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* **Book** Document 1

Ekland-Olson, Sheldon

WHO LIVES, WHO DIES, WHO DECIDES? ABORTION, NEONATAL CARE, ASSISTED DYING, AND CAPITAL PUNISHMENT

New York/London: Routledge, 2012. 424 p.

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Bates, Stephen

Dead rights.

The Hastings Center report 2011 Jul-Aug; 41(4): 47

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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 française 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 française de médecine interne 2011 Apr; 32(4): 201-4



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Article 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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Conway, Stephen, ed.

GOVERNING DEATH AND LOSS: EMPOWERMENT, INVOLVEMENT AND PARTICIPATION

New York: Oxford University Press, 2011. 152 p.

Call number: [HQ1073 .G68 2011](#)



Book Document 8

Verhey, Allen

THE CHRISTIAN ART OF DYING: LEARNING FROM JESUS

Grand Rapids, MI: William B. Eerdmans, 2011. 409 p.

Call number: [BT825 .V47 2011](#)



* Book Document 9

Evans, Abigail Rian

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

Grand Rapids, MI: William B. Eerdmans, 2011. 484 p.

Call number: [BT825 .E93 2011](#)



Article Document 10

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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Article 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

EHRA Expert Consensus Statement on the management of cardiovascular implantable electronic devices in patients nearing end of life or requesting withdrawal of therapy.

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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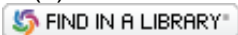


Article Document 12

Appel, Jacob

Sweden asks: Should convicted murderers practice medicine?

Cambridge quarterly of healthcare ethics : CQ : the international journal of healthcare ethics committees 2010 Oct; 19(4): 559-62



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Article 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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Article Document 14

Friemann, J

[Clinical autopsies. Practical approach, legal foundations and ethical considerations]. = Klinische Obduktionen. Praktisches Vorgehen, rechtliche Grundlagen und ethische Überlegungen.

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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Article Document 15

Zheng-ming, Y.; Lan, Y.

Autopsy of 15 clinical death cases: relationship between medicine and jurisprudence

Medicine and Law: The World Association for Medical Law 2010 March; 29(1): 51-60



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* Article 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> (link may be outdated)



* Article 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): 103-5

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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Article 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.



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<http://jme.bmj.com/content/36/2.toc> (link may be outdated)



Book Document 19

Cantor, Norman L.

AFTER WE DIE: THE LIFE AND TIMES OF THE HUMAN CADAVER

Washington, DC: Georgetown University Press, 2010. 372 p.

Call number: [K564 .H8 C36 2010](#)



Article Document 20

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:

http://iranmedex.com/english/articles_detail.asp [2010 December 15]

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 fiqh, 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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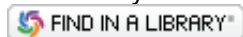
* **Article** Document 21

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)



News Document 22

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]

New York Times 2009 November 24; p. D5

<http://www.nytimes.com> (link may be outdated)



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McCarrick, Theodore E.

Remarks at burial of Sen. Edward Kennedy

Origins 2009 September 10; 39(14): 225-227

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Article Document 24

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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Article Document 25

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

BMJ:British Medical Journal 2009 July 25; 339(7714): 214-218

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<http://www.bmj.com> (link may be outdated)



Article Document 26

Marks, Vincent

Murder by insulin: suspected, purported and proven-a review.

Drug testing and analysis 2009 Apr ; 1(4): 162-76

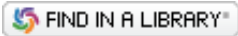
Abstract: Murder by insulin-whether attempted, suspected or proven-is rare. Only 66 cases worldwide could be found for this review. A conviction was secured in 31 cases and additional weapon was employed in 11. Differentiation of attempted homicide from Munchausen syndrome by proxy in the young and from '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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Article 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)



* Article 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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Book Document 29

Kellehear, Allan, ed.

THE STUDY OF DYING: FROM AUTONOMY TO TRANSFORMATION

Cambridge/New York: Cambridge University Press, 2009. 284 p.

Call number: [HQ1073 .S786 2009](#)



* Book Document 30

Kasher, Asa, ed.

DYING, ASSISTED DEATH AND MOURNING

Amsterdam: Rodopi, 2009. 167 p.

Call number: [BF789 .D4 D95 2009](#)



* Book Document 31

Luper, Steven

THE PHILOSOPHY OF DEATH

Cambridge/New York: Cambridge University Press, 2009. 253 p.

Call number: [BD444 .L87 2009](#)



* Book Document 32

Jones, D. Gareth and Whitaker, Maja I.

SPEAKING FOR THE DEAD: THE HUMAN BODY IN BIOLOGY AND MEDICINE

Aldershot, Hampshire/Burlington, VT: Ashgate, 2009. 296 p.

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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<http://archinte.ama-assn.org> (link may be outdated)



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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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<http://www.chausa.org/Pub/MainNav/News/HCEthics/> (link may be outdated)



Article Document 38

Hamel, Ron

Some guidance on disposition of fetal remains

Health Care Ethics USA [electronic] 2008 Spring; 16(2): 8-9



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<http://www.chausa.org/Pub/MainNav/News/HCEthics/> (link may be outdated)



Book Document 39

Thiel, Marie-Jo, ed.

LES RITES AUTOUR DU MOURIR

Strasbourg: Presses universitaires de Strasbourg, 2008. 351 p.



Book Document 40

Saramago, José

DEATH AT INTERVALS

London: Harvill Secker, 2008. 196 p.

Call number: [PQ9281 .A66 I6813 2008b](#)



* **Book** Document 41

MacNair, Rachel M. and Zunes, Stephen, eds.

CONSISTENTLY OPPOSING KILLING: FROM ABORTION TO ASSISTED SUICIDE, THE DEATH PENALTY, AND WAR

Westport, CT: Praeger, 2008. 204 p.

Call number: [BJ1459.5 .C66 2008](#)



Book Document 42

Brown, Guy

THE LIVING END: THE FUTURE OF DEATH, AGING AND IMMORTALITY

London/New York: Macmillan, 2008. 278 p.

Call number: [QH530 .B76 2008](#)



* **Book** Document 43

Sperling, Daniel

POSTHUMOUS INTERESTS: LEGAL AND ETHICAL PERSPECTIVES

Cambridge/New York: Cambridge University Press, 2008. 273 p.

Call number: [K564 .H8 S64 2008](#)



Chapter Document 44

Jaffer, Iqbal H.; Alibhai, Shabbir M.H.

The permissibility of organ donation, end-of-life care, and autopsy in Shiite Islam

In: Brockopp, Jonathan E.; Eich, Thomas, eds. Muslim Medical Ethics: From Theory to Practice. Columbia, SC:

University of South Carolina Press, 2008: 167-181

Call number: [R725.59 .M87 2008](#)



Article Document 45

Liittschwager, Terry; De Jong, Diederik C.D.

Covering all the bones letters]

Free Inquiry 2007 December - 2008 January; 28(1): 10, 66



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<http://www.secularhumanism.org> (link may be outdated)



Article Document 46

Larimer, Harold R.; Flynn, Thomas

Dealing with death [letter and reply]

Free Inquiry 2007 December - 2008 January; 28(1): 10



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<http://www.secularhumanism.org> (link may be outdated)



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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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Article Document 48

Opinion special: cheating death [special section]

New Scientist 2007 October 13-19; 195(2625): 40-57



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* **Article** Document 49

Garment, Ann; Lederer, Susan; Rogers, Naomi; Bault, 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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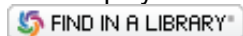


Article Document 50

Hoffman, Rudi

Many are cold but few are frozen: cryonics today

Free Inquiry 2007 October-November; 27(6): 50-51



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Article Document 51

Flynn, Tom

Dealing with dying

Free Inquiry 2007 October-November; 27(6): 21



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<http://www.secularhumanism.org> (link may be outdated)



* **Article** 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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Article Document 53

Burton, Julian L.; Underwood, James

Clinical, educational, and epidemiological value of autopsy

Lancet 2007 April 28 - May 4; 369(9571): 1471-1480



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Ensuring autopsy lives on [editorial]

Lancet 2007 April 28 - May 4; 369(9571): 1404



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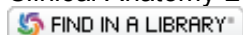


* **Article** Document 55

Jones, D. Gareth

Anatomical investigations and their ethical dilemmas

Clinical Anatomy 2007 April; 20(3): 338-343



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Revising death certification in the UK [editorial]

Lancet 2007 March 3-9; 369(9563): 716



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<http://www.thelancet.com/journal> (link may be outdated)



* Article Document 57

Bleich, J. David

Cadavers on display

Tradition 2007 Spring; 40(1): 87-97



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<http://www.traditiononline.org> (link may be outdated)



* Book Document 58

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

DEATH RITES AND RIGHTS

Oxford/Portland, OR: Hart, 2007. 308 p.

Call number: [GT3150 .D43 2007](#)



Book Document 59

Howarth, Glennys

DEATH AND DYING: A SOCIOLOGICAL PERSPECTIVE

Cambridge, UK/Malden, MA: Polity, 2007. 301 p.

Call number: [HQ1073 .H69 2007](#)



* Book Document 60

Holloway, Margaret

NEGOTIATING DEATH IN CONTEMPORARY HEALTH AND SOCIAL CARE

Bristol, UK: Policy Press, 2007. 216 p.

Call number: [BF789 .D4 H65 2007](#)



Book Document 61

Kellehear, Allan

A SOCIAL HISTORY OF DYING

Cambridge/New York: Cambridge University Press, 2007. 297 p.

Call number: [HQ1073 .K44 2007](#)



Article Document 62

Kester, Tracie M.

Uniform acts -- can the dead hand control the dead body? The case for a uniform bodily remains law

Western New England Law Review 2007; 29(2): 571-618



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* **Chapter** Document 63

van Leeuwen, Evert; Kimsma, Gerrit

Public policy and ending lives

In: Rhodes, Rosamond; Francis, Leslie P.; Silvers, Anita, eds. The Blackwell Guide to Medical Ethics. Malden, MA: Blackwell Pub., 2007: 220-237

Call number: [R724 .B515 2007](#)



* **Article** Document 64

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



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* **Article** Document 65

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.

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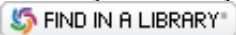


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Health Care Analysis: An International Journal of Health Philosophy and Policy 2006 March; 14(1): 65-67

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>.



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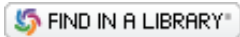


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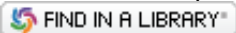


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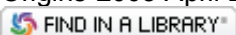


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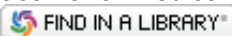


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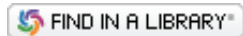


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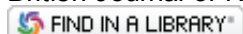


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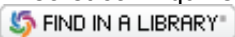


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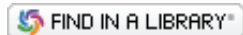


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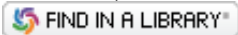


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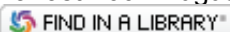


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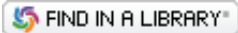


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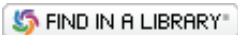


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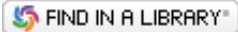


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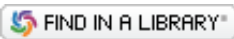
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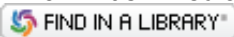
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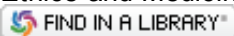


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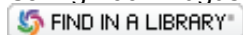


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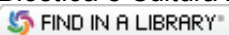


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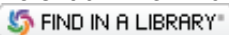
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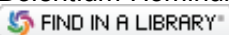
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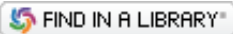
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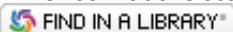


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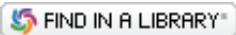


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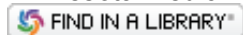


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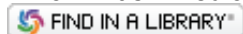


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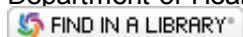


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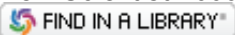


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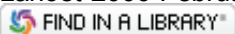


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Lancet 2000 February 19; 355(9204): 635



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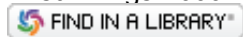


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First Things 2000 February; 100: 15-22



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Rise in Death Rate After New Year Is Tied to the Will to See 2000

New York Times 2000 January 15; p. A1, B4



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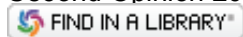


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Second Opinion 2000 January; (2): 38-52



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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 – an 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.

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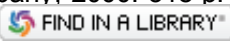


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