy, Michael J.
After horrific burn, a wife's choice: is treatment wise? Artificial skin for Ted Fink meant pain and risks; a 7-month coma; I really didn't want to look
Wall Street Journal 2005 April 29; p. A1, A12
http://www.wsj.com (link may be outdated)

* Article Document 1628
Wright, Stephen
When dignity kills [opinion]
Nursing Standard 2005 April 27-May 3; 19(33): 30-31
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 1629
Weijer, Charles
A death in the family: reflections on the Terri Schiavo case [opinion]
CMAJ/JAMC: Canadian Medical Association Journal 2005 April 26; 172(9): 1197-1198
Georgetown users check Georgetown Journal Finder for access to full text
http://www.cmaj.ca (link may be outdated)

* Article Document 1630
Cahill, Lisa Sowle
Catholicism, death and modern medicine
America 2005 April 25; 192(14): 14-17

Georgetown users check Georgetown Journal Finder for access to full text

http://www.americamagazine.org/archives.cfm (link may be outdated)

*    Document 1631

Chamberlain, Paul
Death after withdrawal of nutrition and hydration
Lancet 2005 April 23-29; 365(9469): 1446-1447

Georgetown users check Georgetown Journal Finder for access to full text

http://www.thelancet.com/journal (link may be outdated)

*    Document 1632

Lammers, Stephen E.
What wasn't discussed
Christian Century 2005 April 19; 122(8): 11

Georgetown users check Georgetown Journal Finder for access to full text

*    Document 1633

Verhey, Allen
Necessary decisions
Christian Century 2005 April 19; 122(8): 9-10

Georgetown users check Georgetown Journal Finder for access to full text

*    Document 1634

Living will template [humor]
Christian Century 2005 April 19; 122(8): 7

Georgetown users check Georgetown Journal Finder for access to full text

*    Document 1635

Endings
Christian Century 2005 April 19; 122(8): 5

Georgetown users check Georgetown Journal Finder for access to full text

*    Document 1636

Berger, Jeffrey T.
The ethics of deactivating implanted cardioverter defibrillators
Annals of Internal Medicine 2005 April 19; 142(8): 631-634

Abstract: Implantable cardioverter defibrillators are life-saving devices for many patients with cardiac disease.
Recipients of these devices, nevertheless, often suffer from progressive comorbid and cardiac conditions. Therefore, physicians should anticipate situations in which the defibrillator is no longer desired by the patient or no longer medically appropriate. Near the end of life, many of these patients may decline cardiopulmonary resuscitation. The comanagement of do-not-resuscitate orders and implanted defibrillators can be confusing to patients and physicians alike since the former prescribe the use of electrical cardioversion while the latter provide this precise treatment. Although the use of implanted defibrillators has important ethical implications, few studies have examined these issues, and guidelines have not yet been developed to assist physicians in caring for patients who have received defibrillators. This paper discusses bioethical considerations in disabling implantable cardioverter defibrillators.

* Geographical users check [Georgetown Journal Finder](http://www.annals.org) for access to full text

http://www.annals.org (link may be outdated)

---

Document 1637

Curtis, J.R.; Engelberg, R.A.; Wenrich, M.D.; Shannon, S.E.; Treece, P.D.; Rubenfeld, G.D.

**Missed opportunities during family conferences about end-of-life care in the intensive care unit**

American Journal of Respiratory and Critical Care Medicine 2005 April 15; 171(8): 844-849

* Geographical users check [Georgetown Journal Finder](http://www.annals.org) for access to full text

http://www.annals.org (link may be outdated)

---

Document 1638

Feudtner, Chris

**Control of suffering on the slippery slope of care**

Lancet 2005 April 9-15; 365(9467): 1284-1286

* Geographical users check [Georgetown Journal Finder](http://www.annals.org) for access to full text

http://www.thelancet.com/journal (link may be outdated)

---

Document 1639

Tanne, Janice Hopkins

**Your money where your mouse is: the Terri Schiavo case shows how the Internet is becoming a battleground over ethical issues** [review]

BMJ: British Medical Journal 2005 April 2; 330(7494): 795

* Geographical users check [Georgetown Journal Finder](http://www.annals.org) for access to full text

http://www.bmj.com (link may be outdated)

---

Document 1640

Feldman, Linda; Richey, Warren

**The Schiavo battle over, but not war**

Christian Science Monitor 2005 April 1; 97(89): 1, 11

* Geographical users check [Georgetown Journal Finder](http://www.annals.org) for access to full text

http://www.csmonitor.com/ (link may be outdated)

---

Document 1641
Physicians' decisions to withhold and withdraw life-sustaining treatment [abstract]
JGIM: Journal of General Internal Medicine 2005 April; 20(Supplement 1): 169

Farber, N.J.; Simpson, P.; Salam, T.; Collier, V.U.; Weiner, J.L.; Boyer, E.G.

Bench-to-bedside review: resuscitation in the emergency department
Critical Care 2005 April; 9(2): 170-176

Attitudes toward palliative care, conceptions of euthanasia and opinions about its legalization among French physicians
Social Science and Medicine 2005 April; 60(8): 1781-1793

Ethical issues in surgical palliative care: am I killing the patient by "letting him go"?
Surgical Clinics of North America 2005 April; 85(2): 273-286

Non-heartbeating organ donation: clinical process and fundamental issues
British Journal of Anaesthesia 2005 April; 94(4): 474-478

The PEG "consult"
American Journal of Gastroenterology 2005 April; 100(4): 740-743

Non-heartbeating organ donation: clinical process and fundamental issues
British Journal of Anaesthesia 2005 April; 94(4): 474-478

The PEG "consult"
American Journal of Gastroenterology 2005 April; 100(4): 740-743
Withholding and withdrawal of life-sustaining treatment in a Lebanese intensive care unit: a prospective observational study
Intensive Care Medicine 2005 April; 31(4): 562-567
Georgetown users check Georgetown Journal Finder for access to full text

Document 1648
Sawyer Baker, P.; Lillis, J.; Ritchie, C.S.; Allman, R.M.
Racial differences and similarities in end of life care preferences among community-dwelling older adults [abstract]
Georgetown users check Georgetown Journal Finder for access to full text

Document 1649
Kennedy, R.D.
Perceptions and beliefs regarding DNR decision making by family member surrogates over time [abstract]
Georgetown users check Georgetown Journal Finder for access to full text

Document 1650
Shmookler, A.; Ricke, B.; McCallum, T.; Palmer, R.M.
Influence of ethnicity on healthcare professional perceptions of end-of-life discussions in long-term care [abstract]
Georgetown users check Georgetown Journal Finder for access to full text

Document 1651
Ricke, B.; McCallum, T.; Palmer, R.M.; Messinger-Rapport, B.J.
Perceptions of healthcare professionals that influence end-of-life decision making in an urban, predominantly African American nursing home [abstract]
Georgetown users check Georgetown Journal Finder for access to full text

Document 1652
Vitale, C.A.; Berkman, C.S.; Ury, W.A.; Hiner, T.; Ahronheim, J.C.
Enteral feeding in advanced dementia: physician views about decision-making and state law [abstract]
Georgetown users check Georgetown Journal Finder for access to full text

Document 1653
Caprio, A.J.; Friedman, S.M.; McCann, R.
Preferences for ventilator support in older adults newly enrolled in long-term care [abstract]

Fried, T.; Van Ness, P.; Towle, V.; O'Leary, J.; Dubin, J.
Changes in seriously ill persons' treatment preferences over time [abstract]
Journal of the American Geriatrics Society 2005 April; 53(4, Supplement): S3-S4

Johnson, Kimberly S.; Elbert-Avila, Katja I.; Tulsky, James A.
The influence of spiritual beliefs and practices on the treatment preferences of African Americans: a review of the literature

* Williams, Daniel
Pope's feeding tube brings end-of-life questions closer
Washington Post 2005 March 31; p. A1, A16

http://www.washingtonpost.com (link may be outdated)

Johnson, Harriet McBryde
Overlooked in the shadows (opinion)

http://www.nytimes.com (link may be outdated)

* Richey, Warren; Feldmann, Linda
Who speaks for Terri Schiavo?
Christian science Monitor 2005 March 23; 97(82): 1, 4

http://www.csmonitor.com/ (link may be outdated)

Robinson, Eugene
Life and death in Florida (opinion)

http://www.washingtonpost.com (link may be outdated)

* Document 1660
Vedantam, Shankar; Weiss, Rick
Medical, ethical questions largely decided, experts say
Washington Post 2005 March 22; p. A6

http://www.washingtonpost.com (link may be outdated)

* Document 1661
Babington, Charles; Roig-Franzia, Manuel
Lawmakers' effort in Schiavo case fall short; another vote in Florida senate scheduled; congress to address issue on Monday
Washington Post 2005 March 18; p. A2

http://www.washingtonpost.com (link may be outdated)

* Document 1662
Back, Anthony L.; Arnold, Robert M.
Dealing with conflict in caring for the seriously ill: "it was just out of the question"

Abstract: Physicians often assume that conflict is undesirable and destructive, yet conflict handled well can be productive, and the clarity that results can lead to clearer decision making and greater family, patient, and clinician satisfaction. We review the course of Mrs B, an 84-year-old woman with advanced dementia and an advance directive stating no artificial hydration or nutrition. Over the course of her illness, her family and physicians had conflicting opinions about the use of short-term tube feeding and intravenous hydration in her care. We describe the conflicts that arose between her physicians and family and a typology of conflicts common in care of patients who are seriously ill (family vs team, team member vs team member). Drawing from the business, psychology, and mediation literature, we describe useful communication tools and common pitfalls. We outline a step-wise approach that physicians can use to deal with conflicts and the use of treatment trials as a strategy to address conflicts about the use of life-sustaining medical interventions.

Georgetown users check Georgetown Journal Finder for access to full text

* Document 1663
Back, Anthony L.; Arnold, Robert M.
Dealing with conflict in caring for the seriously ill: "it was just out of the question"

Abstract: Physicians often assume that conflict is undesirable and destructive, yet conflict handled well can be productive, and the clarity that results can lead to clearer decision making and greater family, patient, and clinician satisfaction. We review the course of Mrs B, an 84-year-old woman with advanced dementia and an advance directive stating no artificial hydration or nutrition. Over the course of her illness, her family and physicians had conflicting opinions about the use of short-term tube feeding and intravenous hydration in her care. We describe the conflicts that arose between her physicians and family and a typology of conflicts common in care of patients who are seriously ill (family vs team, team member vs team member). Drawing from the business, psychology, and mediation literature, we describe useful communication tools and common pitfalls. We outline a step-wise approach that physicians can use to deal with conflicts and the use of treatment trials as a strategy to address conflicts about the use of life-sustaining medical interventions.

Georgetown users check Georgetown Journal Finder for access to full text

http://jama.ama-assn.org (link may be outdated)
Faiths vary on life-or-death care choices

http://www.csmonitor.com (link may be outdated)

* Document 1665
Goodman, Kenneth W.; Allen, Bill; Cerminara, Kathy L.; Fiore, Robin N.; Moseley, Ray; Mulvey, Ben; Spike, Jeffrey; Walker, Robert M.
Florida bioethics leaders' analysis on HB701
Miami: University of Miami, 2005 March 7; 7p. [Online]. Accessed:

http://www6.miami.edu/ethics/schiavo/pdf_files/030805-HB701-EthicsAnalysis.pdf (link may be outdated)

Document 1666
Ford, Peter
World divided on ethics of Terri Schiavo case
Christian Science Monitor 2005 March 3; 97(85): 1, 4-5

http://www.csmonitor.com/ (link may be outdated)

* Document 1667
Morgenstern, L.; Laquer, M.; Treyzon, L.
Ethical challenges of percutaneous endoscopic gastrostomy
Surgical Endoscopy 2005 March; 19(3): 398-400

Georgetown users check Georgetown Journal Finder for access to full text

* Document 1668
Breitbart, William
What can we learn from the death of Terri Schiavo?
Palliative and Supportive Care 2005 March; 3(1): 1-3

Georgetown users check Georgetown Journal Finder for access to full text

Document 1669
van der Steen, Jenny T.; Ooms, Marcel E.; van der Wal, Gerrit; Ribbe, Miel W.
Withholding or starting antibiotic treatment in patients with dementia and pneumonia: prediction of mortality with physicians' judgment of illness severity and with specific prognostic models
Medical Decision Making 2005 March-April; 25(2): 210-221
Rocker, Graeme M.; Cook, Deborah J.; O'Callaghan, Christopher J.; Pichora, Deborah; Dodek, Peter M.; Conrad, Wendy; Kutsogiannis, Demetrios J.; Heyland, Daren K.

**Canadian nurses' and respiratory therapists' perspectives on withdrawal of life support in the intensive care unit**


---

Baumrucker, Steven J.; Craig, Gillian; Stolick, Matt; Morris, Gerald M.; Sheldon, Joanne

**Sedation for palliation of terminal symptoms (SPTS), and nutrition and hydration at end of life [case study and commentaries]**


---

**Empirical studies in bioethics [review]**

Bulletin of Medical Ethics 2005 March; (206): 13-22

---


**Attitudes of medical students towards euthanasia in a multicultural setting**

Medical Journal of Malaysia 2005 March; 60(1): 46-49

---

Shimoda, Motomu

"Death with dignity" in the Japanese context


---

Bostrom, Barry A.

**In the matter of Christine B. Biersack in the Ohio Court of Appeals**

Issues in Law and Medicine 2005 Spring; 20(3): 267-270
* Document 1676
Hermesen, Maaike; ten Have, Henk
**Decision-making in palliative care practice and the need for moral deliberation: a qualitative study**
Patient Education and Counseling 2005 March; 56(3): 268-275

* Document 1677
Darr, Kurt
**Terri Schindler Schiavo: end-game**
Hospital Topics 2005 Spring; 83(2): 29-31

* Document 1678
Reese, Kimberly
**Family presence at cardiopulmonary resuscitation: considerations in a rehabilitation hospital**
Topics in Stroke Rehabilitation 2005 Spring; 12(2): 82-88

* Document 1679
Seidel, Asher
**Facing immortality**

* Document 1680
Neher, Jon O.
**A measure of success**
Hastings Center Report 2005 March-April; 35(2): 9-10

* Document 1681
Schneiderman, Lawrence J.
**The perils of hope [opinion]**
* Document 1682
Furton, Edward J.
A critique of the five wishes: comments in the light of a papal statement
Ethics and Medics 2005 March; 30(3): 3-4
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1683
Fenton, Kathleen
Killing versus allowing to die: examining a critical moral difference
Ethics and Medics 2005 March; 30(3): 1-2
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1684
Charles, J. Daryl
Lebensunwertes leben: the devolution of personhood in the Weimar and pre-Weimar era
Ethics and Medicine 2005 Spring; 21(1): 41-54
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1685
Lamb, Gregory M.
Right to stay alive: who decides?
Christian Science Monitor 2005 February 28; 97(65): 11-12
http://www.csmonitor.com/ (link may be outdated)

* Document 1686
Bosshard, Georg; Nilstun, Tore; Bilsen, Johan; Norup, Michael; Miccinesi, Guido; van Delden, Johannes J.M.; Faisst, Karin; van der Heide, Agnes
Forgoing treatment at the end of life in 6 European countries
Archives of Internal Medicine 2005 February 28; 165(4): 401-407
Abstract: BACKGROUND: Modern medicine provides unprecedented opportunities in diagnostics and treatment. However, in some situations at the end of a patient's life, many physicians refrain from using all possible measures to prolong life. We studied the incidence of different types of treatment withheld or withdrawn in 6 European countries and analyzed the main background characteristics. METHODS: Between June 2001 and February 2002, samples were obtained from deaths reported to registries in Belgium, Denmark, Italy, the Netherlands, Sweden, and Switzerland. The reporting physician was then sent a questionnaire about the medical decision-making process that preceded the patient's death. RESULTS: The incidence of nontreatment decisions, whether or not combined with other end-of-life decisions, varied widely from 6% of all deaths studied in Italy to 41% in Switzerland. Most frequently forgone in every country were hydration or nutrition and medication, together representing between 62% (Belgium) and 71% (Italy) of all treatments withheld or withdrawn. Forgoing treatment estimated to prolong life for more than 1 month was more common in the Netherlands (10%), Belgium (9%), and Switzerland (8%) than in Denmark (5%), Italy (3%), and Sweden (2%). Relevant determinants of treatment being withheld rather than withdrawn were older age (odds ratio [OR], 1.53; 95% confidence interval [CI], 1.31-1.79), death outside the hospital (death in hospital: OR, 0.80; 95% CI, 0.68-0.93), and greater life-shortening effect (OR, 1.75; 95% CI, 1.27-2.39). CONCLUSIONS: In all of the participating countries, life-prolonging treatment is withheld or withdrawn at the end of life. Frequencies vary
greatly among countries. Low-technology interventions, such as medication or hydration or nutrition, are most frequently forgone. In older patients and outside the hospital, physicians prefer not to initiate life-prolonging treatment at all rather than stop it later.

* Article Document 1687
Truog, Robert D.; Waisel, David B.; Burns, Jeffrey P.
**Do-not-resuscitate orders in the surgical setting [opinion]**
Lancet 2005 February 26-March 4; 365(9461): 733-735

* Article Document 1688
Ravitsky, Vardit
**Timers on ventilators**

* Article Document 1689
van Oorschot, B.; Lipp, V.; Tietze, A.; Nickel, N.; Simon, A.
**Einstellungen zur Sterbehilfe und zu Patientenverfügungen: Ergebnisse einer Befragung von 727 Ärzten = Attitudes on euthanasia and medical advance directives: results of a survey by questionnaire among 727 physicians**
Deutsche Medizinische Wochenschrift 2005 February 11; 130(6): 261-265

* Article Document 1690
Bramstedt, Katrina A.; Nash, Patrick J.
**When death is the outcome of informed refusal: dilemma of rejecting ventricular assist device therapy**

* Article Document 1691
De Vogli, Roberto; Mistry, Ritesh; Gnesotto, Roberto; Cornia, Giovanni Andrea
**Has the relation between income inequality and life expectancy disappeared? Evidence from Italy and top industrialised countries**
Journal of Epidemiology and Community Health 2005 February; 59(2): 158-162
* Document 1692
Vincent, Jean-Louis; Brun-Buisson, Christian; Niederman, Michael; Haenni, Christian; Harbarth, Stephan; Sprumont, Dominique; Valencia, Mauricio; Torres, Antoni
**Ethics roundtable debate: a patient dies from an ICU-acquired infection related to methicillin-resistant Staphylococcus aureus -- how do you defend your case and your team?**
Critical Care 2005 February; 9(1): 5-9

* Document 1693
Foster, Charles
**Misrepresentations about palliative options and prognosis in motor neurone disease: some legal considerations**

* Document 1694
Derse, Arthur R.
**Limitation of treatment at the end-of-life: withholding and withdrawal**
Clinics in Geriatric Medicine 2005 February; 21(1): 223-238

* Document 1695
Moseley, Kathryn L.; Silveira, Maria J.; Goold, Susan Dorr
**Futility in evolution**
Clinics in Geriatric Medicine 2005 February; 21(1): 211-222

* Document 1696
Lucke, Jayne C.; Hall, Wayne
**Who wants to live forever? [opinion]**
EMBO Reports 2005 February; 6(2): 98-102

* Document 1697
Taylor, Brigit R.; McCann, Robert M.
**Controlled sedation for physical and existential suffering?**
Journal of Palliative Medicine 2005 February; 8(1): 144-147
* Article  Document 1698
Kinlaw, Kathy
**Ethical issues in palliative care**
Seminars in Oncology Nursing 2005 February; 21(1): 63-68
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article  Document 1699
van Rooyen, D.; Elfick, M.; Strumpher, J.
**Registered nurses' experience of the withdrawal of treatment from the critically ill patient in an intensive care unit**
Curationis 2005 February; 28(1): 42-51
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article  Document 1700
Nibert, Ainslie T.
**Teaching clinical ethics using a case study family presence during cardiopulmonary resuscitation**
Critical Care Nurse 2005 February; 25(1): 38-44
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article  Document 1701
Tonelli, Mark R.
**Waking the dying: must we always attempt to involve critically ill patients in end-of-life decisions?**
Chest 2005 February; 127(2): 637-642
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article  Document 1702
Ford, Norman M.
**Thoughts on the papal address and MANH: reflections on post-coma unresponsiveness**
Ethics and Medics 2005 February; 30(2): 3-4
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article  Document 1703
Garrard, E.; Wilkinson, S.
**Passive euthanasia**
Journal of Medical Ethics 2005 February; 31(2): 64-68
Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)
Document 1704
Klotzko, Arlene Judith
A death of one's own [theater review of Whose Life is it Anyway, by Brian Clark]
Lancet 2005 January 29-February 4; 365(9457): 378
Georgetown users check Georgetown Journal Finder for access to full text
http://www.thelancet.com/journal (link may be outdated)

Document 1705
Roig-Franiza, Manuel
Court lets right-to-die ruling stand: parents at odds with husband over removing Fla. woman's feeding tube (Terri Schiavo)
http://www.washingtonpost.com (link may be outdated)

Document 1706
Hartmann, Lynn C.
The octogenarian’s plan [opinion]
JAMA: The Journal of the American Medical Association 2005 January 5; 293(1): 15-16
Georgetown users check Georgetown Journal Finder for access to full text
http://jama.ama-assn.org (link may be outdated)

Document 1707
Snead, O. Carter
Dynamic complementarity: Terri’s law and separation of powers principles in the end-of-life context
Florida Law Review 2005 January; 57(1): 53-89
Georgetown users check Georgetown Journal Finder for access to full text

Document 1708
Goel, Ashish
Euthanasia debate in the Indian media
Georgetown users check Georgetown Journal Finder for access to full text

Document 1709
Watkins, Peter
The position of the Royal College of Physicians on assisted dying
Clinical Medicine 2005 January-February; 5(1): 80
* Document 1710
Messinger-Rapport, Barbara J.; Kamel, Hosam K.
**Predictors of do not resuscitate orders in the nursing home**
Journal of the American Medical Directors Association 2005 January-February; 6(1): 18-21

* Document 1711
Culberson, John; Levy, Cari; Lawhorne, Larry
**Do not hospitalize orders in nursing homes: a pilot study**
Journal of the American Medical Directors Association 2005 January-February; 6(1): 22-26

* Document 1712
Teisseyre, Nathalie; Mullet, Etienne; Sorum, Paul Clay
**Under what conditions is euthanasia acceptable to lay people and health professionals?**
Social Science and Medicine 2005 January; 60(2): 357-368

* Document 1713
Elo, Gabor; Dioszeghy, Csaba; Dobos, Marta; Andorka, Matyas
**Ethical considerations behind the limitation of cardiopulmonary resuscitation in Hungary -- the role of education and training**
Resuscitation 2005 January; 64(1): 71-77

* Document 1714
Giacino, Joseph; Whyte, John
**The vegetative and minimally conscious states: current knowledge and remaining questions**
Journal of Head Trauma and Rehabilitation 2005 January-February; 20(1): 30-50

* Document 1715
Stapleton, Renee D.; Nielsen, Elizabeth L.; Engelberg, Ruth A.; Patrick, Donald L.; Curtis, J. Randall
**Ethics in cardiopulmonary medicine -- association of depression and life-sustaining treatment preferences in patients with COPD**
Chest 2005 January; 127(1): 328-334
* Document 1716
Harris, D.G.; Linnane, S.J.
**Making do not attempt resuscitation decisions: do doctors follow the guidelines?**
Hospital Medicine 2005 January; 66(1): 43-45
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 1717
Mirza, Ayoub; Kad, Rishi; Ellison, Neil M.
**Cardiopulmonary resuscitation is not addressed in the admitting medical records for the majority of patients who undergo CPR in the hospital**
American Journal of Hospice and Palliative Care 2005 January-February; 22(1): 20-25
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 1718
Lavrijsen, Jan; van den Bosch, Hans; Koopmans, Raymond; van Weel, Chris; Froeling, Paul
**Events and decision-making in the long-term care of Dutch nursing home patients in a vegetative state**
Brain Injury 2005 January; 19(1): 67-75
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 1719
Ballentine, Jennifer M.
**Pacemaker and defibrillator deactivation in competent hospice patients: an ethical consideration**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 1720
Porter, Theresa; Johnson, Punporn; Warren, Nancy A.
**Bioethical issues concerning death: death, dying, and end-of-life rights**
Critical Care Nursing Quarterly 2005 January-March; 28(1): 85-92
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 1721
Mystakidou, Kyriaki; Parpa, Efi; Tsilika, Eleni; Katsouda, Emmanuela; Vlahos, Lambros
**The evolution of euthanasia and its perceptions in Greek culture and civilization**
Perspectives in Biology and Medicine 2005 Winter; 48(1): 95- 104
Georgetown users check [Georgetown Journal Finder](#) for access to full text
Document 1722
De Bal, Nele; Dierckx de Casterle, Bernadette; Berghs, Maria; Gastmans, Chris
Nurses' involvement in the care process for patients requesting euthanasia
Nursing Ethics 2005 January; 12(1): 110-111
Georgetown users check Georgetown Journal Finder for access to full text

Document 1723
Yin, Xiuyun; Li, Benfu; Cong, Yali
Should this 96-year-old woman be allowed to die?
Georgetown users check Georgetown Journal Finder for access to full text
http://www.lahey.org/Ethics/ (link may be outdated)

Document 1724
Hildebrand, Adam J.
On "vegetative" human beings
Ethics and Medics 2005 January; 30(1): 1-4
Georgetown users check Georgetown Journal Finder for access to full text

Document 1725
Khater, Wejdan Abdelkareem
UNITED STATES MUSLIM PHYSICIANS' ATTITUDES TOWARD WITHHOLDING AND WITHDRAWING LIFE-SUSTAINING TREATMENT: A QUALITATIVE STUDY
Call number: RC86.7 .K428 2005a

Document 1726
Thiele, Felix, ed.
AKTIVE UND PASSIVE STERBEHILFE: MEDIZINISCHE, RECHTSWISSENSCHAFTLICHE UND PHILOSOPHISCHE ASPEKTE
Call number: R726 .A48 2005

Document 1727
Cassell, Joan
LIFE AND DEATH IN INTENSIVE CARE
Call number: RD49 .C37 2005

Document 1728
Bryant, Michael S.
CONFRONTING THE "GOOD DEATH": NAZI EUTHANASIA ON TRIAL, 1945-1953
Call number: D804.5 .H35 B79 2005

Wanitschke, Matthias, ed.
ARCHIVIERTER MORD: DER SED-STAAT UND DIE NS-"EUTHANASIE"- VERBRECHEN IN STADTRODA

Tulloch, Gail
EUTHANASIA: CHOICE AND DEATH
Call number: R726 .T85 2005

Fridell, Ron
CRUZAN V. MISSOURI AND THE RIGHT TO DIE DEBATE: DEBATING SUPREME COURT DECISIONS
Call number: KF228 .C78 F75 2005

Bessone, Claude; Winkler, Jean-Marie; and Reese, Hartmut
L'EUTHANASIE NATIONALE-SOCIALISTE: HARTHEIM - MAUTHAUSEN 1940-1944
Call number: D804 .G4 W56 2005

Schotsmans, Paul and Meulenbergs, Tom, eds.
EUTHANASIA AND PALLIATIVE CARE IN THE LOW COUNTRIES
Call number: R726 .E7865 2005

Eisenberg, Jon B.
USING TERRI: THE RELIGIOUS RIGHT'S CONSPIRACY TO TAKE AWAY OUR RIGHTS
Call number: R726 .E35 2005

Lavi, Shai J.
THE MODERN ART OF DYING: HISTORY OF EUTHANASIA IN THE UNITED STATES
* Book  Document 1736  
Medina, Loreta M., ed.  
EUTHANASIA  
Call number: R726 .E77582 2005

* Book  Document 1737  
Sullivan, William F.  
EYE OF THE HEART: KNOWING THE HUMAN GOOD IN THE EUTHANASIA DEBATE  
Call number: R726 .S84 2005

* Book  Document 1738  
Harris, Nancy, ed.  
THE ETHICS OF EUTHANASIA  
Call number: R726 .E7753 2005

* Chapter  Document 1739  
Chan, David K.  
Active voluntary euthanasia and the problem of intending death  
Call number: BJ21 .E845 2005

* Chapter  Document 1740  
Bryant, John; Baggott la Velle, Linda; Searle, John  
Decisions at the end of life -- when may I die and when am I dead?  
Call number: QH332 .B78 2005

* Chapter  Document 1741  
Edge, Raymond S.; Groves, John Randall  
Euthanasia: practice and principles  
Call number: RZ24 .E27 2005

* Chapter  Document 1742  
Edge, Raymond S.; Groves, John Randall  
Withholding and withdrawing life support
Call number: RZ24 .E27 2005

* Chapter Document 1743  
Prouse, Marney  
**Euthanasia: slippery slope or mercy killing?**  
Call number: R726 .E774 2005

* Article Document 1744  
de Siqueira, José Eduardo  
**A terminalidade da vida [The end of life]**  
Georgetown users check [Georgetown Journal Finder](http://library.georgetown.edu/FindIt/GeorgetownJournalFinder) for access to full text

* Article Document 1745  
Pessini, Leo  
**Dignidade humana nos limites da vida: reflexões éticas a partir do caso Terri Schiavo [Human dignity and the limits of life: ethical reflections arising from the Terri Schiavo case]**  
Bioetica: Revista Publicada Pelo Conselho Federal de Medicina 2005; 13(2): 65-76  
Georgetown users check [Georgetown Journal Finder](http://library.georgetown.edu/FindIt/GeorgetownJournalFinder) for access to full text

* Article Document 1746  
Frey, R.G.  
**Intending and causing**  
Journal of Ethics 2005; 9(3-4): 465-474  
Georgetown users check [Georgetown Journal Finder](http://library.georgetown.edu/FindIt/GeorgetownJournalFinder) for access to full text  
[http://www.kluweronline.com/issn/1382-4554/contents](http://www.kluweronline.com/issn/1382-4554/contents) (link may be outdated)

* Chapter Document 1747  
De Dijn, Herman  
**Euthanasia and pluralism**  
In: Schotsmans, Paul; Meulenbergs, Tom, eds. Euthanasia and Palliative Care in the Low Countries. Dudley, MA: Peeters, 2005: 227-238  
Call number: R726 .E7865 2005

* Chapter Document 1748  
Jans, Jan  
**Churches in the low countries on euthanasia: background, argumentation and commentary**  
In: Schotsmans, Paul; Meulenbergs, Tom, eds. Euthanasia and Palliative Care in the Low Countries. Dudley, MA: Peeters, 2005: 175-204  
Call number: R726 .E7865 2005
* Document 1749
Widdershoven, Guy A.M.

**Beyond autonomy and beneficience: the moral basis of euthanasia in the Netherlands**
In: Schotsmans, Paul; Meulenbergs, Tom, eds. Euthanasia and Palliative Care in the Low Countries. Dudley, MA: Peeters, 2005: 83-93
Call number: R726.E7865 2005

* Document 1750
van Dijk, Mara; Widdershoven, Guy A.M.; Meershoek, Agnes M.

**Reporting euthanasia: physicians' experiences with a Dutch regional evaluation committee**
In: Schotsmans, Paul; Meulenbergs, Tom, eds. Euthanasia and Palliative Care in the Low Countries. Dudley, MA: Peeters, 2005: 71-82
Call number: R726.E7865 2005

* Document 1751
Adams, Maurice; Nys, Herman

**Euthanasia in the low countries: comparative reflections on the Belgian and Dutch Euthanasia Act**
In: Schotsmans, Paul; Meulenbergs, Tom, eds. Euthanasia and Palliative Care in the Low Countries. Dudley, MA: Peeters, 2005: 5-33
Call number: R726.E7865 2005

* Document 1752
Turiel, Judith Steinberg

**End of life**
Call number: RA564.8.T87 2005

* Document 1753
Kennedy, Ian; Grubb, Andrew

**The end(ing) of life: the incompetent patient.**
Call number: KD3395.K46 2005

* Document 1754
Kennedy, Ian; Grubb, Andrew

**The end(ing) of life: the competent patient.**
Call number: KD3395.K46 2005

* Document 1755
Cahill, Lisa Sowle

**Decline and dying: principles of analysis and practices of solidarity.**
Document 1756
Tomlinson, Tom
Ethical issues.
Call number: R726.8.K85 2005

Document 1757
Curtis, J. Randall
Interventions to improve care during withdrawal of life-sustaining treatments
Georgetown users check Georgetown Journal Finder for access to full text

Document 1758
Petsko, Gregory A.
A matter of life and death
Georgetown users check Georgetown Journal Finder for access to full text

Document 1759
Lo, Bernard
Decisions about life-sustaining interventions
Call number: R724.L59 2005

Document 1760
Shannon, Thomas A.; Walter, James J.
Assisted nutrition and hydration and the Catholic tradition: the case of Terri Schiavo
Call number: R725.56 .W35 2005

Document 1761
Shannon, Thomas A.; Walter, James J.
Implications of the papal allocution on feeding tubes
Call number: R725.56 .W35 2005

Document 1762
Shannon, Thomas A.; Walter, James J.

Artificial nutrition and hydration: assessing the papal statement
Call number: R725.56 .W35 2005

*  Chapter  Document 1763
Shannon, Thomas A.; Walter, James J.
The PVS patient and the forgoing/withdrawing of medical nutrition and hydration
Call number: R725.56 .W35 2005

*  Chapter  Document 1764
Anscombe, G.E.M.
Murder and the morality of euthanasia
Call number: BJ1011 .A57 2005

*  Chapter  Document 1765
Chadwick, Ruth
Right to die
Call number: Q175.35 .E53 2005 v.3

*  Chapter  Document 1766
Spike, Jeffrey P.
Persistent vegetative state
Call number: Q175.35 .E53 2005 v.3

*  Chapter  Document 1767
Tijmes, Pieter
Euthanasia in the Netherlands
Call number: Q175.35 .E53 2005 v.2

*  Chapter  Document 1768
Chadwick, Ruth
Euthanasia
Call number: Q175.35 .E53 2005 v.2
Hayflick, Leonard

**Aging and regenerative medicine**


Call number: Q175.35 .E53 2005 v.1

---

Wasserman, Jason; Clair, Jeffery Michael; Ritchey, Ferris J.

**Racial differences in attitudes toward euthanasia**

Otma 2005-2006; 52(3):263-287

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Jonsen, Albert R.

**Euthanasia.**


Call number: R724 .J655 2005

---

Jonsen, Albert R.

**Forgoing life support: the quality of life.**


Call number: R724 .J655 2005

---

Bailey, Ronald

**Forever young: the biology and politics of immortality.**


Call number: TP248.23 .B35 2005

---

Merrick, Janna C.

**Death and dying: the American experience.**


Call number: R726.8 .E534 2005

---

Ashcroft, Richard

**Death policy in the United Kingdom.**

ten Have, Henk

End-of-life decision making in the Netherlands.
Call number: R726.8 .E534 2005

Amidror, Tali; Leavitt, Frank J.

End-of-life decision making in Israel.
Call number: R726.8 .E534 2005

Simon, Alfred

End-of-life decision making in Germany.
Call number: R726.8 .E534 2005

Pessini, Leo

Ethical questions related to end-of-life decisions: the Brazilian reality.
Call number: R726.8 .E534 2005

Alters, Sandra

Courts and the end of life.
Call number: R726 .D425 2004

Alters, Sandra

Euthanasia and assisted suicide.
Call number: R726 .D425 2004

Alters, Sandra

The end of life: ethical considerations.
Call number: R726 .D425 2004

*  Chapter  Document 1783
Callahan, Daniel
A case against euthanasia.
Call number: BJ1031 .C597 2005

*  Chapter  Document 1784
Tooley, Michael
In defense of voluntary active euthanasia and assisted suicide.
Call number: BJ1031 .C597 2005

*  Article  Document 1785
Jennett, Bryan
Thirty years of the vegetative state: clinical, ethical and legal problems
Progress in Brain Research 2005; 150: 537-543
Georgetown users check Georgetown Journal Finder for access to full text

*  Article  Document 1786
Vincent, Jean-Louis
Outcome and ethics in severe brain damage
Progress in Brain Research 2005; 150: 555-563
Georgetown users check Georgetown Journal Finder for access to full text

*  Article  Document 1787
Samuels, Alec
Can the doctor do nothing? Can the doctor be compelled to administer treatment? Can the doctor refuse or withhold or withdraw treatment?
Georgetown users check Georgetown Journal Finder for access to full text

*  Article  Document 1788
Rosner, Fred
The Terri Schiavo case in Jewish law [op-ed]
Cancer Investigation 2005; 23(7): 652
Georgetown users check Georgetown Journal Finder for access to full text
Document 1789
Sorta-Bilajac, Iva; Pessini, Leo; Dobrila-Dintinjana, Renata; Hozo, Izet
**Dysthanasia: the (il)legitimacy of artificially posponed death**
Medicinski Arhiv 2005; 59(3): 199-202

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1790
Busquets, Ester; Tubau, Joan Mir
**Eutanasia y suicidio asistido: por que si o por que no? / Euthanasia and assisted suicide: why or why not?**
Bioetica & Debat 2005; 11(39): 8-10

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1791
Institut Borja de Bioetica
**Hacia una posible despenalizacion de la eutanasia: declaracion del Institut Borja de Bioetica (URL) / Toward a possible decriminalization of euthanasia: statement of the Institut Borja de Bioetica**
Bioetica & Debat 2005; 11(39): 1, 3-7

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1792
Bernat, James L.
**Medical futility: definition, determination, and disputes in critical care**
Neurocritical Care 2005; 2(2): 198-205

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1793
Woods, Simon
**Respect for persons, autonomy and palliative care**
Medicine, Health Care and Philosophy: A European Journal 2005; 8(2): 243-253

*Abstract:* This paper explores some of the values that underpin health care and how these relate more specifically to the values and ethics of palliative care. The paper focuses on the concept of autonomy because autonomy has emerged as a foundational concept in contemporary health care ethics and because this is an opportunity to scratch the surface of this concept in order to reveal something of its complexity, a necessary precaution when applying the concept to the context of palliative care. The paper begins with a theoretical discussion of autonomy exploring an aspect of its contemporary meaning and relevance to health care. The second part of the paper focuses more closely on how the principle of respect for autonomy can be applied in the context of palliative care. In this section an ethical framework is employed to explore a practical application of this principle within a broader context of respect for persons.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1794
A scale to assess attitudes toward euthanasia
Omega: Journal of Death and Dying 2005; 51(3): 229-237

Georgetown users check Georgetown Journal Finder for access to full text

Buchman, Alan L.
Ethics and economics in nutritional support

Georgetown users check Georgetown Journal Finder for access to full text

Parkinson, Lynne; Rainbird, Katherine; Kerridge, Ian; Carter, Gregory; Cavenagh, John; McPhee, John; Ravenscroft, Peter
Cancer patients' attitudes towards euthanasia and physician-assisted suicide: the influence of question wording and patients' own definitions on responses

Abstract: Objectives: The aims of this study were to: (1) investigate patients' views on euthanasia and physician-assisted suicide (PAS), and (2) examine the impact of question wording and patients' own definitions on their responses. Design: Cross-sectional survey of consecutive patients with cancer. Setting: Newcastle (Australia) Mater Hospital Outpatients Clinic. Participants: Patients over 18 years of age, attending the clinic for follow-up consultation or treatment by a medical oncologist, radiation oncologist or haematologist. Main Outcome Measures: Face-to-face patient interviews were conducted examining attitudes to euthanasia and PAS. Results: 236 patients with cancer (24% participation rate; 87% consent rate) were interviewed. Though the majority of participants supported the idea of euthanasia, patient views varied significantly according to question wording and their own understanding of the definition of euthanasia. Conclusions: Researchers need to be circumspect about framing and interpreting questions about support of 'euthanasia', as the term can mean different things to different people, and response may depend upon the specifics of the question asked.

Georgetown users check Georgetown Journal Finder for access to full text

Kenny, Robert Wade
A cycle of terms implicit in the idea of medicine: Karen Ann Quinlan as a rhetorical icon and the transvaluation of the ethics of euthanasia

Georgetown users check Georgetown Journal Finder for access to full text

Slosar, John Paul
Discontinuing implantable cardiac devices and the ERDs

Georgetown users check Georgetown Journal Finder for access to full text