EthxWeb Search Results

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Documents: 1 - 264 of 264

* Book Document 1
Ekland-Olson, Sheldon
WHO LIVES, WHO DIES, WHO DECIDES? ABORTION, NEONATAL CARE, ASSISTED DYING, AND CAPITAL PUNISHMENT
Call number: BD435 .E46 2012

* Article Document 2
Bates, Stephen
Dead rights.
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 3
Bonner, Laura
A piece of my mind. The walk.
JAMA : the journal of the American Medical Association 2011 Apr 13; 305(14): 1393
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* Article Document 4
Duband, S; Méon, A-S; Forest, F; Prades, J-M; Cathébras, P; Phelip, J-M; Péoc'h, M
[An opinion survey about medical autopsy, Saint-Étienne University Hospital: are the French laws of bioethics to be revised?]. = Enquête d'opinion au CHU de Saint-Étienne sur la pratique des autopsies médicales: faut-il réviser la loi de 2004 relative à la bioéthique ?
La Revue de médecine interne / fondée ... par la Société nationale francaise de médecine interne 2011 Apr; 32(4): 205-11
Abstract: The aim of the medical autopsy is to define the causes of a patient's death. Although its rate has dramatically decreased, the post-mortem examination remains one of the basic tools for the assessment of medical care. The objective of this study was to identify the factors influencing the acceptance of medical autopsies.
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* Article Document 5
Manaouil, C; Chatelain, D; Jardé, O
[Should presumed consent on medical autopsies be questioned?]. = Le consentement présumé en matière
d'autopsies médicales doit-il être remis en question?
La Revue de médecine interne / fondée ... par la Société nationale francaise de médecine interne 2011 Apr; 32(4): 201-4

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Document 6

Sullivan, Jane; Monagle, Paul

Bereaved parents' perceptions of the autopsy examination of their child.
Pediatrics 2011 Apr; 127(4): e1013-20

Abstract: In this study we explored parental views of their child's autopsy, their experiences with autopsy-related processes, and the impact of the examination on their grief.

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Document 7

Conway, Stephen, ed.

GOVERNING DEATH AND LOSS: EMPOWERMENT, INVOLVEMENT AND PARTICIPATION

Call number: HQ1073 .G68 2011

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Document 8

Verhey, Allen

THE CHRISTIAN ART OF DYING: LEARNING FROM JESUS

Call number: BT825 .V47 2011

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Document 9

Evans, Abigail Rian

IS GOD STILL AT THE BEDSIDE? THE MEDICAL, ETHICAL, AND PASTORAL ISSUES OF DEATH AND DYING

Call number: BT825 .E93 2011

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Dolce, Linus

Injustice perpetrated on the dead: a Christian perspective on body worlds
The National Catholic Bioethics Quarterly 2010 Winter; 10(4): 667-676

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Document 11

Padeletti, Luigi; Amar, David O; Boncinelli, Lorenzo; Brachman, Johannes; Camm, John A; Daubert, Jean Claude; Kassam, Sarah; Deliens, Luc; Glikson, Michael; Hayes, David; Israel, Carsten; Lampert, Rachel; Lobban, Trudie; Raatikainen, Pekka; Siegal, Gil; Vardas, Panos; Kirchhof, Paulus; Becker, Rüdiger; Cosio, Francisco; Loh, Peter; Cobbe, Stuart; Grace, Andrew; Morgan, John;
Reviewers:; EuropeanHeart RhythmAssociation; Heart Rhythm Society

Europace : European pacing, arrhythmias, and cardiac electrophysiology : journal of the working groups on cardiac pacing, arrhythmias, and cardiac cellular electrophysiology of the European Society of Cardiology 2010 Oct; 12(10): 1480-9

Abstract: The purpose of this Consensus Statement is to focus on implantable cardioverter-defibrillator (ICD) deactivation in patients with irreversible or terminal illness. This statement summarizes the opinions of the Task Force members, convened by the European Heart Rhythm Association (EHRA) and the Heart Rhythm Society (HRS), based on ethical and legal principles, as well as their own clinical, scientific, and technical experience. It is directed to all healthcare professionals who treat patients with implanted ICDs, nearing end of life, in order to improve the patient dying process. This statement is not intended to recommend or promote device deactivation. Rather, the ultimate judgement regarding this procedure must be made by the patient (or in special conditions by his/her legal representative) after careful communication about the deactivation's consequences, respecting his/her autonomy and clarifying that he/she has a legal and ethical right to refuse it. Obviously, the physician asked to deactivate the ICD and the industry representative asked to assist can conscientiously object to and refuse to perform device deactivation.

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Document 12

Appel, Jacob

Sweden asks: Should convicted murderers practice medicine?


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Document 13

Raut, Indraneel

Inhumanity in the autopsy room.

The National medical journal of India 2010 Sep-Oct; 23(5): 311

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Document 14

Friemann, J


Der Pathologe 2010 Jul; 31(4): 256-67

Abstract: Only an autopsy can demonstrate topographical and morphological circumstances in detail and correlate the clinical and autopsy findings based on the examination of all organs. The practical approach in a fatality is described based on the example of the Lüdenscheid Hospital. A uniform legal regulation for dealing with corpses does not exist in Germany. There are two approaches to the question under which circumstances a clinical autopsy is allowed: the extended permission solution and the objection solution. Whether a clinical autopsy can be carried out is decided by the medical specialist selected on application. Autopsies can be necessary from insurance or administrative legal grounds or in the case of an anatomical autopsy is decided by the persons themselves. In order to guarantee the quality of an autopsy it is necessary to use a standardized approach with evaluation and assessment of the results, for example using a quality assurance protocol and the production of an autopsy report. Using this approach important information can be gained not only on the accuracy of the main diagnosis and cause of death but also on additional diseases, response to therapy and the course of the disease and under circumstances can lead to modifications in the approach.

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Document 15
Zheng-ming, Y.; Lan, Y.
**Autopsy of 15 clinical death cases: relationship between medicine and jurisprudence**
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Document 16
**Autopsies – why families count too [commentary]**
BMJ: British Medical Journal 2010 February 27; 340(7744): 481
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[http://www.bmj.com](http://www.bmj.com) (link may be outdated)

Document 17
Ito, Takako; Nobutomo, Koichi; Fujimiya, Tatsuya; Yoshida, Ken-ichi
**Importance of explanation before and after forensic autopsy to the bereaved family: lessons from a questionnaire study.**
Journal of Medical Ethics 2010 February; 36(2): 103-105
**Abstract:** To investigate how bereaved families felt about the explanation received before and after forensic autopsies, the authors conducted a cross-sectional survey of the bereaved families whose next of kin underwent a forensic autopsy at the two Departments of Forensic Medicine and a few bereaved families of crime victims. Of 403 questionnaires sent, 126 families responded. Among 81.5% of the respondents who received an explanation from policemen before the autopsy, 78.8% felt that the quality of the explanation was poor or improper. In Japan, the law has restricted disclosure of information from a forensic autopsy. Despite legal restrictions, 82% wanted to hear from the person who conducted the autopsy. However, police explained the results of autopsy to 65.2% of respondents. Among the families whose frustration and anger increased after autopsy, 86.4% had not been satisfied with the explanation before the autopsy. Additionally, 57.7% had not been informed on the autopsy findings at the time of the questionnaire when more than 2 years had passed after the autopsy. These results reminded us of the importance of an explanation before and shortly after a forensic autopsy for a better understanding and acceptance by bereaved families.
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Document 18
Ito, Takako; Nobutomo, Koichi; Fujimiya, Tatsuya; Yoshida, Ken-ichi
**Importance of explanation before and after forensic autopsy to the bereaved family: lessons from a questionnaire study.**
Journal of Medical Ethics 2010 February; 36(2): 103-105
**Abstract:** To investigate how bereaved families felt about the explanation received before and after forensic autopsies, the authors conducted a cross-sectional survey of the bereaved families whose next of kin underwent a forensic autopsy at the two Departments of Forensic Medicine and a few bereaved families of crime victims. Of 403 questionnaires sent, 126 families responded. Among 81.5% of the respondents who received an explanation from policemen before the autopsy, 78.8% felt that the quality of the explanation was poor or improper. In Japan, the law has restricted disclosure of information from a forensic autopsy. Despite legal restrictions, 82% wanted to hear from the person who conducted the autopsy. However, police explained the results of autopsy to 65.2% of respondents. Among the families whose frustration and anger increased after autopsy, 86.4% had not been satisfied with the explanation before the autopsy. Additionally, 57.7% had not been informed on the autopsy findings at the time of the questionnaire when more than 2 years had passed after the autopsy. These results reminded us of the importance of an explanation before and shortly after a forensic autopsy for a better understanding and acceptance by bereaved families.
families.

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Cantor, Norman L.

AFTER WE DIE: THE LIFE AND TIMES OF THE HUMAN CADAVER
Call number: K564 .H8 C36 2010

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Lotfi, Asadolah

hokme tashrieh az didghaheh Fogh Islami = Autopsy law from Islamic jurisprudence (Fiqh) viewpoint
Medical Ethics and History of Medicine 2010; 2(3): 29-35 [Online]. Accessed:

Abstract: One of the issues in Islamic medical jurisprudence (Fiqh) is issuing legal permit for autopsy of the corpse for medical education. According to Islamic figh, education in science and technology, including medical sciences and general education, is obligatory. Autopsy and cadaver dissection are usually considered obligatory in medical education. According to Islam, however, a Muslim person who dies should be respected as much as a living person; autopsy constitutes disrespect to him/her and is prohibited. Given the growth and expansion in medical science and technology, however, the question arises whether Islamic society can accept this practice and also respect the Muslim corpse. This paper describes the juristic ruling (Fiqh) and some of the ideas that have been expressed in the form of analytical, reasoned response to the above question and how the apparent conflict has been resolved.

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

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Document 21

Papanikitas, Andrew

Splitting hairs over the definition of murder: Thomas Aquinas and the doctrine of double effect
Clinical Ethics 2009 December; 4(4): 211-212

Abstract: A recent article in the March 2009 edition of Clinical Ethics stated that, 'In the Summa Theologica, Thomas Aquinas discusses how murder may be justified in self defence', provided that killing is not intended. This statement is open to challenge on historical and semantic grounds, with respect to the writings of the 13th Century Roman Catholic philosopher Thomas Aquinas (1225–1274). A better appreciation of Aquinas' writings on this topic could inform the debate relating to medical end-of-life decisions. The normatively loaded word 'murder' is not applicable to Aquinas' conclusion on unintended homicide, nor is it applicable to unintended homicide in current law, which is by definition not murder.

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http://ce.rsmjournals.com/content/vol4/issue4/ (link may be outdated)

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Zuger, Abigail

They died, and lived to tell all about it [review of Cheating Death: The Doctors and Medical Miracles That Are Saving Lives Against All Odds by Sanjay Gupta]
McCarrick, Theodore E.
Remarks at burial of Sen. Edward Kennedy
Origins 2009 September 10; 39(14): 225-227

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Wicks, Elizabeth
Religion, law and medicine: legislating on birth and death in a Christian state.
Medical law review 2009 Autumn; 17(3): 410-37

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Munday, Daniel; Petrova, Mila; Dale, Jeremy
Exploring preferences for place of death with terminally ill patients: qualitative study of experiences of general practitioners and community nurses in England

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Marks, Vincent
Murder by insulin: suspected, purported and proven-a review.
Drug testing and analysis 2009 Apr; 1(4): 162-76
Abstract: Murder by insulin-whether attempted, suspected or proven-is rare. Only 66 cases worldwide could be found for this review. A conviction was secured in 31 cases and additional weapon was employed in 11. Differentiation of attempted homicide from Munchausen syndrome by proxy in the young and from 'mercy killing' in the elderly was not attempted. Most perpetrators were close relatives and most victims were alive when discovered and responded to treatment. Hypoglycaemia is the first clue to homicidal insulin use in living subjects and requires the demonstration of a plasma insulin concentration of generally more than 1000 pmol/L and undetectable plasma C-peptide concentration to establish the diagnosis. Serum glucose measurements are valueless in victims found dead. The presence near the body of insulin vials, syringes or needles, loose talk by the suspected perpetrator or their ready access to insulin may be the only clue. The demonstration of insulin in tissue around an injection site by immunohistopathology or by measuring it in an extract clinches the diagnosis. Immunoassays suitable for clinical use to detect and measure insulin and C-peptide are subject to random errors and cannot be relied upon unless special precautions including separation by gel filtration or HPLC are undertaken prior to analysis. They do not detect or measure accurately a new generation of synthetic insulin analogues. Mass spectrometry will be required to do this and to validate clinical immunoassays, upon which convictions have always had to rely in the past.

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Document 27

Life in death [review of A Matter of Life and Death: Conversations with Pathologists, by Sue Armstrong]
Lancet 2009 February 21; 373(9664): 622

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

Document 28

Wisnewski, J. Jeremy
What we owe the dead
Journal of Applied Philosophy 2009 February; 26(1): 54-70

Abstract: My aim in this paper is to argue that we have at least some obligations to the dead. After briefly considering some previous (unsuccessful) attempts to establish such obligations, I offer a reductio argument which establishes at least some obligations to the dead. Following this, the surprising extent of these obligations (given a few roughly Kantian assumptions) is considered. I then argue that there are and must be some significant limitations on the duties of the living in relation to the dead. My aim in this paper is not to sort out how we should deal with all of the particular cases in which the question of obligations to the dead emerge — in archaeological digs, research involving the newly dead, the execution of wills, or the fulfilment of last requests — but I will attempt to lay some groundwork for the future assessment of these questions.

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Document 29

Kellehear, Allan, ed.
THE STUDY OF DYING: FROM AUTONOMY TO TRANSFORMATION

Call number: HQ1073 .S786 2009

Document 30

Kasher, Asa, ed.
DYING, ASSISTED DEATH AND MOURNING

Call number: BF789 .D4 D95 2009

Document 31

Luper, Steven
THE PHILOSOPHY OF DEATH

Call number: BD444 .L87 2009

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Jones, D. Gareth and Whitaker, Maja I.
SPEAKING FOR THE DEAD: THE HUMAN BODY IN BIOLOGY AND MEDICINE

Call number: RA619 .J66 2009
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Mirkes, Renée
The mortuary science of alkaline hydrolysis: is it ethical?
National Catholic Bioethics Quarterly 2008 Winter; 8(4): 683-695
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Hales, Sarah; Zimmermann, Camilla; Rodin, Gary
The quality of dying and death
Archives of Internal Medicine 2008 May 12; 168(9): 912-918
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Martin, Colin
Dying art: photographic memento mori
Lancet 2008 May 3-9; 371(9623): 1495-1496
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Lavoie, Mireille; Blondeau, Danielle; De Koninck, Thomas
The dying person: an existential being until the end of life
Nursing Philosophy 2008 April; 9(2): 89-97
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Sample policy and procedures: fetal and infant death
Health Care Ethics USA [electronic] 2008 Spring; 16(2): 10-11
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Hamel, Ron
Some guidance on disposition of fetal remains
Health Care Ethics USA [electronic] 2008 Spring; 16(2): 8-9
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Thiel, Marie-Jo, ed.
LES RITES AUTOUR DU Mourir

Document 40
Saramago, José
DEATH AT INTERVALS
Call number: PQ9281.A66 I6813 2008b

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MacNair, Rachel M. and Zunes, Stephen, eds.
CONSISTENTLY OPPOSING KILLING: FROM ABORTION TO ASSISTED SUICIDE, THE DEATH PENALTY, AND WAR
Call number: BJ1459.5.C66 2008

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Brown, Guy
THE LIVING END: THE FUTURE OF DEATH, AGING AND IMMORTALITY
Call number: QH530.B76 2008

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Sperling, Daniel
POSTHUMOUS INTERESTS: LEGAL AND ETHICAL PERSPECTIVES
Call number: K564.H8 S64 2008

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Jaffer, Iqbal H.; Alibhai, Shabbir M.H.
The permissibility of organ donation, end-of-life care, and autopsy in Shiite Islam
Call number: R725.59.M87 2008

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Liittschwager, Terry; De Jong, Diederik C.D.
Covering all the bones letters
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Larimer, Harold R.; Flynn, Thomas
Dealing with death [letter and reply]
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Gosline, Anna
Cheating death: how does it feel to die?
New Scientist 2007 October 13-19; 195(2625): 53-57
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Opinion special: cheating death [special section]
New Scientist 2007 October 13-19; 195(2625): 40-57
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Garment, Ann; Lederer, Susan; Rogers, Naomi; Boult, Lisa
Let the dead teach the living: the rise of body bequeathal in 20th century America
Academic Medicine 2007 October; 82(10): 1000-1005
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Hoffman, Rudi
Many are cold but few are frozen: cryonics today
Free Inquiry 2007 October-November; 27(6): 50-51
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Document 52
Masterton, Malin; Helgesson, Gert; Höglund, Anna T.; Hansson, Mats G.
Queen Christina's moral claim on the living: justification of a tenacious moral intuition
Medicine, Health Care and Philosophy 2007 September; 10(3): 321-327
Abstract: In the long-running debate on the interest of the dead, Joan C. Callahan argues against such interests and although Søren Holm for practical reasons is prepared to consider posthumous interests, he does not see any moral basis to support such interests. He argues that the whole question is irresolvable, yet finds privacy interests where Tutankhamen is concerned. Callahan argues that there can be reasons to hold on to the fiction that there are posthumous interests, namely if it is comforting for the living and instrumental for society. Thus, despite arguing against the position that the dead have any interests or for any moral basis for such interests, these "interests" are still taken into consideration in the end. This shows the unsatisfactory basis of their positions and indicates the tenacity of the moral intuition that the dead can have moral claims on the living. One example of a posthumous interest is the interest in one's good name. Here we argue that it is an interest of moral significance. This implies that if individuals restrict use of their sample when they are still alive, those restrictions apply after their death. Further, it implies that one should be concerned with the reputation of historic persons. Research that defeats these interests calls for justification. We have suggested two lines of thinking along which such a discussion could go: investigating the truth-value of the good name and the relevance of bringing it into possible disrepute.

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Burton, Julian L.; Underwood, James
Clinical, educational, and epidemiological value of autopsy
Lancet 2007 April 28 - May 4; 369(9571): 1471-1480

Document 54
Ensuring autopsy lives on [editorial]
Lancet 2007 April 28 - May 4; 369(9571): 1404

Document 55
Jones, D. Gareth
Anatomical investigations and their ethical dilemmas
Clinical Anatomy 2007 April; 20(3): 338-343
Document 56

Revising death certification in the UK [editorial]
Lancet 2007 March 3-9; 369(9563): 716

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Bleich, J. David
Cadavers on display
Tradition 2007 Spring; 40(1): 87-97

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Brooks-Gordon, Belinda; Ebtehaj, Fatemeh; Herring, Jonathan; Johnson, Martin H.; and Richards, Martin, eds.
DEATH RITES AND RIGHTS

Call number: GT3150 .D43 2007

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Howarth, Glennys
DEATH AND DYING: A SOCIOLOGICAL PERSPECTIVE

Call number: HQ1073 .H69 2007

Document 60

Holloway, Margaret
NEGOTIATING DEATH IN CONTEMPORARY HEALTH AND SOCIAL CARE

Call number: BF789 .D4 H65 2007

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Kellehear, Allan
A SOCIAL HISTORY OF DYING

Call number: HQ1073 .K44 2007

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Kester, Tracie M.
Uniform acts -- can the dead hand control the dead body? The case for a uniform bodily remains law
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van Leeuwen, Evert; Kimsma, Gerrit
Public policy and ending lives
Call number: R724 .B515 2007

Mattulat, Martin; Frewer, Andreas
Pathologie, Politik und Moral: Georg B. Gruber als Medizinethiker und die Zustimmung zur Sektion
Ethik in der Medizin 2006 September; 18(3): 238-250
Georgetown users check Georgetown Journal Finder for access to full text

Barilan, Y. Michael
Bodyworlds and the ethics of using human remains: a preliminary discussion
Bioethics 2006 September; 20(5): 233-247
**Abstract:** Accepting the claim that the living have some moral duties with regard to dead bodies, this paper explores those duties and how they bear on the popular travelling exhibition Bodyworlds. I argue that the concept of informed consent presupposes substantial duties to the dead, namely duties that reckon with the meaning of the act in question. An attitude of respect and not regarding human remains as mere raw material are non-alienable substantial duties. I found the ethos of Bodyworlds premature but full of promises such as public attitudes to organ donations. At the practical level I conclude that Bodyworlds should use only willed donations or unclaimed bodies for which dignified funerals are not available. In the case of live donations, Bodyworlds has a duty to participate in the medical care of needy donors. However, secrecy with regard to the source of cadavers seems to be the most troublesome aspect of Bodyworlds.
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Daly, Daniel J.
National Catholic Bioethics Quarterly 2006 Autumn; 6(3): 597-599
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Richardson, Ruth
Comparative anatomy and the ethics of possession [review of Human Remains: Dissection and its Histories, by Helen MacDonald]
Lancet 2006 July 8-14: 368(9530): 109-110
* Document 68
Borthwick, Jane
**Something for every body**

* Document 69
Khong, T.Y.; Tanner, Alison R.
**Foetal and neonatal autopsy rates and use of tissue for research: the influence of 'organ retention' controversy and new consent process**

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Gillis, Christina Marsden
**"Seeing the difference": an interdisciplinary approach to death, dying, humanities, and medicine**
Journal of Medical Humanities 2006 Summer; 27(2): 105-115

* Document 71

**Autopsy at the crossroads [editorial]**
Lancet 2006 May 6-12; 367(9521): 1460

* Document 72
Richardson, Ruth
**Human dissection and organ donation: a historical and social background**
Mortality 2006 May; 11(2): 151-165

* Document 73
Koeck, Harald
Abstract: In this brief essay, the Austrian artist Harald Koeck offers an introduction to his painting series "Leib ohne Seele," a selection of which is reproduced. "Leib ohne Seele" is concerned with nature of the autopsy, the people who are the subjects of autopsies, and so with death, and with contemporary attitudes towards and taboos concerning death. While not making an overtly philosophical contribution, Koeck touches on important issues that have been discussed by philosophers as diverse as Martin Heidegger and Peter Singer. Hegel argued that the arts pursue the same goals as philosophy, but do so through sensuous rather than conceptual media. Koeck exemplifies this, allowing his paintings and other works to open up issues for the philosopher. More of his work can be seen at his web site http://www.harald-koeck.com/index.html.
DEATH AND RELIGION IN A CHANGING WORLD
Call number: BL504 .D363 2006

Park, Katharine
SECRET OF WOMEN: GENDER, GENERATION, AND THE ORIGINS OF HUMAN DISSECTION
Call number: QM33.4 .P37 2006

O'Kelly, Eugene and Postman, Andrew
CHASING DAYLIGHT: HOW MY FORTHCOMING DEATH TRANSFORMED MY LIFE
Call number: BF789 .D4 O44 2006

Shannon, Joyce Brennfleck, ed.
DEATH AND DYING SOURCEBOOK: BASIC CONSUMER HEALTH INFORMATION ABOUT END-OF-LIFE CARE AND RELATED PERSPECTIVES AND ETHICAL ISSUES, INCLUDING END-OF-LIFE SYMPTOMS AND TREATMENTS, PAIN MANAGEMENT, QUALITY-OF-LIFE CONCERNS, THE USE OF LIFE SUPPORT, PATIENTS’ RIGHTS AND PRIVACY ISSUES, ADVANCE DIRECTIVES, PHYSICIAN-ASSISTED SUICIDE, CAREGIVING, ORGAN AND TISSUE DONATION, AUTOPSIES, FUNERAL ARRANGEMENTS, AND GRIEF, ALONG WITH STATISTICAL DATA, INFORMATION ABOUT THE LEADING CAUSES OF DEATH, A GLOSSARY, AND DIRECTORIES OF SUPPORT GROUPS AND OTHER RESOURCES
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Interpersonal factors predict increased desire for hastened death in late-stage cancer patients
Annals of Behavioral Medicine 2006; 31(1): 63-69
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Death and the value of life
Call number: R725.5 .B25 2006
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Lorentzon, Maria
Exploiting the dead? The use of human cadavers for research, teaching and spare body parts: a multidisciplinary enquiry
Nursing Ethics 2005 November; 12(6): 643-644
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Rambaud, C.; Guilleminault, C.
Autopsie pédiatrique et consentement parental / Pediatric autopsy and informed parental consent
Archives de Pediatrie 2005 October; 12(10): 1478-1482
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Shetty, Priya
The final taboo [review of Deadhouse: Life in a Coroner's Office, by John Temple]
Lancet 2005 September 17-23; 366(9490): 976
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Das, C.
Death certificates in Germany, England, The Netherlands, Belgium and the USA
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DeGrandpre, Richard
Neuroscience and the afterlife [review of Mortal Minds: The Biology of Near-Death Experiences, by G.M. Woerlee]
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Keeler, William; Favalora, John; Lynch, Robert
Terri Schiavo's death
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Shibuya, Kenji; Boerma, J. Ties  
*Measuring progress towards reducing health inequalities [editorial]*  
Bulletin of the World Health Organization 2005 March; 83(3): 162-162A

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**Document 92**

Hayden, Deborah  
*Alas, poor Yorick: digging up the dead to make medical diagnoses*  

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Hope is the Thing with Feathers  
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Dying Well Against the Odds: Cultural and Religious Horizons
Second Opinion 2000 January; (2): 38-52

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Document 243
On Our Own Terms: Moyers on Dying (see individual titles) (2000)
Films for the Humanities & Sciences

Abstract: Four-part series: Topics covered focus on talking and thinking about dying in a new way; seeking home care with physical and spiritual comfort at the end of life -- the strides made in palliative care; a discussion of the hard decisions involved in choosing their own death and the complexities behind the choices for end-of-life, including physician-assisted suicide; and an overview of programs dedicated to improving end-of-life care and changing America's health system. See individual records for specific descriptions.

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

Document 244
A Time to Change (2000)
Films for the Humanities & Sciences

Abstract: Whether they want to or not, four out of five American will likely die in hospitals or nursing homes, and the care they get will depend on both who is providing it and who is footing the bill. In this program, Bill Moyers introduces crusading medical professionals--including staff members of the Balm of Gilead Project in Birmingham, Alabama--who have dedicated themselves to improving end-of-life care by changing America's overburdened health system." [Description from cassette box] Funding provided by The Robert Wood Johnson Foundation, The Fetzer Institute, The Nathan Cummings Foundation, The Kohlberg Foundation, Inc. the John D. and Catherine T. MacArthur Foundation, and the Laurance S. Rockefeller Fund. Corporate funding was provided by Mutual of America Life Insurance Company.

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

Document 245
A Death of One's Own (2000)
Films for the Humanities & Sciences

Abstract: More and more Americans are looking for opportunities to exert some measure of control over where and how they die. In this program, Bill Moyers unravels the complexities underlying the many choices at the end of life, including the bitter debate over physician-assisted suicide. Three patients, their families, and their doctors discuss some of the hardest decisions, including how to pay for care, what constitutes humane treatment, and how to
balance dying and dignity. In the end, do these patients die the way they wanted? Yes...and no." [Description from cassette box] Funding provided by The Robert Wood Johnson Foundation, The Fetzer Institute, The Nathan Cummings Foundation, The Kohlberg Foundation, Inc. the John D. and Catherine T. MacArthur Foundation, and the Laurance S. Rockefeller Fund. Corporate funding was provided by Mutual of America Life Insurance Company.

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

Document 246
A Different Kind of Care (2000)
Films for the Humanities & Sciences
Abstract: "At the end of life, what many Americans want is physical and spiritual comfort in a home setting. In this program, Bill Moyers presents the important strides being made in the area of palliative care at pioneering institutions such as New York's Mt. Sinai Hospital and Memorial Sloan-Kettering Cancer Center. These advances are bringing peace to those who fear that they will be a burden to loved ones, will suffer needlessly, or will be abandoned in their hour of greatest need." [Description from cassette box] Funding provided by The Robert Wood Johnson Foundation, The Fetzer Institute, The Nathan Cummings Foundation, The Kohlberg Foundation, Inc. the John D. and Catherine T. MacArthur Foundation, and the Laurance S. Rockefeller Fund. Corporate funding was provided by Mutual of America Life Insurance Company.

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

Document 247
Living With Dying (2000)
Films for the Humanities & Sciences
Abstract: "Death, which sooner or later comes to all, is treated as a strangely taboo subject in America. In this program, Bill Moyers describes the search for new ways of thinking — and talking — about dying. Foregoing the usual reluctance that most Americans show toward speaking about death, patients and medical professionals alike come forward to examine the end of life with honesty, courage, and even human, demonstrating that dying can be an incredibly rich experience for both the terminally ill and their loved ones." [Description from the cassette box] Funding provided by The Robert Wood Johnson Foundation, The Fetzer Institute, The Nathan Cummings Foundation, The Kohlberg Foundation, Inc. the John D. and Catherine T. MacArthur Foundation, and the Laurance S. Rockefeller Fund. Corporate funding was provided by Mutual of America Life Insurance Company.

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

* Document 248
Crawford, Robert
CAN WE EVER KILL?
Call number: BJ1409.5 .C73 2000

Document 249
Kastenbaum, Robert
THE PSYCHOLOGY OF DEATH
Call number: BF789 .D4 K372 2000

Document 250
Jupp, Peter C. and Gittings, Clare, eds.
DEATH IN ENGLAND: AN ILLUSTRATED HISTORY
Document 251
Richardson, Ruth
**DEATH, DISSECTION AND THE DESTITUTE**
Call number: [GT3243 .R53 2000](https://link-to-library-system)

Document 252
Taylor, Richard P.
**DEATH AND THE AFTERLIFE: A CULTURAL ENCYCLOPEDIA**
Call number: [GT3150 .T25 2000](https://link-to-library-system)

Document 253
Jones, D. Gareth
**SPEAKING FOR THE DEAD: CADAVERS IN BIOLOGY AND MEDICINE**
Call number: [RA619 .J66 2000](https://link-to-library-system)

Document 254
Preston, Thomas A.
**FINAL VICTORY: TAKING CHARGE OF THE LAST STAGES OF LIFE, FACING DEATH ON YOUR OWN TERMS**
Call number: [R726.8 .P73 2000](https://link-to-library-system)

Document 255
Corr, Charles A.; Nabe, Clyde M.; and Corr, Donna M.
**DEATH AND DYING, LIFE AND LIVING**
Call number: [BF789 .D4 C67 2000](https://link-to-library-system)

Document 256
Dickenson, Donna; Johnson, Malcolm; and Katz, Jeanne Samson, eds.
**DEATH, DYING AND BereAVEMENT**
Call number: [HQ1073.5 .G7 D42 2000](https://link-to-library-system)

Document 257
Silverman, Phyllis Rolfe
**NEVER TOO YOUNG TO KNOW: DEATH IN CHILDREN'S LIVES**
Call number: [BF723 .D3 S58 2000](https://link-to-library-system)
Document 258
Burney, Ida A.
**BODIES OF EVIDENCE: MEDICINE AND THE POLITICS OF THE ENGLISH INQUEST, 1830-1926**
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Call number: BD444 .E84 2000

Document 260
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Call number: R726.8 .F34 2000

Document 261
Abramovitch, Henry Hanoch
"**Good death**" and "**bad death**": therapeutic implications of cultural conceptions of death and bereavement

Document 262
Christopher, Myra J.
**Foreword**
Bioethics Forum 2000; 16(1): 9-12

Document 263
Klein, Isaac
**Autopsy.**
Call number: R725.57 .L5 2000

Document 264
Leichtentritt, Ronit D.; Rettig, Kathryn D.
**The Good Death: Reaching an Inductive Understanding**
Omega: Journal of Death and Dying 2000; 41(3): 221-248

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