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<td>Document 6</td>
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Theoretical and practical problems with wide reflective equilibrium in bioethics.
Theoretical Medicine and Bioethics 2010 April; 31(2): 123-140
Abstract: Various theories have been put forward in an attempt to explain what makes moral judgments justifiable. One of the main theories currently advocated in bioethics is a form of coherentism known as wide reflective equilibrium. In this paper, I argue that wide reflective equilibrium is not a satisfactory approach for justifying moral beliefs and propositions. A long-standing theoretical problem for reflective equilibrium has not been adequately resolved, and, as a result, the main arguments for wide reflective equilibrium are unsuccessful. Moreover, practical problems that arise in using the method of wide reflective equilibrium undermine the idea that it is a viable approach for justifying moral judgments about cases and policies. Given that wide reflective equilibrium is the most prominent version of coherentism, these considerations call into question the coherentist approach to justification in bioethics.
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Tradition 2010 Spring; 43(1): 38-55
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Washington Insider
National Catholic Bioethics Quarterly 2010 Spring; 10(1): 23-37
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McCullough, Laurence B
La frontera: responsibly managing borders and boundaries in clinical ethics.
Abstract: The papers in the 2010 "Clinical Ethics" number of the Journal of Medicine and Philosophy explore issues along La Frontera, the borders and boundaries of clinical ethics. The first three papers in this "Clinical Ethics" number of the Journal explore borders and boundaries drawn within clinical ethics, concerning the moral standing of complementary and alternative medicine, palliative sedation, and induced abortion and feticide. The fourth and fifth papers explore the borders and boundaries between research ethics and clinical ethics.
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**Professionalism and politics: biomedicalization and the rise of bioethics**
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Zoloth, Laurie

**Justice that you must pursue: a progressive American bioethics**
Call number: R724.P736 2010

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Charo, R. Alta

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Call number: R724.P736 2010

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Lempert, Richard

**Can there be a progressive bioethics?**
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Cherry, Mark J.

**Religion without God, social justice without Christian charity, and other dimensions of the culture wars**

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Iltis, Ana S.
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Hinkley, Aaron E.
The infinite without God: modernity, Christianity, and bioethics, or why Christianity must be counter-cultural in the contemporary world

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Does bioethics exist?
Journal of Medical Ethics 2009 December; 35(12): 778-80
Abstract: Bioethicists disagree over methods, theories, decision-making guides, case analyses and public policies. Thirty years ago, the thinking of many scholars coalesced around a principilist approach to bioethics. That mid-level mode of moral reasoning is now one of many approaches to moral deliberation. Significant variation in contemporary approaches to the study of ethical issues related to medicine, biotechnology and health care raises the question of whether bioethics exists as widely shared method, theory, normative framework or mode of moral reasoning.

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Refining deliberation in bioethics.
Medicine, Health Care, and Philosophy 2009 November; 12(4): 393-397
Abstract: The multidisciplinary provenance of bioethics leads to a variety of discursive styles and ways of reasoning, making the discipline vulnerable to criticism and unwieldy to the setting of solid theoretical foundations. Applied ethics belongs to a group of disciplines that resort to deliberation rather than formal argumentation, therefore employing both factual and value propositions, as well as emotions, intuitions and other non logical elements. Deliberation is thus enriched to the point where ethical discourse becomes substantial rather than purely analytical. Caution must be exercised to avoid this formal permissiveness from accepting empty and incorrigible statements that are but flatus voci since they can neither be supported nor falsified. It is therefore suggested that deliberation in bioethics should comply with three sets of conditions: (1) Be understandable, truthful, honest and pertinent, as suggested by communicative ethics; (2) Allow for second order, thick judgements as suggested by pragmatism; (3) Abide by additional criteria as here proposed: Doxastic propositions should be bolstered by a cognitive element; statements should be specific and proportional to the issue at hand, and they should be arguable and coherent.
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Ethik in der Medizin 2009 September; 21(3): 235-245
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Schicktanz, Silke
**Zum Stellenwert von Betroffenheit, Öffentlichkeit und Deliberation im “empirical turn” der Medizinethik**
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Düwell, Marcus
**Wofür braucht die Medizinethik empirische Methoden?: Eine normativ-ethische Untersuchung**
Ethik in der Medizin 2009 September; 21(3): 201-211
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Musschenga, Bert (A.W.)
**Was ist empirische Ethik?**
Ethik in der Medizin 2009 September; 21(3): 187-194
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**Toward a better bioethics: commentary on "Forbidding science: some beginning reflections".**
Doerflinger, Richard M.

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Arras, John D.; Fenton, Elizabeth M.

Bioethics and Human Rights: Access to Health-Related Goods

Abstract: There are many good reasons for a merger between bioethics and human rights. First, though, significant philosophical groundwork must be done to clarify what a human right to health would be and -- if we accept that it exists -- exactly how it might influence the practical decisions we face about who gets what in very different contexts.

Judd, Selena R.

Problematic ideas about caring: a mother's bioethical notes from Australia
Christian Bioethics 2009 August; 15(2): 199-208

Abstract: Contemporary ideas about caring in welfare states can wreak havoc if applied to one's own life. In this essay, a mother offers a personal commentary on the debate regarding diaconia and caring. She identifies three concepts, popular in contemporary caring discourse, that threaten her ability to genuinely and effectively care for those around her, particularly her family. The first problematic concept is that the state ought to provide care on our behalf. The second is that people have rights to claim, but no one in particular bears the responsibility. The third is that the Church is responsive rather than normative in the social setting.

Johannessen, Kai Ingolf

Justice in care -- with special regard to long-term care
Christian Bioethics 2009 August; 15(2): 154-172

Abstract: In this article, the relevance of justice in care is discussed, with special regard to long-term care. After a short introduction laying out the conceptual framework of justice and care, followed by an exploration of some special challenges within long-term care, this article consists of two main parts. The first part deals with justice as a
general (secular) philosophical phenomenon and draws especially upon principles of justice as developed by John Rawls. Both the principle of fair equality of opportunity and the difference principle, according to which an unequal treatment may be justified, provided that those "worst off" benefit mostly and are relevant within the field of care. The feminist debate about an ethics of care is also considered since its more recent contributions offer interesting attempts to mediate between justice and care. The second part of the article introduces a Christian perspective on justice, with relevance for (long-term) care. From a Christian point of view, one will even more strongly than Rawls argue for a conception of justice, which gives priority to those worst off. It is also argued that justice and care converge in the practice of diakonia. Diakonia, in many traditions synonymous with the caring dimension of the church, always had a special focus on long-term care. In this kind of church-based practice, justice and care are reconciled.

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Meffert, Jeffrey J.

**Ethics? Morals? Values?**

Clinics in Dermatology 2009 July-August; 27(4): 327-330

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Gracia Guillén, Diego

**Spanish bioethics comes into maturity: personal reflections.**


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Cortina, Adela

**Bioethics and public reason: a report on ethics and public discourse in Spain.**


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Rodríguez Del Pozo, Pablo; Mainetti, José A.

**Bioética sin Más: the past, present, and future of a Latin American bioethics.**


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Goldim, José Roberto
Revisiting the beginning of bioethics: the contribution of Fritz Jahr (1927)
Perspectives in Biology and Medicine 2009 Summer; 52(3): 377-380

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Emerson, Claudia I.; Daar, Abdallah S.; Upshur, Ross E.G.
Empirical Bioethics Research in the Developing World: When the 'Is' is Close to an 'Ought'
American Journal of Bioethics 2009 June-July; 9(6-7): 101-103

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Widdershoven, Guy; Abma, Tineke; Molewijk, Bert
Improving Care and Ethics: A Plea for Interactive Empirical Ethics

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Dunn, Michael; Ives, Jonathan
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American Journal of Bioethics 2009 June-July; 9(6-7): 93-95
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Kirkwood, Kenneth
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American Journal of Bioethics 2009 June-July; 9(6-7): 91-92
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American Journal of Bioethics 2009 June-July; 9(6-7): 88-91
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**Evidence-Based Research Ethics**
American Journal of Bioethics 2009 June-July; 9(6-7): 85-87
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Fry, Craig
**How to Build a Theory About Empirical Bioethics: Acknowledging the Limitations of Empirical Research**
American Journal of Bioethics 2009 June-July; 9(6-7): 83-85
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Viso, Armando Menéndez; da Rocha, Antonio Casado
**An Engine, Not a Pyramid**
American Journal of Bioethics 2009 June-July; 9(6-7): 81-83
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Kon, Alexander A.

The Role of Empirical Research in Bioethics
American Journal of Bioethics 2009 June-July; 9(6-7): 59-65

Abstract: There has long been tension between bioethicists whose work focuses on classical philosophical inquiry and those who perform empirical studies on bioethical issues. While many have argued that empirical research merely illuminates current practices and cannot inform normative ethics, others assert that research-based work has significant implications for refining our ethical norms. In this essay, I present a novel construct for classifying empirical research in bioethics into four hierarchical categories: Lay of the Land, Ideal Versus Reality, Improving Care, and Changing Ethical Norms. Through explaining these four categories and providing examples of publications in each stratum, I define how empirical research informs normative ethics. I conclude by demonstrating how philosophical inquiry and empirical research can work cooperatively to further normative ethics.

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http://dx.doi.org/10.1080/15265160902874320 (link may be outdated)

* Article Document 100

Andorno, Roberto

Human dignity and human rights as a common ground for a global bioethics

Abstract: The principle of respect for human dignity plays a crucial role in the emerging global norms relating to bioethics, in particular in the UNESCO Universal Declaration on Bioethics and Human Rights. This instrument, which is a legal, not merely an ethical document, can be regarded as an extension of international human rights law into the field of biomedicine. Although the Declaration does not explicitly define human dignity, it would be a mistake to see the emphasis put on this notion as a mere rhetorical strategy. Rather, the appeal to dignity reflects a real concern about the need to promote respect both for the intrinsic worth of human beings and for the integrity of the human species. But dignity alone cannot solve most of the dilemmas posed by biomedical practice. This is why international biolaw combines, on the one hand, the appeal to human dignity as an overarching principle with, on the other hand, the recourse to human rights, which provide an effective and practical way forward for dealing with bioethical issues at a global level.

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Document 101

Gunson, Darryl

Solidarity and the Universal Declaration on Bioethics and Human Rights.

Abstract: Recent work has stressed the importance of the concept of solidarity to bioethics and social philosophy generally. But can and should it feature in documents such as the Universal Declaration on Bioethics and Human Rights as anything more than a vague notion with multiple possible interpretations? Although noting the tension between universality and particularity that such documents have to deal with, and also noting that solidarity has a political content, the paper explores the suggestion that solidarity should feature more centrally in international regulations. The paper concludes with the view that when solidarity is seen aright, the UDBHR is an implicitly solidaristic document.

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Document 102

Kopelman, Loretta M.

Bioethics as public discourse and second-order discipline

Abstract: Bioethics is best viewed as both a second-order discipline and also part of public discourse. Since their goals differ, some bioethical activities are more usefully viewed as advancing public discourse than academic disciplines. For example, the "Universal Declaration on Bioethics and Human Rights" sponsored by the United Nations Educational, Scientific, and Cultural Organization seeks to promote ethical guidance on bioethical issues. From the vantage of philosophical ethics, it fails to rank or specify its stated principles, justify controversial principles, clarify key terms, or say what is meant by calling potentially conflicting norms "foundational." From the vantage of improving the public discourse about bioethical problems and seeking ethical solutions in the public arena, however, this document may have an important role. The goals and relations between bioethics as a second-order discipline and public discourse are explored.

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Document 103

Trotter, Griffin

The UNESCO Declaration on Bioethics and Human Rights: a canon for the ages?

Abstract: The UNESCO Universal Declaration on Bioethics and Human Rights of 2005 purports to articulate universal norms for bioethics. However, this document has met with mixed reviews. Some deny that the elaboration of universal bioethics norms is needed; some deny that UNESCO has the expertise or authority to articulate such norms; some regard the content of the UNESCO document as too vague or general to be useful; and some regard the document as a cog in the effort of like-minded cosmopolitans to codify their particular moral intuitions in international law. This issue examines the potential merits and pitfalls of the Universal Declaration on Bioethics and Human Rights.

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http://jmp.oxfordjournals.org/ (link may be outdated)
Snead, O. Carter

Bioethics and self-governance: the lessons of the Universal Declaration on Bioethics and Human Rights
Journal of Medicine and Philosophy 2009 June; 34(3): 204-222

Abstract: The following article analyzes the process of conception, elaboration, and adoption of the Universal Declaration of Bioethics and Human Rights, and reflects on the lessons it might hold for public bioethics on the international level. The author was involved in the process at a variety of levels: he provided advice to the IBC on behalf of the President's Council of Bioethics; he served as the U.S. representative to UNESCO's Intergovernmental Bioethics Committee; and led the U.S. Delegation in the multilateral negotiation of Government experts that culminated in the adoption of the declaration in its final form. The author is currently serving a 4-year term as a member of UNESCO's International Bioethics Committee.

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Document 105

* Article

Jotkowitz, Alan B.; Glick, S.

Navigating the chasm between religious and secular perspectives in modern bioethics
Journal of Medical Ethics 2009 June; 35(6): 357-360

Abstract: In the past 3 years, three landmark laws relating to bioethics have been passed in the Israeli parliament. These are the Terminally Ill Patient Law (in 2005) and the Organ Donation Law and the Brain Death/Respiratory Law (in 2008). To reach consensus on these difficult issues in a multicultural society such as Israel was not an easy undertaking. Using learning from previous failed attempts, compromise, dialogue and work done in the absence of hysteria and publicity were crucial to the process. In all three laws, compromises were obtained between the secular and religious factions, from which an acceptable law was developed. The Israeli experience is a model of a country working to synthesise an ancient tradition with the complexities of modern life and could serve as an example for other countries struggling with similar issues.

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Document 106

* Article

Gunderson, Martin

The virtues of scholarship and the virtues of political action.
Kennedy Institute of Ethics Journal 2009 June; 19(2): 171-184

Abstract: Many bioethicists are involved in political advocacy groups as well as scholarship, and this has led to controversy. The virtues that enable scholarship to flourish are in tension with those that are vital for effective participation in political advocacy groups. This produces conflicts for bioethicists that are as serious as financial conflicts of interest. These conflicts cannot simply be eliminated, however. Scholars are citizens who have reason to engage in political action in light of their scholarly conclusions, and bioethicists who are political advocates are thoughtful persons who have reason to engage in scholarship. At best, the conflicts can be mitigated.

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Document 107

Hussein, Ghaiath M.A.

Democracy: the forgotten challenge for bioethics in the developing countries
BMC Medical Ethics [electronic] 2009 May 22; 10: 3

Abstract: BACKGROUND: Bioethics as a field related to the health system and health service delivery has grown in the second half of the 20th century, mainly in North America. This is attributed, the author argues, to mainly three kinds of development that took place in the developed countries at a pace different than the developing countries. They are namely: development of the health system; moral development; and political development. DISCUSSION:
This article discusses the factors that impede the development of the field of bioethics from an academic activity to a living field that is known and practiced by the people in the developing countries. They are quite many; however, the emphasis here is on role of the political structure in the developing countries and how it negatively affects the development of bioethics. It presents an argument that if bioethics is to grow within the system of health service, it should be accompanied by a parallel changes in the political mindsets in these countries. SUMMARY: For bioethics to flourish in developing countries, it needs an atmosphere of freedom where people can practice free moral reasoning and have full potential to take their life decisions by themselves. Moreover, bioethics could be a tool for political change through the empowerment of people, especially the vulnerable. To achieve that, the article is proposing a practical framework for facilitating the development of the field of bioethics in the developing countries.

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* Article  Document 108

de Vries, Rob; Gordijn, Bert

**Empirical ethics and its alleged meta-ethical fallacies**

Bioethics 2009 May; 23(4): 193-201

**Abstract:** This paper analyses the concept of empirical ethics as well as three meta-ethical fallacies that empirical ethics is said to face: the is-ought problem, the naturalistic fallacy and violation of the fact-value distinction. Moreover, it answers the question of whether empirical ethics (necessarily) commits these three basic meta-ethical fallacies.

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* Article  Document 109

Parker, Malcolm

**Two concepts of empirical ethics**

Bioethics 2009 May; 23(4): 202-213

**Abstract:** The turn to empirical ethics answers two calls. The first is for a richer account of morality than that afforded by bioethical principlism, which is cast as excessively abstract and thin on the facts. The second is for the facts in question to be those of human experience and not some other, unworldly realm. Empirical ethics therefore promises a richer naturalistic ethics, but in fulfilling the second call it often fails to heed the metaethical requirements related to the first. Empirical ethics risks losing the normative edge which necessarily characterizes the ethical, by failing to account for the nature and the logic of moral norms. I sketch a naturalistic theory, teleological expressivism (TE), which negotiates the naturalistic fallacy by providing a more satisfactory means of taking into account facts and research data with ethical implications. The examples of informed consent and the euthanasia debate are used to illustrate the superiority of this approach, and the problems consequent on including the facts in the wrong kind of way.

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* Article  Document 110

Hoffmaster, Barry; Hooker, Cliff

**How experience confronts ethics**

Bioethics 2009 May; 23(4): 214-225

**Abstract:** Analytic moral philosophy's strong divide between empirical and normative restricts facts to providing information for the application of norms and does not allow them to confront or challenge norms. So any genuine attempt to incorporate experience and empirical research into bioethics—to give the empirical more than the status of
mere 'descriptive ethics'—must make a sharp break with the kind of analytic moral philosophy that has dominated contemporary bioethics. Examples from bioethics and science are used to illustrate the problems with the method of application that philosophically prevails in both domains and with the conception of rationality that underlies this method. Cues from how these problems can be handled in science then introduce summaries of richer, more productive naturalist and constructivist accounts of reason and normative knowledge. Liberated by a naturalist approach to ethics and an enlarged conception of rationality, empirical work can be recognized not just as essential to bioethics but also as contributing to normative knowledge.

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http://www3.interscience.wiley.com/journal/118486360/home (link may be outdated)

* Document 111

Leget, Carlo; Borry, Pascal; de Vries, Raymond

'Nobody tosses a dwarf!' The relation between the empirical and the normative reexamined

Bioethics 2009 May; 23(4): 226-235

Abstract: This article discusses the relation between empirical and normative approaches in bioethics. The issue of dwarf tossing, while admittedly unusual, is chosen as a point of departure because it challenges the reader to look with fresh eyes upon several central bioethical themes, including human dignity, autonomy, and the protection of vulnerable people. After an overview of current approaches to the integration of empirical and normative ethics, we consider five ways that the empirical and normative can be brought together to speak to the problem of dwarf tossing: prescriptive applied ethics, theoretical ethics, critical applied ethics, particularist ethics and integrated empirical ethics. We defend a position of critical applied ethics that allows for a two-way relation between empirical and normative theories. Against efforts fully to integrate the normative and the empirical into one synthesis, we propose that the two should stand in tension and relation to one another. The approach we endorse acknowledges that a social practice can and should be judged both by the gathering of empirical data and by normative ethics. Critical applied ethics uses a five stage process that includes: (a) determination of the problem, (b) description of the problem, (c) empirical study of effects and alternatives, (d) normative weighing and (e) evaluation of the effects of a decision. In each stage, we explore the perspective from both the empirical (sociological) and the normative ethical point of view. We conclude by applying our five-stage critical applied ethics to the example of dwarf tossing.

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http://www3.interscience.wiley.com/journal/118486360/home (link may be outdated)

* Document 112

Widdershoven, Guy; Abma, Tineke; Molewijk, Bert

Empirical ethics as dialogical practice

Bioethics 2009 May; 23(4): 236-248

Abstract: In this article, we present a dialogical approach to empirical ethics, based upon hermeneutic ethics and responsive evaluation. Hermeneutic ethics regards experience as the concrete source of moral wisdom. In order to gain a good understanding of moral issues, concrete detailed experiences and perspectives need to be exchanged. Within hermeneutic ethics dialogue is seen as a vehicle for moral learning and developing normative conclusions. Dialogue stands for a specific view on moral epistemology and methodological criteria for moral inquiry. Responsive evaluation involves a structured way of setting up dialogical learning processes, by eliciting stories of participants, exchanging experiences in (homogeneous and heterogeneous) groups and drawing normative conclusions for practice. By combining these traditions we develop both a theoretical and a practical approach to empirical ethics, in which ethical issues are addressed and shaped together with stakeholders in practice. Stakeholders' experiences are not only used as a source for reflection by the ethicist; stakeholders are involved in the process of reflection and analysis, which takes place in a dialogue between participants in practice, facilitated by the ethicist. This dialogical approach to empirical ethics may give rise to questions such as: What contribution does the ethicist make? What role does ethical theory play? What is the relationship between empirical research and ethical theory in the dialogical process? In this article, these questions will be addressed by reflecting upon a project in empirical ethics that was set up in a dialogical way. The aim of this project was to develop and implement normative guidelines with and within practice, in order to improve the practice concerning coercion and compulsion in psychiatry.
**Document 113**

Ives, Jonathan; Draper, Heather

**Appropriate methodologies for empirical bioethics: it's all relative**

Bioethics 2009 May; 23(4): 249-258

**Abstract:** In this article we distinguish between philosophical bioethics (PB), descriptive policy orientated bioethics (DPOB) and normative policy oriented bioethics (NPOB). We argue that finding an appropriate methodology for combining empirical data and moral theory depends on what the aims of the research endeavour are, and that, for the most part, this combination is only required for NPOB. After briefly discussing the debate around the is/ought problem, and suggesting that both sides of this debate are misunderstanding one another (i.e. one side treats it as a conceptual problem, whilst the other treats it as an empirical claim), we outline and defend a methodological approach to NPOB based on work we have carried out on a project exploring the normative foundations of paternal rights and responsibilities. We suggest that given the prominent role already played by moral intuition in moral theory, one appropriate way to integrate empirical data and philosophical bioethics is to utilize empirically gathered lay intuition as the foundation for ethical reasoning in NPOB. The method we propose involves a modification of a long-established tradition on non-intervention in qualitative data gathering, combined with a form of reflective equilibrium where the demands of theory and data are given equal weight and a pragmatic compromise reached.

**Document 114**

de Melo-Martín, Inmaculada

**Vulnerability and ethics: considering our Cartesian hangover.**

Lancet 2009 April 11; 373(9671): 1244-1245

**Document 115**

Kirch, Darrell G.; Vernon, David J.

**The ethical foundation of American medicine: in search of social justice.**

JAMA: The Journal of the American Medical Association 2009 April 8; 301(14): 1482-1484

**Document 116**

Demirhan Erdemir, Aysegül

**Laws on medical ethics in Turkey from the past to nowadays and comments**

Document 117

Müller, Denis

Open "laicity" and secularity versus ideological secularism: lessons from Switzerland
Christian Bioethics 2009 April; 15(1): 74-85

Abstract: In order to avoid both religious intolerance and religious indifference, we need to develop a positive notion of an open laicity or secularity that permits us to respect our religiously plural as well as secular contemporary situation. Open laicity or secularity is the practical and political consequence of a Protestant theology and spirituality. It represents a critical answer to the disaster of secularism and laicism. Most of the difficulties in the discussion between traditionalist Christians (Orthodox, Catholic, or Evangelical!) and modern, critical Christians (Protestant, Catholic, and maybe some Orthodox too!) come from a confusion between the danger of secularism and laicism, that this article criticizes very deeply, and the positive reality of a secular world, grounded in the very biblical and theological understanding of a created world, in which God has given to all human beings the task to behave in a rational, responsible, creative, and respectful way.

Document 118

Barbosa da Silva, António

How Christian norms can have an impact on bioethics in a pluralist and democratic Europe: a Scandinavian perspective
Christian Bioethics 2009 April; 15(1): 54-73

Abstract: This article assesses the similarity and difference between the Western European style of doing bioethics and the Scandinavian one. First, it reviews the introductory article by the editor, C. Delkeskamp-Hayes in the first issue of Christian Bioethics (2008), devoted to the possibility of a specifically Christian bioethics in Europe. Second, it analyses bioethics debates in Scandinavian today. In light of Delkeskamp-Hayes' article, the main similarity is that both regions are facing secularization as a threat to basic Christian values, for example, to the Christian view of the sanctity and dignity of the human life. But the Scandinavian tends to reduce Christian bioethics to Luther's concept of the worldly kingdom, supposed to foster a dialogue between Christians and non-Christians on controversial ethical issues. Despite the positive value of the dialogue, this strategy renders Christian ethics powerless. Third, from an evangelical theological standpoint, it proposes some strategies for enhancing the influence of Christian commitments on bioethical laws and policies.

Document 119

Schotsmans, Paul T.

Christian bioethics in Europe: in defense against reductionist influences from the United States

Abstract: Christian ideas have continued to inspire European bioethics until now. The central thesis of this essay is that the open-mindedness of Roman Catholic and other Christian denominations in Europe is crucial for understanding why Christian ethics is so well integrated in the European culture. The essay describes first the institutional frameworks in which these Christian mainly Roman Catholic ideas are developed. It analyzes further the difference between the secular Anglo-American and European bioethics as it has been influenced by these Christian ideas. It finally summarizes the challenges to which Europe's Christian bioethical identity is presently exposed to. The essay states that the Christian inspiration of European bioethics is mainly connected with the ideologically moderate, tolerant, and dialogical participation of Christian bioethicists in the bioethical debate in Europe.
Document 120
Delkeskamp-Hayes, Corinna
European bioethics II – disparate hopes and fears: an introduction
Christian Bioethics 2009 April; 15(1): 1-16
Abstract: This introduction supplies further bearing points for the conceptual map, which the introduction to the previous issue on European bioethics (2008/1) had provided for sorting out the various dimension in which the essays collected in these issues resemble and differ from each other. Special attention is devoted to communication, as diverse Christianities attend to different purposes, problems, and opportunities for normatively engaging (persuading, influencing, ruling, opposing, and converting) their surrounding secularized cultures. These differences reflect incompatible ways of conceiving Christ's acts of healing, as these provide a model for His disciples' bioethics. These differences also reflect diversely rationalist and noetic epistemologies. The subtext concerns the haunting question about the enduring sustainability of a specifically Christian bioethics in Europe. As Schotsmans opts for a Roman Catholicism that is not recognized as such by his Magisterium, as Muller transforms Protestantism into a religiously nonhostile laicity, as Messer and Silva da Barbosa hope for the prophetic impact of communal "cities on the hill," and as the Orthodox pursue the conversion of Western Europe in Greek, Russian, and Rumanian, ongoing Divine miracles present the most realistic hope.

Document 121
Lanoix, Monique
Understanding the scope of clinical ethics
American Journal of Bioethics 2009 April; 9(4): 45-46

Document 122
Sokol, Daniel K.
Sweetening the scent: commentary on "What principlism misses"
Journal of Medical Ethics 2009 April; 35(4): 232-233

Document 123
Walker, Tom
What principlism misses.
Journal of Medical Ethics 2009 April; 35(4): 229-231
Abstract: Principlism aims to provide a framework to help those working in medicine both to identify moral problems and to make decisions about what to do. For it to meet this aim, the principles included within it must express values that all morally serious people share (or ought to share), and there must be no other values that all morally serious
people share (or ought to share). This paper challenges the latter of these claims. I will argue that as a descriptive claim about what values morally serious people do in fact share, principlism is inadequate; more principles would be needed to make this claim true. Furthermore, I will argue that while, taken as a claim about what principles we ought to share, principlism could turn out to be correct, it is either unsupported or unable to meet its aims. The only way in which principlists can avoid these problems is to add to the current four principles.

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http://jme.bmj.com (link may be outdated)

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Document 124

Kutukdjian, Georges

**The bioethics debate: transdisciplinary requirements in the multicultural context.**


**Abstract:** Why is it necessary to have a public debate over bioethical issues? How should it be organized? Who should be involved? What could it offer us? What are its limitations? The author attempts to answer these questions, by highlighting the necessity of breaking down disciplinary barriers and the need to ensure the pluralism of perspectives in such debates and the consideration of cultural factors for accessible and efficient communication. For this purpose, he gives several examples of public debates that correspond to different objectives.

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Document 125

Daswon, Angus; Wilkinson, Stephen

**Philosophical clinical ethics**

Clinical Ethics 2009 March; 4(1): 36-37

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http://ce.rsmjournals.com/ (link may be outdated)

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Document 126

Howard, Joseph C., Jr.

**The principle of double effect as applied to the Maltese conjoined twins**

National Catholic Bioethics Quarterly 2009 Spring; 9(1): 85-96

**Abstract:** Is it ethical to perform a surgery whose purpose is to make a male look like a female or a female to appear male? Is it medically appropriate? Sexual reassignment surgery (SRS) violates basic medical and ethical principles and is therefore not ethically or medically appropriate. (1) SRS mutilates a healthy, non-diseased body. To perform surgery on a healthy body involves unnecessary risks; therefore, SRS violates the principle primum non nocere, “first, do no harm.” (2) Candidates for SRS may believe that they are trapped in the bodies of the wrong sex and therefore desire or, more accurately, demand SRS; however, this belief is generated by a disordered perception of self. Such a fixed, irrational belief is appropriately described as a delusion. SRS, therefore, is a "category mistake"-it offers a surgical solution for psychological problems such as a failure to accept the goodness of one's masculinity or femininity, lack of secure attachment relationships in childhood with same-sex peers or a parent, self-rejection, untreated gender identity disorder, addiction to masturbation and fantasy, poor body image, excessive anger, and severe psychopathology in a parent. (3) SRS does not accomplish what it claims to accomplish. It does not change a person's sex; therefore, it provides no true benefit. (4) SRS is a "permanent," effectively unchangeable, and often unsatisfying surgical attempt to change what may be only a temporary (i.e., psychotherapeutically changeable) psychological/psychiatric condition.

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http://ncbccenter.metapress.com/app/home/journal.asp (link may be outdated)
Document 127
Fry-Revere, Sigrid; Mathey, Alison; Chen, Deborah; Revere, Nathaniel B.
Legal trends in bioethics
Georgetown users check Georgetown Journal Finder for access to full text

Document 128
Brown, Mark B.
Three ways to politicize bioethics
American Journal of Bioethics 2009 February; 9(2): 43-54
Abstract: Many commentators today lament the politicization of bioethics, but some suggest distinguishing among different kinds of politicization. This essay pursues that idea with reference to three traditions of political thought: liberalism, communitarianism, and republicanism. After briefly discussing the concept of politicization itself, the essay examines how each of these political traditions manifests itself in recent bioethics scholarship, focusing on the implications of each tradition for the design of government bioethics councils. The liberal emphasis on the irreducible plurality of values and interests in modern societies, and the communitarian concern with the social dimensions of biotechnology, offer important insights for bioethics councils. The essay finds the most promise in the republican tradition, however, which emphasizes institutional mechanisms that allow bioethics councils to enrich but not dominate public deliberation, while ensuring that government decisions on bioethical issues are publicly accountable and contestable.
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http://www.bioethics.net/journal/ (link may be outdated)

Document 129
Durante, Chris
Republicanism in bioethics?
American Journal of Bioethics 2009 February; 9(2): 55-56; reply by Mark B. Brown, W6- W7
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bioethics.net/journal/ (link may be outdated)

Document 130
DiSilvestro, Russell
Small-r-republicans, big-R-Republicans, and government bioethics councils
American Journal of Bioethics 2009 February; 9(2): 57-58; reply by Mark B. Brown, W6- W7
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bioethics.net/journal/ (link may be outdated)

Document 131
Brian, Jenny Dyck; Briggle, Adam
Bioethics and politics: rules of engagement
American Journal of Bioethics 2009 February; 9(2): 59-61; reply by Mark B. Brown, W6- W7
**Document 132**

Berger, Sam

**Politics by another name**

American Journal of Bioethics 2009 February; 9(2): 61-63; reply by Mark B. Brown, W6- W7

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**Document 133**

Irvine, Rob

**The political condition of bioethics**

American Journal of Bioethics 2009 February; 9(2): 63-64; reply by Mark B. Brown, W6- W7

Georgetown users check [Georgetown Journal Finder](http://www.bioethics.net/journal/) for access to full text

**Document 134**

Makari, George

**On the shifting boundaries of medicine.**

Lancet 2009 January 17-23; 373(9659): 206-207

Georgetown users check [Georgetown Journal Finder](http://www.bioethics.net/journal/) for access to full text

**Document 135**

Iyalomhe, G.B.S.

**Medical Ethics and Ethical Dilemmas.**


Georgetown users check [Georgetown Journal Finder](http://www.bioethics.net/journal/) for access to full text

**Document 136**

Turner, Leigh

**Bioethics and social studies of medicine: overlapping concerns.**


Georgetown users check [Georgetown Journal Finder](http://journals.cambridge.org/action/displayJournal?jid=CQH) for access to full text
Document 144
Weisfeld, Neil E.; Weisfeld, Victoria D.; and Liverman, Catharyn T., eds. Institute of Medicine (United States)
MILITARY MEDICAL ETHICS: ISSUES REGARDING DUAL LOYALTIES—WORKSHOP SUMMARY
Call number: U22_M55 2009

http://www.nap.edu (link may be outdated)

Document 145
Walters, LeRoy; Kahn, Tamar Joy; and Goldstein, Doris M., eds.
BIBLIOGRAPHY OF BIOETHICS, VOLUME 35
Call number: Z6675.E8 W34 v. 35

Document 146
Lizza, John P., ed.
DEFINING THE BEGINNING AND END OF LIFE: READINGS ON PERSONAL IDENTITY AND BIOETHICS
Call number: R724.D447 2009

Document 147
Nelson, Leonard J.
DIAGNOSIS CRITICAL: THE URGENT THREATS CONFRONTING CATHOLIC HEALTH CARE
Call number: RA975.C37 N3 2009

Document 148
Mooney, Carla
BIOETHICS
Call number: R724.M664 2009

Document 149
Murray, Stuart J. and Holmes, Dave, eds.
CRITICAL INTERVENTIONS IN THE ETHICS OF HEALTHCARE: CHALLENGING THE PRINCIPLE OF AUTONOMY IN BIOETHICS
Call number: R724.C8247 2009

Document 150
Thobaben, James R.
HEALTH-CARE ETHICS: A COMPREHENSIVE CHRISTIAN RESOURCE
Call number: R725.56 .T46 2009

VanDrunen, David
BIOETHICS AND THE CHRISTIAN LIFE: A GUIDE TO MAKING DIFFICULT DECISIONS
Call number: R725.56 .V36 2009

Orr, Robert D.
MEDICAL ETHICS AND THE FAITH FACTOR: A HANDBOOK FOR CLERGY AND HEALTH CARE PROFESSIONALS
Call number: R724 .O7445 2009

Have, Henk A.M.J. ten and Jean, Michèle S., eds.
THE UNESCO UNIVERSAL DECLARATION ON BIOETHICS AND HUMAN RIGHTS: BACKGROUND, PRINCIPLES AND APPLICATION
Call number: QH332 .U543 2009

Tubbs, Jr., James B.
A HANDBOOK OF BIOETHICS TERMS
Call number: R725.5 .T83 2009

Ignacimuthu, S.
BIOETHICS
Call number: QH332 .I46 2009

Seedhouse, David
ETHICS: THE HEART OF HEALTH CARE
Call number: R724 .S43 2009
**Document 157**
Groenhout, Ruth E.
BIOETHICS: A REFORMED LOOK AT LIFE AND DEATH CHOICES
Call number: R725.56.G76 2009

**Document 158**
Lovegrove, Ray
HEALTH: ETHICAL DEBATES IN MODERN MEDICINE
Call number: R724.L69 2009

**Document 159**
Lo, Bernard
RESOLVING ETHICAL DILEMMAS: A GUIDE FOR CLINICIANS
Call number: R724.L59 2009

**Document 160**
Fisher, Johnna, ed.
BIOMEDICAL ETHICS: A CANADIAN FOCUS
Call number: R724.B56 2009

**Document 161**
Siba'i, Zuhayr Ahmad; Barr, Muhammad 'Ali
Al-Tabīb: adabuhu wa fiqhuhu = Ethics and jurisprudence of physicians
Abstract: The book consists of two main parts, previously published as two separate books by the two authors. The first part, originally written and published by the first author, focuses on the ethics of a Muslim physician as should be reflected in his/her relationship with God, patients, and society. The second part, originally written and published by the second author, focuses on a number of important medical issues -- together with the reflections of contemporary Muslim legal opinion regarding them -- such as: anatomy; signs of death; organ transplantation; overpopulation and birth control; birth control methods; intersexuality; and modern reproductive methods.

**Document 162**
Ibråhím, 'Ådil Sha'bån
Al-Darúrah wa atharuhå fí al-'amaliyåt al-tibbiyah al-hadíthah, diråsah muqåranah = Necessity and its impact on modern medical procedures, a comparative jurisprudential study
Abstract: This book discusses the concept of necessity in Islamic legal theory and investigates the application of this concept to a number of modern medical procedures. It consists of a preliminary chapter and five main chapters, each dealing with a particular medical issue. The preliminary chapter offers background information about the concept of necessity in Islamic jurisprudence and its application in the field of medicine. The subsequent chapters cover: the application of necessity on medical procedures; surrogate motherhood; hymen reconstruction; organ transplantation; and use of religiously prohibited materials in medication.
**Document 163**
Levitt, Mairi; Zwart, Hub

*Bioethics: an export product? Reflections on hands-on involvement in exploring the "external" validity of internation bioethical declaration*

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**Document 164**
Zahedi, Farzaneh; Razavi, S.H. Emami; Larijani, Bagher

*A two-decade review of medical ethics in Iran*

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**Document 165**
Coggon, John; Huxtable, Richard; Steward, Cameron

*Recent developments*
Journal of Bioethical Inquiry 2009; 6(4): 405-413

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**Document 166**
Walker, Kim

*My life? My choice? Ethics, autonomy, and evidence-based practice in contemporary clinical care*
Call number: [R724.C8247 2009](#)

**Document 167**
den Hartogh, Govern

*The slippery slope argument*
Call number: [R724.C616 2009](#)

**Document 168**
Arras, John D.

*A case approach*
Call number: [R724.C616 2009](#)
Manning, Rita C.

**A care approach**


Call number: [R724 .C616 2009](#)

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Oakley, Justin

**A virtue ethics approach**


Call number: [R724 .C616 2009](#)

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Hare, R.M.

**A utilitarian approach**


Call number: [R724 .C616 2009](#)

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Boyle, Joseph

**Exceptionless rule approaches**


Call number: [R724 .C616 2009](#)

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Childress, James F.

**A principle-based approach**


Call number: [R724 .C616 2009](#)

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van der Burg, Wibren

**Law and bioethics**


Call number: [R724 .C616 2009](#)

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Gregory, Eric

**Religion and bioethics**

In: Kuhse, Helga; Singer, Peter, eds. A Companion to Bioethics. 2nd edition. Chichester, UK; Malden, MA: Wiley-
Document 176
Rachels, James

* Ethical theory and bioethics

Document 177
Zahedi, Farzaneh; Larijani, Bagher

Common principles and multiculturalism

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  http://journals.tums.ac.ir/ (link may be outdated)

Document 178
Summers, Jim

* Principles of healthcare ethics

Document 179
Summers, Jim

Theory of healthcare ethics

Document 180
Turner, Leigh

* Anthropological and Sociological Critiques of Bioethics


  Abstract: Anthropologists and sociologists offer numerous critiques of bioethics. Social scientists criticize bioethicists for their arm-chair philosophizing and socially ungrounded pontificating, offering philosophical abstractions in response to particular instances of suffering, making all-encompassing universalistic claims that fail to acknowledge cultural differences, fostering individualism and neglecting the importance of families and communities, and insinuating themselves within the "belly" of biomedicine. Although numerous aspects of bioethics warrant critique and reform, all too frequently social scientists offer ungrounded, exaggerated criticisms of bioethics. Anthropological and sociological critiques of bioethics are hampered by the tendency to equate bioethics with clinical ethics and moral theory in bioethics with principlist bioethics. Also, social scientists neglect the role of bioethicists in addressing organizational ethics and other "macro-social" concerns. If anthropologists and sociologists want to provide informed critiques of bioethics they need to draw upon research methods from their own fields and develop richer, more informed analyses of what bioethicists say and do in particular social settings.
Document 181
Lindsay, Ronald A.
**Bioethics policies and the compass of common morality.**
Theoretical Medicine and Bioethics 2009; 30(1): 31-43
**Abstract:** Even if there is a common morality, many would argue that it provides little guidance in resolving moral disputes, because universally accepted norms are both general in content and few in number. However, if we supplement common morality with commonly accepted factual beliefs and culture-specific norms and utilize coherentist reasoning, we can limit the range of acceptable answers to disputed issues. Moreover, in the arena of public policy, where one must take into account both legal and moral norms, the constraints on acceptable answers will narrow the extent of reasonable disagreement even further. A consideration of the debate over legalization of assisted dying supports this claim.

Document 182
Wallace, K.A.
**Common morality and moral reform.**
Theoretical Medicine and Bioethics 2009; 30(1): 55-68
**Abstract:** The idea of moral reform requires that morality be more than a description of what people do value, for there has to be some measure against which to assess progress. Otherwise, any change is not reform, but simply difference. Therefore, I discuss moral reform in relation to two prescriptive approaches to common morality, which I distinguish as the foundational and the pragmatic. A foundational approach to common morality (e.g., Bernard Gert's) suggests that there is no reform of morality, but of beliefs, values, customs, and practices so as to conform with an unchanging, foundational morality. If, however, there were revision in its foundation (e.g., in rationality), then reform in morality itself would be possible. On a pragmatic view, on the other hand, common morality is relative to human flourishing, and its justification consists in its effectiveness in promoting flourishing. Morality is dependent on what in fact does promote human flourishing and therefore, could be reformed. However, a pragmatic approach, which appears more open to the possibility of moral reform, would need a more robust account of norms by which reform is measured.

Document 183
Arras, John D.
**The hedgehog and the Borg: common morality in bioethics.**
Theoretical Medicine and Bioethics 2009; 30(1): 11-30
**Abstract:** In this commentary, I critically discuss the respective views of Gert and Beauchamp-Childress on the nature of so-called common morality and its promise for enriching ethical reflection within the field of bioethics. Although I endorse Beauchamp and Childress' shift from an emphasis on ethical theory as the source of moral norms to an emphasis on common morality, I question whether roughing up common morality to make it look like some sort of ultimate and universal foundation for morality, untouched by the dialectics of time and reflective equilibrium, was an equally good move. As for Gert's magisterial conception of common morality, I conclude that certain elements of his system are controversial at best and woefully inadequate at worst. He has a tendency to find in common morality what he himself put there, and his highly restricted conception of duties of assistance strikes this reader as ad hoc, inadequately defended, and unworthy of a project whose goal is to lessen the amount of misery in the world.
* Document 184
Strong, Carson
Exploring questions about common morality.
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* Document 185
Strech, Daniel
Evidenz-basierte ethik = Evidence-based ethics. Between implicit normativity and insufficient practicability
Ethik in der Medizin 2008 December; 20(4): 274-286
Georgetown users check Georgetown Journal Finder for access to full text

* Document 186
Li, Hongwen; Cong, Yali
The development and perspectives of Chinese bioethics.
Abstract: Bioethics began to emerge in the late 1980s in China, which was borrowed and introduced from western countries. But the Chinese bioethics has a different model from western bioethics in its philosophical basis and culture environment which have been influenced by Confucianism, Taoism and Buddhism. Academic researchers of bioethics, policy makers and the public have different opinions to the bioethical issues. Though sharing some similarities with those of western bioethics, the Chinese bioethics has certain different and urgent topics, such as health inequality in health care reform, physician-patient relationship, and different model of the informed consent.
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* Document 187
Hinkley, Aaron E.
"How are we defining our terms here?": the defining the semantic meaning of terms in bioethical debates
Journal of Medicine and Philosophy 2008 December; 33(6): 533-537
Georgetown users check Georgetown Journal Finder for access to full text

* Document 188
Lauritzen, Paul
Visual bioethics.
American Journal of Bioethics 2008 December; 8(12): 50-56
Abstract: Although images are pervasive in public policy debates in bioethics, few who work in the field attend carefully to the way that images function rhetorically. If the use of images is discussed at all, it is usually to dismiss appeals to images as a form of manipulation. Yet it is possible to speak meaningfully of visual arguments. Examining the appeal to images of the embryo and fetus in debates about abortion and stem cell research, I suggest that bioethicists would be well served by attending much more carefully to how images function in public policy debates.
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http://bioethics.net (link may be outdated)
* Document 189
Jones, Nora L.
**Bioethics in this visual century.**
American Journal of Bioethics 2008 December; 8(12): 57-58; reply by Paul Lauritzen W2-W3

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* Document 190
Chubak, Barbara
**Visual bioethics: seeing is believing?**
American Journal of Bioethics 2008 December; 8(12): 58-60; reply by Paul Lauritzen W2-W3

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* Document 191
Wu, Kevin Chien-Chang
**Expanding the vision of visual bioethics.**
American Journal of Bioethics 2008 December; 8(12): 63-64; reply by Paul Lauritzen W2-W3

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* Document 192
Fry-Revere, Sigrid; Mathey, Alison; Revere, Nathaniel B.; Chen, Deborah; Zebrovius, Devon
**Legal trends in bioethics**


* Document 193
McGrath, Pam; Henderson, David
"Oh, that's a really hard question": Australian findings on ethical reflection in an accident and emergency ward.
HEC(Healthcare Ethics Committee)Forum 2008 December; 20(4): 357-373

Georgetown users check [Georgetown Journal Finder](http://www.wkap.nl/jrnltoc.htm) for access to full text
**Document 194**

Brazier, Margaret; Cave, Emma

**Why we wrote...Medicine, Patients and the Law**
Clinical Ethics 2008 December; 3(4): 205-208

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**Document 195**

Broadbent, Alex

**For analytic bioethics**
Clinical Ethics 2008 December; 3(4): 185-188

**Abstract:** This paper argues that bioethics requires analysis, which is not explicitly ethical in character. The first part of the paper argues the general point, that ethical problems can arise not only on occasions when moral values make conflicting recommendations, but also in understanding the facts. I suggest that this is particularly so where the facts are provided by the biomedical sciences, since it is often not clear how to relate their conceptual framework to that in which we frame our value judgements. In the second part, I illustrate the argument by criticizing the moral conclusions drawn by the authors of a recent widely publicized study of paediatric obesity. There is a failure to translate properly these results into the language we use for moral evaluation. The case therefore illustrates exactly the analytic gap which I suggest bioethics might do more to fill.

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**Document 196**

Dubois, James M.

**Christian versus philosophical natural law reasoning: reply to Joseph Boyle**
Christian Bioethics 2008 December; 14(3): 310-313

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**Document 197**

Boyle, Joseph

**Enriching proportionalism through Christian narrative in bioethics: the decisive development in Richard McCormick's moral theory?**
Christian Bioethics 2008 December; 14(3): 302-309

**Abstract:** In this short response to Peter Clarke's thorough and interesting tracing of the developments in Richard McCormick's approach to moral questions, I take a perspective external to the concerns of Clarke's paper. I propose to look at the developments in McCormick's approach not so much from the perspective of contemporary Catholic moral theology but from that of the impact on the practices and beliefs of the Catholic community. From that perspective, the really important events in McCormick's theological development are his rejection of the received teaching on contraception and his closely connected embracing of a moral theory that implies that there are no moral absolutes, namely, proportionalism.

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**Document 198**

Cherry, Mark J.

**Moral ambiguity, Christian sectarianism, and personal repentance: reflections on Richard McCormick's moral theology**
Christian Bioethics 2008 December; 14(3): 283-301
**Abstract:** This article raises three challenges to Richard McCormick's proportionalism. First, adequately to judge proportionate reason requires the specification of a particular background moral content and metaphysical context. Absent such specification, evaluation of proportionate reason is inherently and deeply ambiguous. Second, to resolve such ambiguity and yet remain Christian, proportionalism must adopt a forthrightly Christian moral content set within a straightforwardly Christian metaphysics. This move will, however, set Christian bioethics off as sectarian—a conclusion McCormick wishes to avoid. Third, even if proportionalism were to adopt a Christian moral content and metaphysics to avoid such ambiguity, its methodology sets aside a key aspect of the Christian life: repentance. Proportionalism does not account for the core reality that repentance plays in one's personal encounter with and knowledge of God. As I will argue, the challenge in part is that moral action cannot be adequately conceptualized, nor can moral theology be properly understood, outside of the authentic practice of the religious life, and repentance is central to that Christian reality.

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**Document 199**

Tollefsen, Christopher  
**Intending damage to basic goods**  
Christian Bioethics 2008 December; 14(3): 272-282

**Abstract:** Richard McCormick justified his move to proportionalism in part because of the perceived inadequacy of the Grisez-Finnis approach to morality to answer the following question: "What is to count for turning against a basic good, and why?" In this paper, I provide the beginnings of an account of what it means to intend damage to a good; I then show that the account is readily exportable to judgments regarding killing and lying defended by Grisez and others. I then indicate that the account comports well with some of what Grisez says about sexual morality and suggest areas in which further clarification is necessary. In thus proceeding, I hope to inoculate the Grisez view from McCormick's reservations.

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**Document 200**

Clark, Peter A.  
**Richard McCormick, SJ, and dual epistemology**  
Christian Bioethics 2008 December; 14(3): 236-271

**Abstract:** This article will examine McCormick's moral epistemology both at the level of how human persons know values and disvalues, which hereinafter will be referred to as synderesis, and at the level of how human persons know the rightness and wrongness of an action, which hereinafter will be referred to as normative moral judgment. On the one hand, from this investigation it appears that McCormick operates with a dual moral epistemology, at least at the level of synderesis. This means that at one point in time it appears that a significant shift may have occurred in his moral epistemology at the level of synderesis. This may also be true at the level of normative moral judgment. On the other hand, McCormick's moral epistemology may in fact be a synthesis, which is the product of development and maturity in his thought process. This article will articulate, examine, and analyse both moral epistemologies. The first moral epistemology is operative in McCormick's writing up until 1983. The second moral epistemology corresponds to McCormick's decision in 1983 to write primarily in the area of bioethics from a theological perspective. Since the year 1983 seems to be the pivotal time when these two moral epistemologies converge, I will refer to the first moral epistemology as "prior to 1983" and I will refer to the second moral epistemology as "after 1983." Because of the numerous criticisms that surround McCormick's moral epistemology, and the ambiguity that it entails, McCormick needed to articulate his theoretical foundations clearly and develop them systematically and coherently. Numerous moral theologians called for him to do this, yet he never responded. A systematic understanding of McCormick's moral epistemology is not only necessary but crucial in examining various issues in bioethics. It is necessary because it is the basis of moral decision making. It is crucial because the life and death of individuals may hang in the balance.

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* Document 201
Ralston, D. Christopher

Introduction
Christian Bioethics 2008 December; 14(3): 227-235

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* Document 202
Goggin, Gerard


Abstract: The untimely passing of Reverend Canon Dr Christopher Newell, AM, came as a shock to many in the bioethics world. As well as an obituary, this article notes a number of important themes in his work, and provides a select bibliography. Christopher's major contribution to this field is that he was one of a handful of scholars who made disability not only an acceptable area of bioethics—indeed a vital, central, fertile area of enquiry. Crucially Christopher emphasised that where we do ethics is actually in everyday life—while we mourn his passing, his rich work and example will continue to inspire bioethical inquiry.

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* Document 203
Freckelton, Ian

The Universal Declaration on Bioethics and Human Rights.
Journal of Law and Medicine 2008 October; 16(2): 187-192

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* Document 204
Aramesh, Kiarash

Justice as a principle of Islamic bioethics

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* Document 205
Li, En-Chang

Bioethics in China
Bioethics 2008 October; 22(8): 448-454

Abstract: Historically, the preconditions for the emergence of bioethics in China. were political reforms and their applications. The Hanzhong Euthanasia Case and the publication of Qiu Ren-zong's academic work Bioethics played a significant role in the development of bioethics in China. Other contributory factors include the establishment of the Chinese Society of Medical Ethics/Chinese Medical Association (C.M.A), the publication of the Journal of Chinese Medical Ethics, and the teaching and education of bioethics in China. Major achievements of bioethics in China include the establishment of ethics committee and ethics review system, active international communication and cooperation among the academic circles, and the successful management of the 8th World Congress of Bioethics in Beijing in 2006. Chinese bioethics focus on native Chinese realities and conditions, absorb the international research achievements in relevant fields, and combine international ideas with traditional Chinese doctrines. Admittedly, there
are still some aspects to be improved, yet bioethics has attracted a lot of attention from the core leadership in China and has gained sound financial support, which augers well for its further development. This article also briefly introduces the development of bioethics in Hong Kong and Taiwan, China.

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* * Article  
Ang, T.W.; ten Have, H.; Solbakk, J.H.; Nys, H.  
**UNESCO Global Ethics Observatory: database on ethics related legislation and guidelines**  
Journal of Medical Ethics 2008 October; 34(10): 738-741  
**Abstract:** The Database on Ethics Related Legislation and Guidelines was launched in March 2007 as the fourth database of the UNESCO Global Ethics Observatory system of databases in ethics of science and technology. The database offers a collection of legal instruments searchable by region, country, bioethical themes, legal categories and applicability to specific articles of the UNESCO Universal Declaration on Bioethics and Human Rights and International Declaration on Human Genetic Data. This paper discusses the background and rationale for the database and its role as a consultative and comparative resource hub for the study of ethics related legal instruments across the world, with the purpose of informing and inspiring relevant stakeholders on the implementation of the principles contained within the UNESCO declarations on bioethics.

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* * Article  
Duran, Jane  
**Global bioethics and feminist epistemology**  
International Journal of Applied Philosophy 2008 Fall; 22(2): 303-310

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* * Article  
Oderberg, David S.  
**Bioethics today**  
Human Life Review 2008 Fall; 34(4): 98-109

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* * Article  
Gaines, Atwood D.; Juengst, Eric T.  
**Origin myths in Bioethics: constructing sources, motives and reason in Bioethic(s).**  
Culture, Medicine and Psychiatry 2008 September; 32(3): 303-327

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* * Article  
Fry-Revere, Sigrid; Revere, Nathaniel B.; Chen, Deborah, Koshy, Sheeba
Legal trends in bioethics
Journal of Clinical Ethics 2008 Fall; 19(3): 274-302
Georgetown users check Georgetown Journal Finder for access to full text


* Document 211
Kaplan, Bonnie; Litewka, Sergio
Ethical challenges of telemedicine and telehealth
CQ: Cambridge Quarterly of Healthcare Ethics 2008 Fall; 17(4): 401-416
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* Document 212
Goodman, Kenneth W.; Cava, Anita
Bioethics, business ethics, and science: bioinformatics and the future of healthcare
CQ: Cambridge Quarterly of Healthcare Ethics 2008 Fall; 17(4): 361-372
Georgetown users check Georgetown Journal Finder for access to full text

* Document 213
Hamel, Ron
Health care ethics: changes on the way
Health Progress 2008 September-October; 89(5): 4-5
Georgetown users check Georgetown Journal Finder for access to full text
http://www.chausa.org (link may be outdated)

* Document 214
Tham, S. Joseph
The secularization of bioethics
National Catholic Bioethics Quarterly 2008 Autumn; 8(3): 443-453
Georgetown users check Georgetown Journal Finder for access to full text

* Document 215
Boyle, Joseph
Contraception and anesthesia: a reply to James DuBois
Abstract: This is a response to James Dubois' "Is anesthesia intrinsically wrong?" I do not address many of the claims in this article but only DuBois' use of the moral evaluation of the medical use of anesthesia as a counter example to two lines of reasoning developed to defend the traditional Catholic prohibition of contraception. Elizabeth Anscombe's dialectical defense of this teaching does not imply that such a defense must logically apply to the use of anesthesia. John Finnis' defense of this teaching on the basis of a natural law argument does not imply that consciousness is a basic human good.
**Document 216**

Dubois, James M.

**Is anesthesia intrinsically wrong? On moral absolutes and natural law methodology**

Christian Bioethics 2008 August; 14(2): 206-216

**Abstract:** This article engages two fundamentally different kinds of so-called natural law arguments in favor of specific moral absolutes: Elizabeth Anscombe's claim that certain actions are known to be intrinsically wrong through intuition (or mystical perceptions), and John Finnis's claim that such actions are known to be wrong because they involve acting directly against a basic human good. Both authors maintain, for example, that murder and contraceptive sexual acts are known to be wrong, always and everywhere, through their respective epistemological lens. This article uses the counter-example of anesthesia to challenge these two approaches to substantiating natural law claims. The paper concludes by rejecting the view shared by Professors Finnis and Anscombe that once one rejects these foundations for moral absolutes, one is left with moral subjectivism. In fact, one is left with moral absolutes of a more restricted nature, which are known philosophically, and with more robust moral absolutes held on religious grounds. Virtues are needed in the moral life, among other reasons, because such norms require discernment and integrity for their correct application.

**Document 217**

Vogler, Candace

**For want of a nail**


**Abstract:** In "Modern Moral Philosophy," Elizabeth Anscombe charged that Sidgwick's failure to distinguish intended from merely foreseen consequences of an action counted as a very bad degeneration of thought. Sidgwick's failure is endemic to contemporary normative models of decision and choice. There are three components to rational decision making on these models: what the agent wants the prospective actions or policies under consideration and what the agent expects will happen as a result of taking specific action or adopting specific policy measures. The prospective actions are often modeled as lotteries across possible outcomes. Choice on any lottery-based model or representation is choice among probability distributions. Participants in contemporary risk assessment studies do not make decisions in the way suggested by these models. Instead, the participants deploy a distinctive form of estimating the future. I advance a series of considerations meant to motivate the claim that the form of estimating the future at issue for participants of risk assessment studies may be sound, even when the content of their practical judgment is dubious. The form belongs equally to ethics and to practical reason and tracks Anscombe's remarks about moral responsibility.

**Document 218**

Watkins, Margaret

**Her conclusions — with which he is in love: Why Hume would fancy Anscombe**

Christian Bioethics 2008 August; 14(2): 175-186

**Abstract:** The features of Hume's philosophy which I have mentioned, like many other features of it, would incline me to think that Hume was a mere—brilliant—sophist; and his procedures are certainly sophistical. But I am forced, not to reverse, but to add to, this judgment by a peculiarity of Hume's philosophizing: namely that although he reaches his conclusions—with which he is in love—by sophistical methods, his considerations constantly open up very deep and important problems ... hence he is a very profound and great philosopher, in spite of his sophistry.
Miner, Robert C.

What does obligation add to virtue-descriptions? Some uses of Anscombe's law/game analogy

Abstract: We can describe certain actions as defective in a particular virtue, for example, as "unjust" or "intemperate." We can take the additional step of describing such actions as "morally wrong" or "contrary to moral obligation." A key claim of Elizabeth Anscombe's "Modern Moral Philosophy" is that if we choose to describe virtue-defective actions as "morally wrong," because we are "obliged" or "bound" or "required" not to do them, we are in fact taking an additional step and that this step stands in need of explanation. Just what, if anything, is added to the description of an action as "unjust" when we say there is an obligation not to do it? Anscombe thinks "the answer is in history: between Aristotle and us came Christianity, with its law conception of ethics. "In this paper, I shall confront this question in two parts. First, I will consider the possibility, argued for by Simon Blackburn, that Anscombe's historical explanation cannot answer this question because her history is based on the false premise that the Greeks do not possess the "moral ought." Describing an action as contrary to obligation may (or may not) still add something to "unjust," but historical genealogy of Anscombe's sort will not shed any light on the question. Since I think that Blackburn's arguments, although important, are not conclusive, I will proceed to consider the implications of Anscombe's own view of what talk about obligation adds to descriptions of actions as defective in virtue. This will require elaboration of her cryptic Wittgensteinian remark that "it really does add something to the description 'unjust' to say there is an obligation not to do it; for what obliges is the divine law—as rules oblige in a game."

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Flannery, Kevin L.

Anscombe and Aristotle on corrupt minds

Abstract: At the start of her vigorously argued and classic article, "Modern Moral Philosophy," G. E. M. Anscombe stated three focal theses. First, that philosophers of the time needed to dispense with investigation into talk of what is morally right, wrong; permissible, forbidden, required; and of moral obligation or duty, what we morally ought to do. Second, there was no adequate philosophical psychology then available of the sort needed for doing good moral philosophy. Third, the differences among the modernist moral philosophers (from, roughly, Hume's time through the mid-20th century) that had been most widely discussed were not as important as what they agreed on. I wish here to make some remarks about the sequel. More specifically, I will briefly discuss some aspects of how things have since played out with the first two theses, in order to say something about the relation between the first and second theses and about the state of things with respect to her third thesis, especially as it impacts today's medical ethics, a field of inquiry that barely existed at the time Anscombe wrote "Modern Moral Philosophy."

Hursthouse, Rosalind

Discussing dilemmas

Abstract: At the start of her vigorously argued and classic article, "Modern Moral Philosophy," G. E. M. Anscombe stated three focal theses. First, that philosophers of the time needed to dispense with investigation into talk of what is morally right, wrong; permissible, forbidden, required; and of moral obligation or duty, what we morally ought to do. Second, there was no adequate philosophical psychology then available of the sort needed for doing good moral philosophy. Third, the differences among the modernist moral philosophers (from, roughly, Hume's time through the mid-20th century) that had been most widely discussed were not as important as what they agreed on. I wish here to make some remarks about the sequel. More specifically, I will briefly discuss some aspects of how things have since played out with the first two theses, in order to say something about the relation between the first and second theses and about the state of things with respect to her third thesis, especially as it impacts today's medical ethics, a field of inquiry that barely existed at the time Anscombe wrote "Modern Moral Philosophy."
Document 223
Solomon, David

Elizabeth Anscombe's "Modern Moral Philosophy": fifty years later
Christian Bioethics 2008 August; 14(2): 109-122

Abstract: This article introduces an issue of Christian bioethics which examines the significance of Elizabeth Anscombe's classic article, "Modern Moral Philosophy", on the 50th anniversary of its publication. The manifold influences of this article are explored in some detail and the current status of the three famous theses put forward by Anscombe in the article is assessed. This article also briefly introduces the other articles in this issue and locates them within the general framework of contemporary discussions of Anscombe's work.

Document 224
De Vries, Raymond G.; Keirns, Carla C.; Landy, David C.; Sharp, Richard R.

Does money make bioethics go 'round?
American Journal of Bioethics 2008 August; 8(8): 65-67; author's reply W1-W2

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Document 225
Epstein, Miran; Landy, David C.; Sharp, Richard R.

'Tell us what you want to do, and we'll tell you how to do it ethically' -- academic bioethics: routinely ideological and occasionally corrupt
American Journal of Bioethics 2008 August; 8(8): 63-65; author's reply W1-W2

http://bioethics.net (link may be outdated)

Document 226
Tsai, Alexander C.; Landy, David C.; Sharp, Richard R.

Who is buying normative bioethics research?

http://bioethics.net (link may be outdated)

Document 227
Resnik, David B.; Landy, David C.; Sharp, Richard R.

Hidden sources of private industry funding
American Journal of Bioethics 2008 August; 8(8): 60-61; author's reply W1-W2
Document 228
Evans, John H.; Landy, David C.; Sharp, Richard R.
In search of a measure of industry funding
American Journal of Bioethics 2008 August; 8(8): 59-60; author's reply W1-W2

Document 229
Hellsten, Sirkku K.
Global bioethics: utopia or reality?
Developing World Bioethics 2008 August; 8(2): 70-81
Abstract: This article discusses what ‘global bioethics’ means today and what features make bioethical research ‘global’. The article provides a historical view of the development of the field of ‘bioethics’, from medical ethics to the wider study of bioethics in a global context. It critically examines the particular problems that ‘global bioethics’ research faces across cultural and political borders and suggests some solutions on how to move towards a more balanced and culturally less biased dialogue in the issues of bioethics. The main thesis is that we need to bring global and local aspects closer together, when looking for international guidelines, by paying more attention to particular cultures and local economic and social circumstances in reaching a shared understanding of the main values and principles of bioethics, and in building ‘biodemocracy’.

Document 230
Sokol, Daniel K.
"What does the law say?"
BMJ: British Medical Journal 2008 July 5; 337(7660): 22

Document 231
Kaebnick, Gregory E.
Reasons of the heart: emotion, rationality, and the "wisdom of repugnance". Hastings Center Report 2008 July-August; 38(4): 36-45
Abstract: Much work in bioethics tries to sidestep bedrock questions about moral values. This is fine if we agree on our values; arguments about human enhancement suggest we do not. One bedrock question underlying these arguments concerns the role of emotion in morality: worries about enhancement are derided as emotional and thus irrational. In fact, both emotion and reason are integral to all moral judgment.
DeCoster, Barry
Challenging norms in bioethics -- helping others to find their voice

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* Article
Miller, Franklin G.; Truog, Robert D.
An apology for Socratic bioethics
American Journal of Bioethics 2008 July; 8(7): 3-7

Abstract: Bioethics is a hybrid discipline. As a theoretical enterprise it stands for untrammeled inquiry and argument. Yet it aims to influence medical practice and policy. In this article we explore tensions between these two dimensions of bioethics and examine the merits and perils of a Socratic approach to bioethics that challenges the conventional wisdom.

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* Article
Callahan, Daniel
A bioethics crisis?

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http://www.thehastingscenter.org/Bioethicsforum/Post.aspx?id=1568 (link may be outdated)

* Article
Caplan, Liron; Hoffecker, Lilian; Prochazka, Allan V.
Ethics in the rheumatology literature: a systematic review.
Arthritis and Rheumatism 2008 June 15; 59(6): 816-821

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* Article
Emanuel, Ezekiel
The NIH and bioethics: what should be done?
Academic Medicine 2008 June; 83(6): 529-531

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http://www.academicmedicine.org/ (link may be outdated)

* Article
Kanter, Steven L.
Aristotle's genome and the future of bioethics
Academic Medicine 2008 June; 83(6): 527-528
Georgetown users check Georgetown Journal Finder for access to full text

http://www.academicmedicine.org/ (link may be outdated)

Anwari, Jamil S.
Medical ethics and chronic pain management.
Georgetown users check Georgetown Journal Finder for access to full text

Fry-Revere, Sigrid; Koshy, Sheeba; Ruback, Greyson C.; Wessel, Rex L.; Revere, Nathaniel B.
Legal trends in bioethics
Georgetown users check Georgetown Journal Finder for access to full text


Fan, Ruiping
Toward a directed benevolent market polity: rethinking medical morality in transitional China
CQ: Cambridge Quarterly of Healthcare Ethics 2008 Summer; 17(3): 280-292
Georgetown users check Georgetown Journal Finder for access to full text

Akabayashi, Akira; Kodama, Satoshi; Slingsby, Brian Taylor
Is Asian bioethics really the solution?
CQ: Cambridge Quarterly of Healthcare Ethics 2008 Summer; 17(3): 270-272
Georgetown users check Georgetown Journal Finder for access to full text

Hansson, Sven Ove
Three bioethical debates in Sweden
CQ: Cambridge Quarterly of Healthcare Ethics 2008 Summer; 17(3): 261-269
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Travaline, John M.
**Document 244**

Streich, Daniel; Synofzik, M.; Marckmann, G.

**Systematic reviews of empirical bioethics**

Journal of Medical Ethics 2008 June; 34(6): 472-477

**Abstract:** BACKGROUND: Publications and discussions of survey research in empirical bioethics have steadily increased over the past two decades. However, findings often differ among studies with similar research questions. As a consequence, ethical reasoning that considers only parts of the existing literature and does not apply systematic reviews tends to be biased. To date, we lack a systematic review (SR) methodology that takes into account the specific conceptual and practical challenges of empirical bioethics. METHODS: The steps of systematically reviewing empirical findings in bioethics are presented and critically discussed. In particular, (a) the limitations of traditional SR methodologies in the field of empirical bioethics are critically discussed, and (b) conceptual and practical recommendations for SRs in empirical bioethics are presented. RESULTS: A 7-step approach for SRs of empirical bioethics is proposed: (1) careful definition of review question; (2) selection of relevant databases; (3) application of ancillary search strategies; (4) development of search algorithms; (5) relevance assessment of the retrieved references; (6) quality assessment of included studies; and (7) data analysis and presentation. Conceptual and practical challenges arise because of various peculiarities in reviewing empirical bioethics literature and can lead to biased results if they are not taken into account. CONCLUSIONS: If suitably adapted to the peculiarities of the field, SRs of empirical bioethics provide transparent information for ethical reasoning and decision-making that is less biased than single studies.

**Document 245**

Weiss, Gail Garfinkel

**Medical ethics. Your heart versus your wallet.**

Medical Economics 2008 May 16; 85(10): 42-44, 46-48

**Document 246**

Doppelfeld, Elmar

**Council of Europe in the field of bioethics: the Convention on Human Rights and Biomedicine and other legal instruments.**

Intensive Care Medicine 2008 May; 34(5): 939-941

**Document 247**

Sass, Hans-Martin

**Asian and other ways of bioethics: community, compassion, competence, cultivation**

Formosan Journal of Medical Humanities 2008 May; 9(1-2): 5-12
**Document 248**

Smith, Kevin R.

*Anomalous therapies and public health: a utilitarian bioethical response.*

Public Health Nursing 2008 May-June; 25(3): 269-277

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**Document 249**

Sajid, M.S.

*Bioethics and medical education.*

Scottish Medical Journal 2008 May; 53(2): 62-63

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**Document 250**

Mercurio, Mark R.; Forman, Edwin N.; Ladd, Rosalind Ekman; Maxwell, Marilyn A.; Ross, Lainie Friedman; Silber, Tomas J.


Pediatrics in Review / American Academy of Pediatrics 2008 May; 29(5): e28-e34

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**Document 251**

Gesundheit, Benjamin; Shaham, Dorith

*A syllabus for Jewish medical ethics in the context of general bioethics.*

Israel Medical Association Journal 2008 May; 10(5): 397-400

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**Document 252**

Second International Congress of Medical Ethics in Iran [English abstracts]

Tehran, Iran: Tehran University of Medical Sciences 2008 April 16-18: 1-141

**Document 253**

Kodner, Ira J.

*Surgeons and clinical ethics.*

Surgery 2008 April; 143(4): 460-462

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**Document 254**

Austin, Wendy; Park, Caroline; Goble, Erika

*From interdisciplinary to transdisciplinary research: a case study.*

Qualitative Health Research 2008 April; 18(4): 557-564

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**Document 255**

Metropolitan Hierotheos of Nafpaktos. Orthodox Church of Greece, Greece

*Christian bioethics: challenges in a secularized Europe*

Christian Bioethics 2008 April; 14(1): 29-41

**Abstract:** This article summarizes in three specific sections the key challenges faced by Christian and, particularly Orthodox, ethics in a secularized society. The first section, focusing on the task and aim of ethics, defines Orthodox ethics, which is linked with asceticism (man's attempt to keep the commandments of Christ) and aims at overcoming death and encountering the personal God. Put differently, the purpose of Orthodox ethics is the deification of human beings. The second section defines secularization and explores its consequences for the theology and pastoral work of the Church. Europe is dominated by scholasticism and moralism, whereas Orthodox theology, without rejecting it, transcends such a narrow preoccupation with our own world. Orthodoxy does not regard human beings solely from the perspective of their biological existence but assists them in going beyond mechanistic theories and the pursuit of happiness. The third section briefly describes how what can be termed "bio-theology" surpasses anthropocentric ethics with regard to the relationship between creation and grace, birth and rebirth, cloning and incarnation, transplantation and deification, and death and resurrection. The article concludes that Orthodox theology (a) does not reject the achievements of biotechnology or biomedicine; (b) assists humans in overcoming mortality by finding meaning for their existence and fullness of life, and (c) does not simply postpone death, but overcomes the fear of death and leads people to deification by grace.

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**Document 256**

Delkeskamp-Hayes, Corinna

*Is Europe, along with its bioethics, still Christian? Or already post-Christian? Reflections on traditional post-Enlightenment Christianities and their bioethics*


**Abstract:** This introduction explores the relationship between Europe and its Christianities. It analyses different diagnostic and evaluative approaches to Europe's Christian or post-Christian identity. These are grouped around the concepts of diverse traditional, and, on the other hand, post-Enlightenment Christianities. While the first revolves around a liturgical and mystical account of the church, a Christ-centred humanism, an emphasis on man's future life, noetic theology and a foundationalist claim to universal truth, the second endorses a moralization of the "Christian message," political implementation of "Christian goals," rationalism, a this-worldly humanism, and tolerance for religious diversity. Since even the concepts of "traditional" and "post-Enlightenment" Christianity turn out to be deeply ambiguous, the essay concludes with exploring the different ways in which the Christianity of the Apostolic Church, the Enlightenment (along with the "Western" Christianities it shaped), and contemporary liberalism each conceive of their respective endorsements of human freedom as either normative, that is obligatory, value-laden, or contingent, and arbitrary. In each case, a different notion of "tradition" (as well as familial and church authority) is placed either in harmony or in opposition to such freedom. As a result of this conceptual analysis, the deeply fractured identity of Europe, as exemplified by the diverse bioethical positions adopted by the authors in this issue, becomes visible.

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**Document 257**
Tizzard, J.; Harrison, C.; Mussell, R.; Sheather, J.; Sommerville, A.; Hamm, D.

Ethics briefings: government accepts taskforce recommendations on organ donation; debate on presumed
consent spreads across UK; Human Fertilisation and Embryology Bill heads for House of Commons;
consultation on pandemic flu; Mental Health Act draft Code of Practice; confidentiality toolkit
Journal of Medical Ethics 2008 April; 34(4): 317-318

Georgetown users check Georgetown Journal Finder for access to full text

http://www.jmedethics.com (link may be outdated)

*   Article  Document 258

Hinkley, Aaron E.

Metaphysical problems in the philosophy of medicine and bioethics
Journal of Medicine and Philosophy 2008 April; 33(2): 101-105

Georgetown users check Georgetown Journal Finder for access to full text

*   Article  Document 259

Churchill, Larry R.

Bioethics beyond the lifespan

Georgetown users check Georgetown Journal Finder for access to full text

http://www.thelancet.com/journals/lancet (link may be outdated)

*   Article  Document 260

Randolph, Richard O.

Human health and environmental health are interdependent: removing an unnatural partition within Christian
bioethics

Georgetown users check Georgetown Journal Finder for access to full text

*   Article  Document 261

Dos Anjos, Márcio Fabri; Lepargneur, Hubert François

Bioethics and Christian theology in Brazil

Abstract: A Christian theology is important to bioethics in Brazil not only because Brazil is a country of strong
Christian traditions, but also because of its theological method and because of many practices in their Christian
communities. In fact, the interaction within practice and theory is a big point of its methodology. A heritage of a long
history of colonialism in South America comes to our times as enormous social inequalities. In such a context, the
silent cry of poor people is heard as a question of coherence to the Christian faith and to the neighbor love. Through
a constant dialog with human sciences, the method of theology, known as liberation theology, seeks the roots of
social inequalities and the alternatives to a movement of spiritual and social liberation. In touch with the modern
bioethics, this theology has strongly contributed to understand all the questions of bioethics in the frame of social
structures and systems. On the other hand, many actual practices of the Catholic Church in Brazil with popular
impact, like its annual Fraternity Campaign, develop social themes and problems that are also big concerns of
bioethics. In this article we try to expose some aspects of this dialog, where theology has a well considered
contribution to Brazilian bioethics, at the same time his religious discourse is open to interact with a lay discourse.
**Clinical bioethics**

Abstract: Clinical bioethics was born out of the need to introduce different ethical values involved in the relationships among physician, patient and health institutions which are outside the technical-scientific framework of routine medical practice. Physicians tend to adopt the norms and rules provided for in the Medical Ethics Code to guide the exercising of their professional practice. However, it has recently become challenging to apply these norms to all conduct since some issues faced in the professional practice are simply not provided for by such norms. Ethical consideration in practice drawing solely on the medical ethics code in Brazil has proved insufficient, both in the context of universal issues such as organ transplants, start and end-of-life, as well as in addressing specific issues such as allocation of funds for health. Clinical bioethics employs clinical cases and situations as an instrument for discussion. These discussions entail analysis of not only the facts and circumstances surrounding each case, but also the values which lead to patients, health teams and institutions opting to recommend, accept or refuse a given conduct.

**Mortal exposure: on the goodness of writing medical ethics**

**The critical turn in feminist bioethics: the case of heart transplantation**

**Whither bioethics? How feminism can help reorient bioethics**

**Zum beispiel. Über den methodologischen Stellenwert von Fallbeispielen in der angewandten Ethik = For example. On the methodological status of case studies in applied ethics**
Leclair, Susan J.  
*Bioethics—problems for today.*  
Clinical Laboratory Science 2008 Spring; 21(2): 112-113

Leclair, Susan J.  
*Bioethics—problems for today.*  
Clinical Laboratory Science 2008 Spring; 21(2): 112-113

Fox, Renée C.  
*The bioethics that I would like to see*  
Clinical Ethics 2008 March; 3(1): 25-26

Sing, Manfred  
*Sacred law reconsidered: the similarity of bioethical debates in Islamic contexts and western societies*  

Brockopp, Jonathan E.  
*Islam and bioethics: beyond abortion and euthanasia*  

Agarwal, R.K.  
*Ethics and ethical conflicts in contemporary medical practice.*  
Indian Pediatrics 2008 March; 45(3): 177-179

Schonfeld, Toby L.  
*Messages from the margins: lessons from feminist bioethics*  
Document 273
Pijnenburg, Martien A.M.; Gordijn, Bert; Vosman, Frans J.H.; ten Have, Henk A.M.J.
**Catholic healthcare organizations and the articulation of their identity**
HEC(Healthcare Ethics Committee)Forum 2008 March; 20(1): 75-97

Georgetown users check [Georgetown Journal Finder](http://www.wkap.nl/jrnltoc.htm/0956-2737) for access to full text

http://www.wkap.nl/jrnltoc.htm/0956-2737 (link may be outdated)

Document 274
Turner, Leigh
**Politics, bioethics, and science policy**
HEC(Healthcare Ethics Committee)Forum 2008 March; 20(1): 29-47

Georgetown users check [Georgetown Journal Finder](http://www.wkap.nl/jrnltoc.htm/0956-2737) for access to full text

http://www.wkap.nl/jrnltoc.htm/0956-2737 (link may be outdated)

Document 275
Fry-Revere, Sigrid; Koshy, Sheeba; Ruback, Greyson C.; Leppard, John, IV
**Legal trends in bioethics**

Georgetown users check [Georgetown Journal Finder](http://www.wkap.nl/jrnltoc.htm/0956-2737) for access to full text

Document 276
**Bioethics Publishing Guidelines**
Kennedy Institute of Ethics Journal 2008 March; 18(1): 107-110

Georgetown users check [Georgetown Journal Finder](http://www.wkap.nl/jrnltoc.htm/0956-2737) for access to full text

Document 277
Herrera, Chris
**Is it time for bioethics to go empirical?**
Bioethics 2008 March; 22(3): 137-146

**Abstract:** Observers who note the increasing popularity of bioethics discussions often complain that the social sciences are poorly represented in discussions about things like abortion and stem-cell research. Critics say that bioethicists should be incorporating the methods and findings of social scientists, and should move towards making the discipline more empirically oriented. This way, critics argue, bioethics will remain relevant, and truly reflect the needs of actual people. Such recommendations ignore the diversity of viewpoints in bioethics, however. Bioethics can gain much from the methods and findings from ethnographies and similar research. But it is misleading to suggest that bioethicists are unaware of this potential benefit. Not only that, bioethicists are justified in having doubts about the utility of the social science approach in some cases. This is not because there is some inherent superiority in non-empirical approaches to moral argument. Rather, the doubts concern the nature of the facts that the sciences would provide. Perhaps the larger point is that disagreements about the relationship between facts and normative arguments should be seen as part of the normal inquiry in bioethics, not evidence that reform is needed.

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James, Timothy

The appeal to law to provide public answers to bioethical questions: it all depends what sort of answers you want


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Langlois, Adèle

The UNESCO Universal Declaration on Bioethics and Human Rights: perspectives from Kenya and South Africa


Georgetown users check Georgetown Journal Finder for access to full text

Keown, John; Jones, David

Surveying the foundations of medical law: a reassessment of Glanville Williams's The Sanctity of Life and the Criminal Law

Medical Law Review 2008 Spring; 16(1): 85-126

Georgetown users check Georgetown Journal Finder for access to full text

Nortvedt, Per; Nordhaug, M.

The principle and problem of proximity in ethics

Journal of Medical Ethics 2008 March; 34(3): 156-161

Abstract: The normative significance of proximity in ethics is considered, giving an overview of the contemporary debates about proximity in ethics and focusing on three main perspectives that take proximity to have normative significance. The first perspective is represented by meta-ethical positions, where a basic moral claim is said to originate from an irreducible, particular and unique otherness that shows up in human vulnerability. The second perspective presents a psychologically and philosophically based analysis of human emotions, which is taken to form a basis for rudimentary moral sensitivity and care. The third version of an ethics of proximity claims that personal relationships and partiality override impartialist and universalist ethical considerations. On the basis of this analysis, the sources of normativity and the essence of proximity as a normative consideration are elaborated. Finally, the relevance of an ethics of proximity to professional ethics in healthcare is discussed. From an ethics of proximity, it might be argued that institutions must attempt to organise medical care and nursing care so that a certain partiality and patient-centred care might be favoured and trump distributivist considerations of justice in healthcare.

Georgetown users check Georgetown Journal Finder for access to full text

http://www.jmedethics.com (link may be outdated)

Breier-Mackie, Sarah

What's your contribution to the clinical ethics process?

Document 283

Parker, Malcolm

All in the family: law, medicine and bioethics.

Abstract: There is a growing interest in various forms of naturalism in bioethics, but there is a clear need for further clarification. In an effort to address this situation, I present three epistemological stances: anti-naturalism, strong naturalism, and moderate pragmatic naturalism. I argue that the dominant paradigm within philosophical ethics has been a form of anti-naturalism mainly supported by a strong 'is' and 'ought' distinction. This fundamental epistemological commitment has contributed to the estrangement of academic philosophical ethics from major social problems and explains partially why, in the early 1980s, 'medicine saved the life of ethics'. Rejection of anti-naturalism, however, is often associated with strong forms of naturalism that commit the naturalistic fallacy and threaten to reduce the normative dimensions of ethics to biological imperatives. This move is rightly dismissed as a pitfall since ethics is, in part, a struggle against the course of nature. Rejection of naturalism has drawbacks, however, such as deterring bioethicists from acknowledging the implicit naturalistic epistemological commitments of bioethics. I argue that a moderate pragmatic form of naturalism represents an epistemological position that best embraces the tension of anti-naturalism and strong naturalism: bioethics is neither disconnected from empirical knowledge nor subjugated to it. The discussion is based upon historical writings in philosophy and bioethics.

Document 284

Racine, Eric

Which naturalism for bioethics? A defense of moderate (pragmatic) naturalism
Bioethics 2008 February; 22(2): 92-100

Abstract: There is a growing interest in various forms of naturalism in bioethics, but there is a clear need for further clarification. In an effort to address this situation, I present three epistemological stances: anti-naturalism, strong naturalism, and moderate pragmatic naturalism. I argue that the dominant paradigm within philosophical ethics has been a form of anti-naturalism mainly supported by a strong 'is' and 'ought' distinction. This fundamental epistemological commitment has contributed to the estrangement of academic philosophical ethics from major social problems and explains partially why, in the early 1980s, 'medicine saved the life of ethics'. Rejection of anti-naturalism, however, is often associated with strong forms of naturalism that commit the naturalistic fallacy and threaten to reduce the normative dimensions of ethics to biological imperatives. This move is rightly dismissed as a pitfall since ethics is, in part, a struggle against the course of nature. Rejection of naturalism has drawbacks, however, such as deterring bioethicists from acknowledging the implicit naturalistic epistemological commitments of bioethics. I argue that a moderate pragmatic form of naturalism represents an epistemological position that best embraces the tension of anti-naturalism and strong naturalism: bioethics is neither disconnected from empirical knowledge nor subjugated to it. The discussion is based upon historical writings in philosophy and bioethics.

Document 285

McCullough, Laurence B.

Rethinking the conceptual and empirical foundations of clinical ethics

Abstract: The five papers in the 2008 "Clinical Ethics" number of the journal address the conceptual and empirical foundations of clinical ethics. Three articles take up the concept of professionalism in medicine, exploring its possibilities and implications. The fourth article provides a distinctive, phenomenological account of the "placebo effect," a vexing topic of surprising durability in the clinical setting. The final article, a systematic review of the qualitative literature on bedside rationing of resources, creates an empirical foundation for philosophical analysis and argument of a distinctive kind.

Document 286


Ethics briefings
Journal of Medical Ethics 2008 February; 34(2): 125-126
Document 287

Cohen, C.; Vianna, J.A.R.; Battistella, L.R.; Massad, E.

**Time variation of some selected topics in bioethical publications**

Journal of Medical Ethics 2008 February; 34(2): 81-84

**Abstract:** OBJECTIVE: To analyse the time variation of topics in bioethical publications as a proxy of the relative importance. METHODS: We searched the Medline database for bioethics publications using the words "ethics or bioethics", and for 360 specific topics publications, associating Medical Subject Heading topic descriptors to those words. We calculated the ratio of bioethics publications to the total publications of Medline, and the ratio of each topic publications to the total bioethics publications, for five-year intervals, from 1970 to 2004. We calculated the time variation of ratios, dividing the difference between the highest and lowest ratio of each topic by its highest ratio. Four topics were described, selected to illustrate different patterns of variation: "Induced Abortion", "Conflict of Interest", "Acquired Immunodeficiency Syndrome", "Medical Education." RESULTS: The ratio of bioethics publications to total Medline publications increased from 0.003 to 0.012. The variation of the topic's ratios was higher than 0.7 for 68% of the topics. The Induced Abortion ratios decreased from 0.12 to 0.02. Conflict of Interest ratios increased from zero to 0.07. The Acquired Immunodeficiency Syndrome ratios were nearly zero in the first three intervals, had a peak of 0.06 during 1985-9, followed by a decrease to 0.01. Medical Education ratios varied few, from 0.04 to 0.03. CONCLUSIONS: There was an increase of bioethical publications in the Medline database. The topics in bioethics literature have an important time variation. Some factors were suggested to explain this variation: current legal cases, resolution of the issue, saturation of a discussion and epidemiologic importance.

Document 288

Caplan, Arthur

**Putting bioethics in a suit and tie [review of The Oxford Handbook of Bioethics, edited by Bonnie Steinbock]**


Document 289

Koch, Tom

**Bioethics? A grand idea**

CMAJ/JAMC: Canadian Medical Association Journal 2008 January 1; 178(1): 116

Document 290

Madhava Menon, N.R.

**Medicine, ethics and the law**

Indian Journal of Medical Ethics 2008 January-March; 5(1): 31-33
Valiathan, M.S.

**Bioethics and ayurveda**


Georgetown users check [Georgetown Journal Finder](http://www.ijme.in) for access to full text

Mercurio, Mark R.; Adam, Mary B.; Forman, Edwin N.; Ladd, Rosalind Ekman; Ross, Lainie Friedman; Silber, Tomas J.

**American Academy of Pediatrics policy statements on bioethics: summaries and commentaries: Part 1.**

*Pediatrics in Review* 2008 January; 29(1): e1-e8

Georgetown users check [Georgetown Journal Finder](http://www.ijme.in) for access to full text

Phaosavasdi, Sukhit; Taneepanichskul, Surasak; Tannirandom, Yuen; Phupong, Vorapong; Uerpairojkit, Boonchai; Pruksapongs, Chumsak; Kajanapitak, Aurchart

**Ethics and laws.**

*Journal of the Medical Association of Thailand = Chotmaihet thangphaet* 2008 January; 91(1): 129-131

Georgetown users check [Georgetown Journal Finder](http://www.ijme.in) for access to full text

Dell, Mary Lynn; Kinlaw, Kathy

**Theory can be relevant: an overview of bioethics for the practicing child and adolescent psychiatrist**


Georgetown users check [Georgetown Journal Finder](http://www.ijme.in) for access to full text

Turoldo, Fabrizio; Baril, Y. Michael

**The concept of responsibility: three stages in its evolution within bioethics**

*CQ: Cambridge Quarterly of Healthcare Ethics* 2008 Winter; 17(1): 114-123

Georgetown users check [Georgetown Journal Finder](http://www.ijme.in) for access to full text

Eriksson, Stefan; Höglund, Anna T.; Helgesson, Gert

**Do ethical guidelines give guidance? A critical examination of eight ethics regulations**

*CQ: Cambridge Quarterly of Healthcare Ethics* 2008 Winter; 17(1): 15-29

Georgetown users check [Georgetown Journal Finder](http://www.ijme.in) for access to full text
*  Book  Document 297
Hastings Center
FROM BIRTH TO DEATH AND BENCH TO CLINIC: THE HASTINGS CENTER BIOETHICS BRIEFING BOOK FOR JOURNALISTS, POLICYMAKERS, AND CAMPAIGNS
Call number: R724 .F757 2008

http://www.thehastingscenter.org/Publications/BriefingBook/ (link may be outdated)

*  Book  Document 298
Jundi, Ahmad Raja’i
Al-wirathah wa al-takathur al-bashari wa in’ikasatuha: ru’yat al-adyan al-samawiyah wa wijhat nazar al-’almaniyah = Genetics, human reproduction and their repercussions: the vision of revealed religions and the viewpoint of secularism
Sulaibekhat, Kuwait: Islamic Organization for Medical Sciences, 2008. 2 volumes. [1530 p.]
Call number: GU Qatar campus [SFSQ] + BRL

*  Book  Document 299
Brockopp, Jonathan E. and Eich, Thomas, eds.
MUSLIM MEDICAL ETHICS: FROM THEORY TO PRACTICE
Call number: R725.59 .M87 2008

*  Book  Document 300
Biller-Andorno, Nikola; Schaber, Peter; and Schulz-Baldes, Annette, eds.
GIBT ES EINE UNIVERSALE BIOETHIK?
Call number: R725.5 .W668 2000

*  Book  Document 301
Brand, Cordula; Engels, Eve-Marie; Ferrari, Arianna; and Kovács, László, eds.
WIE FUNKTIONIERT BIOETHIK?
Call number: QH332 .W52 2008

*  Book  Document 302
Michl, Susanne; Potthast, Thomas; and Wiesing, Urban, eds.
PLURALITÄT IN DER MEDIZIN: WERTE, METHODEN, THEORIEN
Call number: R725.5 .P58 2008

*  Book  Document 303

* Document 304
Aoki, Norihiko
Call number: R724 .A645 2008

* Document 305
Eich, Thomas, ed.
Call number: KBP3115 .M63 2008

* Document 306
Tao, Julia, ed.
Call number: R724 .C483 2008

* Document 307
Pascual, Fernando
Call number: QH332 .P37 2008

* Document 308
Sutton, Agneta
Call number: QH332 .S87 2008

* Document 309
Lindsay, Ronald A.
Call number: QH332 .L5637 2008

* Document 310

* Book Document 311

* Book Document 312

* Book Document 313

* Book Document 314

* Book Document 315

* Book Document 316

* Book Document 317
* Book  Document 318

Walters, LeRoy; Kahn, Tamar Joy; and Goldstein, Doris, eds.

**BIBLIOGRAPHY OF BIOETHICS, VOLUME 34**


Call number: *Z6675 .E8 W34 v. 34*

* Book  Document 319

Komesaroff, Paul A.

**EXPERIMENTS IN LOVE AND DEATH: MEDICINE, POSTMODERNISM, MICROETHICS AND THE BODY**


Call number: *R724 .K664 2008*

* Book  Document 320

Jacoby, Liva and Siminoff, Laura A., eds.

**EMPIRICAL METHODS FOR BIOETHICS: A PRIMER**


Call number: *QH315 .E47 2008*

* Book  Document 321

Lim, Arthur S.M.

**AN INTRODUCTION TO MEDICAL ETHICS: PATIENT'S INTEREST FIRST**


Call number: *R724 .L533 2008*

* Book  Document 322

Qaradaghí, 'Alí Muhyi al-Din; Muhammádi, 'Alí Yusuf

**Fiqh al-Qadaya al-tibbiyah al-mu'asirá, dirasah fiqhiyah tibbiyah muqaranah muzawwadah bi qararat al-majami’al-fiqhiyah wa al-nadawat al-’ilmiah = Jurisprudence of contemporary medical issues, a comparative medical jurisprudential study**


**Abstract:** The study consists of a preliminary chapter - about Islamic methodology of dealing with contemporary medical issues - and six main chapters: definitions, rulings, and guidelines; types of medicine in Islam; gene therapy from the Islamic perspective; abortion, embryonic development, and beginning of life; and issues related to medical education and anatomy.

* Book  Document 323

Fattahy Masoom, Sayed Hossein

**Jayeghhe pezeshghi va pezeshgan musalmaan dar jahani shodane akhlaghe pezeshgī = Muslim doctors and medical status in the globalization of medical ethics**


**Abstract:** The author explained the position, the duty and the doctor's role in the Islamic countries and he discussed
the charter of national and international medical ethics.

http://mehr.tums.ac.ir (link may be outdated)

Document 324
Ayatollahi, Hamid Reza
Tabayoun barkhi mabani akhlagh pezeshghi Eslami = Interpretation of some fundamental principles of Islamic ethics
Abstract: The presenter discussed the source of and differing views within Islamic Iranian medical ethics and compared it with secular medical ethics.

http://mehr.tums.ac.ir (link may be outdated)

Document 325
Kaadan, Abdul Nasser
Some of Muslim physicians’ achievements in medical ethics
Abstract: The aim of the speaker was to shed light on some of the medical ethics writings of the most prominent Muslim physicians during the medieval ages, revealing their accomplishments and contributions to the study of ethics and medicine. He shared information about the relationship between professional medical ethics and religious obligations.
EthxWeb Search Results

Search Detail:
Result=@YD >= "20080000"
2=(("2.1"[PC]) AND (Y.BL.)) NOT ((EDITORIAL OR LETTER+) OR (NA[PT]) OR NEWS)
3=2 AND 1 : "
Documents: 326 - 355 of 355

Document 326
Aljarallah, Jamal S.
Islamic medical ethics: looking at the roots
Second International Congress of Medical Ethics in Iran 2008 April 16-18 Accessed:
Abstract: The speaker gave a detailed account of principal sources of Islamic medical ethics using examples from current medical practices and research.

http://mehr.tums.ac.ir/ (link may be outdated)

Document 327
Fadlallah, Muhammad Husain
Medizinische Ethik und die Ethik des Lebens
Call number: KBP3115 .M63 2008

Document 328
Eich, Thomas
Einleitung
In his: Moderne Medizin und islamische Ethik: Biowissenschaften in der muslimischen Rechtstradition. Freiburg im Breisgau: Herder, 2008: 19-32
Call number: KBP3115 .M63 2008

Document 329
Hosseini, Ism; S. Samadzadeh; J. Aghazadeh
Usúl va mavaóín-í akhalgh-í peóéshg-í va míóaneh án ba mabann-í akhalgh-ëslam-í (The principles and measures of medical ethics and the quantity of their consistency with Islamic ethics)
Abstract: Background and Aims: Four principles of medical ethics, i.e. respect for autonomy, beneficence, nonmaleficence and justice have been attributed to general judgments. They were utilized and evaluated as unquestioned ethics through which man’s act are being investigated. There are many discrepancies, such as determining the realm of freedom, and the independence of the individual who do not possess discernment in these codes, or they could be cases such as fetuses, infants, coma-patients, prisoners, etc that make doctors and medical teams face serious problems and doubt in decision making. Since the definition and the realm of these four principles differ when we compare different weltanschauungs, the system of the Islamic ethics should be justified accordingly. Having explained the principles, attempts have been made to measure the degree of consistency between these principles and the Islamic ethics and thoughts. Materials & Method: This research is descriptive and comparative. Having explained the similarities and differences as well as usages of the unquestioned principles, the
research tries to explain and compare the principles and bases of Islamic ethics and thoughts. Result: An investigation of various ethical schools shows that the principles and quadruple measures are obtained from utilitarianism whereas; the system of Islamic ethics is derived from teleology and deontologism. In this regard, these two systems (Islamic ethics and medical ethics) cover each other in some bases, while they are inconsistent in some other parts. Discussion: Since Islam is a teleological and deontological religion, the ultimate goal in its moral system is the welfare of man and getting closer to God. In this respect, man, from the divine religions' point of view, has two aspects: body and soul, and has a great place and dignity in the existence. So the reason of his existence is reaching his proper evolution and getting closer to his Lord. That is why; Islamic-medical ethics is in the framework whose parameters are elaborated in the structure of Islam. Accordingly, man is to consider the virtue of God, to observe his own responsibility before God, himself, and society. He has emphasized to use his efforts for the transcendence his spirit, the stages of his existence, intention, divine in motivation and spiritual pleasures. These variables would be the best guarantees for the ethical measures and principles in the domain of medical occupation. This therefore can free the medical team from doubt and decision making crises, the execution of research projects, and compensate the weakness of the other ethical schools which are based on human being's desires, mortal pleasures and the improvement of the medical life.

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http://iranmedex.com (link may be outdated)
Document 334

Shomali, Mohamamd Ali

**Islamic bioethics: a general scheme**


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http://journals.tums.ac.ir/ (link may be outdated)

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Document 335

Munson, Ronald, ed.

**Foundations of bioethics: ethical theories, moral principles, and medical decisions**


Call number: **R724 .I57 2008**

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Document 336

Batchelor, Gary

**Ethical decision making and spirituality**


Call number: **RT85.2 .C37 2008a**

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Document 337

Parhizgar, Suzan S.; Parhizgar, Kamal Dean

**Theosophical deontological and biososophical utilitarian Prometheanism bioknowledge and bioethics**


Call number: **R724 .P237 2008**

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Document 338

Parhizgar, Suzan S.; Parhizgar, Kamal Dean

**Paradigm of biosophy, biophilia, and bioknowledge**


Call number: **R724 .P237 2008**

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Document 339

Marcum, James A.

**Principlism and the future of bioethics**


Call number: **R723 .M333 2008**

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Document 340
Curran, Charles E.

**Bioethics**
Call number: DJ1249 .C78 2008

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Twerski, Abraham J.

"A body of laws": traditional texts speak to contemporary problems
Call number: BJ1285.2 .J49 2008

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Arya, Neil

Medical ethics
Call number: R725.5 .P42 2008

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Ho, Anita

The individualist model of autonomy and the challenge of disability
**Abstract:** In recent decades, the intertwining ideas of self-determination and well-being have received tremendous support in bioethics. Discussions regarding self-determination, or autonomy, often focus on two dimensions—the capacity of the patient and the freedom from external coercion. The practice of obtaining informed consent, for example, has become a standard procedure in therapeutic and research medicine. On the surface, it appears that patients now have more opportunities to exercise their self-determination than ever. Nonetheless, discussions of patient autonomy in the bioethics literature, which focus on individual patients making particular decisions, neglect the social structure within which health-care decisions are made. Looking through the lens of disability and informed by the feminist conception of relational autonomy, this essay argues that the issue of autonomy is much more complex than the individualist model suggests. The social system and the ableist ideology impose various forms of pressure or oppressive power that can affect people’s ability to choose according to their value system. Even if such powers are not directly coercive, they influence potential parents’ decisions indirectly—they structure their alternatives in such a way that certain options are never considered as viable and other decisions must be made. This paper argues that, instead of only focusing on the individual act of decision-making, we need to pay attention to the social structure that frames people’s decision.

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Amundson, Ron; Tresky, Shari

Bioethics and disability rights: conflicting values and perspectives
**Abstract:** Continuing tensions exist between mainstream bioethics and advocates of the disability rights movement. This paper explores some of the grounds for those tensions as exemplified in From Chance to Choice: Genetics and Justice by Allen Buchanan and coauthors, a book by four prominent bioethicists that is critical of the disability rights movement. One set of factors involves the nature of disability and impairment. A second set involves presumptions regarding social values, including the importance of intelligence in relation to other human characteristics, competition as the basis of social organization, and the nature of the parent–child relationship. The authors’ disapproval of certain aspects of the disability rights movement can be seen to be associated with particular
positions regarding these factors. Although the authors intend to use a method of 'broad reflective equilibrium,' we argue that their idiosyncratic commitment to particular concepts of disability and particular social values produces a narrowing of the moral significance of their conclusions regarding disability rights.

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* **Document 345**

Tremain, Shelley

**The biopolitics of bioethics and disability**


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Ellis, Janice Rider; Hartley, Celia Love

**Bioethical issues in health care**


Call number: RT82 .E45 2008

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Charles, J. Daryl

**Contending for moral first things in ethical and bioethical debates: critical categories -- Part 2**


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* **Document 348**

Charles, J. Daryl

**Contending for moral first things in ethical and bioethical debates: critical categories -- Part 1**


Call number: K420 .C33 2008

* **Document 349**

Rauprich, Oliver

**Common morality: comment on Beauchamp and Childress**

*Theoretical Medicine and Bioethics* 2008; 29(1): 43-71

**Abstract:** The notion of common morality plays a prominent role in some of the most influential theories of biomedical ethics. Here, I focus on Beauchamp and Childress's models in the fourth and fifth edition of *Principles of Biomedical Ethics* as well as on a revision that Beauchamp proposed in a recent article. Although there are significant differences in these works that require separate analysis, all include a role for common morality as starting point and normative framework for theory construction in combination with a coherence theory of moral justification. I defend to some extent the existence and empirical significance of common morality, as delineated by Beauchamp and Childress in different versions, but criticize its normative role. It is neither convincing as a moral foundation nor well compatible with a standard coherentist justification. I suggest that the authors should give up the foundational account for a more modest account of common morality as resource of well-established moral insights and experiences, which have proved generally valid but neither sufficient nor infallible. Beauchamp's latest proposal appears as a step in this direction; indeed, it may be the beginning of the end of his common-morality theory.
**Document 350**

Strong, Carson  
**Justifying group-specific common morality**  

**Abstract:** Some defenders of the view that there is a common morality have conceived such morality as being universal, in the sense of extending across all cultures and times. Those who deny the existence of such a common morality often argue that the universality claim is implausible. Defense of common morality must take account of the distinction between descriptive and normative claims that there is a common morality. This essay considers these claims separately and identifies the nature of the arguments for each claim. It argues that the claim that there is a universal common morality in the descriptive sense has not been successfully defended to date. It maintains that the claim that there is a common morality in the normative sense need not be understood as universalist. This paper advocates the concept of group specific common morality, including country-specific versions. It suggests that both the descriptive and the normative claims that there are country-specific common moralities are plausible, and that a country-specific normative common morality could provide the basis for a country's bioethics.

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Shelton, Wayne  
**The role of empirical data in bioethics: a philosopher's view**  
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Bernat, James L.  
**The theory and practice of clinical ethics**  
In his: Ethical Issues in Neurology. 3rd edition. Philadelphia: Lippincott Williams & Wilkins, 2008: 1-147  
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Schulman, Adam  
**Bioethics and the question of human dignity**  
Call number: **QH332 .H858 2008**
Beauchamp, Tom L.

**Ethical theory and bioethics**


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