Documents: 1 - 325 of 847

* Book Document 1
Miller, Franklin G. and Truog, Robert D.
DEATH, DYING, AND ORGAN TRANSPLANTATION: RECONSTRUCTING MEDICAL ETHICS AT THE END OF LIFE
Call number: R726 .M5525 2012

Article Document 2
Gross, Michael L
Comradery, community, and care in military medical ethics.
Theoretical medicine and bioethics 2011 Oct; 32(5): 337-50
Abstract: Medical ethics prohibits caregivers from discriminating and providing preferential care to their compatriots and comrades. In military medicine, particularly during war and when resources may be scarce, ethical principles may dictate priority care for compatriot soldiers. The principle of nondiscrimination is central to utilitarian and deontological theories of justice, but communitarianism and the ethics of care and friendship stipulate a different set of duties for community members, friends, and family. Similar duties exist among the small cohesive groups that typify many military units. When members of these groups require medical care, there are sometimes moral grounds to treat compatriot soldiers ahead of enemy or allied soldiers regardless of the severity of their respective wounds.

Article Document 3
Cerminara, Kathy L
The law and its interaction with medical ethics in end-of-life decision making.
Chest 2011 Sep; 140(3): 775-80
Abstract: The previous two articles in this series explored the historical and theoretical development of medical decision making from initial reliance on medical beneficence to a more recent emphasis on patient autonomy. The law of withholding and withdrawal of treatment has much in common with medical ethics. It is based on concerns about patient autonomy expressed by courts, legislatures, and the executive branch of the government. Legally, the patient's right of self-determination has been based on a variety of sources ranging from state and federal constitutions to the common law of torts and from cases to statutes and regulations. Understanding the various sources of the law, the distinctions among those sources, and the interaction of the branches of government in this context assists in understanding the law itself. In our federalist system of government, significant legal variations can exist among the states, but although technically valid, excessive concern about compliance with the precise contours of each state's statute when surrogate decision makers are engaging in bedside deliberations is unnecessary. Regardless of source or precise legal contours, the overall goal, which neither the physician nor the patient's surrogate or proxy decision makers should forget, is to honor what the patient would want to have done. Physicians and attorneys will agree on that as a matter of both ethics and the law.

Article Document 4
Rose, Aron D
Questioning the universality of medical ethics: dilemmas raised performing surgery around the globe.

Article Document 5
Medical ethics and social justice.
Prescrire international 2011 Sep; 20(119): 220
Document 6

Katz, Yisrael; Schiff, Elad

[Complementary medicine--Jewish medical ethics].
Harefuah 2011 Aug; 150(8): 672-5, 686

Abstract: In Israel, as in the Western world, the use of different methods of complementary and alternative medicine (CAM) is spreading. CAM raises ethical questions of concern to healthcare providers and to the public: Can physicians recommend a treatment that has no scientific evidence? Should the government include such therapies in the health budget? Can complementary therapists receive protection against lawsuits if their treatment is recognized? The purpose of this article is to present a Jewish perspective on these issues. The fundamental sources that deal with the subject are based on the approach of rabbinic authorities toward unproven medicine, as expressed in the "Mishnah" and "Talmud" (200-500 C.E). The great Jewish scholar who discusses the subject in detail is Maimonides (1135-1204), who defines what "medicine" is and claims that medicine has to rely on reason or experience. Contemporary Jewish commentators present their position based on the interpretation of Maimonides' texts. In this article we claim that treatments can be divided into four groups, each group having a different halachic status: (1) Treatment that might be dangerous--should not be used. (2) Treatment that is safe--can be used, but has no other special status. (3) Treatment recognized by alternative therapists--has consequences for the observant Jew, such as laws of Kashrut and Shabbat. (4) Treatment that was tested and proven using modern medical methods has public significance--the therapist is entitled to legal defense if he made a reasonable mistake; the government can consider funding such treatment using public money. This article presents the Jewish halachic sources upon which we propose an ethical-practical approach to CAM.

Document 7

Miller, Franklin G; Colloca, Luana

The placebo phenomenon and medical ethics: rethinking the relationship between informed consent and risk-benefit assessment.
Theoretical medicine and bioethics 2011 Aug; 32(4): 229-43

Abstract: It has been presumed within bioethics that the benefits and risks of treatments can be assessed independently of information disclosure to patients as part of the informed consent process. Research on placebo and nocebo effects indicates that this is not true for symptomatic treatments. The benefits and risks that patients experience from symptomatic treatments can be shaped powerfully by information about these treatments provided by clinicians. In this paper we discuss the implications of placebo and nocebo research for risk-benefit assessment and informed consent.

Document 8

Millard, Mark W

Can Osler teach us about 21st-century medical ethics?
Proceedings (Baylor University. Medical Center) 2011 Jul; 24(3): 227-35

Document 9

Kennelly, John

Medical ethics: four principles, two decisions, two roles and no reasons.
Journal of primary health care 2011 June 1; 3(2): 170-4

Abstract: The 'four principle' view of medical ethics has a strong international pedigree. Despite wide acceptance, there is controversy about the meaning and use of the principles in clinical practice as a checklist for moral behaviour. Recent attempts by medical regulatory authorities to use the four principles to judge medical practitioner behaviour have not met with success in clarifying how these principles can be incorporated into a legal framework. This may reflect the philosophical debate about the relationship between law and morals. In this paper, legal decisions from two cases in which general practitioners have been charged with professional shortcomings are discussed. Difficulties with the application of the four principles (autonomy, beneficence, nonmaleficence and justice) to judge medical practitioner behaviour are highlighted. The four principles are relevant to medical practitioner behaviour, but if applied as justifications for disciplinary decisions without explanation, perverse results may ensue. Solutions are suggested to minimise ambiguities in the application of the four principles: adjudicators should acknowledge the difference between professional and common morality and the statutory requirement to give decisions with reasons.

Document 10

Gamboa Antiñolo, Fernando Miguel
Document 11
Rollin, Bernard E

Veterinary medical ethics. An ethicist's commentary on buying free-range eggs.
The Canadian veterinary journal. La revue vétérinaire canadienne 2011 May; 52(5): 464

Abstract: Hume's is/ought distinction has long limited the role of empirical research in ethics, saying that data about what something is cannot yield conclusions about the way things ought to be. However, interest in empirical research in ethics has been growing despite this countervailing principle. We attribute some of this increased interest to a conceptual breakdown of the is/ought distinction. MacIntyre, in reviewing the history of the is/ought distinction, argues that is and ought are not strictly separate realms but exist in a close relationship that is clarified by adopting a teleological orientation. We propose that, instead of recovering a teleological orientation, society tends to generate its own goals via democratic methods like those described by Rousseau or adopt agnosticism about teleology such as described by Richard Rorty. In both latter scenarios, the distinction between is and ought is obscured, and the role for empirical research grows, but for controversial reasons. MacIntyre warns that the is/ought distinction should remain, but reminds ethicists to make careful arguments about when and why it is legitimate to move from is to ought.

Document 12
Lawrence, Ryan E; Curlin, Farr A

The rise of empirical research in medical ethics: a MacIntyrean critique and proposal.
The Journal of medicine and philosophy 2011 Apr; 36(2): 206-16

Abstract: Hume's is/ought distinction has long limited the role of empirical research in ethics, saying that data about what something is cannot yield conclusions about the way things ought to be. However, interest in empirical research in ethics has been growing despite this countervailing principle. We attribute some of this increased interest to a conceptual breakdown of the is/ought distinction. MacIntyre, in reviewing the history of the is/ought distinction, argues that is and ought are not strictly separate realms but exist in a close relationship that is clarified by adopting a teleological orientation. We propose that, instead of recovering a teleological orientation, society tends to generate its own goals via democratic methods like those described by Rousseau or adopt agnosticism about teleology such as described by Richard Rorty. In both latter scenarios, the distinction between is and ought is obscured, and the role for empirical research grows, but for controversial reasons. MacIntyre warns that the is/ought distinction should remain, but reminds ethicists to make careful arguments about when and why it is legitimate to move from is to ought.

Document 13
Rollin, Bernard E

Veterinary medical ethics: an ethicist's commentary on unintended consequences of a ?downer animal? law.
The Canadian veterinary journal. La revue vétérinaire canadienne 2011 Apr; 52(4): 353-6; quiz 359-60

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

Document 14
Aruga, Tohru

[Medical ethics in terminal stage viewed from emergency and critical care in Japan].

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

Document 15
Hansson, M G; Chadwick, R

Is medical ethics doing its job?
Journal of internal medicine 2011 Apr; 269(4): 366-9

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

Document 16
Harm in the absence of care: Towards a medical ethics that cares.
Nursing ethics 2011 Mar; 18(2): 174-83

Abstract: The aim of this article is to investigate the concept of care in contemporary medical practice and medical ethics. Although care has been hailed throughout the centuries as a crucial ideal in medical practice and as an honourable virtue to be observed in codes of medical ethics, I argue that contemporary medicine and medical ethics suffer from the lack of a theoretically sustainable concept of care and then discuss possible reasons that may help to explain this absence. I draw on the empirical studies of Carol Gilligan on care and connectedness as ontologically situated realities in human life. Based on a philosophical elaboration of her findings on the ethics of care emphasizing relationality, I try to show how the notion of ‘relational ontology’ originating from this stream of thought may be of help in developing a medical ethics that acknowledges care as a perspective to be observed in all interactions between physicians and patients.

Stokes, S; Mackenzie, S; Thomas, C
Medical ethics in mountain and wilderness medicine.
Journal of the Royal Army Medical Corps 2011 Mar; 157(1): 124-6

Manthous, Constantine A; Irwin, Richard S
The interface of law and medicine: a new series in the "Medical Ethics" section.
Chest 2011 Mar; 139(3): 488-9

Đorđević Veljko; Braš Marijana; Milunović Vilibor; Brajković Lovorka; Stevanović Ranko; Polašek Ozren
The founding of the Centre for Palliative Medicine, Medical Ethics and Communication Skills: a new step toward the development of patient-oriented medicine in Croatia.
Croatian medical journal 2011 Feb 15; 52(1): 87-8

Rollin, Bernard E
Veterinary medical ethics. An ethicist's commentary on the case of the client who abuses disease surveillance results.
The Canadian veterinary journal. La revue vétérinaire canadienne 2011 Feb; 52(2): 113-4

Sartea, C; Zanzonico, R; Carassiti, M
Law and medical ethics: in defense of reality.
Minerva anestesiologica 2011 Feb; 77(2): 242

Thompson, Richard J
Medical futility: a commonly used and potentially abused idea in medical ethics.

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

Georgetown users check Georgetown Journal Finder for access to full text.
Teaching of medical ethics: students' perception in different periods of the course.

Revista médica de Chile 2011 Jan; 139(1): 36-44

Abstract: Medical ethics is structured to guide doctors towards a better professional practice. However, its teaching in medical schools seems to be neglected.

Georgetown users check Georgetown Journal Finder for access to full text

Is medical ethics education effective?


Georgetown users check Georgetown Journal Finder for access to full text

Preserving medical ethics and professionalism: meeting the challenges of modern practice.

Annals of the Academy of Medicine, Singapore 2011 Jan; 40(1): 1-3

Georgetown users check Georgetown Journal Finder for access to full text

Evaluating the effects of an integrated medical ethics curriculum on first-year students.

Annals of the Academy of Medicine, Singapore 2011 Jan; 40(1): 4-15

Abstract: An integrated biomedical ethics track was implemented as part of the new medical undergraduate curriculum at the National University of Singapore Yong Loo Lin School of Medicine in academic year (AY) 2008/2009. This study analyses the effects of the new curriculum on first-year students' knowledge, confidence and opinions in relation to the subject.

Georgetown users check Georgetown Journal Finder for access to full text

MEDICAL ETHICS: ACCOUNTS OF GROUND-BREAKING CASES


MEDICAL ETHICS: SOURCES OF CATHOLIC TEACHINGS


Call number: R725.56 .O75 2011

MEDICAL ETHICS


Call number: R724_M29274.2011
Abstract: The concept of human dignity and the respect to it have issued from various sources—philosophical, religious and cultural. The text deals with the thinking of some philosophers (intrinsic dignity versus attributed dignity), with religious thoughts (explaining the dignity of man as being created in God’s image) and discusses the important declarations, especially the Universal Declaration of Human Rights. This declaration (UN, 1948) recognizes, in consent with both—the best philosophical tradition and biblical faith, the inherent dignity and worth of every human being (person); it is the first principle and the inescapable grounding for all human rights. The term human dignity is hotly debated in the present bioethics arena; nevertheless it is the source of considerable and dangerous confusion as well. Some bioethicists deny implicitly or even explicitly the dignity of every human being (they conflate intrinsic and attributed dignity), and others proclaim that dignity is a useless concept. But the respect to human dignity is the cornerstone of all medical ethics—this discipline will be changed into ethical parody without it. It is therefore necessary to see the problems in the broader context and to stand firmly on the right side of the dispute: on the side of each and every patient.

Document 34

Building medical ethics education to improve Japanese medical students’ attitudes toward respecting patients’ rights.

Abstract: In medical education, it is important for medical students to develop their ethics to respect patients’ rights. Some physicians might make light of patients’ rights, because the increased awareness of such rights might make it more difficult for them to conduct medical practice. In the present study, predictors significantly associated with “a sense of resistance to patients’ rights” were examined using anonymous self-administered questionnaires. For these predictors, we produced original items with reference to the concept of ethical development and the teachings of Mencius. The subjects were medical students at the Kitasato University School of Medicine, a private university in Japan. A total of 518 students were analyzed (response rate, 78.4%). The average age of enrolled subjects was 22.5 ± 2.7 years (average age ± standard deviation). The average age of 308 male subjects was 22.7 ± 2.8 years, while that of 210 female subjects was 22.1 ± 2.5 years. The item, “Excessive measures to pass the national examination for medical practitioners,” was significantly associated with “a sense of resistance to patients’ rights.” However, other items, including basic attributes such as age and gender, were not significant predictors. If students spent their school time only focusing on the national examination, they would lose the opportunity to receive the ethical education that would allow them to respect patients’ rights. That ethical development cannot easily be evaluated with written exams. Thus, along with the acquisition of medical knowledge, educational programs to promote medical students’ ethics should be developed.

Georgetown users check Georgetown Journal Finder for access to full text

Document 35

The teaching of medical ethics.

Abstract: In medical education, it is important for medical students to develop their ethics to respect patients’ rights. Some physicians might make light of patients’ rights, because the increased awareness of such rights might make it more difficult for them to conduct medical practice. In the present study, predictors significantly associated with “a sense of resistance to patients’ rights” were examined using anonymous self-administered questionnaires. For these predictors, we produced original items with reference to the concept of ethical development and the teachings of Mencius. The subjects were medical students at the Kitasato University School of Medicine, a private university in Japan. A total of 518 students were analyzed (response rate, 78.4%). The average age of enrolled subjects was 22.5 ± 2.7 years (average age ± standard deviation). The average age of 308 male subjects was 22.7 ± 2.8 years, while that of 210 female subjects was 22.1 ± 2.5 years. The item, “Excessive measures to pass the national examination for medical practitioners,” was significantly associated with “a sense of resistance to patients’ rights.” However, other items, including basic attributes such as age and gender, were not significant predictors. If students spent their school time only focusing on the national examination, they would lose the opportunity to receive the ethical education that would allow them to respect patients’ rights. That ethical development cannot easily be evaluated with written exams. Thus, along with the acquisition of medical knowledge, educational programs to promote medical students’ ethics should be developed.

Georgetown users check Georgetown Journal Finder for access to full text
Document 36

Cumminskey, David

Islamic and Buddhist medical ethics: morality and theology in moral reasoning
In: Arda, Berna; Rispler-Chaim, Vardit, eds. Islam and Bioethics. Ankara [Turkey]: Ankara University; 2011: 241-247
Call number: R725.59 .I85 2010

Document 37

Ilgili, Önder; Aciduman, Ahmet

Investigation of articles related to Islam and bioethics in the example of American Journal of Bioethics and Journal of Medical Ethics from 2001 to present
In: Arda, Berna; Rispler-Chaim, Vardit, eds. Islam and Bioethics. Ankara [Turkey]: Ankara University; 2011: 233-239
Call number: R725.59 .I85 2010

Document 38

Retraction: End-of-life discontinuation of destination therapy with cardiac and ventilatory support medical devices: physician-assisted death or allowing the patient to die? BMC Medical Ethics 2010, 11:15.
BMC medical ethics 2010 December 21; 11: 20
Georgetown users check Georgetown Journal Finder for access to full text

Document 39

Rollin, Bernard E

Veterinary medical ethics. An ethicist's commentary on misuse of presurgical lab tests.
The Canadian veterinary journal. La revue vétérinaire canadienne 2010 Dec; 51(12): 1324
Georgetown users check Georgetown Journal Finder for access to full text

Document 40

Donaldson, Thomas M; Fistein, Elizabeth; Dunn, Michael

Case-based seminars in medical ethics education: how medical students define and discuss moral problems.
Journal of medical ethics 2010 Dec; 36(12): 816-20
Abstract: Discussion of real cases encountered by medical students has been advocated as a component of medical ethics education. Suggested benefits include: a focus on the actual problems that medical students confront; active learner involvement; and facilitation of an exploration of the meaning of their own values in relation to professional behaviour. However, the approach may also carry risks: students may focus too narrowly on particular clinical topics or show a preference for discussing legal problems that may appear to have clearer solutions. Teaching may therefore omit areas generally considered to be important components of the curriculum. In this paper, the authors present an analysis of the moral problems raised by medical students in response to a request to describe ethically problematic cases they had encountered during two clinical attachments, for the purpose of educational discussion at case-based seminars. We discuss the problems raised and compare the content of the cases to the UK Consensus Statement on core content of learning. The authors also describe the approaches that the students used to undertake an initial analysis of the problems raised, and consider possible implications for the development of medical ethics education.
Georgetown users check Georgetown Journal Finder for access to full text

Document 41

Oberman, Anthony S; Brosh-Nissimov, Tal; Ash, Nachman

Medicine and the Holocaust: a visit to the Nazi death camps as a means of teaching medical ethics in the Israel Defense Forces Medical Corps.
Journal of medical ethics 2010 Dec; 36(12): 821-6
Abstract: A novel method of teaching military medical ethics, medical ethics and military ethics in the Israel Defense Force (IDF) Medical Corps, essential topics for all military medical personnel, is discussed. Very little time is devoted to medical ethics in medical curricula, and even less to military medical ethics. Ninety-five per cent of American students in eight medical schools had less than 1 h of military medical ethics teaching and few knew the basic tenets of the Geneva Convention. Medical ethics differs from military medical ethics: the former deals with the relationship between medical professional and patient, while in the latter military physicians have to balance between military necessity and their traditional priorities to their patients. The underlying principles, however, are the same in both: the right to life, autonomy, dignity and utility. The IDF maintains high moral and ethical standards. This stems from the preciousness of human life in
Jewish history, tradition and religious law. Emphasis is placed on these qualities within the Israeli education system; the IDF teaches and enforces moral and ethical standards in all of its training programmes and units. One such programme is ‘Witnesses in Uniform’ in which the IDF takes groups of officers to visit Holocaust memorial sites and Nazi death camps. During these visits daily discussions touch on intricate medical and military ethical issues, and contemporary ethical dilemmas relevant to IDF officers during active missions.

Erbay, Hasan; Alan, Sultan; Kadioglu, Selim

A case study from the perspective of medical ethics: refusal of treatment in an ambulance
Journal of Medical Ethics 2010 November 11; 36(11): 652-655

De Vries, Martine; Van Leeuwen, Evert

Reflective equilibrium and empirical data: third person moral experiences in empirical medical ethics.
Bioethics 2010 Nov; 24(9): 490-498

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

Moral fictions and medical ethics.
Bioethics 2010 Nov; 24(9): 453-60

Rollin, Bernard E

Veterinary medical ethics. An ethicist's commentary on castration of cats on-farm.
The Canadian veterinary journal. La revue vétérinaire canadienne 2010 Nov; 51(11): 1956, 1198

De Vries, Martine; Van Leeuwen, Evert

Reflective equilibrium and empirical data: third person moral experiences in empirical medical ethics
Bioethics 2010 November; 24(9): 490-498
Document 47
Miller, Franklin G.; Truog, Robert D.; Brock, Dan W.
*Moral fictions and medical ethics*
Bioethics 2010 November; 24(9): 453-460

Document 48
Brkljacic Zagrovic, Morana
[Palliative medicine--linkage of expert human care for the terminally ill and medical ethics]. = Palijativna medicina--spoj strucne humane skrbi za terminalno oboljele i medicinske etike.
Abstract: Palliative medicine is a new branch of medicine dealing with optimal quality of life and death, and is primarily a medical area of interest. Palliative care is a care provided by interdisciplinary palliative team. Let us remember that palliative care is a specific form of medical care for patients in the terminal phase of life. It is an approach to improve the quality of life of patients faced with fatal diseases, and of their families. Palliative care starts when classic methods of treatment have been exhausted, or when the symptoms of a malignant disease reach a level that the patient can hardly endure. It encompasses three areas: alleviating the symptoms, giving psycho-sociological support to patients and their caregivers, and dealing with ethical problems concerning the end of life. Particularly important is the ethics of palliative care, because it is focused on the aspects of care aimed at the patient and critical decision-making. The decisions made in palliative medicine require moral, legal and medical judgments. At the same time, one must strike a balance between clinical aspects of care and the patient's autonomy regarding his wishes, beliefs, and finally decisions about his own medical treatment. Ethical aspects of decision-making cannot be separated from clinical circumstances in the individual case, in the same way as medical decision-making cannot neglect the four (bio)ethical principles: beneficence, non-maleficence, autonomy of the person, and justice.

Document 49
Rollin, Bernard E
*Veterinary medical ethics: An ethicist?s commentary on the double standard in veterinary medicine.*
The Canadian veterinary journal. La revue vétérinaire canadienne 2010 Oct; 51(10): 1067-70

Document 50
Engström, Ingemar; Lynøe, Niels
[Ten myths about medical ethics to put an end to]. = Tio myter att avliva om medicinsk etik.
Läkartidningen 2010 Oct 6-12; 107(40): 2419-21

Document 51
Gross, Michael L
*Teaching military medical ethics: another look at dual loyalty and triage.*

Document 52
[Request of the Spanish Society of Bioethics and Medical Ethics addressed to the General Council of Official Colleges of Physicians and the Central Commission on Deontology and Medical Law, on the conscientious objection regarding several aspects of the Organic Law 2/2010 on sexual and reproductive health and the voluntary interruption of pregnancy]. = Solicitud de la Asociación Española de Bioética y Ética Médica (AEBI), dirigida al Consejo General de Colegios Oficiales de Médicos y Comisión Central de Deontología y Derecho Médico, acerca de la objeción de conciencia ante algunos aspectos de la Ley Orgánica 2/2010 de salud sexual y reproductiva y de la interrupción voluntaria del embarazo.

Kress, H.

[Terminal care in the form of sedation at the end of life. Current medical ethics recommendations and further need for discussion]. = Sterbehilfe in Form der Sedierung am Lebensende. Aktuelle medizinethische Empfehlungen und weiterer Diskussionsbedarf.

Shamim, Muhammad Shahid; Shamim, Muhammad Shahzad

Medical ethics: a slow but sustained revolution in Pakistan's healthcare [editorial]

Phaosavasdi, Sukhit; Taneenichsakul, Surasak; Witoonpanich, Pairoj; Tannirandom, Yuen; Pruksanananonda, Kamthorn; Uerpairojkit, Boonchai; Sittisomwong, Tul; Phupong, Vorapong; Manchana, Tarinee; Nirutisart, Somchai

Assessment of medical ethics of fourth-year medical students.

Stirrat, Gordon M.

Teaching and learning medical ethics and law in UK medical schools

Walton, Simon

Medical ethics and medical law: can you put it into practice?
Kirkpatrick, James N; Fields, Anjali V; Ferrari, Victor A
Medicinal ethics and the art of cardiovascular medicine.
Lancet 2010 Aug 14; 376(9740): 508-9

May, William E.
Martin Rhonheimer and some disputed issues in medical ethics: masturbation, condoms, craniotomies, and tubal pregnancies
Linacre Quarterly 2010 August 77(3): 329-352

Rollin, Bernard E
Veterinary medical ethics. An ethicist’s commentary on the majority treating agriculture unfairly.
The Canadian veterinary journal. La revue vétérinaire canadienne 2010 Aug; 51(8): 808-9

Bodegård, Göran
[Physicians’ role in issuing “transportability” certificates: what do the medical ethics authorities say?]. = Läkares medverkan vid utfärdande av transportabilitetsintyg: Vad säger den medicinska professionens etiska auktoriteter?
Läkartidningen 2010 Aug 11-24; 107(32-33): 1856-7

Furtmayr, Holger; Frewer, Andreas
Documentation of torture and the Istanbul Protocol: applied medical ethics.
Medicine, health care, and philosophy 2010 Aug; 13(3): 279-86

Abstract: The so-called Istanbul Protocol, a Manual on the Effective Investigation and Documentation of Torture and other Cruel, Inhumane or Degrading Treatment or Punishment was adopted by the United Nations soon after its completion in 1999 and since then has become an acknowledged standard for documenting cases of alleged torture and other forms of severe maltreatment. In 2009 the "Forum for medicine and human rights" at the Medical Faculty at the University Erlangen-Nuremburg has provided the first German edition of this manual. The article traces back the development of the protocol taking into account the general background as well as the factual occasion of its initiation. The main ethical and legal principles of the manual are introduced as well as the projects for implementing the rules provided in the protocol that have been carried out so far. From this the urgent need for implementation of the Istanbul Protocol guidelines also in Europe and in German-speaking countries and here not exclusively but especially within asylum procedures becomes clear.

Frewer, Andreas
Human rights from the Nuremberg Doctors Trial to the Geneva Declaration. Persons and institutions in medical ethics and history.
Medicine, health care, and philosophy 2010 Aug; 13(3): 259-68

Abstract: The "Universal Declaration of Human Rights" and the "Geneva Declaration" by the World Medical Association, both in 1948, were preceded by the foundation of the United Nations in New York (1945), the World Medical Association in London (1946) and the World Health Organization in Geneva (1948). After the end of World War II the community of nations strove to achieve and sustain their primary
goals of peace and security, as well as their basic premise, namely the health of human beings. All these associations were well aware of
the crimes by medicine, in particular by the accused Nazi physicians at the Nuremberg Doctors Trial (1946/47, sentence: August 1947).
During the first conference of the World Medical Association (September 1947) issues of medical ethics played a major role: and a new
document was drafted concerning the values of the medical profession. After the catastrophe of the War and the criminal activities of
scientists, the late 1940s saw increased scrutiny paid to fundamental questions of human rights and medical ethics, which are still highly
relevant for today's medicine and morality. The article focuses on the development of medical ethics and human rights reflected in the
statement of important persons, codes and institutions in the field.

Document 65
Montello, Martha
Middlebrow medical ethics.

Document 66
Nairn, Thomas
Teaching in Africa: medical ethics Zimbabwe-style.
Health progress (Saint Louis, Mo.) 2010 Jul-Aug; 91(4): 50-4

Document 67
Bagheri, Alireza
A brief report of medical ethics in Iran
IAB News 2010 June; (22): 3-4

Document 68
Woodcock, Tom; Wheeler, Robert
Law and medical ethics in organ transplantation surgery.
Abstract: This article in the series describes how UK law and medical ethics have evolved to accommodate developments in organ
transplantation surgery. August committees have formulated definitions of the point of death of the person which are compatible with the
lawful procurement of functioning vital organs from cadavers. Some of the complexities of dead donor rules are examined. Live donors are
a major source of kidneys and the laws that protect them are considered. Financial inducements and other incentives to donate erode the
noble concept of altruism, but should they be unlawful?

Document 69
Orr, Robert D.
Medical ethics and the faith factor: the engendered right of conscience
Ethics & Medicine 2010 Spring; 26(1): 49-54

Document 70
Banerjee, Shayamal Chandra
February, 2010 issue of JIMA. Advertising and medical ethics.
Translational ethics? The theory-practice gap in medical ethics.

Cribb, Alan

Abstract: Translational research is now a critically important current in academic medicine. Researchers in all health-related fields are being encouraged not only to demonstrate the potential benefits of their research but also to help identify the steps through which their research might be 'made practical'. This paper considers the prospects of a corresponding movement of 'translational ethics'. Some of the advantages and disadvantages of focusing upon the translation of ethical scholarship are reviewed. While emphasising the difficulties of crossing the gap between scholarship and practice, the paper concludes that a debate about the business of translation would be useful for medical ethics.

Memories of Jean Dausset. A pioneering scientist in medical ethics.

Silvestri, Giorgio

Blood transfusion = Trasfusione del sangue 2010 Apr; 8(2): 130-1

[The apathetic children — mass-medial infection and medical ethics] = De apatiska barnen — medial smitta och medicinsk etik.

Bodegård, Göran

Läkartidningen 2010 March 24-30; 107(12): 843-844

An interesting meeting on medical ethics.

Manjrekar, Phalakshi; Palaha, Harvinder; Pandya, Sunil K

The National medical journal of India 2010 Mar-Apr; 23(2): 104-5

On the methodology of Jewish medical ethics

Jotkowitz, Alan

Tradition 2010 Spring; 43(1): 38-55

Public health interventions need to meet the same standards of medical ethics as individual health interventions.

Keane, Michael

American Journal of Bioethics 2010 March; 10(3): 36-38

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


Andrén-Sandberg, Ake; Permert, Johan
Document 78

Dekkers, Wim; Gordijn, Bert

**Conceptual analysis and empirical research in medical philosophy and medical ethics. [editorial]**

Medicine, Health Care, and Philosophy 2010 February; 13(1): 1-2

Georgetown users check Georgetown Journal Finder for access to full text

Document 79

Petrovskii, B V

[Medical ethics in the past, present and future]

Eksperimental'naia i klinicheskaia gastroenterologiia = Experimental & clinical gastroenterology 2010 (2): 70-8

Georgetown users check Georgetown Journal Finder for access to full text

Document 80

Metzner, Jeffrey L; Fellner, Jamie

**Solitary confinement and mental illness in U.S. prisons: a challenge for medical ethics.**


**Abstract:** In recent years, prison officials have increasingly turned to solitary confinement as a way to manage difficult or dangerous prisoners. Many of the prisoners subjected to isolation, which can extend for years, have serious mental illness, and the conditions of solitary confinement can exacerbate their symptoms or provoke recurrency. Prison rules for isolated prisoners, however, greatly restrict the nature and quantity of mental health services that they can receive. In this article, we describe the use of isolation (called segregation by prison officials) to confine prisoners with serious mental illness, the psychological consequences of such confinement, and the response of U.S. courts and human rights experts. We then address the challenges and human rights responsibilities of physicians confronting this prison practice. We conclude by urging professional organizations to adopt formal positions against the prolonged isolation of prisoners with serious mental illness.

Georgetown users check Georgetown Journal Finder for access to full text

Document 81

Mills, S.; Bryden, D.C.

**A practical approach to teaching medical ethics.**

Journal of Medical Ethics 2010 January; 36(1): 50-4

**Abstract:** Teaching medical ethics and law has become much more prominent in medical student education, largely as a result of a 1998 consensus statement on such teaching. Ethics is commonly taught at undergraduate level using lectures and small group tutorials, but there is no recognised method for transferring this theoretical knowledge into practice and ward-based learning. This reflective article by a Sheffield university undergraduate medical student describes the value of using a student-selected component to study practical clinical ethics and the use of a clinical ethics checklist. The ethical checklist was proposed by Sokol as a tool for use by medical staff during the ward round to prompt the consideration of important ethical principles in relation to care. This paper describes additional uses for the checklist as a tool for teaching and learning about the practical application of ethical principles and for observing professional behaviours within a critical care and acute care environment. Evidence suggests that putting ethical behaviour into practice offers a far greater challenge to a newly qualified doctor than has been appreciated, and that more needs to be done at an undergraduate level to help combat this. This paper argues from a personal standpoint of an individual student experience that this can best be done in a clinical medical setting.

Georgetown users check Georgetown Journal Finder for access to full text

Document 82

Stirrat, G.M.; Johnston, C.; Gillon, R.; Boyd, K.

**Medical ethics and law for doctors of tomorrow: the 1998 Consensus Statement updated.**

Journal of Medical Ethics 2010 January; 36(1): 55-60

**Abstract:** Knowledge of the ethical and legal basis of medicine is as essential to clinical practice as an understanding of basic medical sciences. In the UK, the General Medical Council (GMC) requires that medical graduates behave according to ethical and legal principles and must know about and comply with the GMC's ethical guidance and standards. We suggest that these standards can only be achieved when the teaching and learning of medical ethics, law and professionalism are fundamental to, and thoroughly integrated both vertically and horizontally throughout, the curricula of all medical schools as a shared obligation of all teachers. The GMC also requires that each
medical school provides adequate teaching time and resources to achieve the above. We reiterate that the adequate provision and coordination of teaching and learning of ethics and law requires at least one full-time senior academic in ethics and law with relevant professional and academic expertise. In this paper we set out an updated indicative core content of learning for medical ethics and law in UK medical schools and describe its origins and the consultative process by which it was achieved.

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

---

**Document 83**

**A practical approach to teaching medical ethics.**

Mills, S.; Bryden, D.C.

*Journal of Medical Ethics* 2010 January; 36(1): 50-54

**Abstract:** Teaching medical ethics and law has become much more prominent in medical student education, largely as a result of a 1998 consensus statement on such teaching. Ethics is commonly taught at undergraduate level using lectures and small group tutorials, but there is no recognised method for transferring this theoretical knowledge into practice and ward-based learning. This reflective article by a Sheffield university undergraduate medical student describes the value of using a student-selected component to study clinical practical ethics and the use of a clinical ethics checklist. The ethical checklist was proposed by Sokol as a tool for use by medical staff during the ward round to prompt the consideration of important ethical principles in relation to care. This paper describes additional uses for the checklist as a tool for teaching and learning about the practical application of ethical principles and for observing professional behaviours within a critical care and acute care environment. Evidence suggests that putting ethical behaviour into practice offers a far greater challenge to a newly qualified doctor than has been appreciated, and that more needs to be done at an undergraduate level to help combat this. This paper argues from a personal standpoint of an individual student experience that this can best be done in a clinical medical setting.

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

---

**Document 84**

**Medical ethics and law for doctors of tomorrow: the 1998 Consensus Statement updated.**

Stirrat, G.M.; Johnston, C.; Gillon, R.; Boyd, K.

*Journal of Medical Ethics* 2010 January; 36(1): 55-60

**Abstract:** Knowledge of the ethical and legal basis of medicine is as essential to clinical practice as an understanding of basic medical sciences. In the UK, the General Medical Council (GMC) requires that medical graduates behave according to ethical and legal principles and must know about and comply with the GMC's ethical guidance and standards. We suggest that these standards can only be achieved when the teaching and learning of medical ethics, law and professionalism are fundamental to, and thoroughly integrated both vertically and horizontally throughout, the curricula of all medical schools as a shared obligation of all teachers. The GMC also requires that each medical school provides adequate teaching time and resources to achieve the above. We reiterate that the adequate provision and coordination of teaching and learning of ethics and law requires at least one full-time senior academic in ethics and law with relevant professional and academic expertise. In this paper we set out an updated indicative core content of learning for medical ethics and law in UK medical schools and describe its origins and the consultative process by which it was achieved.

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

---

**Document 85**

**RATIONING VS. RATIONALIZING HEALTHCARE: DEVOS MEDICAL ETHICS COLLOQUIY**

Ubel, Peter A. and Daniels, Norman

DeVos Medical Ethics Colloquy; Grand Valley State University; [and] Richard and Helen DeVos Foundation


*Call number: R724 .C326 2010*

---

**Document 86**

**IN GOOD HEALTH: PHILOSOPHICAL-THEOLOGICAL ANALYSIS OF THE CONCEPT OF HEALTH IN CONTEMPORARY MEDICAL ETHICS**

Caspary, Almut


*Call number: R724 .C364 2010*

---

**Document 87**

**THE CAMBRIDGE MEDICAL ETHICS WORKBOOK**

Dickenson, Donna; Huxtable, Richard; and Parker, Michael


*Call number: R724 .C326 2010*
* Book  Document 88
American Medical Association [AMA]. Council on Ethical and Judicial Affairs
CODE OF MEDICAL ETHICS OF THE AMERICAN MEDICAL ASSOCIATION, 2010-2011: COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS, CURRENT OPINIONS WITH ANNOTATIONS
Call number: R725 .A12 2010-2011  |  FIND IN A LIBRARY

* Book  Document 89
Sugarman, Jeremy and Sulmasy, Daniel P., eds.
METHODS IN MEDICAL ETHICS
Call number: R724 .M487 2010

* Book  Document 90
Paola, Frederick A.; Walker, Robert; and Nixon, Lois LaCivita, eds.
MEDICAL ETHICS AND HUMANITIES
Call number: R724 .P225 2010

Article  Document 91
Petrovskii, B V
[Medical ethics in the past, present and future]
Eksperimental'naia i klinicheskiaia gastroenterologiiia = Experimental & clinical gastroenterology 2010 (2): 70-8
Georgetown users check Georgetown Journal Finder for access to full text

Article  Document 92
Harvey, John Collins.
Georgetown users check Georgetown Journal Finder for access to full text
http://jama.ama-assn.org/content/vol302/issue21/ (link may be outdated)

Article  Document 93
Lakhan, Shaheen E; Hamlat, Elissa; McNamme, Turi; Laird, Cyndi
Time for a unified approach to medical ethics.
Philosophy, ethics, and humanities in medicine : PEHM 2009 September 8; 4: 13
Abstract: A code of ethics is used by individuals to justify their actions within an environment. Medical professionals require a keen understanding of specific ethical codes due to the potential consequences of their actions. Over the past thirty years there has been an increase in the scope and depth of ethics instruction in the medical profession; however the teaching of these codes is still highly variable. This inconsistency in implementation is problematic both for the medical practitioner and for the patient; without standardized training, neither party can be assured of the practitioner's overall depth of knowledge. Within the field of ethics certain principles have reached a consensus of importance. Incorporation of these concepts in meaningful ways via a consistent curriculum would provide students with an appropriate skill set for navigating their ethical environment. Moreover, this curriculum should also be extended to residents and professionals who may have missed formal ethical training. This would provide a consistent framework of knowledge for practitioners, creating a basis for clear judgment of complex issues.
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 94
Sokol, Daniel K.
Hippocrates, Michael Jackson, and medical ethics [commentary]
Medical ethics and prisoners. [letter]
Lancet 2009 March 14; 373(9667): 896
Georgetown users check Georgetown Journal Finder for access to full text

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

Document 102
Nau, Jean-Yves
Medical ethics in outbreaks of human influenza = Que nous dit l’éthique sur la pandémie grippale?
Revue médicale suisse 2009 March 11; 5(194): 601
Georgetown users check Georgetown Journal Finder for access to full text

Document 103
Andersson, Roland
Misleading argumentation from the Swedish National Council on Medical Ethics = Vilseledande argumentation från Statens medicinsk-etiska råd.
Läkartidningen 2009 March 11-17; 106(11): 790-791
Georgetown users check Georgetown Journal Finder for access to full text

Document 104
Bin Nun, Gabi; Afek, Amon
Medical ethics and economics in the era of insufficient resources
Harefuah 2009 March; 148(3): 144-148, 212
Georgetown users check Georgetown Journal Finder for access to full text

Document 105
Baker, Robert B.; McCullough, Laurence B.
The travails and triumphs of publishing the first global history of medical ethics. The Cambridge World History of Medical Ethics examines the evolution of medical ethics from the 12th century to today.
Health Progress 2009 March-April; 90(2): 65-70
Georgetown users check Georgetown Journal Finder for access to full text

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

Document 106
Karlberg, H.I.; Brinkmo, B-M.
The unethical focus on access: a study of medical ethics and the waiting-time guarantee.
Georgetown users check Georgetown Journal Finder for access to full text

Document 107
Caldicott, Catherine V. Danis, Marion
Medical ethics contributes to clinical management: teaching medical students to engage patients as moral agents.
Medical Education 2009 March; 43(3): 283-289
Georgetown users check Georgetown Journal Finder for access to full text

Document 108
Sekine, Toru
Abstract: Over the past few decades the concept of (human) dignity has deeply pervaded medical ethics. Appeals to dignity, however, are often unclear. As a result some prefer to eliminate the concept from medical ethics, whereas others try to render it useful in this context. We think that appeals to dignity in medical ethics can be clarified by considering the concept from an historical perspective. Firstly, on the basis of historical texts we propose a framework for defining the concept in medical debates. The framework shows that dignity can occur in a relational, an unconditional, a subjective and a Kantian form. Interestingly, all forms relate to one concept since they have four features in common: dignity refers, in a restricted sense, to the 'special status of human beings'; it is based on essential human characteristics; the subject of dignity should live up to it; and it is a vulnerable concept, it can be lost or violated. We argue that being explicit about the meaning of dignity will prevent dignity from becoming a conversation-stopper in moral debate. Secondly, an historical perspective on dignity shows that it is not yet time to dispose of dignity in medical ethics. At least Kantian and relational dignity can be made useful in medical ethics.
* Chapter Document 128
Lichterman, Boleslav L.
**Medical ethics and communism in the Soviet Union**
Call number: R724 .C3274 2009

* Chapter Document 129
Schmidt, Ulf
**Medical ethics and Nazism**
Call number: R724 .C3274 2009

* Chapter Document 130
Nie, Jing-Bao; Tsuchiya, Takashi; Li, Lun
**Japanese doctors’ experimentation, 1932-1945, and medical ethics**
Call number: R724 .C3274 2009

* Chapter Document 131
Tealdi, Juan Carlos
**Colonialism, imperialism, and the history of Latin American medical ethics**
Call number: R724 .C3274 2009

* Chapter Document 132
Fissell, Mary E.
**The medical marketplace, the patient, and the absence of medical ethics in early modern Europe and North America**
Call number: R724 .C3274 2009

* Chapter Document 133
Baker, Robert B; McCullough, Laurence B.
**The discourses of philosophical medical ethics**
Call number: R724 .C3274 2009

* Chapter Document 134
Ilkilic, Ilhan
**The discourses of Islamic medical ethics**
Call number: R724 .C3274 2009

* Chapter Document 135
Zohar, Noam J.
**The discourses of Jewish medical ethics**
Call number: R724 .C3274 2009
Ferngren, Gary B.  
**The discourses of Protestant medical ethics**  
Call number: R724.C3274 2009

Amundsen, Darrel W.  
**The discourses of Roman Catholic medical ethics**  
Call number: R724.C3274 2009

Engelhardt, H. Tristram  
**The discourse of Orthodox Christian medical ethics**  
Call number: R724.C3274 2009

Amundsen, Darrel W.  
**The discourses of early Christian medical ethics**  
Call number: R724.C3274 2009

Fan, Ruiping  
**The discourses of Confucian medical ethics**  
Call number: R724.C3274 2009

Young, Katherine K.  
**The discourses of Buddhist medical ethics**  
Call number: R724.C3274 2009

Young, Katherine K.  
**The discourses of Hindu medical ethics**  
Call number: R724.C3274 2009

Ilkilic, Ilhan  
**Medical ethics through the life cycle in the Islamic Middle East**  
* Chapter Document 144
Baker, Robert B.; McCullough, Laurence B.
Medical ethics through the life cycle in Europe and the Americas
Call number: R724 .C3274 2009

* Chapter Document 145
Kimura, Rihito; Sakai, Shizu
Medical ethics through the life cycle in Japan
Call number: R724 .C3274 2009

* Chapter Document 146
Nie, Jing-Bao
Medical ethics through the life cycle in China
Call number: R724 .C3274 2009

* Chapter Document 147
Young, Katherine K.
Medical ethics through the life cycle in Buddhist India
Call number: R724 .C3274 2009

* Chapter Document 148
Young, Katherine K.
Medical ethics through the life cycle in Hindu India
Call number: R724 .C3274 2009

* Chapter Document 149
Baker, Robert B.; McCullough, Laurence B.
A chronology of medical ethics
Call number: R724 .C3274 2009

* Chapter Document 150
Baker, Robert B.; McCullough, Laurence B.
What is the history of medical ethics?
Call number: R724 .C3274 2009

Article Document 151
Asghari, Fariba; Samadi, Aniseh; Dormohammadi, Taraneh
Effectiveness of the course of medical ethics for undergraduate medical students
**Document 152**

Öztürk Türkmen, Hafize

**Medical ethics education and the Turkish experience: medical education = Tıp Etiği Eğitimi ve Türkiye Deneyimi**


**Document 153**

Heyman, Joseph M.

**Military medical ethics [letter]**


**Document 154**

Fernandes, Ritabelle; Hashimoto, Susan; Masaki, Kamal

**Enhancing residents’ training in medical ethics: an exploratory study assessing attitudes of internal medicine residents.**

Hawaii Medical Journal 2008 December; 67(12): 317-321

**Document 155**

Birnbacher, Dieter

**Doping und ärztliches Ethos – eine Stellungnahme der zentralen Ethikkommission der Bundesärztekammer [Doping and medical ethics – a statement of the Central Ethics Committee for the German Medical Association]**

Ethik in der Medizin 2008 December; 20(4): 333-335

**Document 156**

Walker, Rebecca L.

**Medical ethics needs a new view of autonomy.**


**Abstract:** The notion of autonomy commonly employed in medical ethics literature and practices is inadequate on three fronts: it fails to properly identify nonautonomous actions and choices, it gives a false account of which features of actions and choices makes them autonomous or nonautonomous, and it provides no grounds for the moral requirement to respect autonomy. In this paper I offer a more adequate framework for how to think about autonomy, but this framework does not lend itself to the kinds of practical application assumed in medical ethics. A general problem then arises: the notion of autonomy used in medical ethics is conceptually inadequate, but conceptually adequate notions of autonomy do not have the practical applications that are the central concern of medical ethics. Thus, a revision both of the view of autonomy and the practice of “respect for autonomy” are in order.

**Document 157**

Larijani, Bagher; Zahedi, Farzaneh

**Contemporary medical ethics: an overview from Iran**
Abstract: The growing potential of biomedical technologies has increasingly been associated with discussions surrounding the ethical aspects of the new technologies in different societies. Advances in genetics, stem cell research and organ transplantation are some of the medical issues that have raised important ethical and social issues. Special attention has been paid towards moral ethics in Islam and medical and religious professions in Iran have voiced the requirement for an emphasis on ethics. In the last decade, great strides have been made in biomedical ethics, especially in the field of education, research and legislation. In this article, contemporary medical ethics in Iran, and the related moral philosophy, have been reviewed in brief and we have discussed some of the activities in the field of medical ethics that have been carried out in our country within recent years. These activities have included the establishment of the National and Regional Committees for Medical Research Ethics and the production of national codes of ethics in biomedical research in the 1990 s and the introduction of a comprehensive strategic plan for medical ethics at the national level in 2002. This paper will discuss these issues, along with the production, in 2005, of the Specific National Ethical Guidelines for Biomedical Research.

Jotkowitz, Alan

The Holocaust and medical ethics: the voices of the victims.
Journal of Medical Ethics 2008 December; 34(12): 869-870

Abstract: Fifty-nine years ago, Dr Leo Alexander published his now famous report on medicine under the Nazis. In his report he describes the two major crimes of German physicians. The participation of physicians in euthanasia and genocide and the horrible experiments performed on concentration camp prisoners in the name of science. In response to this gross violation of human rights by physicians, the Nuremberg military tribunal, which investigated and prosecuted the perpetrators of the Nazi war crimes, established ten principles of ethical conduct in medical research in 1949. Foremost among them was the need for voluntary consent of the human subject and that the experiment be conducted to avoid all unnecessary physical and mental suffering. Notwithstanding all these important efforts and impressive achievements in understanding the ethical failings of Nazi physicians, the bioethical community has almost completely ignored the moral challenges facing the victims of the atrocities. These dilemmas and their responses have continued relevance for modern medicine.

Rollin, Bernard E.

Veterinary medical ethics. An ethicist's commentary on large volume practices undercutting smaller practices on vaccine prices.
The Canadian Veterinary Journal = La revue vétérinaire canadienne 2008 November; 49(11): 1072

Shevchenko, Alexander

Medical ethics and bioethics in anesthesiology and intensive care

Manson, Helen

The need for medical ethics education in family medicine training.
Family Medicine 2008 October; 40(9): 658-664

Clin, Bénédicte; Letourneux, Marc; Launoy, Guy

Professional exposure to carcinogenic substances: is occupational physicians’ activity compatible with medical ethics and deontology?
Occupational and Environmental Medicine 2008 September; 65(9): 577-578
* Document 163

Annas, George J.

**Military medical ethics -- physician first, last, always**

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


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

http://content.nejm.org (link may be outdated)

* Document 164

Dekkers, Wim; Gordijn, Bert

**The broader context of medical ethics [editorial]**

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

Medicine, Health Care, and Philosophy 2008 September; 11(3): 253-254

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

http://www.springerlink.com/content/102960/ (link may be outdated)

* Document 165

Ormond, Kelly E.

**Medical ethics for the genome world: a paper from the 2007 William Beaumont hospital symposium on molecular pathology.**

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

Journal of Molecular Diagnostics 2008 September; 10(5): 377-382

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

* Document 166

Adams, David M.

**Medical ethics and competence for execution**

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

Journal of Clinical Ethics 2008 Fall; 19(3): 268-270

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

* Document 167

Allen, Scott A.

**Physicians, mass incarceration and medical ethics**

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

Journal of Clinical Ethics 2008 Fall; 19(3): 260-263

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

* Document 168

Dvoskin, Joel A.

**Commentary on Elger's "Medical Ethics in Correctional Healthcare"**

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

Journal of Clinical Ethics 2008 Fall; 19(3): 256-259

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

* Document 169

Keisling, Robert W.

**Commentary on Elger's "Medical Ethics in Correctional Healthcare"**

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

Journal of Clinical Ethics 2008 Fall; 19(3): 254-255

*Georgetown users check Georgetown Journal Finder for access to full text*
* Article  Document 170

Elger, Bernice S.

**Medical ethics in correctional healthcare: an international comparison of guidelines**

Journal of Clinical Ethics 2008 Fall; 19(3): 234-248

[Find in a Library](#)

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

* Article  Document 171

Tassy, S.; Le Coz, P.; Wicker, B.

**Current knowledge in moral cognition can improve medical ethics**

Journal of Medical Ethics 2008 September; 34(9):679-682

**Abstract:** Physicians frequently face ethical dilemmas when caring for patients. To help them to cope with these, biomedical ethics aims to implement moral norms for particular problems and contexts. As a means of studying the cognitive and neurobiological features underlying the respect for these norms, moral cognitive neuroscience could help us to understand and improve ethical questioning. The article reviews recent developments in the field and presents neurobiological arguments to highlight why some moral rules are universally shared and why some ethical responses are very dependent on context.

[Find in a Library](#)

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

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

* Article  Document 172

Garcia, J.L.A.

**Anscombe's three theses revisited: rethinking the foundations of medical ethics**

Christian Bioethics 2008 August; 14(2): 123-140

**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."

[Find in a Library](#)

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

* Article  Document 173

Jesani, Amar

**Willing participants and tolerant profession: medical ethics and human rights in narco-analysis**

Indian Journal of Medical Ethics 2008 July-September; 5(3): 130-135

[Find in a Library](#)

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

http://www.ijme.in (link may be outdated)

* Article  Document 174

Swain, Geoffrey R.; Burns, Kelly A.; Etkind, Paul

**Preparedness: medical ethics versus public health ethics.**


[Find in a Library](#)

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

* Article  Document 175

Wald, Priscilla

**Cognitive estrangement, science fiction, and medical ethics**


Document 176
Kavinya, Thengo
Opinions on medical ethics. Do you think doctors are practising compassionate medical ethics?
Malawi Medical Journal 2008 June; 20(2): 71
Georgetown users check Georgetown Journal Finder for access to full text
http://www.mmj.medcol.mw/ (link may be outdated)

Document 177
Archard, David
Medical Ethics and Medical Law: A Symbiotic Relationship by José Miola [book review]
Medical Law Review 2008 Summer; 16(2): 300-305
Georgetown users check Georgetown Journal Finder for access to full text

Document 178
Anwari, Jamil S.
Medical ethics and chronic pain management.
Georgetown users check Georgetown Journal Finder for access to full text

Document 179
Sheather, Julian
The Medical Ethics Committee of the British Medical Association -- principles and pragmatism
Clinical Ethics 2008 June; 3(2): 91-94
Abstract: This article gives an overview of the development, remit, structure and working of the British Medical Association's Medical Ethics Committee. It situates it within a brief history of the Association and gives examples of current work.
Georgetown users check Georgetown Journal Finder for access to full text

Document 180
Guinan, Patrick
Hippocratic and Judeo-Christian medical ethics defended [comment]
National Catholic Bioethics Quarterly 2008 Summer; 8(2): 245-254
Abstract: The Hippocratic oath and ethic have guided medicine for twenty-five hundred years. In the past thirty years there has been an effort to discredit the Hippocratic tradition. The mantra has been "the Hippocratic ethic is dead." An article by Robert Veatch and Carol Mason, "Hippocratic vs. Judeo-Christian Medical Ethics," epitomizes the anti-Hippocratic crusade. Veatch and Mason make three points: (1) there is no continuity between the oath and Judeo-Christian ethics; (2) the oath is flawed; and, more important, (3) the Hippocratic tradition is at variance with modern social contract ethics. This essay rebuts each of these contentions.
Georgetown users check Georgetown Journal Finder for access to full text

Document 181
Weiss, Gail Garfinkel
Medical ethics. Your heart versus your wallet.
Medical Economics 2008 May 16; 85(10): 42-44, 46-48
Georgetown users check Georgetown Journal Finder for access to full text
http://ncbcenter.metapress.com/openurl.asp?genre=journal&issn=1532-5490 (link may be outdated)
Document 182
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

Document 183
McLachlan, H.V.
The religious beliefs of students and the teaching of medical ethics: a comment on Brassington Journal of Medical Ethics 2008 May; 34(5): 396-398
Abstract: It has recently been suggested by Brassington that, when students in classes in medical ethics announce that some view that they wish to express is related to their religious convictions, the teacher is obliged to question them explicitly about the suggested link. Here, a different conclusion is reached. The view is upheld that, although the strategy recommended by Brassington is permissible and might sometimes be desirable, it is not obligatory nor is it, in general, likely to be optimal.

Document 184
Moszynski, Peter
Egyptian doctors who took part in HIV testing “violated medical ethics” [news] BMJ: British Medical Journal 2008 April 19; 336(7649): 855

Document 185
Second International Congress of Medical Ethics in Iran [English abstracts] Tehran, Iran: Tehran University of Medical Sciences 2008 April 16-18: 1-141

Document 186
Enquselassie, Fikre
Medical ethics: as theme issue on EMA annual conference. Ethiopian medical journal 2008 Apr; 46(2): 2 p preceding 113

Document 187
Howe, Edmund G.; Gross, Michael L.

Document 188
Lynoe, N.; Löfmark, R.; Thulesius, H.O.
Teaching medical ethics: what is the impact of role models? Some experiences from Swedish medical schools Journal of Medical Ethics 2008 April; 34(4): 315-316
Abstract: The goal of the present study was to elucidate what influences medical students' attitudes and interests in medical ethics. At the end of their first, fifth and last terms, 409 medical students from all six medical schools in Sweden participated in an attitude survey. The questions focused on the students' experience of good and poor role models, attitudes towards medical ethics in general and perceived effects of the teaching of medical ethics. Despite a low response rate at some schools, this study indicates that increased interest in medical ethics was related to encountering good physician role models, and decreased interest, to encountering poor role models. Physicians involved in the education of medical students seem to teach medical ethics as role models even when ethics is not on the schedule. The low response rate prevents us from drawing definite conclusions, but the results could be used as hypotheses to be further scrutinised.

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

Document 189
Rees, Geoffrey
Mortal exposure: on the goodness of writing medical ethics
Perspectives in Biology and Medicine 2008 Spring; 51(2): 163-175

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

Document 190
Fahr, Uwe
Die entwicklung emotionaler Kompetenz in einzelfallbezogenen Lernarrangements = Development of emotional competence in medical ethics training

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

Document 191
Baines, P.
Medical ethics for children: applying the four principles to paediatrics
Journal of Medical Ethics 2008 March; 34(3): 141-145

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

Document 192
Chambers, John C.; Silverstein, Gerry
Doctors and climate change: impact of medical ethics [letters]
BMJ: British Medical Journal 2008 February 9; 336(7639): 291-292

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

Document 193
Moreno, Jonathan D.
Embracing military medical ethics [editorial]

http://bioethics.net (link may be outdated)
**Griffith, Ezra E.H.**

**Military Medical Ethics [book review]**

Journal for the American Academy of Psychiatry and the Law 2007; 35(3): 399-400

Georgetown users check [Georgetown Journal Finder](http://www.lahey.org/Ethics/) for access to full text

**Gross, Michael L.**

**Medical ethics during war**


Georgetown users check [Georgetown Journal Finder](http://www.lahey.org/Ethics/) for access to full text

**Chattopadhyay, Subrata**

**Black money in white coats: whither medical ethics?**


Georgetown users check [Georgetown Journal Finder](http://www.lahey.org/Ethics/) for access to full text

**Ravindran, G.D.**

**Medical ethics education in India**


Georgetown users check [Georgetown Journal Finder](http://www.lahey.org/Ethics/) for access to full text

**Finkelstein, Daniel**

**Medical ethics: the role of religion and spirituality in building the patient-physician relationship.**

Maryland Medicine 2008 Winter; 9(1): 28, 32

Georgetown users check [Georgetown Journal Finder](http://www.lahey.org/Ethics/) for access to full text

**American Academy of Family Physicians [AAFP]**

**Recommended Curriculum Guidelines for Family Medicine Residents: Medical Ethics**


Call number: [citation only](http://www.aafp.org/online/etc/medialib/aafp_org/documents/about/rap/curriculum/medical_ethics.Par.0001.File.tmp/Reprint279.pdf)

**Rhodes, Rosamond; Strain, James J.**

**Affective forecasting and its implications for medical ethics**
Abstract: Life in Islam is so valuable that the holy Quran states that saving the life of one person is the same as saving the life of all human beings. Based on the doctrines of this holy and divine religion, a person's life does not belong to him, but it has been entrusted to him as a loan. The safe keeping of this trust is every Moslem's obligation. One of the controversial issues of medical ethics and philosophy is the issue of life and death. A particularly challenging case in the medical ethics is the issue of physician-assisted suicide and euthanasia, the deliberate and intentional act which is clearly intended to end a patient's life. Based on the doctrines of some man based religions, a patient's informed request for ending his life could become a basis for justifying euthanasia, but the governing laws and religions of many countries clearly reject euthanasia as an unlawful and unethical act. World Medical Association (WMA), as part of the Hippocratic Oath, prohibits and rejects euthanasia as unethical. Considering the variability of medical issues, the modern medical ethics tries to evaluate these issues from philosophical, legal and divine perspectives. In order to do this, it needs to take into considerations many decisions and standpoints. One of the most challenging issues in this field is euthanasia. This article makes a comparative evaluation of the perspectives of the divine religions specially Islam and the modern medical ethics about the issue of euthanasia.

**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.

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

Document 214
Aljarallah, Jamal S.

**Islamic medical ethics: looking at the roots**

**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 215
Hosseini, Ism; S. Samadzadeh; J. Aghazadeh

Usúl va mavaóín-í akhalgh-í peóéshg-í va mióaneh án ba mabann-íi akhalgh-íslam-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, nonmaleficience 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.

Georgetown users check Georgetown Journal Finder for access to full text

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

Document 216
Bella, Hassan

**Islamic medical ethics: what and how to teach**
Call number: R725.59 .M87 2008

Document 217
McCoy, Alfred W.

**Legacy of a dark decade: CIA mind control, classified behavioral research, and the origins of modern medical ethics**
In: Ojeda, Almerindo E., ed. The Trauma of Psychological Torture. Westport, CT: Praeger, 2008: 40-69
Call number: HV8599 .U6 T73 2008
* Chapter Document 218
Jochemsen, Henk

**Medical practice as the primary context for medical ethics**
Call number: RA427.25 .A98 2008

* Article Document 219
Wolfson, Stephanie A.

**Screening for violence and abuse through the lens of medical ethics**
DePaul Journal of Health Care Law 2008; 11(1): 1-21

Georgetown users check Georgetown Journal Finder for access to full text

* Chapter Document 220
van Delden, Johannes J.M.

**Convergent trends in modern medical ethics: medicine-based ethics and human rights**
Call number: R724 .G595 2008

* Chapter Document 221
Emanuel, Ezekiel J.

**The evolving norms of medical ethics**
Call number: R724 .G595 2008

* Article Document 222
Curlin, Farr A.

**Conscience and clinical practice: medical ethics in the face of moral controversy**
Theoretical Medicine and Bioethics 2008; 29(3): 129-133

Georgetown users check Georgetown Journal Finder for access to full text

* Chapter Document 223
Li, Benfu; Hu, Linying

**Trust is the core of the doctor-patient relationship: from the perspective of traditional Chinese medical ethics**
Call number: R724 .C483 2008

* Chapter Document 224
Marks, Jonathan H.

**Dual disloyalties: law and medical ethics at Guantánamo Bay**
Call number: RC971 .P456 2008

* Chapter Document 225
Arya, Neil

**Medical ethics**
Call number: R725.5 .P42 2008
Emergency and trauma medical ethics

Call number: QH332.C36 2008

Lethal injection and physicians: state law vs medical ethics


William Osler and the jubah of ethics; or how to teach medical ethics in the 21st century

Journal of the Royal Society of Medicine 2007 December; 100(12): 544-546

A comparative evaluation of Islam and the modern medical ethics' perception of euthanasia

First International Congress of Medical Law, Shaheed Beheshti University of Medical Sciences, Iranian Research Center for Ethics and Law in Medicine 2007 November 15-16

Abstract: Life in Islam is so valuable that the holy Quran states that saving the life of one person is the same as saving the life of all human beings. Based on the doctrines of this holy and divine religion, a person's life does not belong to him, but it has been entrusted to him as a loan. The safe keeping of this trust is every Moslem's obligation. One of the controversial issues of medical ethics and philosophy is the issue of life and death. A particularly challenging case in the medical ethics is the issue of euthanasia, the deliberate and intentional act which is clearly intended to end a patient's life. Based on the doctrines of some man based religions, a patient's informed request for ending his life could become a basis for justifying euthanasia, but the governing laws and religions of many countries clearly reject euthanasia as an unlawful and unethical act. World Medical Association (WMA), as part of the Hippocratic Oath, prohibits and rejects euthanasia as unethical. Considering the variability of medical issues, the modern medical ethics tries to evaluate these issues from philosophical, legal and divine perspectives. In order to do this, it needs to take into considerations many decisions and standpoints. One of the most challenging issues in this field is euthanasia. This article makes a comparative evaluation of the perspectives of the divine religions specially Islam and the modern medical ethics about the issue of euthanasia.

A short history of medical ethics in Iran based on old Islamic medical and literary works

First International Congress of Medical Law, Shaheed Beheshti University of Medical Sciences, Iranian Research Center for Ethics and Law in Medicine 2007 November 15-16

Abstract: Medical ethics is a branch of professional ethics that deals with ethical issues in the field of medical practice. Historical evidence shows that even prehistoric healers were bound by a common set of ethical principles. The history of medicine in Iran dates to many centuries ago, so the ethical concept in practice of medicine in Iran and Islam has long history too. The distinguished Iranian physicians such as Ahwazi, Razi, Ibn-Sina and Jorjani wrote treaties on the ethical qualities of physicians. In addition, there are various implications related to medical ethics in old literary and Islamic medical works in Iran.
Volandes, Angelo

Medical ethics on film: towards a reconstruction of the teaching of healthcare professionals
Journal of Medical Ethics 2007 November; 33(11): 678-680

Abstract: The clinical vignette remains the standard means by which medical ethics are taught to students in the healthcare professions. Although written or verbal vignettes are useful as a pedagogic tool for teaching ethics and introducing students to real cases, they are limited, since students must imagine the clinical scenario. Medical ethics are almost universally taught during the early years of training, when students are unfamiliar with the clinical reality in which ethics issues arise. Film vignettes fill in that imaginative leap. By providing vivid details with images, film vignettes offer rich and textured details of cases, including the patient's perspective and the clinical reality. Film vignettes provide a detailed ethnography that allows for a more complete discussion of the ethical issues. Film can serve as an additional tool for teaching medical ethics to members of the healthcare professions.

Georgetown users check Georgetown Journal Finder for access to full text

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

Moodley, Keymanthri

Teaching medical ethics to undergraduate students in post-apartheid South Africa, 2003-2006
Journal of Medical Ethics 2007 November; 33(11): 673-677

Abstract: The apartheid ideology in South Africa had a pervasive influence on all levels of education including medical undergraduate training. The role of the health sector in human rights abuses during the apartheid era was highlighted in 1997 during the Truth and Reconciliation Commission hearings. The Health Professions Council of South Africa (HPCSA) subsequently realised the importance of medical ethics education and encouraged the introduction of such teaching in all medical schools in the country. Curricular reform at the University of Stellenbosch in 1999 presented an unparalleled opportunity to formally introduce ethics teaching to undergraduate students. This paper outlines the introduction of a medical ethics programme at the Faculty of Health Sciences from 2003 to 2006, with special emphasis on the challenges encountered. It remains one of the most comprehensive undergraduate medical ethics programmes in South Africa. However, there is scope for expanding the curricular time allocated to medical ethics. Integrating the curriculum both horizontally and vertically is imperative. Implementing a core curriculum for all medical schools in South Africa would significantly enhance the goals of medical education in the country.

Georgetown users check Georgetown Journal Finder for access to full text

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

Kirmayer, Laurence J.

Celan's poetics of alterity: lyric and the understanding of illness experience in medical ethics

Georgetown users check Georgetown Journal Finder for access to full text

* Document 234

British Medical Association [BMA]. Ethics Department

Treatment of patients in persistent vegetative state. Guidance from the BMA's Medical Ethics Department

http://www.bma.org.uk/ap.nsf/Content/pvs2007?OpenDocument&Highlight=2,persistent,vegetative,state (link may be outdated)

Dobson, Frank; Russell, Thomas R.

Universal Health Care: DeVos Medical Ethics Colloquy

* Document 236

Hedfors, Eva

Medical ethics in the wake of the Holocaust: departing from a postwar paper by Ludwik Fleck.
Studies in History and Philosophy of Biological and Biomedical Sciences 2007 September; 38(3): 642-655
* Document 237
Baker, Robert B.; McCullough, Laurence B.
The relationship between moral philosophy and medical ethics reconsidered
Kennedy Institute of Ethics Journal 2007 September; 17(3): 271-276
Abstract: Medical ethics often is treated as applied ethics, that is, the application of moral philosophy to ethical issues in medicine. In an earlier paper, we examined instances of moral philosophy's influence on medical ethics. We found the applied ethics model inadequate and sketched an alternative model. On this model, practitioners seeking to change morality "appropriate" concepts and theory fragments from moral philosophy to valorize and justify their innovations. Goldilocks-like, five commentators tasted our offerings. Some found them too cold, since they had already abandoned applied ethics; others too hot, since they still find the applied ethics model to their taste. We reply that the appropriation model offers an empirically testable account of the historical relationship between moral philosophy and medical ethics that explains why practitioners appropriate concepts and fragments from moral philosophy. In contrast, the now fashionable common morality theory neither explains moral change nor why practitioners turn to moral philosophy.

* Document 238
British Medical Association [BMA]. Medical Ethics Department.
Human Tissue Legislation. Guidance from the BMA's Medical Ethics Department

* Document 239
Lerman, Daniel N.
Second opinion: inconsistent deference to medical ethics in death penalty jurisprudence

* Document 240
Buelens, Herman; Totté, Nicole; Deketelaere, Ann; Dierickx, Kris
Electronic discussion forums in medical ethics education: the impact of didactic guidelines and netiquette
Medical Education 2007 July; 41(7): 711-717

* Document 241
Riaud, Xavier
Medical ethics under a totalitarian regime: German dentists and the Third Reich.
Dental Historian 2007 July; (45): 76-86

* Document 242
Le Procès des Médecins de Nuremberg: l'Irruption de l'Ethique Médicale Moderne, by B. Halioua [The Nuremberg Doctors' Trial: the Rise of Modern Medical Ethics] [book review]
Les Cahiers du Comité Consultatif National d'Éthique pour les Sciences de la Vie et de la Santé 2007 July-September; (52): 50

* Document 243
Elhamel, Ali
Medical Ethics in Libya; doctors are urged to develop a "culture of evaluation and monitoring".
Elhamel, Ali

Medical ethics in Libya; doctors are urged to develop a "culture of evaluation and monitoring"

Epstein, Miran

Legal and institutional fictions in medical ethics: a common, and yet largely overlooked, phenomenon: a theoretical platform for a much-needed change in the provision of healthcare based on restoring the autonomy of doctor-patient relationships

Curlin, Farr A.

Caution: conscience is the limb on which medical ethics sits

Criner, Gerard J.

Framing the forum: medical ethics in large-scale, interventional respiratory clinical trials.

Bazrafkan, L.; Tabei, S. Z.

The effectiveness of medical ethics workshop on different level of cognitive domain in dental students [poster presentation]
Eubios Journal of Asian and International Bioethics 2007 May; 17(3): 86

Hadeli, Khaled O

A call for creation of medical ethics task force.
Document 251
Bel'eed Akkari, Khalid
**Young doctors need to see medical ethics practiced.**
The Libyan journal of medicine 2007 March 1; 2(1): 16
Georgetown users check Georgetown Journal Finder for access to full text

Document 252
Bakoush, Omran
**Should we start debating medical ethics in our daily practice?**
The Libyan journal of medicine 2007 March 1; 2(1): 17
Georgetown users check Georgetown Journal Finder for access to full text

Document 253
Hadeli, Khaled O.
**A call for the creation of a medical ethics task force**

Document 254
Bakoush, Omran
**Should we start debating medical ethics in our daily practice?**

Document 255
Bel'eed Akkari, Khalid
**Young doctors need to see medical ethics practiced.**

Document 256
Montano, Pedro J.
**Les comités de déontologie médicale dans le MERCOSUR. = Medical ethics committees in the MERCOSUR**
**Abstract:** Do medical ethics committees exist in the MERCOSUR? What is their role and its constitution? How are patients’ rights to be respected? Informed consent.

Georgetown users check Georgetown Journal Finder for access to full text
Document 257

Heberer, Patricia
The Nazis and medical ethics: the context.
Israel Medical Association Journal 2007 March; 9(3): 192-193

Download full text

Georgetown users check Georgetown Journal Finder for access to full text

Document 258

Banerjee, Dipanjan; Kuschner, Ware G.
Principles and procedures of medical ethics case consultation.
British Journal of Hospital Medicine 2007 March; 68(3): 140-144

Download full text

Georgetown users check Georgetown Journal Finder for access to full text

Document 259

Dimitrov, Borislav D.; Glutnikova, Zlatka; St. Dimitrova, Bogdana
Education and practice of medical ethics in Bulgaria after political and socio-economic changes in the 90's [commentary]

Download full text

Georgetown users check Georgetown Journal Finder for access to full text

Document 260

Durante, Chris
Persons, identities, and medical ethics [review of Human Identity and Bioethics, by David DeGrazia]
Hastings Center Report 2007 March-April; 37(2): 47

Download full text

Georgetown users check Georgetown Journal Finder for access to full text

Document 261

Padela, Aasim I.
Islamic medical ethics: a primer
Bioethics 2007 March; 21(3): 169-178

Abstract: Modern medical practice is becoming increasingly pluralistic and diverse. Hence, cultural competency and awareness are given more focus in physician training seminars and within medical school curricula. A renewed interest in describing the varied ethical constructs of specific populations has taken place within medical literature. This paper aims to provide an overview of Islamic Medical Ethics. Beginning with a definition of Islamic Medical Ethics, the reader will be introduced to the scope of Islamic Medical Ethics literature, from that aimed at developing moral character to writings grounded in Islamic law. In the latter form, there is an attempt to derive an Islamic perspective on bioethical issues such as abortion, gender relations within the patient-doctor relationship, end-of-life care and euthanasia. It is hoped that the insights gained will aid both clinicians and ethicists to better understand the Islamic paradigm of medical ethics and thereby positively affect patient care.

Download full text

Georgetown users check Georgetown Journal Finder for access to full text

Document 262

Schmidt, Ulf
Turning the history of medical ethics from its head onto its feet: a critical commentary on Baker and McCullough
Kennedy Institute of Ethics Journal 2007 March; 17(1): 31-42

Abstract: The paper provides a critical commentary on the article by Baker and McCullough on Medical Ethic's Appropriation of Moral Philosophy. The author argues that Baker and McCullough offer a more "pragmatic" approach to the history of medical ethics that has the potential to enrich the bioethics field with a greater historical grounding and sound methodology. Their approach can help us to come to a more nuanced understanding about the way in which medical ethics has connected, disconnected, and reconnected with philosophical ideas throughout the centuries. The author points out that Baker and McCullough's model can run the danger of overemphasizing the role of medical ethicists whilst marginalizing the influence of philosophers and of other historical actors and forces. He critically reviews the two case studies on which Baker and McCullough focus and concludes that scholars need to bear in mind the levels of uncertainty and ambivalence that accompany the process of transformation and dissemination of moral values in medicine and medical practice.

Download full text

Georgetown users check Georgetown Journal Finder for access to full text
Document 263

**Title:** Selective appropriation, medical ethics, and health politics: the complementarity of Baker, McCullough, and me  
**Journal:** Kennedy Institute of Ethics Journal 2007 March; 17(1): 23-30  
**Abstract:** Baker and McCullough (2007) criticize a 1979 article by this author for insufficiently appreciating how physicians have appropriated ideas from moral philosophy. This rejoinder argues that the two articles are complementary. The 1979 article summarized evidence that leading physicians in the nineteenth and twentieth centuries appropriated ideas from moral philosophy and related disciplines that reinforced their political goals of self-regulation and dominance of the allocation of resources for health. In retrospect the 1979 article also urged bioethicists to appropriate ideas from other disciplines, including moral philosophy, which would contribute to improving the health of populations.

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

---

Document 264

**Title:** Medical ethics' appropriation of moral philosophy: the case of the sympathetic and the unsympathetic physician  
**Journal:** Kennedy Institute of Ethics Journal 2007 March; 17(1): 3-22  
**Abstract:** Philosophy textbooks typically treat bioethics as a form of "applied ethics"—i.e., an attempt to apply a moral theory, like utilitarianism, to controversial ethical issues in biology and medicine. Historians, however, can find virtually no cases in which applied philosophical moral theory influenced ethical practice in biology or medicine. In light of the absence of historical evidence, the authors of this paper advance an alternative model of the historical relationship between philosophical ethics and medical ethics, the appropriation model. They offer two historical case studies to illustrate the ways in which physicians have "appropriated" concepts and theory fragments from philosophers, and demonstrate how appropriated moral philosophy profoundly influenced the way medical morality was conceived and practiced.

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

---

Document 265

**Journal:** American Journal of Bioethics 2007 February; 7(2): 95-97  
**Review:** Latham, Stephen

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

---

Document 266

**Title:** Islamic medical ethics with special reference to maqasid al shari'at  
**Author:** Kasule, Omar Hasan  
[Link](http://i-epistemology.net/medicine/813-islamic-medical-ethics-with-special-reference-to-maqasid-al-shariat.html) (link may be outdated)

---

Document 267

**Title:** From Nuremberg to Guantánamo: medical ethics then and now  
**Author:** Sherman, Nancy  
**Journal:** Dissent 2007 Winter 54(1): 9-13

---

Document 268

**Title:** Medical Ethics: The Catholic Perspective (2007)  
**Publisher:** Office of Pastoral Communications, Roman Catholic Diocese of Brooklyn, New York  
**Abstract:** "Medical Ethics: The Catholic Perspective is a series of ten 25-minute programs introduced by Dr. Daniel Sulmasy and designed to provide the Catholic Church's position on important medical ethics issues. Msgr. Robert Thelen presents the Church's position on each issue supported by the comments of five nationally recognized ethicists. In addition, the programs feature roundtable discussions of the
topics by panels consisting of physicians, medical residents, medical students, nurses and pastoral care directors. The programs in this series should not be thought of as ends in themselves; rather, each 25-minute program (5 programs on each of the two discs) should be used as a starting point for an interactive discussion of the topic. Think of each program as a trigger to start the discussion with your peers. Additional resources on each topic can be found on the series website: http://www.pastcomm.org. 

* Book Document 269
Guinan, Patrick and Brehany, John
Catholic Medical Student Association
MANUAL OF HIPPOCRATIC AND JUDEO-CHRISTIAN MEDICAL ETHICS
Call number: R725.56 .G85 2007

* Book Document 270
Call number: R724 .M2943 2007

* Book Document 271
Miola, José
MEDICAL ETHICS AND MEDICAL LAW: A SYMBIOTIC RELATIONSHIP
Call number: K3601 .M56 2007

* Book Document 272
McLachlan, Hugh V. and Swales, J. Kim
FROM THE WOMB TO THE TOMB: ISSUES IN MEDICAL ETHICS
Call number: R724 .M29226 2007

* Book Document 273
Johnson, Alan G. and Johnson, Paul R.V.
MAKING SENSE OF MEDICAL ETHICS: A HANDS-ON GUIDE
Call number: R724 .J64 2006

* Book Document 274
Rhodes, Rosamond; Francis, Leslie P.; and Silvers, Anita, eds.
THE BLACKWELL GUIDE TO MEDICAL ETHICS
Call number: R724 .B515 2007

* Article Document 275
Aramesh, Kiarash
Dëlalátháy ám–mal–í úsul akhlagh-i peóéshg-i dar éhdáy–é gamtë va jánin = Assessment of practical implications of principles of medical ethics in gamete and embryo donation
Abstract: Nowadays, the four principles of medical ethics having the advantage of cultural impartiality are widely used for guidance of decision making regarding ethical issues in medicine. This article is aimed to review the practical implications of each one of these principles in gamete and embryo donation, and gives a general and practical overview regarding of those ethical issues. The following topics are discussed regarding each principle: Respect for Autonomy: Informed consent of donor and recipient(s) of the gamete or embryo; inhibition of coercion; issues regarding sex (or other characteristics) selection; using dead bodies or aborted fetuses as donor; cases of conflict between physician and recipient opinions about discontinuing of the achieved pregnancy. Inclusion of this principle to In Vitro produced embryos and possibility of considering any “benefit” for a human embryo before transferring to a uterus. Nonmaleficence: Right of recipients to receiving a healthy gamete or embryo (without any known or detectable abnormality), its differences with eugenics, right of transferred embryo to life and Sharia law in Iran. Justice: Distributive justice in allocation of donated gametes or embryos and public access to such services, insurance coverage, and right of access to gamete donation for postmenopausal women or couples without normal or apparently persistent relations.

http://iranmedex.com (link may be outdated)
Boyd, J. Wesley; Himmelstein, David U.; Lasser, Karen; McCormick, Danny; Bor, David H.; Cutrona, Sarah L.; Woolhandler, Steffie

U.S. medical students' knowledge about the military draft, the Geneva Conventions, and military medical ethics


Rosner, Fred

Judaism and medicine: Jewish medical ethics


Call number: R724 .P69 2007

Jonsen, Albert R.

Casuistical reasoning in medical ethics


Call number: R724 .P69 2007

Marks, Jonathan H.

Doctors as pawns? Law and medical ethics at Guantanamo Bay

Seton Hall Law Review 2007; 37(3): 711-731

Georgetown users check Georgetown Journal Finder for access to full text

McGee, Glenn; Bjarnadóttir, Dyrleif

Abuses of science in medical ethics


Call number: R724 .B515 2007

Sokol, Daniel

Time to get streetwise: why medical ethics needs doctors

BMJ: British Medical Journal 2006 December 9; 333(7580): 1226

Georgetown users check Georgetown Journal Finder for access to full text

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

Árnason, Vilhjálmur

The global and the local: fruitful tensions in medical ethics

Ethik in der Medizin 2006 December; 18(4): 385-389

Georgetown users check Georgetown Journal Finder for access to full text

Kettner, Matthias

Medizinethik in den Medien – Befunde und Aufgaben in Theorie und Praxis [Medical ethics in the media – findings and
challenges in theory and practice
Ethik in der Medizin 2006 December; 18(4): 353-358
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 290
Wiesemann, Claudia
Die Beziehung der Medizinethik zur Medizingeschichte und Medizinetheorie [The relationship of medical ethics to the history of medicine and medical theory]
Ethik in der Medizin 2006 December; 18(4): 337-341
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 291
Duttge, Gunnar
Zukunftsperspektiven der Medizinethik – aus Sicht des Rechts [Future prospects of medical ethics – from the legal point of view]
Ethik in der Medizin 2006 December; 18(4): 331-336
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 292
Haker, Hille
Medizinethik auf dem Weg ins 21. Jahrhundert - Bilanz und Zukunftsperspektiven aus Sicht der Katholischen Theologie [Medical ethics on the way to the 21st century - current and future prospects from the point of view of Catholic theology]
Ethik in der Medizin 2006 December; 18(4): 325-330
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 293
Steigleder, Klaus
Medizinethik und Philosophie [Medical ethics and philosophy]
Ethik in der Medizin 2006 December; 18(4): 310-314
Georgetown users check Georgetown Journal Finder for access to full text

Article Document 294
Simon, Alfred
Die Akademie für Ethik in der Medizin e.V. als interdisziplinäre und interprofessionelle Fachgesellschaft [The Academy for Medical Ethics e.V. as an interdisciplinary and interprofessional association]
Ethik in der Medizin 2006 December; 18(4): 306-309
Georgetown users check Georgetown Journal Finder for access to full text

Article Document 295
Wellmer, Hans-Konrat
Ethik in der Medizin 2006 December; 18(4): 302-305
Georgetown users check Georgetown Journal Finder for access to full text

Article Document 296
Schlaudraff, Udo
"Nun gründen wir mal" – Zur Vor- und Frühgeschichte der Akademie für Ethik in der Medizin ["Now we are establishing" – prior and early history of the Academy for Medical Ethics]
Abstract: The celebration of thirty years of publication of The Journal of Medicine and Philosophy provides an opportunity to reflect on how medical ethics has evolved over that period. The reshaping of the field has occurred in no small part because of the impact of branches of philosophy other than ethics. These have included influences from Kantian theory of respect for persons, personal identity theory, philosophy of biology, linguistic analysis of the concepts of health and disease, personhood theory, epistemology, and political philosophy. More critically, medicine itself has begun to be reshaped. The most fundamental restructuring of medicine is currently occurring—stemming, in part, from the application of contemporary philosophy of science to the medical field. There is no journal more central to these critical events of the past three decades than The Journal of Medicine and Philosophy.
Elkhammas, Elmahdi A.
Medical ethics in Libya: where to start?

Hughes, Julian C.
Patterns of practice: a useful notion in medical ethics?

Guinan, Patrick F.
Evaluating Catholic medical ethics books
Linacre Quarterly 2006 November; 73(4): 354-360

Condic, Maureen; Krishef, David; Meilaender, Gilbert; Sachedina, Abdulaziz
The Beginning of Life: The DeVos Medical Ethics Colloquy

Xenakis, B.G. Stephen
Military medical ethics under attack
Journal of Ambulatory Care Management 2006 October-December; 29(4): 342-344

Freeman, J.M.
Ethical theory and medical ethics: a personal perspective
Journal of Medical Ethics 2006 October; 32(10): 617-618

Annas, George J.
Hunger strikes at Guantanamo -- medical ethics and human rights in a "legal black hole"
**Document 310**
McCarthy, Patrick M.; Lamm, Richard D.; Sade, Robert M.
**Medical ethics collides with public policy: LVAD for a patient with leukemia**

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

**Document 311**
Frisina, Michael E.
**Commentary: the application of medical ethics in biomedical research**

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

**Document 312**
Cobanoglu, Nesrin; Kayhan, Zeynep
**Research note: an assessment of medical ethics education**
Nursing Ethics 2006 September; 13(5): 558-561

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

**Document 313**
Clark, Peter A.
**Medical ethics at Guantanamo Bay and Abu Ghraib: the problem of dual loyalty**
Journal of Law, Medicine and Ethics 2006 Fall; 34(3): 570-580

**Abstract:** Although knowledge of torture and physical and psychological abuse was widespread at both the Guantanamo Bay detention facility and Abu Ghraib prison in Iraq, and known to medical personnel, there was no official report before the January 2004 Army investigation of military health personnel reporting abuse, degradation or signs of torture. Military medical personnel are placed in a position of a "dual loyalty" conflict. They have to balance the medical needs of their patients, who happen to be detainees, with their military duty to their employer. The United States military medical system failed to protect detainee's human rights, violated the basic principles of medical ethics and ignored the basic tenets of medical professionalism.

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

**Document 314**
Weiss, Gail Garfinkel
**What would you do? New issues in medical ethics**
Medical Economics 2006 August 18; 83(16): 56-61, 63-64

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

**Document 315**
Kottow, M.H.
**Should medical ethics justify violence?**
Journal of Medical Ethics 2006 August; 32(8): 464-467

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

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

**Document 316**
Garcia, J.L.A.
**Sin and suffering in a Catholic understanding of medical ethics**
Christian Bioethics 2006 August; 12(2): 165-186

**Abstract:** Drawing chiefly on recent sources, in Part One I sketch an untraditional way of articulating what I claim to be central elements of...
traditional Catholic morality, treating it as based in virtues, focused on the recipients (“patients”) of our attention and concern, and centered in certain person-to-person role-relationships. I show the limited and derivative places of “natural law,” and therefore of sin, within that framework. I also sketch out some possible implications for medical ethics of this approach to moral theory, and briefly contrast these with the influential alternative offered by the “principlism” of Beauchamp and Childress. In Part Two, I turn to a Catholic understanding of the nature and meaning of human suffering, drawing especially on writings and addresses of the late Pope John Paul II. He reminds us that physical and mental suffering can provide an opportunity to share in Christ’s salvific sacrifice, better to see the nature of our earthly vocation, and to reflect on the dependence that inheres in human existence. At various places, and especially in my conclusion, I suggest a few ways in which this can inform bioethical reflection on morally appropriate responses to those afflicted by physical or mental pain, disability, mental impairment, disease, illness, and poor health prospects. My general point is that mercy must be informed by appreciation of the person’s dignity and status. Throughout, my approach is philosophical rather than theological.
The medical ethics of Dr. J. Marion Sims: a fresh look at the historical record
Abstract: Vesicovaginal fistula was a catastrophic complication of childbirth among 19th century American women. The first consistently successful operation for this condition was developed by Dr. J. Marion Sims, an Alabama surgeon who carried out a series of experimental operations on black slave women between 1845 and 1849. Numerous modern authors have attacked Sims's medical ethics, arguing that he manipulated the institution of slavery to perform ethically unacceptable human experiments on powerless, unconsenting women. This article reviews these allegations using primary historical source material and concludes that the charges that have been made against Sims are largely without merit. Sims's modern critics have discounted the enormous suffering experienced by fistula victims, have ignored the controversies that surrounded the introduction of anaesthesia into surgical practice in the middle of the 19th century, and have consistently misrepresented the historical record in their attacks on Sims. Although enslaved African American women certainly represented a "vulnerable population" in the 19th century American South, the evidence suggests that Sims's original patients were willing participants in his surgical attempts to cure their affliction—a condition for which no other viable therapy existed at that time.

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

* Document 323
Zucker, A.
Medical ethics as therapy
Medical Humanities 2006 June; 32(1): 48-52
Abstract: In this paper, the author examines a style of teaching for a medical ethics course designed for medical students in their clinical years, a style that some believe conflicts with a commitment to analytic philosophy. The author discusses (1) why some find a conflict, (2) why there really is no conflict, and (3) the approach to medical ethics through narratives. The author will also argue that basing medical ethics on the use of narratives has problems and dangers not fully discussed in the literature.

* Document 324
Finlay, I.
‘First do no harm’—a clear line in law and medical ethics

* Document 325
Larijani, Bagher; Malek-Afzali, Hossein; Zahedí, Farzaneh; Motevaseli, Elaheh
Strengthening medical ethics by strategic planning in the Islamic Republic of Iran
Developing World Bioethics 2006 May; 6(2): 106-110
Abstract: To bring attention to medical ethics and to enhance the quality of health care in Iran, the Ministry of Health and Medical Education has introduced a strategic plan for medical ethics at a national level. This plan was developed through the organization and running of workshops in which experts addressed important areas related to medical ethics. They analysed strengths and weaknesses, opportunities and threats, and outlined a vision, a mission and specific goals and essential activities surrounding medical ethics. The current strategic plan has six main goals that will be reviewed in this paper. Some major activities that were carried out in recent years, and some future plans, will be also reviewed.

Georgetown users check Georgetown Journal Finder for access to full text

Save All  Print All
EthxWeb Search Results

Search Detail:
Result=("MEDICAL ETHICS".TI.) AND (@YD >= "20000000")
2=1 : ":
Documents: 326 - 650 of 847

* Article Document 326
Preston, Tom; Kelly, Michael
A medical ethics assessment of the case of Terri Schiavo.
Death Studies 2006 March; 30(2): 121-133
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 327
McCullough, Lawrence B.
John Gregory's medical ethics and the reform of medical practice in eighteenth-century Edinburgh
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 328
Baker, Robert
Confidentiality in professional medical ethics
American Journal of Bioethics 2006 March-April; 6(2): 39-41
Georgetown users check Georgetown Journal Finder for access to full text

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

* Article Document 329
Mattick, K.; Bligh, J.
Teaching and assessing medical ethics: where are we now?
Journal of Medical Ethics 2006 March; 32(3): 181-185
Abstract: To characterise UK undergraduate medical ethics curricula and to identify opportunities and threats to teaching and learning. DESIGN: Postal questionnaire survey of UK medical schools enquiring about teaching and assessment, including future perspectives. PARTICIPANTS: The lead for teaching and learning at each medical school was invited to complete a questionnaire. RESULTS: Completed responses were received from 22/28 schools (79%). Seventeen respondents deemed their aims for ethics teaching to be successful. Twenty felt ethics should be learnt throughout the course and 13 said ethics teaching and learning should be fully integrated horizontally. Twenty felt variety in assessment was important and three tools was the preferred number. A shortfall in ethics core competencies did not preclude graduation in 15 schools. The most successful aspects of courses were perceived to be their integrated nature and the small group teaching; weaknesses were described as a need for still greater integration and the heavily theoretical aspects of ethics. The major concerns about how ethics would be taught in the future related to staffing and staff development. CONCLUSIONS: This study describes how ethics was taught and assessed in 2004. The findings show that, although ethics now has an accepted place in the curriculum, more can
be done to ensure that the recommended content is taught and assessed optimally.

Georgetown users check Georgetown Journal Finder for access to full text

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

* Document 330
Williams, J.R.
Response to reviews of the World Medical Association Medical Ethics Manual
Journal of Medical Ethics 2006 March; 32(3): 164-165

Georgetown users check Georgetown Journal Finder for access to full text

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

* Document 331
Tsai, D. F-C.
The WMA Medical Ethics Manual [book review]
Journal of Medical Ethics 2006 March; 32(3): 163

Georgetown users check Georgetown Journal Finder for access to full text

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

* Document 332
Holm, S.
The WMA on medical ethics -- some critical comments
Journal of Medical Ethics 2006 March; 32(3): 161-162

Georgetown users check Georgetown Journal Finder for access to full text

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

* Document 333
Nortvedt, Per
Medical ethics manual: does it serve its purpose?
Journal of Medical Ethics 2006 March; 32(3): 159-160

http://www.wma.net/e/ethicsunit/pdf/manual/ethics_manual.pdf (available for download). This manual of medical ethics is meant to serve the purpose of a guiding teaching aid for medical students as well as physicians. It was decided upon and planned by the World Medical Assembly in 1999 and the work was supervised and coordinated by the WMA Ethics Unit.

Georgetown users check Georgetown Journal Finder for access to full text

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

* Document 334
Thompson, Richard E.  
**Look what's happened to medical ethics: broader horizons, updated ideas, fresh language**  
Physician Executive 2006 March-April; 32(2): 60-62  
Georgetown users check [Georgetown Journal Finder](#) for access to full text

*B* Document 335  
Breier-Mackie, Sarah  
**Medical ethics and nursing ethics: is there really any difference?**  
Georgetown users check [Georgetown Journal Finder](#) for access to full text

*B* Document 336  
Lee, Philip R.; Conant, Marcus; Jonsen, Albert R.; Heilig, Steve  
**Participation in torture and interrogation: an inexcusable breach of medical ethics**  
Georgetown users check [Georgetown Journal Finder](#) for access to full text

*B* Document 337  
Wolf, G.  
**Portrayal of negative qualities in a doctor as a potential teaching tool in medical ethics and humanism: Journey to the End of Night by Louis-Ferdinand Céline**  
Postgraduate Medical Journal 2006 February; 82(964): 154-156  
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 338  
Larijani, Bagher; Zahedi, Farzaneh  
**An introductory on medical ethics history in [sic; a] different era in Iran**  
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 339  
Larijani, Bagher; Motevasseli, Elaheh  
**Needs and necessities of medical ethics education**  
Georgetown users check [Georgetown Journal Finder](#) for access to full text

`http://journals.tums.ac.ir/upload_files/pdf/4916.pdf` (link may be outdated)  

`http://journals.tums.ac.ir/upload_files/pdf/4918.pdf` (link may be outdated)
Document 340
Güner, Ahmet
* Georgetown users check Georgetown Journal Finder for access to full text
http://www.unescobkk.org/index.php?id=2434 (link may be outdated)

Document 341
Dresser, Rebecca
Private-sector research ethics: marketing or good conflicts management? The 2005 John L. Conley Lecture on Medical Ethics
Theoretical Medicine and Bioethics 2006; 27(2): 115-139
* Georgetown users check Georgetown Journal Finder for access to full text

Document 342
Annas, George J.
The U.S. Supreme Court and Medical Ethics: From Contraception to Managed Health Care, by Bryan Hilliard [book review]
* Georgetown users check Georgetown Journal Finder for access to full text
http://www.bioethics.net (link may be outdated)

Document 343
Russell, C.; O'Neiil, D.
Ethicists and clinicians: the case for collaboration in the teaching of medical ethics
* Georgetown users check Georgetown Journal Finder for access to full text

Document 344
American Medical Association. Council on Ethical and Judicial Affairs
CODE OF MEDICAL ETHICS: CURRENT OPINIONS WITH ANNOTATIONS
* Call number: R725_A55 2006-2007

Document 345
Mason, J.K. and Laurie, G.T.
MASON AND McCALL SMITH'S LAW AND MEDICAL ETHICS
Document 346

Rollin, Bernard E.

*AN INTRODUCTION TO VETERINARY MEDICAL ETHICS: THEORY AND CASES*


Document 347

Branch, William T.

*Is Rorty's neopragmatism the "real" foundation of medical ethics: a search for foundational principles.*

Transactions of the American Clinical and Climatological Association 2006; 117: 257-271

Document 348

Lurie, Yotam

*The ontology of sports injuries and professional medical ethics*


Document 349

Powell, Tia

*Cultural context in medical ethics: lessons from Japan*


Document 350

Boyd, Kenneth

*Medical ethics: Hippocratic and democratic ideals*


Document 351

Keram, Emily A.

*Will medical ethics be a casualty of the war on terror? [editorial]*

Document 352

Tishchenko, Pavel

**Dimensions of cultural diversity of medical ethics**

In: Rehmann-Sutter, Christoph; Düwell, Marcus; Mieth, Dietmar, eds. Bioethics in Cultural Contexts: Reflections on Methods and Finitude. Dordrecht: Springer, 2006: 211-227

Call number: QH332 .B51727 2006

Document 353

Wisemann, Claudia

**The contributions of medical history to medical ethics: the case of brain death**

In: Rehmann-Sutter, Christoph; Düwell, Marcus; Mieth, Dietmar, eds. Bioethics in Cultural Contexts: Reflections on Methods and Finitude. Dordrecht: Springer, 2006: 187-196

Call number: QH332 .B51727 2006

Document 354

Budinger, Thomas F.; Budinger, Miriam D.

**Medical ethics**


Call number: T14 .B784 2006

Document 355

Overberg, Kenneth R.

**Medical ethics.**


Call number: BJ1249 .O92 2006

Document 356

McCullough, Laurence B.

**The ethical concept of medicine as a profession: its origins in modern medical ethics and implications for physicians**

In: Kenny, Nuala; Shelton, Wayne, eds. Lost Virtue: Professional Character Development in Medical Education. Amsterdam; Oxford: Elsevier, 2006: 17-27

Call number: K3611 .E84 L67 2006

Document 357

Varelius, Jukka

**The value of autonomy in medical ethics**

Medicine, Health Care and Philosophy 2006; 9(3): 377-388

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

Document 358

Fan, Ruiping

**Towards a Confucian virtue bioethics: reframing Chinese medical ethics in a market economy**
Document 359
Okie, Susan
Glimpses of Guantanamo – medical ethics and the war on terror [opinion]
Georgetown users check Georgetown Journal Finder for access to full text
http://content.nejm.org (link may be outdated)

Document 360
Marson, Stephen M.
Assisted Suicide and the Right to Die: the Interface of Social Science, Public Policy, and Medical Ethics, by Barry Rosenfeld [book review]
Georgetown users check Georgetown Journal Finder for access to full text

Document 361
Eckles, Rachael E.; Meslin, Eric M.; Gaffney, Margaret; Helft, Paul R.
Medical ethics education: where are we? Where should we be going? A review
Academic Medicine 2005 December; 80(12): 1143-1152
Georgetown users check Georgetown Journal Finder for access to full text

Document 362
Cowley, C.
The dangers of medical ethics
Journal of Medical Ethics 2005 December; 31(12): 739-742
Abstract: The dominant conception of medical ethics being taught in British and American medical schools is at best pointless and at worst dangerous, or so it will be argued. Although it is laudable that medical schools have now given medical ethics a secure place in the curriculum, they go wrong in treating it like a scientific body of knowledge. Ethics is a unique subject matter precisely because of its widespread familiarity in all areas of life, and any teaching has to start from this shared ethical understanding and from the familiar ethical concepts of ordinary language. Otherwise there is a real risk that spurious technocratic jargon will be deployed by teacher and student alike in the futile search for intellectual respectability, culminating in a misplaced sense of having "done" the ethics module. There are no better examples of such jargon than "consequentialism", "deontology", and the "Four Principles". At best, they cannot do the work they were designed to do and, at worst, they can lead student and practitioner into ignoring their own healthy ethical intuitions and vocabulary.
Georgetown users check Georgetown Journal Finder for access to full text
http://www.jmedethics.com (link may be outdated)

Document 363
Lewis, Neil A.  
Guantanamo tour focuses on medical ethics  

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

*  
Article  
Document 364  
Williams, John R.  
Medical ethics in contemporary clinical practice  

Georgetown users check Georgetown Journal Finder for access to full text

*  
Article  
Document 365  
Hall, Peter; Tomberg, David N.  
A stain on medical ethics [letters]  
Lancet 2005 October 8-14; 366(9493): 1263-1264  

Georgetown users check Georgetown Journal Finder for access to full text

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

*  
Article  
Document 366  
Savulescu, Julian; Viens, A.M.  
What makes the best medical ethics journal? A North American perspective  
Journal of Medical Ethics 2005 October; 31(10): 591-597  

Abstract: BACKGROUND: There currently exist no data on the factors that contribute to determining why medical ethicists choose to review for and submit articles to medical ethics journals. OBJECTIVE: To establish which factors contribute to medical ethicists reviewing articles for or submitting them to medical ethics journals by consulting those who are active in this capacity. METHODS: Medical ethicists were surveyed to determine their incentives and disincentives for reviewing articles for or submitting them to medical ethics journals. Survey participants were chosen based on a review of the academic and research record of medical ethicists working in North America in higher education institutions. RESULTS: The most frequent incentives to reviewing journal articles were: an opportunity to contribute to the field/profession, the good reputation of the journal, the high impact factor of the journal, and to keep up to date on current research. The most frequent disincentives to reviewing journal articles were: time constraints due to academic commitments, the poor reputation of the journal, and time constraints caused by other editorial commitments (for example, reviewing for other journals/publishers). The most important incentives to submitting journal articles were: the good reputation of the journal, the quality of scholarship previously published in the journal, the impact factor of the journal, and a fast turn-around from acceptance to publication. The most important disincentives to submitting journal articles were: the poor reputation of the journal, the poor quality of work previously published in the journal, and a slow turn-around from acceptance to publication. CONCLUSION: A series of factors that medical ethics journals should strive to employ to encourage reviewing and submission of articles are recommended.  

Georgetown users check Georgetown Journal Finder for access to full text

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

*  
Article  
Document 367  
Rubenstein, Leonard; Pross, Christian; Davidoff, Frank; Iacopino, Vincent  

http://www.jmedethics.com (link may be outdated)
Coercive US interrogation policies: a challenge to medical ethics
JAMA: The Journal of the American Medical Association 2005 September 28; 294(12): 1544-1549

* Article Document 368
Cowley, Christopher
Why medical ethics should not be taught by philosophers

* Article Document 369
Lichterman, Boleslav L.
Basic problems of medical ethics in Russia in a historical context

Abstract: The paper provides a short overview of key problems of medical ethics in the Russian and Soviet contexts—confidentiality, informed consent, human experimentation, abortion, euthanasia, organ and tissue transplantation, abuse of psychiatry. In Soviet ideology common interests were declared superior to private ones. Hence, medical confidentiality was viewed as a bourgeois survival. On the other hand, diagnosis was normally not disclosed to a patient in the case of an incurable disease (especially cancer). Due to the strong paternalistic traditions of Russian medicine the idea of informed consent is still disputed by many physicians. Abortions were first legalized in Soviet Russia in 1920. A brief history of this landmark event is provided. However, abortions were forbidden in 1936 and legalized again only in 1955. Active euthanasia was legalized in Soviet Russia in 1922 but for a short period. Federal law regulating human transplantation was adopted only in 1992 and based on the presumed consent model. Until then forensic autopsy and procurement of cadaver organs were viewed as equal procedures. In 1960s-1980s there was a practice of declaring political dissidents insane in their involuntary treatment.

* Article Document 370
Lichterman, Boleslav L.
Soviet medical ethics (1917-1991)

Abstract: Russian medical ethics bears a heavy mark of seven decades of the communist regime. In 1918 the Health Care Commissariat (ministry) was formed. It was headed by Nikolai Semashko (1874-1949) who claimed that "the ethics of the Soviet physician is an ethics of our socialist motherland, an ethics of a builder of communist society; it is equal to communist moral". "Medical ethics" had been avoided until the late 1930s when it was replaced by "medical (or surgical) deontology". This "deontological" period started with "Problems of surgical deontology" written by N. Petrov, a surgeon, and lasted for almost half a century until "medical deontology" was abandoned in favor of "bioethics" in post-communist Russia. There have been five All-Union conferences on medical deontology since 1969. The story of the emergence of "The Oath of a Soviet Physician" is briefly described. The text of this Oath was approved by a special decree of the Soviet Parliament in 1971. Each graduate of medical school in USSR was obliged to take this Oath when receiving his or her medical diploma. It is concluded that such ideas of zemstvo medicine as universal access to health care and condemnation of private practice were put into practice under the communist regime.
Lichterman, Boleslav L.; Yarovinsky, Michail

**Medical ethics in Russia before the October Revolution (1917)**
Journal International de Bioéthique = International Journal of Bioethics 2005 September-December; 16(3-4): 17-32, 166-167

**Abstract:** The evolution of medical ethics in Russia was determined by several factors. First, such Russian concepts as "obshina" (community) and "sobornost" (councilianism) determined the supremacy of the collective body over the individual body, the state over a person etc. There is no analogue for "privacy" in the Russian language. Second, Russian medical doctors with university degrees appeared only in the 18th century after the politics of westernization by Peter the Great (1672-1725). Medical ethics probably starts from Prof. Matvei Mudrov (1776-1831) of Moscow who followed the Hippocratic credo "to treat not a disease but a patient". Third, after serfdom had been abolished in 1861 medical care in many rural regions was provided by zemstva (local elected councils). Zemskie medical doctors had idealistic views of self-sacrificing for the service to society and to the people. On the other hand, while dealing with illiterate peasants paternalism was a necessity. Ethical problems of healthcare and medicine were a subject of intense discussions both in professional and popular literature. A weekly periodical "Vrach" edited by V. Manassein played an important role in this discourse. Local medical societies adopted their own ethical codes but an All-Russian code of medical ethics was never formulated because the country lacked a national medical society. "Confessions of a physician" by Vikenty Veresaev published in 1901 put problems of doctor-patient relationship and human experimentation in the centre of public debates both nationally and internationally. Two Russian editions of "Aerztliche Ethik" by Albert Moll also contributed to the discourse on medical ethics in Russia. Medicine as a money-making activity was criticized and ridiculed in Russian literature (see, for example, Tolstoy's novels and Chekhov's stories). Medical morality was generally understood as moral life in action when deeds are much more important than words (e.g. formal codes of medical ethics).

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

Sulmasy, Daniel P.; Ferris, Robert E.; Ury, Wayne A.

**Confidence and knowledge of medical ethics among interns entering residency in different specialties**
Journal of Clinical Ethics 2005 Fall; 16(3): 230-235

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

Tong, Hong Yuan

**Medical ethics in Taiwans' popular religion**
Formosan Journal of Medical Humanities 2005 September; 6(1-2): 157-165

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

Aleksandrova, Silviya

**Comparative analysis of the code of professional ethics in Bulgaria and the Hippocratic Oath, Declaration of Geneva and International Code of Medical Ethics**

**Abstract:** In this paper I aim at making a comparative analysis of The Code of Professional Ethics in Bulgaria (CPEB), The Hippocratic Oath, The Declaration of Geneva, and The World Medical Association International Code of Medical Ethics. Two problems of special interest are explored: whether the leading principles of fundamental ethical
codes are presented in CPEB and whether the code itself is relevant to the current medical professional and social situation in the country. The conclusion reached after a step-by-step analysis is that CPEB attempts to cover a wide range of principles and problems in medical practice and corresponds with the fundamental ethical codes. Although the code is criticized in some points, it could be very useful, provided that it is well publicized in the profession.

---

* Article  Document 375

Farberman, Rhea

**A stain on medical ethics** [letter]

Lancet 2005 August 27-September 2; 366(9487): 712

Georgetown users check Georgetown Journal Finder for access to full text

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

* Article  Document 376

Wilks, Michael

**A stain on medical ethics** [opinion]

Lancet 2005 August 6-12; 366(9484): 429-431

Georgetown users check Georgetown Journal Finder for access to full text

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

* Article  Document 377

Phaosavasdi, Sukhit; Taneepanichskul, Surasak; Tannirandom, Yuen; Thamkhantho, Manopchai; Prugsapong, Chumsak; Phupong, Vorapong; Karnjanapitak, Aurchart

**What is your opinion on the "medical ethics of medical journal editors"?**

Journal of the Medical Association of Thailand 2005 August; 88(8): 1163-1164

Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 378

**Diferencias entre a etica medica e a bioetica** [Differences between medical ethics and bioethics]

Medicina Conselho Federal 2005 August-October; 20(156): 8-9

Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 379

Boyd, K.M.

**Medical ethics: principles, persons, and perspectives: from controversy to conversation**

Journal of Medical Ethics 2005 August; 31(8): 481-486

**Abstract:** Medical ethics, principles, persons, and perspectives is discussed under three headings: History, Theory, and Practice. Under Theory, the author will say something about some different approaches to the study and discussion of ethical issues in medicine—especially those based on principles, persons, or perspectives. Under Practice, the author will discuss how one perspectives based approach, hermeneutics, might help in relation first to everyday ethical issues and then to public controversies. In that context some possible advantages of moving from
controversy to conversation will be explored; and that will then be illustrated with reference to a current controversy about the use of human embryos in stem cell therapy research. The paper begins with history, and it begins in the author's home city of Edinburgh.

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

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

---

Document 380

Nicholson, Richard

Military ethics and medical ethics [review of Military Medical Ethics, edited by T.E. Beam, L.R. Sparacino, E.D. Pellegrino, A.E. Hartle, and E.G. Howe]

Bulletin of Medical Ethics 2005 August-September; (210): 20-28

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

http://www.bullmedeth.info/ (link may be outdated)

---

Document 381


Abstract: "Medical ethics encompasses a broad range of difficult clinical issues and decisions. Some of these issues, such as embryonic research, in vitro fertilization, cloning, and gene mapping, deal with the beginning of life. Others, such as those involving informed consent, organ donation, and human experimentation, can occur at any time during life. End-of-life decisions, including withdrawing and withholding treatment, euthanasia, and advance directives, comprise a significant and especially challenging part of medical ethics. In this program, Dr. William Matory interviews Dr. Edmund Pellegrino, a world-renowned spokesman on ethics and the medical profession. Dr. Pellegrino addresses end-of-life and other difficult decisions faced by physicians and other healthcare professionals in caring for patients, and provides clinically and morally sound advice, based on his belief in the moral nature of medicine and the ethical obligations of physicians." [description from cassette] Video #851 in the Network of Continuing Medical Education Series, this program was released on July 7, 2005 and is certified for category 1 credit through July 7, 2008. This activity is designed for primary care physicians and other healthcare professionals who are involved in medical decision making. AMA PRA Category 1: up to 2 credits. Dr. Edmund D. Pellegrino, MD, MACP is Professor Emeritus of Medicine and Medical Ethics, Center for Clinical Bioethics, Georgetown University Medical Center, Washington, DC. Dr. William E. Matory, MD, FACS, is Professor Emeritus of Surgery and Professor Emeritus of Family Medicine, Howard University School of Medicine, and Director, Center for Continuing Medical Education, National Medical Association, Washington, DC.

---

Document 382

Kyriakides-Yeldham, Anthony

Islamic medical ethics and the straight path of God

Islam and Christian-Muslim Relations 2005 July; 16(3): 213-225

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

---

Document 383

Phaosavasdi, Sukhit; Taneepanichskul, Surasak; Tannirandom, Yuen; Thamkhantho, Manopchai; Pruksapong, Chumsak; Kanjanapitak, Aurchart

Medical ethics for senior medical doctors (episode III)

Journal of the Medical Association of Thailand 2005 July; 88(7): 1015-1017

*
Document 384
Shiraz, B.; Shamim, M. Shahzad; Shamim, M. Shahid; Ahmed, Asif
Medical ethics in surgical wards: knowledge, attitude and practice of surgical team members in Karachi
Indian Journal of Medical Ethics 2005 July-September; 2(3): 94-96
http://www.issuesinmedicalethics.org (link may be outdated)

Document 385
Scalise, Daniele Maria; Bognolo, Giulio
The new pope and medical ethics – can Benedict XVI strike a balance between Catholic doctrines and health? [editorial]
http://www.bmj.com (link may be outdated)

Document 386
Ryan, Renee
Medical Ethics: A Very Short Introduction, by Tony Hope [book review]
Ethical Perspectives 2005 June; 12(2): 282-284

Document 387
Rosoff, Arnold J.
The U.S. Supreme Court and Medical Ethics: From Contraception to Managed Health Care, by Bryan Hilliard [book review]

Document 388
Levy, Christopher J.
Conflict of duty: capital punishment regulations and AMA medical ethics

Document 389
Phaosavasdi, Sukhit; Taneepanichskul, Surasak; Tannirandom, Yuen; Thamkhantho, Manopchai; Pruksapong, Chumsak; Kanjanapitak Aurchart
Medical ethics for senior medical doctors (episode II)
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 390
Louw, Stephen J.; Hughes, Julian C.  
Moral reasoning – the unrealized place of casuistry in medical ethics [editorial]  
International Psychogeriatrics 2005 June; 17(2): 149-154
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 391
Murphy, Timothy F.  
Physicians, medical ethics, and capital punishment  
Journal of Clinical Ethics 2005 Summer; 16(2): 160-169
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 392
Fournier, Veronique  
The balance between beneficence and respect for patient autonomy in clinical medical ethics in France  
CQ: Cambridge Quarterly of Healthcare Ethics 2005 Summer; 14(3): 281-286
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 393
Annas, George J.  
Unspeakably cruel -- torture, medical ethics, and the law [editorial]  
Georgetown users check Georgetown Journal Finder for access to full text

http://content.nejm.org (link may be outdated)

* File  Document 394
Hathout, Hassan  
Frequently asked medical ethics questions  

http://data.memberclicks.com/site/imana/IMANAEthicsPaperPart2_FAQ.pdf (link may be outdated)

* File  Document 395
Athar, Shahid; Fadel, Hossam E.; Ahmed, Wahaj D.; Haque, Malika; Nagamia, Hussain F.; Hathout, Hassan; Amine,
Abdul R.C.; Khan, Faroque A.; Shanawani, Hasan
IMANA Ethics Committee

Islamic medical ethics: the IMANA perspective [policy statement]

http://www.imana.org/mc/page.do?sitePageld=5699 (link may be outdated)

Document 396

Shadi, Heydar

An introduction to the history of medical ethics

Abstract: English abstract attached

Georgetown users check Georgetown Journal Finder for access to full text

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

Document 397

Phaosavasdi, Sukhit; Taneepanichskul, Surasak; Tannirandom, Yuen; Thamkhantho, Manopchai; Pruksapong, Chumsak; Kanjanapitak, Aurchart

Medical ethics for senior medical doctors (episode I)
Journal of the Medical Association of Thailand 2005 May; 88(5): 708-709

Georgetown users check Georgetown Journal Finder for access to full text

Document 398

Wells, Robert J.; Gross, Michael

Wartime medical ethics [letter and reply]

Georgetown users check Georgetown Journal Finder for access to full text

Document 399

Moreno, Jonathan D.; Gross, Michael

Wartime medical ethics [letter and reply]

Georgetown users check Georgetown Journal Finder for access to full text

Document 400

Holdstock, Douglas; Gross, Michael

Wartime medical ethics [letter and reply]
Hastings Center Report 2005 May-June; 35(3): 6-7

Georgetown users check Georgetown Journal Finder for access to full text
Developing medical ethics in China's reform era

Abstract: The paper gives an analytical synopsis of the problem of developing medical ethics in the early half of the 1990s in China, as perceived by Chinese scholars and medical professionals interested in medical ethics. The views captured and analyzed here were expressed in one of the two major journals on medical ethics in China: Chinese Medical Ethics. The economic reform unleashed profound changes in Chinese society, including in the medical field, creating irregularities and improprieties in the profession. Furthermore, the market reform also created new values that were in tension with existing values. In this transitional period, Chinese medical ethicists saw the need to rebuild medical morality for the new era. Using the code of conduct promulgated by the Chinese Ministry of Health in 1989 as a basis, assessment and education aspects of the institutionalization of medical ethics are discussed. In addition to institutional problems of institutionalising ethics, there are philosophical and methodological issues that are not easy to solve. After all, to institutionalize medical ethics is no easy task for a country as old and as big as China. Chinese medical ethicists seem ready to confront these difficulties in their effort to develop medical ethics in Reform China.

Medical ethics and the survival of medical profession

Medical ethics and the survival of medical profession

Human rights and medical ethics


La ley, la ética médica y los trasplantes / The law, the medical ethic, and the transplants
Document 406
Nishimura, Takahiro
The present state and problems of "The Code of Medical Ethics" in Japan
Georgetown users check Georgetown Journal Finder for access to full text

Document 407
Phaosavasdi, Sukhit; Thamkhantho, Manopchai; Uerpairojkit, Boonchai; Pruksapong, Chumask; Kanjanapitak, Aurchart
Searching for medical ethics in Dharma conversation
Journal of the Medical Association of Thailand 2005 March; 88(3): 440-441
Georgetown users check Georgetown Journal Finder for access to full text

Document 408
Jones, James W.; McCullough, Laurence B.; Richman, Bruce W.
Damned if you do and damned if you don't: medical ethics and a second career
Georgetown users check Georgetown Journal Finder for access to full text

Document 409
Badalik, Ladislav; Ozorovsky, Vojtech; Marcek, Tibor; Mojzesova, Maria; Takacova, Zuzana
Edukacna strategia medicinskej etiky v ramci Slovenskej spolocnosti pre vychovu a vzdelavanie pracovnikov v zdravotnictve / Educational strategy for medical ethics in Slovak Association for Education of Health-Care Professionals
Medical Ethics and Bioethics / Medicinska Etika & Bioetika 2004 Spring-Summer; 11(1-2): 5-6
Georgetown users check Georgetown Journal Finder for access to full text

Document 410
Faunce, T.A.
Will international human rights subsume medical ethics? Intersections in the UNESCO Universal Bioethics Declaration
Journal of Medical Ethics 2005 March; 31(3): 173-178
Abstract: The International Bioethics Committee (IBC) of the United Nations Educational, Scientific and Cultural Organisation (UNESCO) is currently drafting a Universal Bioethics Declaration ("the declaration"). The content and even the name of the declaration has yet to be finalized, but it is expected to range widely over human and non-human bioethics. It appears likely to include many articles directly related to medical ethics. The declaration may well evolve, like the Universal Declaration of Human Rights, into a component of international customary law, or be the precursor to an International Convention on Bioethics. This article discusses whether this process will facilitate bioethics and, in particular, medical ethics, being subsumed by the normative system of international human rights.
Georgetown users check Georgetown Journal Finder for access to full text

http://www.jmedethics.com (link may be outdated)
Stirrat, G.M.; Gill, R.

**Autonomy in medical ethics after O'Neill**
Journal of Medical Ethics 2005 March; 31(3): 127-130

Abstract: Following the influential Gifford and Reith lectures by Onora O'Neill, this paper explores further the paradigm of individual autonomy which has been so dominant in bioethics until recently and concurs that it is an aberrant application and that conceptions of individual autonomy cannot provide a sufficient and convincing starting point for ethics within medical practice. We suggest that revision of the operational definition of patient autonomy is required for the twenty first century. We follow O'Neill in recommending a principled version of patient autonomy, which for us involves the provision of sufficient and understandable information and space for patients, who have the capacity to make a settled choice about medical interventions on themselves, to do so responsibly in a manner considerate to others. We test it against the patient-doctor relationship in which each fully respects the autonomy of the other based on an unspoken covenant and bilateral trust between the doctor and patient. Indeed we consider that the dominance of the individual autonomy paradigm harmed that relationship. Although it seems to eliminate any residue of medical paternalism we suggest that it has tended to replace it with an equally (or possibly even more) unacceptable bioethical paternalism. In addition it may, for example, lead some doctors to consider mistakenly that unthinking acquiescence to a requested intervention against their clinical judgement is honouring "patient autonomy" when it is, in fact, abrogation of their duty as doctors.

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

--

Ustun, Cagatay

**Medical ethics at Ege University Faculty of Medicine [letter]**
Nursing Ethics 2005 March; 12(2): 198-199

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

--

Rodriguez del Pozo, Pablo; Fins, Joseph J.

**The globalization of education in medical ethics and humanities: evolving pedagogy at Weill Cornell Medical College in Qatar**
Academic Medicine 2005 February; 80(2): 135-140

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

--

Diamond, Eugene F.

**Conflicts of interest in medical ethics**
Linacre Quarterly 2005 February; 72(1): 18-26

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

--

Rich, Ben A.

**Medical custom and medical ethics: rethinking the standard of care**
Risk and supervised exercise: the example of anorexia to illustrate a new ethical issue in the traditional debates of medical ethics

Journal of Medical Ethics 2005 January; 31(1): 15-20

Abstract: Sport and physical activity is an area that remains relatively unexplored by contemporary bioethics. It is, however, an area in which important ethical issues arise. This paper explores the case of the participation of people with anorexia nervosa in exercise. Exercise is one of the central features of anorexia. The presence of anorexics in exercise classes is becoming an increasingly sensitive issue for instructors and fitness professionals. The ethics of teaching exercise to anorexics has, however, seldom, if ever, been addressed. Codes of ethics and legislation do not offer guidelines pertinent to the case and it is left unclear whether anorexics should be allowed to participate in exercise classes. It is shown by this paper that there are strong ethical reasons to let anorexics participate in exercise classes. However, the paper also explains why, despite these apparently cogent ethical reasons, there is no moral obligation to allow a person with anorexia to take part in exercise/sports activities.

Holm, Søren
Bioethics down under -- medical ethics engages with political philosophy [editorial]
Journal of Medical Ethics 2005 January; 31(1): 1

Campbell, Alastair; Gillett, Grant; and Jones, Gareth, eds.
MEDICAL ETHICS
Call number: R724.C3287 2005

Dossetor, John B.
BEYOND THE HIPPOCRATIC OATH: A MEMOIR OF THE RISE OF MODERN MEDICAL ETHICS
Call number: R724.D676 2005

Athanassoulis, Nafsika, ed.
PHILOSOPHICAL REFLECTIONS ON MEDICAL ETHICS
Call number: R725.5.P48 2005
Document 421
Williams, John R.
World Medical Association [WMA]
MEDICAL ETHICS MANUAL
Call number: R724 .W672 2005

Document 422
Sokol, Daniel K. and Bergson, Gillian
MEDICAL ETHICS AND LAW: SURVIVING ON THE WARDS AND PASSING EXAMS
Call number: R724 .S5985 2005

Document 423
Egendorf, Laura K., ed.
MEDICAL ETHICS
Call number: R724 .M29273 2005

Document 424
Veatch, Robert M.
DISRUPTED DIALOGUE: MEDICAL ETHICS AND THE COLLAPSE OF PHYSICIAN-HUMANIST COMMUNICATION (1770-1980)
Call number: R724 .V414 2005

Document 425
Blazer, Shraga and Zimmer, Etan Z., eds.
THE EMBRYO: SCIENTIFIC DISCOVERY AND MEDICAL ETHICS
Call number: RG133.5 .E45 2005

Document 426
Rosner, Fred
Medical ethics of Judaism
Call number: BM50 .E634 2005 v. 3

Document 427
Angell, Marcia
Cross-cultural considerations in medical ethics: the case of human subjects research
**Document 428**

Moreno, Jonathan  
**Secret state experiments and medical ethics**  
Call number: QH332 .E96 2005

**Document 429**

Gracia, Diego  
**The foundation of medical ethics in the democratic evolution of modern society**  
Call number: R724 .C5254 2005

**Document 430**

Lazzarini, Zita; Von Kohorn, Jonathan E.  
**Medical ethics and law.**  
Call number: RA643.8 .A435 2005

**Document 431**

Benn, Piers  
**The role of conscience in medical ethics.**  
Call number: R725.5 .P48 2005

**Document 432**

Walter, James J.  
**The meaning and validity of quality of life judgments in contemporary Roman Catholic medical ethics**  
Call number: R725.56 .W35 2005

**Document 433**

Walter, James J.  
**Perspectives on medical ethics: biotechnology and genetic medicine**  
Call number: R725.56 .W35 2005

**Document 434**

Sherlock, Richard  
**Medical ethics**
Document 435

Larijani, B.; Zahedi, F.; Malek-Afzali, H.

Medical ethics in the Islamic Republic of Iran


http://www.emro.who.int/publications (link may be outdated)

Document 436

Griffith, Ezra E.H.

Personal narrative and an African-American perspective on medical ethics


Document 437

Williams, John R.

International medical ethics [opinion]

World Hospitals and Health Services 2005; 41(1): 47-48

Document 438

Heubel, Friedrich; Biller-Andorno, Nikola

The contribution of Kantian moral theory to contemporary medical ethics: a critical analysis

Medicine, Health Care and Philosophy: A European Journal 2005; 8(1): 5-18

Abstract: Kantian deontology is one of three classic moral theories, among virtue ethics and consequentialism. Issues in medical ethics are frequently addressed within a Kantian paradigm, at least -- although not exclusively--in European medical ethics. At the same time, critical voices have pointed to deficits of Kantian moral philosophy which must be examined and discussed. It is argued that taking concrete situations and complex relationships into account is of paramount importance in medical ethics. Encounters between medical or nursing staff and patients are rarely symmetrical relationships between autonomous and rational agents. Kantian ethics, the criticism reads, builds on the lofty ideal of such a relationship. In addition to the charge of an individualist and rationalist focus on autonomy, Kantian ethics has been accused of excluding those not actually in possession of these properties or of its rigorism. It is said to be focussed on laws and imperatives to an extent that it cannot appreciate the complex nuances of real conflicts. As a more detailed analysis will show, these charges are inadequate in at least some regards. This will be demonstrated by drawing on the Kantian notion of autonomy, the role of maxims and judgment and the conception of duties, as well as the role of emotions. Nevertheless the objections brought forward against Kantian moral theory can help determine, with greater precision, its strengths and shortcomings as an approach to current problems in medical ethics.

Georgetown users check Georgetown Journal Finder for access to full text
Kant and medical ethics. Introduction to the theme [editorial]

Medicine, Health Care and Philosophy: A European Journal 2005; 8(1): 3-4

Georgetown users check Georgetown Journal Finder for access to full text

WHO Conf. [Conference] backs first Islamic Code for Medical Ethics


http://www.islamonline.net/English/News/2004-12/15/article04.shtml (link may be outdated)

Reviews in medical ethics: an open access electronic journal comes to bioethics: a review of BMC Biomedical Ethics


Georgetown users check Georgetown Journal Finder for access to full text

La bioética en el diván: ¿Puede Freud ayudarnos en los dilemas de la ética médica?/Bioethics on the couch: can Freud help us to deal with the uncertainties of medical ethics?

Revista Medica de Chile 2004 December; 132(12): 1550-1556

Georgetown users check Georgetown Journal Finder for access to full text

Towards a "One Country Two Systems" medical ethics for the regulation of practice promotion: Hong Kong as a case study

Hong Kong Medical Journal 2004 December; 10(6): 435-437

Georgetown users check Georgetown Journal Finder for access to full text

Free speech, democracy, and eugenics – attempts to stifle debate in medical ethics must be strongly revisited

Journal of Medical Ethics 2004 December; 30(6): 519

Georgetown users check Georgetown Journal Finder for access to full text
Document 445
Prioreschi, Plinio

Medical ethics in medieval Islam

Document 446
Mahmoud, Farouk

Islamic medical ethics in assisted conception

Document 447
Demirhan Erdemir, Aysegül

A medical ethics perspective to laws in public health in Turkey

Document 448
McCullough, Laurence B.; Coverdale, John H.; Chervenak, Frank A.

Argument-based medical ethics: a formal tool for critically appraising the normative medical ethics literature

Document 449
Herrera, C.D.

The search for meaningful comparisons in boxing and medical ethics
Journal of Medical Ethics 2004 October; 30(5): 514-515
Document 450

Leget, C.

Avoiding evasion: medical ethics education and emotion theory
Journal of Medical Ethics 2004 October; 30(5): 490-493

Abstract: Beginning with an exemplary case study, this paper diagnoses and analyses some important strategies of evasion and factors of hindrance that are met in the teaching of medical ethics to undergraduate medical students. Some of these inhibitions are inherent to ethical theories; others are connected with the nature of medicine or cultural trends. It is argued that in order to avoid an attitude of evasion in medical ethics teaching, a philosophical theory of emotions is needed that is able to clarify on a conceptual level the ethical importance of emotions. An approach is proposed with the help of the emotion theory Martha Nussbaum works out in her book Upheavals of Thought. The paper ends with some practical recommendations.

Georgetown users check Georgetown Journal Finder for access to full text

Document 451

Corrao, S.; Arnone, G.; Arnone, S.; Baldari, S.

Medical ethics, clinical research, and special aspects in nuclear medicine [editorial]
Quarterly Journal of Nuclear Medicine and Molecular Imaging 2004 September; 48(3): 175-180

Georgetown users check Georgetown Journal Finder for access to full text

Document 452

Short, Bradford William

The healing philosopher: John Locke's medical ethics
Issues in Law and Medicine 2004 Fall; 20(2): 103-154

Georgetown users check Georgetown Journal Finder for access to full text

Document 453

Merideth, Philip

Medical ethics: charting a new course [editorial]
Journal of the Mississippi State Medical Association 2004 September; 45(9): 275

Georgetown users check Georgetown Journal Finder for access to full text

Document 454

Moreno, Jonathan D.

Medical ethics and non-lethal weapons

Georgetown users check Georgetown Journal Finder for access to full text

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

A medical student's experience of being taught medical ethics
Bulletin of Medical Ethics 2004 September; (201): 13-18

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bullmedeth.info/ (link may be outdated)

Riley, Joy

The Physician's Covenant: Images of the Healer in Medical Ethics, 2nd Edition [book review]
Ethics and Medicine 2004 Fall; 20(3): 182-183

Georgetown users check Georgetown Journal Finder for access to full text

Diamond, Eugene F.

Conflicts of interest in medical ethics [editorial]
Ethics and Medicine 2004 Fall; 20(3): 133-139

Georgetown users check Georgetown Journal Finder for access to full text

Halperin, Mordechai

ASSIA: A Journal of Jewish Medical Ethics and Halacha 2004 September; 4(2): 4-19

Georgetown users check Georgetown Journal Finder for access to full text

Kinzbrunner, Barry M.

Jewish medical ethics and end-of-life care

Georgetown users check Georgetown Journal Finder for access to full text

Schenker, J.G.; Cain, J.M.

International Federation of Gynecology and Obstetrics [FIGO]. Committee for the Ethical Aspects of Human Reproduction and Women's Health
International medical ethics: the FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health

Georgetown users check Georgetown Journal Finder for access to full text
Riggs, J.E.

**Medical ethics, logic traps, and game theory: an illustrative tale of brain death**

*Abstract:* Decision making and choices are frequent themes in medical ethics. Game theory is based upon modelled decision making. Game theory, and associated logic traps, may have relevance to the clinical practice of medicine and medical ethics. The "prisoner's dilemma" is one logic trap from game theory in which "rational" decision making on the part of participating individuals can lead to "suboptimal" situations. An example of such a situation involving brain death is presented and discussed from the perspective of the prisoner's dilemma.

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

Duggal, Ravi

**The political economy of medical ethics**

*Abstract:*

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

Lehmann, Lisa Soleymani; Kasoff, Willard S.; Koch, Phoebe; Federman, Daniel D.

**A survey of medical ethics education at U.S. and Canadian medical schools**

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

Gormally, L.

**Religion, the law, and medical ethics. Response to a response [debate]**

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

Ruston, Delaney; Canchola, Jesse; Lo, Bernard

**Use of videos by directors of medical ethics courses**

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text
**Document 466**

Meakin, R.

**Editorial: philosophy in the undergraduate medical curriculum -- beyond medical ethics**

Medical Humanities 2004 June; 30(1): 53

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

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

---

**Document 467**

Farmer, Paul; Campos, Nicole Gastineau

**Rethinking medical ethics: a view from below**

Developing World Bioethics 2004 May; 4(1): 17-41

**Abstract:** In this paper, we argue that lack of access to the fruits of modern medicine and the science that informs it is an important and neglected topic within bioethics and medical ethics. This is especially clear to those working in what are now termed ‘resource- poor settings’- to those working, in plain language, among populations living in dire poverty. We draw on our experience with infectious diseases in some of the poorest communities in the world to interrogate the central imperatives of bioethics and medical ethics. AIDS, tuberculosis, and malaria are the three leading infectious killers of adults in the world today. Because each disease is treatable with already available therapies, the lack of access to medical care is widely perceived in heavily disease- burdened areas as constituting an ethical and moral dilemma. In settings in which research on these diseases are conducted but there is little in the way of therapy, there is much talk of first world diagnostics and third world therapeutics. Here we call for the ‘resocialising’ of ethics. To resocialise medical ethics will involve using the socialising disciplines to contextualise fully ethical dilemmas in settings of poverty and, a related gambit, the systematic participation of the destitute sick. Clinical research across steep gradients also needs to be linked with the interventions that are demanded by the poor and otherwise marginalised. We conclude that medical ethics must grapple more persistently with the growing problem posed by the yawning ‘outcome gap' between rich and poor.

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

---

**Document 468**

Larijani, Bagher; Zahedi, Farzaneh; Malek-Afzail, Hossein

**History and activities of medical ethics in Iran**


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

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

---

**Document 469**

Aksoy, Sahin

**The religious tradition of Ishaq ibn Ali al-Ruhawi: the author of the first medical ethics book in Islamic medicine**


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

http://www.ishim.net/ (link may be outdated)
Document 470

Al-Ghazal, Sharif Kaf

**Medical ethics in Islamic history at a glance**

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

http://www.ishim.net (link may be outdated)

<Document 471>

Pellegrino, Edmund D.

**Medical ethics suborned by tyranny and war [editorial]**

Georgetown users check [Georgetown Journal Finder](http://jama.ama-assn.org) for access to full text

http://jama.ama-assn.org (link may be outdated)

<Document 472>

Al-Jalahma, Mariam; Fakhroo, Ebtisam

**Teaching medical ethics: implementation and evaluation of a new course during residency training in Bahrain**
Education for Health 2004 March; 17(1): 62-72

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

<Document 473>

Selvakumar, Dhayakani; Joseph, L.B.M.

**The importance of including bio-medical ethics in the curriculum of health education institutes**
Education for Health 2004 March; 17(1): 93-96

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

<Document 474>

Meulenbergs, Tom

**From an exercise in professional etiquette to society's wish list? [review of Code of Medical Ethics: Current Opinions with Annotations, by the Council on Ethical and Judicial Affairs, American Medical Association]**

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

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

<Document 475>

Dudzinski, Denise M.
Integrity in the relationship between medical ethics and professionalism

Georgetown users check Georgetown Journal Finder for access to full text

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

* Document 476
McCullough, Laurence B.
Taking the history of medical ethics seriously in teaching medical professionalism

Georgetown users check Georgetown Journal Finder for access to full text

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

* Document 477
Grazi, Richard V.; Wolowelsky, Joel B.
Jewish medical ethics: monetary compensation for donating kidneys
Israel Medical Association Journal 2004 March; 6(3): 185-188

Georgetown users check Georgetown Journal Finder for access to full text

* Document 478
Ek-Joe, Gou
The medical ethics manifested in the changing society and system – a viewpoint by a medical student
Formosan Journal of Medical Humanities 2004 March; 5(12): 149-158

Georgetown users check Georgetown Journal Finder for access to full text

* Document 479
Chiu, Wen-ta; Shih, C.L.; Hou, S.M.
Patients' safety and medical ethics
Formosan Journal of Medical Humanities 2004 March; 5(12): 66-96

Georgetown users check Georgetown Journal Finder for access to full text

* Document 480
Zitinski-Soljic, Maja
Moral reasoning in medical ethics
Formosan Journal of Medical Humanities 2004 March; 5(12): 14-28

Georgetown users check Georgetown Journal Finder for access to full text

* Document 481
O'Hare, Daniel G.
Principles of medical ethics in supportive care: a reflection
Supportive Care in Cancer 2004 February; 12(2): 86-90
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 482
Malavige, G.N.
Doctors, drug companies and medical ethics: a Sri Lankan perspective
Indian Journal of Medical Ethics 2004 January-March; 1(1): 26
Georgetown users check Georgetown Journal Finder for access to full text
http://www.issuesinmedicalethics.org (link may be outdated)

* Book Document 483
Kaldjian, Lauris Christopher
PHYSICIAN INTEGRITY, RELIGIOUS BELIEF, AND THE ADEQUACY OF MEDICAL ETHICS
Call number: R725.55 .K35 2005a

* Book Document 484
Choi, Kyungsuk
MORAL REASONING AND JUSTIFICATION IN MEDICAL ETHICS

* Book Document 485
British Medical Association. Medical Ethics Department
MEDICAL ETHICS TODAY: THE BMA'S HANDBOOK OF ETHICS AND LAW
Call number: R724 .S65 2004

* Book Document 486
Hope, Tony
MEDICAL ETHICS: A VERY SHORT INTRODUCTION
Call number: R724 .H625 2004

* Book Document 487
Tippett, Victoria
MEDICAL ETHICS AND LAW: AN INTRODUCTION
Call number: KF2905 .T57 2004
* Book Document 488
Rai, Gurcharan S., ed.
MEDICAL ETHICS AND THE ELDERLY
Call number: \texttt{R725.5.M463.2004}

* Book Document 489
Devine, Richard J.
GOOD CARE, PAINFUL CHOICES: MEDICAL ETHICS FOR ORDINARY PEOPLE
Call number: \texttt{R724.D485.2004}

* Book Document 490
Munson, Ronald
INTERVENTION AND REFLECTION: BASIC ISSUES IN MEDICAL ETHICS
Call number: \texttt{R724.I57.2004}

* Book Document 491
Card, Robert F.
CRITICALLY THINKING ABOUT MEDICAL ETHICS
Call number: \texttt{R724.C346.2004}

* Book Document 492
American Medical Association. Council on Ethical and Judicial Affairs
CODE OF MEDICAL ETHICS: CURRENT OPINIONS WITH ANNOTATIONS
Call number: \texttt{R725.A512.2004}

* Book Document 493
Pence, Gregory E.
CLASSIC CASES IN MEDICAL ETHICS: ACCOUNTS OF CASES THAT HAVE SHAPED MEDICAL ETHICS, WITH PHILOSOPHICAL, LEGAL, AND HISTORICAL BACKGROUNDS
Call number: \texttt{R724.P36.2004}

* Book Document 494
Hilliard, Bryan
THE U.S. SUPREME COURT AND MEDICAL ETHICS: FROM CONTRACEPTION TO MANAGED HEALTH CARE
Call number: \texttt{KF3821.H55.2004}
**Document 495**

Rosenfeld, Barry

ASSISTED SUICIDE AND RIGHT TO DIE: THE INTERFACE OF SOCIAL SCIENCE, PUBLIC POLICY, AND MEDICAL ETHICS


Call number: R726 .R64 2004

**Document 496**

Larijani, Bagher, Motevasseli, Elaheh

**New methods of medical ethics education** [Needs and necessities of medical ethics education]


Georgetown users check Georgetown Journal Finder for access to full text

http://www.sid.ir/en (link may be outdated)

**Document 497**

Weingarten, M.A.

**Sanctity of life or the sanctification of life? A critical reassessment of Jewish medical ethics**


Call number: RA418.5 .T73 I57 2004

**Document 498**

Pellegrino, Edmund D.

**Philosophy of medicine and medical ethics: a phenomenological perspective**


Call number: R725.5 .H36 2004

**Document 499**

Griffith, Ezra E.H.

**Personal narrative and an African American perspective on medical ethics**


Call number: R724 .S937 2004

**Document 500**

Porter, Kamilla K.; Rai, Gurcharan S.

**Principles of medical ethics.**


Call number: R725.5 .M463 2004

**Document 501**
Hodges, Frederick Mansfield

_Body integrity in the biotech era: placing human rights and medical ethics in historical context._
Call number: RD590 .I56 2002

* Chapter Document 502
Pence, Gregory E.
_Moral reasoning and ethical theories in medical ethics._
Call number: R724 .P36 2004

* Chapter Document 503
Nagashima, Takashi
_Freedom of scientific research and human dignity: Japanese discussions following wartime human experimentation and implications for today's debates on medical ethics._
Call number: R853 .H8 T93 2004

* Chapter Document 504
Maio, Giovanni
_Medical ethics and human experimentation in France after 1945._
Call number: R853 .H8 T93 2004

* Chapter Document 505
Baader, Gerhard
_Jewish halachic medical ethics and human experimentation._
Call number: R853 .H8 T93 2004

* Article Document 506
Miola, Jose
_Medical law and medical ethics – complementary or corrosive?_  
Medical Law International 2004; 6(3): 251-274

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

* Article Document 507
Frewer, Andreas; Bruns, Florian
"Ewiges Arzttum" oder "neue Mediziniethik" 1939-1945?: Hippocrates und Historiker im Dienst des Krieges / "Eternal physicianship" or "new medical ethics" 1939-1945? Hippocrates and historians in the service of war
Medizinhistorisches Journal 2004; 38(3-4): 313-335
Document 508
Dekkers, Wim
Medical philosophy and medical ethics [editorial]
Medicine, Health Care and Philosophy: A European Journal 2004; 7(3): 241-242

Document 509
Rennie, Stuart
Risk and Luck in Medical Ethics, by Donna Dickenson [book review]
Ethical Perspectives 2004; 11(1): 91-92

Document 510
Ratanakul, Pinit
Medical ethics, history of South and East Asia: V. Southeast Asian countries.
Call number: QH332 .E52 2004 v.3

Document 511
Kimura, Rihito
Medical ethics, history of South and East Asia: IV. Japan. B. Contemporary Japan.
Call number: QH332 .E52 2004 v.3

Document 512
Kitagawa, Joseph Mitsuo
Medical ethics, history of South and East Asia: IV. Japan. A. Japan through the nineteenth century.
Call number: QH332 .E52 2004 v.3

Document 513
Qiu, Ren-Zong; Jonsen, Albert R.
Medical ethics, history of South and East Asia: III. China. B. Contemporary China.
Call number: QH332 .E52 2004 v.3
Document 514
Unshchuld, Paul U.
Medical ethics, history of South and East Asia: III. China. A. Pre-republican China.
Call number: QH332 .E52 2004 v.3

Document 515
Desai, Prakash N.
Medical ethics, history of South and East Asia: II. India.
Call number: QH332 .E52 2004 v.3

Document 516
Guy, R. Kent
Medical ethics, history of South and East Asia: I. General survey.
Call number: QH332 .E52 2004 v.3

Document 517
Glick, Shimon M.
Medical ethics, history of the Near and Middle East: V. Israel.
Call number: QH332 .E52 2004 v.3

Document 518
Hathout, Hassan
Medical ethics, history of the Near and Middle East: IV. Contemporary Arab world.
Call number: QH332 .E52 2004 v.3

Document 519
Sari, Nil
Medical ethics, history of the Near and Middle East: III. Turkey.
Call number: QH332 .E52 2004 v.3

Document 520
Sachedina, Abdulaziz
Medical ethics, history of the Near and Middle East: II. Iran.
Document 521
Amundsen, Darrel W.; Ferngren, Gary B.
**Medical ethics, history of the Near and Middle East: I. Ancient Near East.**
Call number: QH332 .E52 2004 v.3

Document 522
Yudin, Boris
**Medical ethics, history of Europe: contemporary period: IX. Russia.**
Call number: QH332 .E52 2004 v.3

Document 523
Blasszauer, Bela
**Medical ethics, history of Europe: contemporary period: VIII. Central and Eastern Europe.**
Call number: QH332 .E52 2004 v.3

Document 524
Lindahl, B.I.B.
**Medical ethics, history of Europe: contemporary period: VII. Nordic countries.**
Call number: QH332 .E52 2004 v.3

Document 525
Schoene-Seifert, Bettina; Sass, Hans-Martin; Bishop, Laura Jane; Bondolfi, Alberto
**Medical ethics, History of Europe: contemporary period: VI. German-speaking countries and Switzerland.**
Call number: QH332 .E52 2004 v.3

Document 526
Dooley, Dolores
**Medical ethics, history of Europe: contemporary period: V. Republic of Ireland.**
Call number: QH332 .E52 2004 v.3

Document 527
Gillon, Raanan
**Medical ethics, history of Europe: contemporary period: IV. United Kingdom.**
Call number: *QH332 .E52 2004 v.3*

De Wachter, Maurice A.M.
**Medical ethics, history of Europe: contemporary period: III. The Benelux countries.**
Call number: *QH332 .E52 2004 v.3*

Gracia, Diego; Gracia, Teresa
**Medical ethics, history of Europe: contemporary period: II. Southern Europe.**
Call number: *QH332 .E52 2004 v.3*

von Engelhardt, Deitrich; Spinsanti, Sandro
**Medical ethics, history of Europe: contemporary period: I. Introduction.**
Call number: *QH332 .E52 2004 v.3*

Porter, Roy
**Medical ethics, history of Europe: III. Nineteenth century. B. Great Britain.**
Call number: *QH332 .E52 2004 v.3*

Maehle, Andreas-Holger
**Medical ethics, history of Europe: III. Nineteenth century. A. Europe.**
Call number: *QH332 .E52 2004 v.3*

Cook, Harold J.
**Medical ethics, history of Europe: II. Renaissance and Enlightenment.**
Call number: *QH332 .E52 2004 v.3*
Document 534
Amundsen, Darrel W.
Medical ethics, history of Europe: I. Ancient and medieval. C. Medieval Christian Europe.
Call number: QH332 .E52 2004 v.3

Document 535
Amundsen, Darrel W.
Medical ethics, history of Europe: I. Ancient and medieval. B. Early Christianity.
Call number: QH332 .E52 2004 v.3

Document 536
Amundsen, Darrel W.
Medical ethics, history of Europe: I. Ancient and medieval. A. Greece and Rome.
Call number: QH332 .E52 2004 v.3

Document 537
Oakley, Justin
Medical ethics, history of Australia and New Zealand.
Call number: QH332 .E52 2004 v.3

Document 538
Mainetti, Jose Alberto; Solberg, Mary M.
Medical ethics, history of the Americas: IV. Latin America.
Call number: QH332 .E52 2004 v.3

Document 539
Roy, David J.; Williams, John R.; Baylis, Francoise
Medical ethics, history of the Americas: III. Canada.
Call number: QH332 .E52 2004 v.3

Document 540
Jonsen, Albert R.; Jameton, Andrew
Medical ethics, history of the Americas: II. The United States in the twenty-first century.
Document 541
Burns, Chester R.
**Medical ethics, history of the Americas: I. Colonial North America and nineteenth-century United States.**
Call number: QH332 .E52 2004 v.3

Document 542
Benatar, Solomon R.
**Medical ethics, history of Africa: II. South Africa.**
Call number: QH332 .E52 2004 v.3

Document 543
Ndinya-Achola, Jeckoniah O.
**Medical ethics, history of Africa: II. Sub-Saharan Africa.**
Call number: QH332 .E52 2004 v.3

* Document 544
Hickey, Kenneth S.; Lyckholm, Laurie
**Child welfare versus parental autonomy: medical ethics, the law, and faith-based healing**

**Abstract:** Over the past three decades more than 200 children have died in the U.S. of treatable illnesses as a result of their parents relying on spiritual healing rather than conventional medical treatment. Thirty-nine states have laws that protect parents from criminal prosecution when their children die as a result of not receiving medical care. As physicians and citizens, we must choose between protecting the welfare of children and maintaining respect for the rights of parents to practice the religion of their choice and to make important decisions for their children. In order to make and defend such choices, it is essential that we as health care professionals understand the history and background of such practices and the legal aspects of previous cases, as well as formulate an ethical construct by which to begin a dialogue with the religious communities and others who share similar beliefs about spiritual healing. In this paper, we provide a framework for these requirements.

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

Document 545
Schotsmans, Paul
**Covenants of Life: Contemporary Medical Ethics in Light of the Thought of Paul Ramsey, by Kenneth L. Vaux, Sara Vaux, and Mark Stenberg [book review]**
Ethical Perspectives 2004; 11(4): 262

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Subjective character of experience in medical ethics: a reply to Atkins
Nagasawa, Yujin

Abstract: In a recent issue of this Journal Kim Atkins argued that Thomas Nagel's argument regarding a bat's phenomenal experience is important for understanding the value placed on patient autonomy in medical ethics. In this reply to her paper, I demonstrate that Atkin's argument (a) is based on her misinterpretations of Nagel's argument, and (b) can be established without appealing to such a controversial assumption as that which she makes.

Western medical ethics taught to junior medical students can cross cultural and linguistic boundaries
Ypinazar, Valmae A.; Margolis, Stephen A.

Medical ethics and double effect: the case of terminal sedation
Boyle, Joseph

Human cloning and embryo research: the 2003 John J. Conley lecture on medical ethics
George, Robert P.
organisms with functioning brains, that the possibility of twinning diminishes the moral status of embryos, that the fact that people do not typically mourn the loss of early embryos implies that they have a diminished moral status, that the fact that early spontaneous abortions occur frequently diminishes the moral status of embryos, and that his arguments depend upon a concept of ensoulment. He concludes that if the moral status of cloned human embryos is equivalent to that of adults, then public policy should be based upon this assumption.
Document 555
Frankel, Andrew H.; Summerfield, Derek
Medical ethics, the Israeli Medical Association, and the state of the World Medical Association: Summerfield misrepresented Blachar in his open letter [letter and reply]
BMJ: British Medical Journal 2003 November 8; 327(7423): 1107-1108

Document 556
Blachar, Yoram; Summerfield, Derek
Medical ethics, the Israeli Medical Association, and the state of the World Medical Association: IMA president's response to open letter to the BMA [letter and reply]
BMJ: British Medical Journal 2003 November 8; 327(7423): 1107-1108

Document 557
Spriggs, D.
Utility of medical ethics
Internal Medicine Journal 2003 November; 33(11): 545

Document 558
Bliznakov, Emile G.
Medical ethics and the call for transparency
Biomedicine and Pharmacotherapy 2003 October; 57(8): 375-376

Document 559
Savulescu, J.
Festschrift edition of the Journal of Medical Ethics in honour of Raanan Gillon [editorial]
Journal of Medical Ethics 2003 October; 29(5): 265-266
Document 560
Summerfield, Derek; Nathanson, Vivienne
Medical ethics, the Israeli Medical Association, and the state of the World Medical Association [letter and reply]
BMJ: British Medical Journal 2003 September 6; 327(7414): 561-562
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bmj.com (link may be outdated)

Document 561
Pandya, S.K.
Medical ethics in the neurosciences
Neurology India 2003 September; 51(3): 317-322
Georgetown users check Georgetown Journal Finder for access to full text

Document 562
Buken, Nuket Ornek
Latest developments in medical ethics in Turkey [letter]
Nursing Ethics 2003 September; 10(5): 561-563
Georgetown users check Georgetown Journal Finder for access to full text

Document 563
Kenter, M.J.H.; Visser, H.K.A.
Tijd voor professionalisering van het systeem van medisch-ethische toetsing in Nederland / Time for professionalising the system of medical ethics review in the Netherlands
Nederlands Tijdschrift voor Geneeskunde 2003 August 30; 147(35): 1672-1675
Georgetown users check Georgetown Journal Finder for access to full text

Document 564
Rogers, W.A.; Draper, H.
Confidentiality and the ethics of medical ethics
Journal of Medical Ethics 2003 August; 29(4): 220-224
Abstract: In this paper we consider the use of cases in medical ethics research and teaching. To date, there has been little discussion about the consent or confidentiality requirements that ought to govern the use of cases in these areas. This is in marked contrast to the requirements for consent to publish cases in clinical journals, or to use personal information in research. There are a number of reasons why it might be difficult to obtain consent to use cases in ethics. Many cases concern people who are incompetent, and thus unable to give consent. Often the material is of a sensitive nature, it is not clear who should give consent, or the ethicist has no access to those involved. We argue that the use of cases in ethics research and teaching can be justified by appeal to the public interest argument, and suggest a number of areas for discussion and clarification.

Georgetown users check Georgetown Journal Finder for access to full text
http://www.jmedethics.com (link may be outdated)
* Document 565
Levy, Joe S.
**Medical ethics**
Allergy and Asthma Proceedings 2003 July-August; 24(4): 295-297

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

* Document 566
Nagral, Sanjay
**SARS: infectious diseases, public health and medical ethics [editorial]**
Issues in Medical Ethics 2003 July-September; 11(3): 70-71

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

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

* Document 567
Costa, Maria Victoria
**Medical Ethics in Latin America: Report from meeting of the Society for Iberian and Latin American Thought Panel, American Philosophical Association, Philadelphia, December 2002**
International Network on Feminist Approaches to Bioethics Newsletter 2003 June; 11(1): 4

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

* Document 568
Howe, Edmund G.
**Dilemmas in military medical ethics since 9/11**
Kennedy Institute of Ethics Journal 2003 June; 13(2): 175-188

Abstract: The attack on the United States by terrorists on 9/11 and the war with Iraq have raised new ethical questions for the military and for military physicians (Herman 2002; Elshtain 2003). How and when attacks may occur now is less predictable. Planes have been hijacked, and persons dressed as civilians may carry bombs to blow themselves and others up. These dangers pose an increased threat, and, thus, there is a need for new defensive measures. How far these measures should go is, however, greatly open to debate. One of the most difficult ethical question raised for the military and military doctors by these developments is what interrogation methods are permissible when questioning captured terrorists. The licitness of different interrogation practices is, however, only one of the ethical problems potentially encountered by military physicians now having to treat terrorists and POWs. The following discussion presents the major concerns regarding this and other issues.

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

* Document 569
McLean, G.R.; Jenkins, Trefor
**The Steve Biko affair: a case study in medical ethics**
Developing World Bioethics 2003 May; 3(1): 77-95

Abstract: Steve Biko died in detention in South Africa in 1977. Critical ethical issues are raised both by the conduct of the doctors responsible for Biko's care and by the subsequent response of the medical profession as a whole. Because those issues are relevant to all healthcare professionals everywhere, the Biko affair provides a useful case study in medical ethics. We discuss the case in this article, describing how we use it in our teaching.
Document 570
Hurwitz, Brian
The narrative turn in medical ethics [review of Stories Matter: The Role of Narrative in Medical Ethics, edited by Rita Charon and Martha Montello]
Lancet 2003 April 12; 361(9365): 1309

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

Document 571
Singh, Jerome A.; DePellegrin, Tania L.
Images of war and medical ethics: physicians should not permit filming of their patients without consent [editorial]
BMJ: British Medical Journal 2003 April 12; 326(7393): 774-775

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

Document 572
Unschuld, Paul U.
Über die wachsende Abhängigkeit der Medizin . . . oder der Einfluss sich wandelnder Rahmenbedingungen auf die ärztliche Ethik [On the increasing dependence of medicine . . . or the influence of changing conditions on medical ethics]
Anaesthesist 2003 April; 52(4): 353-359

Document 573
Lewis, W.; Savulescu, J.
Electronic submissions to the Journal of Medical Ethics [letter and reply]
Journal of Medical Ethics 2003 April; 29(2): 120-121

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

Document 574
Navot, Orit
A historical overview of the developing medical ethics culture in the new Jewish settlement in Israel during the years 1840-1914

Georgetown users check Georgetown Journal Finder for access to full text
Doring, Ole
China's struggle for practical regulations in medical ethics
Georgetown users check Georgetown Journal Finder for access to full text

Weintraub, Simkha Y.
"Soft issues" in medical ethics and the Jewish communal response to suffering
SH'MA 2003 March; 33(599): 4-5
Georgetown users check Georgetown Journal Finder for access to full text
http://www.shma.com (link may be outdated)

Lyons, Edward
Strange Bedfellows: How Medical Jurisprudence Has Influenced Medical Ethics and Medical Practice, by Ben A. Rich [book review]
National Catholic Bioethics Quarterly 2003 Spring; 3(1): 222-224
Georgetown users check Georgetown Journal Finder for access to full text

Irving, Dianne N.
Which medical ethics for the 21st century?
Linacre Quarterly 2003 February; 70(1): 46-59
Georgetown users check Georgetown Journal Finder for access to full text

Savulescu, J.; Boyd, K.M.
Institute of Medical Ethics prize for the most innovative web publication [editorial]
Journal of Medical Ethics 2003 February; 29(1): 1
Georgetown users check Georgetown Journal Finder for access to full text
http://www.jmedethics.com (link may be outdated)

Majumdar, Sisir K.
History of evolution of the concept of medical ethics
Georgetown users check Georgetown Journal Finder for access to full text
Document 581
Neitzke, Gerald; Fehr, Folkert
**Teachers' responsibility: a Socratic dialogue about teaching medical ethics [opinion]**
Medical Teacher 2003 January; 25(1): 92-93

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

Document 582
Patel, Vibhuti
**Domestic violence, mental health of women and medical ethics**
Issues in Medical Ethics 2003 January-March; 11(1): 13-14

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

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

Document 583
Kipnis, Kenneth
**Overwhelming casualties: medical ethics in a time of terror**
Accountability in Research 2003 January-March; 10(1): 57-68

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

Document 584
Anonymous
**Lessons from a bygone medical ethics program**

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

Document 585
Rhodes, Rosamond; Cohen, Devra S.
**Understanding, being, and doing: medical ethics in medical education**

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

Document 586
Beam, Thomas E. and Sparacino, Linette R., eds.
**MILITARY MEDICAL ETHICS**
Washington, DC: TMM Publications, Borden Institute, Walter Reed Army Medical Center, 2003. 2 volumes, boxed set. [868 p.]

Call number: [RC971 .M638 2003](#)
Document 587
Hope, Tony; Savulescu, Julian; and Hendrick, Judith
MEDICAL ETHICS AND LAW: THE CORE CURRICULUM
Call number: R724 .H66 2003

Document 588
Steinberg, Avraham and Rosner, Fred
ENCYCLOPEDIA OF JEWISH MEDICAL ETHICS: A COMPILATION OF JEWISH MEDICAL LAW ON ALL TOPICS OF MEDICAL INTEREST, FROM THE MOST ANCIENT SOURCES TO THE MOST CURRENT DELIBERATIONS AND DECISIONS, WITH A CONCISE MEDICAL AND HISTORICAL BACKGROUND, AND A COMPREHENSIVE COMPARATIVE ANALYSIS OF RELEVANT GENERAL ETHICAL APPROACHES
Call number: BM538 .H43 S7413 2003

Document 589
Dickenson, Donna
RISK AND LUCK IN MEDICAL ETHICS
Call number: R725.5 .D533 2003

Document 590
Elçioğlu, Ömür; Oncel, Öztan; Demirhan Erdemir, Aysegül
A study about the books and periodicals related with medical deontology and medical ethics in Turkish Republic period

Document 591
Spitzer, Joseph
Jewish medical ethics in a nutshell
In his: Caring for Jewish Patients. Abingdon: Radcliffe Medical, 2003: 77-83
Call number: RA561 .S65 2003

Document 592
Mooney, Gavin
The inefficiency of medical ethics
Call number: RA410 .M66 2003
** Document 593
Frinsina, Michael E.

**Medical ethics in military biomedical research.**
Call number: RC971 .M638 2003 v.2

** Document 594
Proctor, Robert N.

**Nazi medical ethics: ordinary doctors?**
Call number: RC971 .M638 2003 v.2

** Document 595
Beam, Thomas E.

**Medical ethics on the battlefield: the crucible of military medical ethics.**
Call number: RC971 .M638 2003 v.2

** Document 596
Sulmasy, Daniel P.

**The science behind the art: empirical research on medical ethics.**
Call number: RC971 .M638 2003 v.1

** Document 597
Thomasma, David C.

**Theories of medical ethics: the philosophical structure.**
Call number: RC971 .M638 2003 v.1

** Document 598
Pellegrino, Edmund D.

**The moral foundations of the patient-physician relationship: the essence of medical ethics.**
Call number: RC971 .M638 2003 v.1
Document 599

Beam, Thomas E.; Sparacino, Linette R.
United States. Department of the Army. Office of the Surgeon General; Walter Reed Army Medical Center. Borden Institute; Uniformed Services University of the Health Sciences

Military Medical Ethics
Washington, DC: TMM Publications, Borden Institute, Walter Reed Army Medical Center, 2003. 2 Volumes

http://www.bordeninstitute.army.mil/ethicsbook_files/Ethics_1/default1.htm (link may be outdated)

Document 600

Vanlaere, Linus; Claessens, Patricia

Conference report: Annual Conference European Association of Centres of Medical Ethics (EACME) Ethical Perspectives 2003; 10(3-4): 236-238

Georgetown users check Georgetown Journal Finder for access to full text

Document 601

Kottek, Samuel S.

Medical ethics in question: a historical perspective in eugenism and normality.

Call number: KZ1176.5 .B56 2003

Document 602

Schwartz, Lisa

Teaching and assessing medical ethics.

Call number: RD82 .E87 2003

Document 603

Veatch, Robert M.

Revisiting A Theory of Medical Ethics: main themes and anticipated changes.

Call number: QH332 .S77 2003

Document 604

Pellegrino, Edmund D.

From medical ethics to a moral philosophy of the professions.

Call number: QH332 .S77 2003
* Document 605
Kipnis, Kenneth

Overwhelming casualties: medical ethics in a time of terror.
Call number: R725.5 .I5 2003

* Document 606
Montgomery, Kathryn

Medical ethics: literature, literary studies, and the question of interdisciplinarity.
Call number: R725.5 .N385 2003

Document 607
Pellegrino, Edmund D.; Sulmasy, Daniel P.

Medical ethics [M555]

* Document 608
Conradi, Elisabeth; Biller-Andorno, Nikola; Boos, Margarete; Sommer, Christina; Wiesemann, Claudia

Gender in medical ethics: re-examining the conceptual basis of empirical research
Medicine, Health Care and Philosophy: A European Journal 2003; 6(1): 51-58

Abstract: Conducting empirical research on gender in medical ethics is a challenge from a theoretical as well as a practical point of view. It still has to be clarified how gender aspects can be integrated without sustaining gender stereotypes. The developmental psychologist Carol Gilligan was among the first to question ethics from a gendered point of view. The notion of care introduced by her challenged conventional developmental psychology as well as moral philosophy. Gilligan was criticised, however, because her concept of 'two different voices' may reinforce gender stereotypes. Moreover, although Gilligan stressed relatedness, this is not reflected in her own empirical approach, which still focuses on individual moral reflection. Concepts from social psychology can help overcome both problems. Social categories like gender shape moral identity and moral decisions. If morality is understood as being lived through actions of persons in social relationships, gender becomes a helpful category of moral analysis. Our findings will provide a conceptual basis for the question how empirical research in medical ethics can successfully embrace a gendered perspective.

Georgetown users check Georgetown Journal Finder for access to full text

* Document 609
Blackmer, Jeff

Medical-ethics teaching in Canadian physical medicine and rehabilitation residency training programs
Annals of the Royal College of Physicians and Surgeons of Canada 2002 December; 35(8, Supplement): 574-578

Georgetown users check Georgetown Journal Finder for access to full text

* Document 610
Yarborough, Mark
Strange Bedfellows: How Medical Jurisprudence Has Influenced Medical Ethics and Medical Practice, by Ben A. Rich [book review]
Journal of Legal Medicine 2002 December; 23(4): 617-624
Georgetown users check Georgetown Journal Finder for access to full text

Some things don't change [review of The Patient as Person: Explorations in Medical Ethics, 2nd Edition, by Paul Ramsey]
Lancet 2002 November 23; 360(9346): 1706-1707
Georgetown users check Georgetown Journal Finder for access to full text

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

Bringing medical ethics to life: an educational programme using standardised patients
Medical Education 2002 November; 36(11): 1100-1101
Georgetown users check Georgetown Journal Finder for access to full text

Implementing medical ethics
Israel Medical Association Journal 2002 November; 4(11): 1091-1092
Georgetown users check Georgetown Journal Finder for access to full text

Bulletin of Medical Ethics 2002 November; (183): 16-24
Georgetown users check Georgetown Journal Finder for access to full text
Document 615
Weingarten, Michael
**Jewish medical ethics and halakhah [editorial]**
Israel Medical Association Journal 2002 September; 4(9): 725-726
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 616
Nathanson, Jay
**Medical ethics and the moral practice of medicine [commentary]**
Georgetown users check [Georgetown Journal Finder](#) for access to full text
[http://bioethics.net](http://bioethics.net) (link may be outdated)

Document 617
Martinez, Serge A.
**Reforming medical ethics education**
Journal of Law, Medicine and Ethics 2002 Fall; 30(3): 452-454
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 618
Cowan, Dale H.
**Matters of Life and Death: Making Moral Theory Work in Medical Ethics and the Law, by David Orentlicher [book review]**
Journal of Legal Medicine 2002 September; 23(3): 443-448
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 619
Tebourski, Fethi
**Can a bioethics education affect the opinions of students regarding medical ethics?**
Canadian Bioethics Society Newsletter 2002 August; 7(2): 8-10
Georgetown users check [Georgetown Journal Finder](#) for access to full text
[http://www.bioethics.ca/english/newsletter/](http://www.bioethics.ca/english/newsletter/) (link may be outdated)

Document 620
Bonah, Christian
‘Experimental rage’: the development of medical ethics and the genesis of scientific facts -- Ludwik Fleck: an answer to the crisis of modern medicine in interwar Germany? Society for the Social History of Medicine Millenium Prize Essay 2000
**Document 621**
Rhodes, Rosamond

**Two concepts of medical ethics and their implications for medical ethics education**

**Abstract:** People who discuss medical ethics or bioethics come to very different conclusions about the levels of agreement in the field and the implications of consensus among health care professionals. In this paper I argue that these disagreements turn on a confusion of two distinct senses of medical ethics. I differentiate (1) medical ethics as a subject in applied ethics from (2) medical ethics as the professional moral commitments of health care professions. I then use the distinction to explain its significant implications for medical ethics education. Drawing on the recent work of John Rawls, I also show the centrality of philosophy in medical ethics by illustrating how contemporary philosophy can be used to construct an ethical framework for the medical professions.

**Document 622**
McCullough, Laurence B.

**Philosophical challenges in teaching bioethics: the importance of professional medical ethics and its history for bioethics**

**Abstract:** The papers in this number of the Journal originated in a session sponsored by the American Philosophical Association's Committee on Philosophy and Medicine in 1999. The four papers and two commentaries identify and address philosophical challenges of how we should understand and teach bioethics in the liberal arts and health professions settings. In the course of introducing the six papers, this article explores themes these papers raise, especially the relationship among professional medical ethics, the "long history" of medical ethics, and bioethics. The tendency of bioethics to deprofessionalize medical ethics is rejected, in favor of an historically informed professional medical ethics. It is suggested that bioethics should be critically reconsidered from the perspective of medical ethics as professional ethics.

**Document 623**
Draper, Heather; Sorell, Tom

**Patients' responsibilities in medical ethics**
Bioethics 2002 August; 16(4): 335-352

**Abstract:** Patients have not been entirely ignored in medical ethics. There has been a shift from the general presumption that 'doctor knows best' to a heightened respect for patient autonomy. Medical ethics remains one-sided, however. It tends (incorrectly) to interpret patient autonomy as mere participation in decision, rather than a willingness to take the consequences. In this respect, medical ethics remains largely paternalistic, requiring doctors to protect patients from the consequences of their decision. This is reflected in a one-sided account of duties in medical ethics. Duties fall mainly on doctors and only exceptionally on patients. Medical ethics may exempt patients from obligations because they are the weaker or more vulnerable party in the doctor patient relationship. We argue that vulnerability does not exclude obligation. We also look at others [sic] ways in which patient responsibilities flow from general ethics: for instance, from responsibilities to others and to the self, from duties of citizens, and from the responsibilities of those who solicit advice. Finally, we argue that certain duties of patients counterbalance an otherwise unfair captivity of doctors as helpers.
Shapiro, Harold; Markel, Howard

Weighing medical ethics for many years to come: a conversation with Harold Shapiro [interview by Howard Markel]
New York Times 2002 July 2; p. F6

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

Anderlik, Mary R.

Matters of Life and Death: Making Moral Theory Work in Medical Ethics and the Law, by David Orentlicher [book review]

Georgetown users check Georgetown Journal Finder for access to full text

http://www.louisville.edu/medschool/ibhpl/Lab_report/ (link may be outdated)

Aarons, D.E.

Issues in bioethics -- teaching medical ethics to health professionals
West Indian Medical Journal 2002 June; 51(2): 59-63

Georgetown users check Georgetown Journal Finder for access to full text

McCullough, Laurence B.

Power, integrity, and trust in the managed practice of medicine: lessons from the history of medical ethics
Social Philosophy and Policy 2002 Summer; 19(2): 180-211

Georgetown users check Georgetown Journal Finder for access to full text

Guinan, Patrick

Can principlism save medical ethics?
National Catholic Bioethics Quarterly 2002 Summer; 2(2): 229-234

Georgetown users check Georgetown Journal Finder for access to full text

American principles of medical ethics [news]
Bulletin of Medical Ethics 2002 May; (178): 3-4

Georgetown users check Georgetown Journal Finder for access to full text
Document 630
Doherty, Timothy L.
Methods in Medical Ethics, edited by Jeremy Sugarman and Daniel P. Sulmasy [book review]
Health Progress 2002 May-June; 83(3): 61
Georgetown users check Georgetown Journal Finder for access to full text

Document 631
Labram, Claude; Dusehu, Etienne
Ethique medicale et responsabilite [Medical ethics and responsibility]
Presse Medicale 2002 April 13; 31(14): 678-681
Georgetown users check Georgetown Journal Finder for access to full text

Document 632
Roy, Nobhojit
Medical ethics: funding the discourse
Issues in Medical Ethics 2002 April-June; 10(2): 20-21
Georgetown users check Georgetown Journal Finder for access to full text

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

Document 633
Ashcroft, Richard
Commentary: biomedical research, trade policy and international health: beyond medical ethics
Social Science and Medicine 2002 April; 54(7): 1143-1144
Georgetown users check Georgetown Journal Finder for access to full text

Document 634
Brody, Baruch A.
Ethics [review of METHODS IN MEDICAL ETHICS, edited by Jeremy Sugarman and Daniel P. Sulmasy]
Georgetown users check Georgetown Journal Finder for access to full text

Document 635
Kinlaw, Kathy
From Clinic to Classroom: Medical Ethics and Moral Education, by Howard B. Radest [book review]
Journal of Moral Education 2002 March; 31(1): 89-91
Georgetown users check Georgetown Journal Finder for access to full text
Document 636

Arrete du ministre de la Sante publique du 10 aout 2001 portant nomination des membres et du president du Comite national d'ethique medicale [Decree of the Minister of Public Health of 10 August 2001 bearing the appointment of the members and the president of the National Medical Ethics Committee]


Georgetown users check Georgetown Journal Finder for access to full text

Document 637

London, Alex John

The many methods of medical ethics: asset, liability, mere appearance, or something else? [review of Methods in Medical Ethics, edited by Jeremy Sugarman and Daniel P. Sulmasy]

Medical Humanities Review 2002 Spring; 16(1):41-45

Georgetown users check Georgetown Journal Finder for access to full text

Document 638

Annas, George


Medical Humanities Review 2002 Spring; 16(1):37-40

Georgetown users check Georgetown Journal Finder for access to full text

Document 639

Peet, Kevin B.

Culture of Death: The Assault on Medical Ethics in America, by Wesley J. Smith [book review]

Ethics and Medicine 2002 Spring; 18(1): 61-62

Georgetown users check Georgetown Journal Finder for access to full text

Document 640

Feldman, William

Medical ethics and you [Questions d'ethique] [editorial]

Annals of the Royal College of Physicians and Surgeons of Canada 2002 March; 35(2): 75

Georgetown users check Georgetown Journal Finder for access to full text

Document 641

Spielman, Bethany J.

Bioethics and law: bridging the divide. [review of Law and Bioethics: An Introduction, by Jerry Menikoff; Principles of Biomedical Ethics, by Tom L. Beauchamp and James F. Childress; Medical Ethics: Analysis of the Issues Raised by the Codes, Opinions, and Statements, by Baruch A. Brody, Mark A. Rothstein, Laurence B. McCullough, and Mary Anne Bobinski]

Journal of Legal Medicine 2002 March; 23(1): 151-158

Georgetown users check Georgetown Journal Finder for access to full text
Tai, Michael Cheng-tek

**The contextualized Asian principles of medical ethics**

*Synthesis Philosophica* 2002 February; 34: 351-360

Conflicts of interest in immunisation [editorial comment on Johnston, Carolyn, Parental autonomy and immunisation: a true choice? Bulletin of Medical Ethics 2002 February; (175): 13-18]

Loughlin, M.

**Arguments at cross-purposes: Moral epistemology and medical ethics**

*Journal of Medical Ethics* 2002 February; 28(1): 28-32

Abstract: Different beliefs about the nature and justification of bioethics may reflect different assumptions in moral epistemology. Two alternative views (put forward by David Seedhouse and Michael H Kottow) are analysed and some speculative conclusions formed. The foundational questions raised here are by no means settled and deserve further attention.

Nagourney, Eric

**Kenneth Ryan, 75, obstetrician and leader in medical ethics [obituary]**


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

Maio, G.

**Welchen Respekt schulden wir dem Embryo? Die embryonale Stammzellsforschung in medizinethischer Perspektive [What respect do we owe to the embryo? Embryonic stem-cell research in the perspective of medical ethics]**

*Deutsche Medizinische Wochenschrift* 2002 January 25; 127(4): 160-163

Petit, E.P.
EthxWeb Search Results

Search Detail:
Result=("MEDICAL ETHICS".TI.) AND (@YD >= "20000000")
2=1 : "
Documents: 651 - 847 of 847

*  Document 651
Mason, J.K.; Smith, R.A. McCall; and Laurie, G.T.
LAW AND MEDICAL ETHICS
Call number: K3601 .M38 2002

*  Document 652
Doring, Ole and Chen, Renbiao, eds.
ADVANCES IN CHINESE MEDICAL ETHICS: CHINESE AND INTERNATIONAL PERSPECTIVES
Call number: R724 .S5526 1999

*  Document 653
Vaux, Kenneth L.; Vaux, Sara; and Stenberg, Mark, eds.
COVENANTS OF LIFE: CONTEMPORARY MEDICAL ETHICS IN LIGHT OF THE THOUGHT OF PAUL RAMSEY
Call number: R725.5 .C668 2002

*  Document 654
Farley, Margaret A.
COMPASSIONATE RESPECT: A FEMINIST APPROACH TO MEDICAL ETHICS AND OTHER QUESTIONS
Call number: R725.56 .F37 2002

*  Document 655
Schwartz, Lisa; Preece, Paul E.; and Hendry, Robert A.
MEDICAL ETHICS: A CASE-BASED APPROACH
Call number: R724 .S3939 2002

*  Document 656
Charon, Rita and Montello, Martha, eds.
STORIES MATTER: THE ROLE OF NARRATIVE IN MEDICAL ETHICS
Call number: R725.5 .S763 2002

*  Book  Document 657
American Medical Association [AMA]. Council on Ethical and Judicial Affairs
CODE OF MEDICAL ETHICS: CURRENT OPINIONS WITH ANNOTATIONS
Call number: R725 .A512 2002

*  Book  Document 658
Ramsey, Paul
THE PATIENT AS PERSON: EXPLORATION IN MEDICAL ETHICS
Call number: R724 .R33 2002

*  Book  Document 659
Nicosia, Francis R. and Huener, Jonathan, eds.
MEDICINE AND MEDICAL ETHICS IN NAZI GERMANY: ORIGINS, PRACTICES, LEGACIES
Call number: R510 .M385 2002

*  Article  Document 660
Wolbert, Werner
Medical ethics and the prohibition of killing
Studia Theologica 2002; 56(2): 106-117
Georgetown users check Georgetown Journal Finder for access to full text

*  Chapter  Document 661
Zhai, Xiaomei; Döring, Ole
A method to study medical ethics.
Call number: R724 .S5526 1999

*  Chapter  Document 662
Qiu, Xiangxing; Gao, Zhiyan
A retrospect on fifty years of education in medical ethics and future prospects in China.
Call number: R724 .S5526 1999

*  Chapter  Document 663
Ma, Qiang; Cai, Bingliang; Song, Guofan
The role of the media for medical ethics in China.
Zhai, Xiaomei
How should the issue of homosexuality be regarded in Chinese medical ethics?
Call number: R724 .S5526 1999

Zhang, Daqing
Medicine as virtuous conduct: assessing the tradition of Chinese medical ethics.
Call number: R724 .S5526 1999

Döring, Ole
Moral development and education in medical ethics: an attempt at a Confucian aspiration.
Call number: R724 .S5526 1999

Lee, Shui Chuen
A Confucian concept of personhood and its implication for medical ethics.
Call number: R724 .S5526 1999

Chai, Jianhua
Human genetic resources, genetic information and medical ethics.
Call number: R724 .S5526 1999

Unschuld, Paul U.
Modern societies, medical ethics and HIV/AIDS.
Call number: R724 .S5526 1999
Document 670
Qui, Renzong
A vision of the role medical ethics could play in transforming Chinese society.
Call number: R724 .S5526 1999

Document 671
Kang, Shinik
Professional medical ethics in Korean context: towards and moral contract
Call number: QH332 .A85 2002

Document 672
Döring, Ole
Teaching medical ethics in China, cultural, social and ethical issues
Call number: QH332 .A85 2002

Document 673
Cong, Yali
Consideration of medical ethics education in China from the comparison between China and the United States
Call number: QH332 .A85 2002

Document 674
De Vries, Gerard
Pragmatism for medical ethics
Call number: BJ59 .P73 2002

Document 675
Bartholome, William G.
Ramsey as trellis: Paul Ramsey and the evolution of pediatric medical ethics.
Call number: R725.5 .C668 2002

Document 676
Camenisch, Paul F.
Applied ethics and communities of value: the distinctiveness of medical ethics.
Call number: R725.5 .C668 2002

Document 677
Vaux, Kenneth L.; Stenberg, Mark
**Discerning stewardship: contemporary philosophy and the legacy of Paul Ramsey's medical ethics.**
Call number: R725.5 .C668 2002

Document 678
Smith, David H.
**Covenant-centered ethics: the theological context of Paul Ramsey's medical ethics.**
Call number: R725.5 .C668 2002

Document 679
DeSpelder, Lynne Ann; Strickland, Albert Lee
**Medical ethics: dying in a technological age.**
Call number: BF789 .D4 D53 2002

Document 680
Harpwood, Vivienne
**Old Law, New Medicine. Medical Ethics and Human Rights, by Sheila McLean [book review]**
Medical Law International 2002; 5(3): 231-235
Georgetown users check [Georgetown Journal Finder](http://georgetownjournalfinder.com) for access to full text

* Document 681
Bloche, M. Gregg
**Medical ethics in the courts.**
Call number: RA395 .A3E846 2002

* Document 682
McCullough, Laurence B.
**Power, integrity, and trust in the managed practice of medicine: lessons from the history of medical ethics.**
Call number: R724 .B45822 2002
Document 683

Orentlicher, David

**Matters of life and death: making moral theory work in medical ethics and the law**

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

---

Document 684

Vlasov, V.V.

**Emerging problems of medical ethics in Russia: medical practice and research [English abstract]**
Kardiologiya 2002; 42(5): 81-84

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

---

Document 685

Rispler-Chaim, Vardit

**Preface [Aspects of medical ethics and medical law in Islam]**
Medicine and Law: World Association for Medical Law 2002; 21(2): i-ii

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

---

Document 686

Morrice, Andrew A.G.

**'Honour and interests': medical ethics and the British Medical Association.**

---

Document 687

Bishop, Laura

**The Cambridge Medical Ethics Workbook: Case Studies, Commentaries, and Activities, by Michael Parker and Donna Dickenson [book review]**
Theoretical Medicine and Bioethics 2002; 23(2): 175-181

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

---

Document 688

Frewer, Andreas

Medicine, Health Care and Philosophy 2002; 5(2): 211-212

Georgetown users check [Georgetown Journal Finder](#) for access to full text
**Document 689**

Collste, Goran

**The Internet doctor and medical ethics**

*Medicine, Health Care and Philosophy* 2002; 5(2): 121-125

**Abstract:** In this article, consultation via the Internet and the use of the Internet as a source of medical information is examined from an ethical point of view. It is argued that important ethical aspects of the clinical interaction, such as dialogue and trust will be difficult to realise in an Internet-consultation. Further, it is doubtful whether an Internet doctor will accept responsibility. However, medical information via the Internet can be a valuable resource for patients wanting to know more about their disease and, thus, it is a means to enhancing their autonomy.

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

**Document 690**

Whitaker, John N.

**The confluence of quality of care, cost-effectiveness, pragmatism, and medical ethics in the diagnosis of nonepileptic seizures: a provocative situation for neurology**

*Archives of Neurology* 2001 December; 58(12): 2066-2067

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

**Document 691**

Ministere de la Sante publique (Tunisia) [Ministry of Public Health]


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

**Document 692**

Nilstun, Tore; Cuttini, Marina; Saracci, Rodolfo

**Teaching medical ethics to experienced staff: Participants, teachers and method**

*Journal of Medical Ethics* 2001 December; 27(6): 409-412

**Abstract:** Almost all articles on education in medical ethics present proposals for or describe experiences of teaching students in different health professions. Since experienced staff also need such education, the purpose of this paper is to exemplify and discuss educational approaches that may be used after graduation. As an example we describe the experiences with a five-day European residential course on ethics for neonatal intensive care personnel. In this multidisciplinary course, using a case-based approach, the aim was to enhance the participants’ understanding of ethical principles and their relevance to clinical and research activities. Our conclusion is that working with realistic cases encourages practising nurses and physicians to apply their previous knowledge and new concepts learnt in the course, thus helping them to bridge the gap between theory and practice.

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

**Document 693**

Gross, Michael L.

**Medical ethics education: to what ends?**
Seto, Belinda
History of medical ethics and perspectives on disparities in minority recruitment and involvement in health research
American Journal of the Medical Sciences 2001 November; 322(5): 246-250

Black, Douglas
A bottom line in medical ethics?
Clinical Medicine 2001 November-December; 1(6): 455-456

Turner, Leigh
Medical ethics in a multicultural society

Ustun, Cagatay
Recent developments in medical ethics at Ege University Faculty of Medicine [letter]
Nursing Ethics 2001 November; 8(6): 562-563

De Ville, Kenneth
Lawyers and bioethics: balancing being lawyers and conferring with medical ethics advisors
Defense Counsel Journal 2001 October; 68(4): 466-473

Doering, Ole
Euthanasia, and the meaning of death and dying: A Confucian inspiration for today's medical ethics
Formosan Journal of Medical Humanities 2001 October; 2(1-2): 48-66
* Document 700
Bloche, M. Gregg
The market for medical ethics
Journal of Health Politics, Policy and Law 2001 October; 26(5): 1099-1112
Georgetown users check Georgetown Journal Finder for access to full text

* Document 701
Pence, Gregory
Medical ethics is whatever you say it is
APA Newsletters [Philosophy and Medicine] 2001 Fall; 01(1): 164-165
Georgetown users check Georgetown Journal Finder for access to full text

* Document 702
Needell, Mervin H.
Are medical ethics different from legal ethics?
St. Thomas Law Review 2001 Fall; 14(1): 31-51
Georgetown users check Georgetown Journal Finder for access to full text

Document 703
Jonsen, Albert R.
Beating up bioethics [review of BIOETHICS IN AMERICA. ORIGINS AND CULTURAL POLITICS, by M. L. Tina Stevens; CULTURE OF DEATH. THE ASSAULT ON MEDICAL ETHICS IN AMERICA, by Wesley J. Smith]
Hastings Center Report 2001 September-October; 31(5): 40-45
Georgetown users check Georgetown Journal Finder for access to full text
http://kie.georgetown.edu/nrcbl/documents/hcr/v31/h31n5p40.pdf (link may be outdated)

Document 704
Zaner, Richard M.
The appeal to fear and the practice of pundits: Why some books should not be published [review of CULTURE OF DEATH: THE ASSAULT ON MEDICAL ETHICS IN AMERICA, by Wesley J. Smith]
Georgetown users check Georgetown Journal Finder for access to full text
http://ajobonline.com (link may be outdated)

* Document 705
McCullough, Laurence B.
The history of medical ethics is crucial for a critical perspective in the continuing development of ethics consultation
Document 706
Kopaczynski, Gemain
**CULTURE OF DEATH: THE ASSAULT ON MEDICAL ETHICS IN AMERICA, by Wesley J. Smith [book review]**
National Catholic Bioethics Quarterly 2001 Autumn; 1(3): 469-472
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 707
Angelo, E. Joanne
**Depression and assisted suicide in the terminally ill [medical ethics]**
National Catholic Bioethics Quarterly 2001 Autumn; 1(3): 307-312
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 708
Kessel, Ross
**A radical theory of Christian medical ethics [review of THE FOUNDATIONS OF CHRISTIAN BIOETHICS, by R. Tristram Engelhardt, Jr.]**
Lancet 2001 August 4; 358(9279): 429
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 709
**Veterinary medical ethics.**
The Canadian veterinary journal. La revue vétérinaire canadienne 2001 Jul ; 42(7): 511-3
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 710
**The "medical ethics" of Peter Singer**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 711
Sulmasy, Daniel P.
**Renewing the Covenant [review of THE PHYSICIAN'S COVENANT: IMAGES OF THE HEALER IN MEDICAL**
Document 712

The Regulation of Managed Care Organizations and the Doctor-Patient Relationship: A Conference Sponsored by the University of Chicago Law School, the Division of Biological Sciences, and the MacLean Center for Clinical Medical Ethics
Call number: Special Issue shelf

Document 713

Gross, Michael L.
Medical ethics committees in Israel: implementing the Israel Patient Rights Act and terminating life-sustaining treatment
Israel Medical Association Journal 2001 June; 3(6): 461-464

Document 714

Albury, W.R.; Weisz, G.M.
The Medical Ethics of Erasmus and the Physician-Patient Relationship
Medical Humanities 2001 June; 27(1): 35-41

Document 715

Hamaty, Daniel
Pain medicine's role in the restoration and reformation of medical ethics

Document 716

Andrusko, Dave
CULTURE OF DEATH: THE ASSAULT ON MEDICAL ETHICS IN AMERICA, by Wesley J. Smith [book review]
National Right to Life News 2001 May; 28(5): 14-15

Document 717
Montgomery, Kathryn

**Literature, Literary Studies, and Medical Ethics: The Interdisciplinary Question**

Hastings Center Report 2001 May-June; 31(3): 36-43

Georgetown users check [Georgetown Journal Finder](http://kie.georgetown.edu/nrcbl/documents/hcr/v31/h31n3p36.pdf) for access to full text

http://kie.georgetown.edu/nrcbl/documents/hcr/v31/h31n3p36.pdf (link may be outdated)

* Document 718

**Code of Medical Ethics [JAMA 100 Years Ago]**


Georgetown users check [Georgetown Journal Finder](http://kie.georgetown.edu/nrcbl/documents/hcr/v31/h31n3p36.pdf) for access to full text

* Document 719

Tweeddale, Martin G.

**Teaching Old Dogs New Tricks – A Personal Perspective on a Decade of Efforts by a Clinical Ethics Committee to Promote Awareness of Medical Ethics**

Journal of Medical Ethics 2001 April; 27(suppl. 1): i41-i43

Georgetown users check [Georgetown Journal Finder](http://kie.georgetown.edu/nrcbl/documents/hcr/v31/h31n3p36.pdf) for access to full text

* Document 720

**Veterinary medical ethics.**

The Canadian veterinary journal. La revue vétérinaire canadienne 2001 Mar; 42(3): 169-71

Georgetown users check [Georgetown Journal Finder](http://kie.georgetown.edu/nrcbl/documents/hcr/v31/h31n3p36.pdf) for access to full text

* Document 721

Salvador de Miranda Sá Junior, Luiz

**Evolução do conceito de ética médica [Evolution of the concept of medical ethics]**

Medicina Conselho Federal 2001 March; 16(127): 8-9

Georgetown users check [Georgetown Journal Finder](http://kie.georgetown.edu/nrcbl/documents/hcr/v31/h31n3p36.pdf) for access to full text

* Document 722

Bambaur, Deborah R.

**Teaching empathy in medical ethics: the use of "lottery assignments"**

Teaching Philosophy 2001 March; 24(1): 63-75

Georgetown users check [Georgetown Journal Finder](http://kie.georgetown.edu/nrcbl/documents/hcr/v31/h31n3p36.pdf) for access to full text

* Document 723

Orr, Robert D.; Chay, Fred

**Decision making in clinical ethics: Secular and Christian approaches [adapted from MEDICAL ETHICS: A**

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

---

**Document 724**
Boisaubin, Eugene V.

How should medical ethics be taught to students? [review of ETHICAL DILEMMAS: A VALUES GUIDE FOR MEDICAL STUDENTS, by George A. Kanoti]

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

---

**Document 725**
Hughes, James J.; Lantos, John

Medical ethics through the Star Trek lens

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

---

**Document 726**
Kotva, Joseph J., Jr.

The Christian pastor's role in medical ethics
Second Opinion 2001 March; (5): 22-48

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

---

**Document 727**
Ashcroft, Richard E.

Emphasis Has Shifted from Medical Ethics to Bioethics [letter]
BMJ: British Medical Journal 2001 February 3; 322(7281): 302-303

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

---

**Document 728**
Fawcett, Jan

Medical ethics in a litigious climate [editorial]
Psychiatric Annals 2001 February; 31(2): 79

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

---

**Document 729**
Jennings, Bruce

Medical Ethics and Clinical Practice: A 2-Way Street, Not a Great Divide [commentary]
WJM: Western Journal of Medicine 2001 February; 174(2): 110-111
Document 730
Dada, M.A.; Dhai, A.
South African medical ethics: Biko, Basson, Bezwoda... what's next? [letter]
South African Medical Journal 2001 January; 91(1): 10

Document 731
Gatrad, A. R.; Sheikh, A.
Medical ethics and Islam: principles and practice
Archives of Disease in Childhood 2001 January; 84(1): 72-75

Document 732
Rich, Ben A.
STRANGE BEDFELLOWS: HOW MEDICAL JURISPRUDENCE HAS INFLUENCED MEDICAL ETHICS AND MEDICAL PRACTICE
Call number: R724 .R497 2001

Document 733
Flancbaum, Louis
"...AND YOU SHALL LIVE BY THEM": CONTEMPORARY JEWISH APPROACHES TO MEDICAL ETHICS
Call number: BM538 .H43 F55 2001

Document 734
American Psychiatric Association [APA]
OPINIONS OF THE ETHICS COMMITTEE ON THE PRINCIPLES OF MEDICAL ETHICS WITH ANNOTATIONS ESPECIALLY APPLICABLE TO PSYCHIATRY
Call number: RC455.2 .E8 A58 2001

Document 735
Diamond, Eugene F.
A CATHOLIC GUIDE TO MEDICAL ETHICS: CATHOLIC PRINCIPLES IN CLINICAL PRACTICE
Call number: BJ1249 .D52 2001
* Book  Document 736
Campbell, Alastair; Gillett, Grant; and Jones, Gareth
MEDICAL ETHICS
Call number: R724.C3287 2001

* Book  Document 737
Brody, Baruch A.; Rothstein, Mark A.; McCullough, Laurence B.; and Bobinski, Mary Anne
MEDICAL ETHICS: ANALYSIS OF THE ISSUES RAISED BY THE CODES, OPINIONS, AND STATEMENTS
Call number: R724.M29287 2001

* Book  Document 738
Orentlicher, David
MATTERS OF LIFE AND DEATH: MAKING MORAL THEORY WORK IN MEDICAL ETHICS AND THE LAW
Call number: KF3821.O73 2001

* Book  Document 739
Parker, Michael and Dickenson, Donna
THE CAMBRIDGE MEDICAL ETHICS WORKBOOK: CASE STUDIES, COMMENTARIES AND ACTIVITIES
Call number: R724.C326 2001

* Book  Document 740
Sugarman, Jeremy and Sulmasy, Daniel P., ed.
METHODS IN MEDICAL ETHICS
Call number: R724.M487 2001

* Book  Document 741
Carrick, Paul
MEDICAL ETHICS IN THE ANCIENT WORLD
Call number: R725.5.C371 2001

* Book  Document 742
Weinberg, Matt, ed.
MEDICAL ETHICS: APPLYING THEORIES AND PRINCIPLES TO THE PATIENT ENCOUNTER
Call number: R724.M2935 2001

* Book  Document 743
Freeman, John M. and McDonnell, Kevin, eds.
**TOUGH DECISIONS: CASES IN MEDICAL ETHICS**
Call number: R725.5_F74 2001

*  Chapter  Document 744

Guckes, Barbara
**Toten und Sterbenlassen. Überlegungen zur unterschiedlichen Rechtfertigung aus medizinethischer Sicht**
*Killing and letting die. Reflections on varying justifications from a medical ethics point of view*

*  Chapter  Document 745

Sieglar, Mark
**Lessons from 30 years of teaching clinical medical ethics.**
Call number: R724_P738 2001

*  Chapter  Document 746

Ricoeur, Paul
**The just and medical ethics.**
Call number: R724_T536 2001

*  Article  Document 747

Illhardt, Franz Josef
**Medizinische Ethik im klinischen Kontext: ein Neuansatz des Arztes Richard C. Cabot**
*Medical ethics in the clinical context – a new concept by the physician Richard C. Cabot*
N.T. M 2001; 9(5): 246-257

Georgetown users check Georgetown Journal Finder for access to full text

*  Chapter  Document 748

Jonsen, Albert R.
**Medical ethics, historical.**
Call number: BJ63_E45 2001 v.2

*  Chapter  Document 749

Ruddick, William.
**Medical ethics.**
Call number: BJ63_E45 2001 v.2
Document 750
Ebrahim, Abulfadl Mohsin
Islamic medical ethics
Call number: BJ63 .E45 2001 v.2

Document 751
Bodenheimer, Thomas S.
A Short History of Medical Ethics, by Albert R. Jonsen [book review]
Georgetown users check Georgetown Journal Finder for access to full text

Document 752
Gracia, Diego
History of medical ethics
Call number: R724 .B48256 2001

Document 753
Sulmasy, Daniel P.; Sugarman, Jeremy
The many methods of medical ethics (or, thirteen ways of looking at a blackbird).
Call number: R724 .M487 2001

Document 754
Sulmasy, Daniel P.
Research in medical ethics: physician-assisted suicide and euthanasia.
Call number: R724 .M487 2001

Document 755
Sulmasy, Daniel P.
Reading the medical ethics literature: a discourse on method.
Call number: R724 .M487 2001

Document 756
Sugarman, Jeremy; Faden, Ruth; Weinstein, Judith
A decade of empirical research in medical ethics.
In: Sugarman, Jeremy; Sulmasy, Daniel P., eds. Methods in Medical Ethics. Washington, DC: Georgetown
Document 757
Henderson, Gail E.
Research in medical ethics: genetic diagnosis.
Call number: R724_M487_2001

Document 758
Whong-Barr, Michael
Medical ethics in historical contexts
Georgetown users check Georgetown Journal Finder for access to full text

Document 759
Neitzke, G.
Globalität ärztlicher Ethik: Bedingungen und Möglichkeiten [Global Medical Ethics: Its Preconditions and Opportunities]
Wiener Medizinische Wochenschrift 2001; 151(9-10): 208-212
Georgetown users check Georgetown Journal Finder for access to full text

Document 760
Ludwig, H.; Meran, J.G.
Patientenforum Medizinische Ethik -- Aufklärung und Einwilligung [Forum of Discussion in Medical Ethics -- Disclosure of Information and Consent] [editorial]
Wiener Medizinische Wochenschrift 2001; 151(9-10): 193-194
Georgetown users check Georgetown Journal Finder for access to full text

Document 761
American Psychiatric Association [APA]
The principles of medical ethics: with annotations especially applicable to psychiatry
Georgetown users check Georgetown Journal Finder for access to full text

Document 762
Hamaty, Daniel
Pain medicine's role in the restoration and reformation of medical ethics
Georgetown users check Georgetown Journal Finder for access to full text
Incorvati, Giovanni

**Bridging problems and models in medical ethics: Four images of local ethics committees**
Bulletin of Medical Ethics 2000 December-2001 January; (164): 13-17

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

---

Knoppers, Bartha Maria

**From Medical Ethics to "Genethics"**
Lancet Perspectives 2000 December; 356(Supplement): S38

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

---

Pernick, Martin S.

**A SHORT HISTORY OF MEDICAL ETHICS, by Albert R. Jonsen [book review]**

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

---

Brody, Baruch A.


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

---

**[Application of Moral Theories in the Practice of Medical Ethics] [english abstract]**
Formosan Journal of Medical Humanities 2000 November; 1(1): 78- 85

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

---

Bliznakov, Emile G.

**Medical Ethics [letter]**
Lancet 2000 October 28; 356(9420): 1522

Georgetown users check [Georgetown Journal Finder](#) for access to full text
**Document 769**

Goss, Roger M.

**Presumed Consent Further Undermines Medical Ethics [letter]**

*BMJ: British Medical Journal* 2000 October 21; 321(7267): 1023

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

**Document 770**

Lebeau, B.

**Medical ethics and therapeutic progress: the example of lung cancer. Hippocrates to the rescue! [correspondence]**


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

**Document 771**

Kipnis, Kenneth

**Medical ethics education in a problem-based learning curriculum**

*APA [American Philosophical Association] Newsletters* 2000 Fall; 00(1): 128-132

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

**Document 772**

Orr, Robert D.

**Cross-cultural medical ethics**

*Perspective: Medicine of the Americas* 2000 September-October; 1(1): 13-14

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

**Document 773**

Cassell, Eric J.

**Where Medical Ethics Went Wrong [review of THE PRACTICE OF AUTONOMY: PATIENTS, DOCTORS, AND MEDICAL DECISIONS, by Carl E. Schneider]**

*Hastings Center Report* 2000 September-October; 30(5): 46

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

[http://kie.georgetown.edu/nrcbl/documents/hcr/v30/hcr30n5p46.pdf](http://kie.georgetown.edu/nrcbl/documents/hcr/v30/hcr30n5p46.pdf) (link may be outdated)

**Document 774**

Ilkilic, Ilhan

**Das Muslimische Glaubensverstandnis von Tod, Gericht, Gottesgnade und deren Bedeutung für die Medizinethik [Muslim Religious Understanding about Death, Illness, and Disease and Its Importance for Medical Ethics] [English abstract on back cover]**

*Bochum: Zentrum für Medizinische Ethik* 2000 September. 28 p. (Medizinethische Materialien, Issue 126)
* Article Document 775
Yeoh, P.H.
Medical ethics: description or prescription?
Medical Journal of Malaysia 2000 August; 55(Supplement B): 1-4
[Georgetown Journal Finder](http://www.bmj.com) (link may be outdated)

* Article Document 776
Devaraj, T.P.
Is there a need for a national medical ethics committee
Medical Journal of Malaysia 2000 August; 55(Supplement B): 38-42
[Georgetown Journal Finder](http://www.bmj.com) (link may be outdated)

* Article Document 777
Singer, Peter A.
Medical Ethics
[Georgetown Journal Finder](http://www.bmj.com) (link may be outdated)

* Article Document 778
McColl, Lord
Mercy killing in the new millennium [speech given by Professor the Lord McColl, member of the House of Lords Select Committee on Medical Ethics]
[Georgetown Journal Finder](http://www.bmj.com) (link may be outdated)

* Article Document 779
Schotsmans, Paul
From the President of EACME [European Association of Centers of Medical Ethics]
EACME News: Newsletter of the European Association of Centers of Medical Ethics 2000 August; (12): 1-3 [insert in: Bulletin of Medical Ethics 2000 July-August; (160)]
[Georgetown Journal Finder](http://www.bmj.com) (link may be outdated)

* Article Document 780
Du, Zhizheng
On the Development of Teachers of Medical Ethics in China
Hastings Center Report 2000 July-August; 30(4 supplement): S37- S40
[Georgetown Journal Finder](http://www.bmj.com) (link may be outdated)
Document 781
Goldie, John; Schwartz, Lisa; Morrison, Jillian
A process evaluation of medical ethics education in the first year of a new medical curriculum
Medical Education 2000 June; 34(6): 468-473

Document 782
Landy, Rosemary A.; Pearn, John H.
Medical ethics in the Australian Defence Force

Document 783
Silverberg, Lawrence I.
Survey of Medical Ethics in US Medical Schools: A Descriptive Study

Document 784
Pelin, Serap Sahinoglu; Arda, Bema
Physicians' Attitudes Towards Medical Ethics Issues in Turkey

Document 785
Pearn, John
Medical Ethics Surveillance in the Armed Forces
Military Medicine 2000 May; 165(5): 351-354

Document 786
Foshay, P. Maxwell
JAMA 100 Years Ago: Medical Ethics and Medical Journals. [Reprint].
JAMA: The Journal of the American Medical Association 2000 April 26; 283(16): 2080
* Document 787
Mamdani, Meenal

**Case studies for medical ethics**
Issues in Medical Ethics 2000 April-June; 8(2): 65

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

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

* Document 788
Pingle, Suhas

**Medical ethics in paediatric practice: a GP’s viewpoint**
Issues in Medical Ethics 2000 April-June; 8(2): 46

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

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

Document 789
Wong, Kenman; Steinke, Gerhard

**The development of computer ethics: contributions from business ethics and medical ethics**
Science and Engineering Ethics 2000 April; 6(2): 245-253

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

Document 790
Whitney, Simon N.

**An iconoclastic view of medical ethics [review of Some Choice: Law, Medicine, and the Market, by George J. Annas]**

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

Document 791
Baberg, Henning T.; Kielstein, Rita; Sass, Hans-Martin

**Der Behandlungsverzicht im Blick des Bochumer Inventars zur medizinischen Ethik [BIME] [Treatment refusal in view of the Bochum Inventar for Medical Ethics [BIME]] [booklet 124]**
Bochum: Zentrum für Medizinische Ethik, Ruhr-Universität, 2000 April; 51 p.

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

Document 792
Kilbreath, Eric

**MEDICAL ETHICS: SOURCES OF CATHOLIC TEACHING, 3RD EDITION, edited by Kevin O’Rourke and Philip Boyle [book review]**
Bioethics 2000 April; 14(2): 173-174
**Document 793**

Embree, J.

**Medical ethics: debates, dilemmas and decisions.**
The Canadian journal of infectious diseases = Journal canadien des maladies infectieuses 2000 Mar; 11(2): 72-3

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

**Document 794**

Nyapadi, T.J.

**What are ethics (more particularly medical ethics)?**
Central African Journal of Medicine 2000 March; 46(3): 76-79

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

**Document 795**

Mielke, J.

**Teaching medical ethics**

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

**Document 796**

Little, M.

**Understanding medical ethics**

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

**Document 797**

Fleetwood, Janet; Vaught, Wayne; Feldman, Debra; Gracely, Edward; Kassutto, Zach; Novack, Dennis

**MedEthEx online: a computer-based learning program in medical ethics and communication skills**
Teaching and Learning in Medicine 2000 Spring; 12(2): 96-104

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

**Document 798**

Schmitz, Dagmar; Bauer, Axel W.

**Evolutionäre Ethik und ihre Rolle bei der Begründung einer künftigen Medizin-und Bioethik [Evolutionary ethics and its role in grounding a future medical ethic and bioethic] [booklet 122]**

Georgetown users check [Georgetown Journal Finder](#) for access to full text
**Document 799**
Taylor, James Stacey

Reappraising the Role of Autonomy in Medical Ethics

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

---

**Document 800**
Burns, Chester R.

Writing the History of Medical Ethics: A New Era for the New Millennium [review of JOHN GREGORY'S WRITINGS ON MEDICAL ETHICS AND PHILOSOPHY OF MEDICINE, by Laurence B. McCullough; JOHN GREGORY AND THE INVENTION OF PROFESSIONAL MEDICAL ETHICS AND THE PROFESSION OF MEDICINE, by Laurence B. McCullough; A SHORT HISTORY OF MEDICAL ETHICS, by Albert R. Jonsen]
Medical Humanities Review 2000 Spring; 14(1): 35-41

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

---

**Document 801**
Wunder, Michael

Medicine and Conscience: The Debate on Medical Ethics and Research in Germany 50 Years After Nuremberg
Perspectives in Biology and Medicine 2000 Spring; 43(3): 373-381

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

---

**Document 802**
Proctor, Robert N.

Nazi Science and Nazi Medical Ethics: Some Myths and Misconceptions
Perspectives in Biology and Medicine 2000 Spring; 43(3): 335-346

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

---

**Document 803**
Heilicser, Bernard J.; Meltzer, David; Siegler, Mark

The Effect of Clinical Medical Ethics Consultation on Healthcare Costs

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

---

**Document 804**
Musick, David W.

Medical Ethics Education Must Include Students' Moral Dilemmas within the Clinical Setting [letter]
Academic Medicine 2000 March; 75(3): 215

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Document 805
Lebeau, B.
Ethique medicale et progres therapeutiques: l'exemple des cancers du poumon. Au secours, Hippocrate!
[Medical ethics and therapeutic progress: the example of lung cancer. Hippocrates, help!]
Presse Medicale 2000 February 12; 29(5): 250-252
Georgetown users check Georgetown Journal Finder for access to full text

Document 806
Pinching, Anthony J.; Higgs, Roger; Boyd, Kenneth M.
The Impact of AIDS on Medical Ethics. [Editorial].
Journal of Medical Ethics 2000 February; 26(1): 3-8
Georgetown users check Georgetown Journal Finder for access to full text

Document 807
Moodie, Peter; Wright, Moira
Confidentiality, codes and courts: an examination of the significance of professional guidelines on medical ethics in determining the legal limits of confidentiality
Georgetown users check Georgetown Journal Finder for access to full text

Document 808
Parker, M.; Hope, T.
Medical Ethics in the 21st Century
Journal of Internal Medicine 2000 January; 248(1): 1-6
Georgetown users check Georgetown Journal Finder for access to full text

Document 809
Webster, Stephen B.
Professionalism and Medical Ethics in Dermatology -- 2000
Archives of Dermatology 2000 January; 136(1): 101-102
Georgetown users check Georgetown Journal Finder for access to full text

Document 810
Zussman, Robert
The Contributions of Sociology to Medical Ethics
Georgetown users check Georgetown Journal Finder for access to full text

http://kie.georgetown.edu/nrcbl/documents/hcr/v30/hcr30n1p07.pdf (link may be outdated)
Document 811
May, William F.
THE PHYSICIAN'S COVENANT: IMAGES OF THE HEALER IN MEDICAL ETHICS
Call number: R725.5_M39 2000

Document 812
Orr, Robert and Chay, Fred
MEDICAL ETHICS: A PRIMER FOR STUDENTS
Call number: R724_O77 2000

Document 813
Jagielo, Ted and Guinan, Patrick, eds.
CATHOLIC MEDICAL ETHICS: CORE READINGS
Call number: R725.56_C365 2000

Document 814
Kearon, Kenneth and O'Ferrall, Fergus, eds.
MEDICAL ETHICS AND THE FUTURE OF HEALTHCARE
Call number: R724_M29297 2000

Document 815
Smith, Wesley J.
CULTURE OF DEATH: THE ASSAULT ON MEDICAL ETHICS IN AMERICA
Call number: R724_S57 2000

Document 816
Munson, Ronald
INTERVENTION AND REFLECTION: BASIC ISSUES IN MEDICAL ETHICS
Call number: R724_I57 2000

Document 817
Cohen-Almagor, Raphael, ed.
MEDICAL ETHICS AT THE DAWN OF THE 21ST CENTURY
Call number: R724_M29345 2001
Torr, James D., ed. MEDICAL ETHICS
Call number: R724 .M29273 2000

Jonsen, Albert R. A SHORT HISTORY OF MEDICAL ETHICS
Call number: R724 .J665 2000

Snedden, Robert MEDICAL ETHICS: CHANGING ATTITUDES 1900-2000
Austin, TX: Raintree Sleck-Vaughn, 2000. 64 p.
Call number: R724 .S58 1999

Ryan, Peter F. The value of life and its bearing on three issues of medical ethics.
Call number: HQ767.15 .U55a 1999

Brock, Brian 'The death of Ivan Ilyich' and the resuscitation of Christian medical ethics
Ethics and Medicine 2000; 16(2): 40-47
Document 832
Thielmann, Lars
Medizinethik und Kultur: Grenzen medizinischen Handelns in Deutschland und den Niederlanden [Medical Ethics and Culture: Limits of Medical Practice in Germany and the Netherlands], by Bert Gordijn and Henk ten Have, eds. [book review]
Biomedical Ethics: Newsletter of the European Network for Biomedical Ethics 2000; 5(3): 133-135

Document 833
Dekker, Cornelis
Medical ethics and reproductive genetics in Swedish public discourse
Biomedical Ethics: Newsletter of the European Network for Biomedical Ethics 2000; 5(3): 100-105

Document 834
Kiknadze, Guram; Javashvili, Givi; Barkalaia, Akaki [Georgia]
Principles of modern medical ethics and health care professionals [abstract]
Medicine, Health Care and Philosophy: A European Journal 2000; 3(3): 351-352

Document 835
McCullough, Laurence B.
A preventive ethics approach to the managed practice of medicine: putting the history of medical ethics to work.
Call number: R724 .E7879 2000

Document 836
Moreno, Jonathan D.
Reassessing the influence of the Nuremberg Code on American medical ethics.
Call number: R724 .F758 2000

Document 837
Tress, Daryl M.
Classical and modern reflections on medical ethics and the best interests of the sick child.
Call number: R724 .B4585 2000
Gallagher, Raphael

Catholic medical ethics: a tradition which progresses.
Call number: RA644.A25 C376 2000

Nelson, Robert M.

The ventilator/baby as cyborg: a case study in technology and medical ethics.
Call number: TP248.2.B55117 2000

Miller, Lantz

AN INTRODUCTION TO VETERINARY MEDICAL ETHICS: THEORY AND CASES, by Bernard Rollin [book review]
Journal of Agricultural & Environmental Ethics 2000; 13(3-4): 349-352
Georgetown users check Georgetown Journal Finder for access to full text

Pellegrino, Edmund D.

Traditional Medical Ethics -- A Reminder [M-516]

Thornton, Peter D.

Changing Social Ethics Toward Nonhuman Animals [review of AN INTRODUCTION TO VETERINARY MEDICAL ETHICS: THEORY AND CASES, by Bernard E. Rollin]
Georgetown users check Georgetown Journal Finder for access to full text

Revel, Michel

Research on Animal Cloning Technologies and Their Implications in Medical Ethics: An Update
Georgetown users check Georgetown Journal Finder for access to full text

Oguz, N. Yasemin
The Narrative Approach in Teaching Medical Ethics: The Turkish Experience

* Document 845
Llano, Alfonso
Medical Ethics Education in Colombia

* Document 846
Cohen-Almagor, Raphael; Shmueli, Merav
Can Life Be Evaluated? The Jewish Halachic Approach vs. the Quality of Life Approach in Medical Ethics: A Critical View
Theoretical Medicine and Bioethics 2000; 21(2): 117-137

* Document 847
Dabney, Mary Kay; Huelsman, Karen
Counseling by Computer: Breast Cancer Risk and Genetic Testing (Developed by the University of Wisconsin-Madison Department of Medicine and the Program in Medical Ethics) [software review]