A Primer for Health Care Ethics: Essays for a Pluralistic Society

Sr. Jean deBlois, CSJ; Rev. Patrick Norris, OP; and Rev. Kevin D. O’Rourke, OP
Georgetown University Press, 1994, Washington, DC, 272 pp., $19.95 (paperback)

This book’s title belies its contents. Not intended as a compendium of medical ethics, its scope is nonetheless far beyond the primer level. The authors rightly believe that medical ethics has become the concern of everyone in our society, since decisions about genetic engineering, assisted suicide, reproductive technologies, and AIDS can determine the kind of people we shall be and the type of society we shall create. One of the book’s major contributions is making complex ethical principles and cases understandable to the medical professional and layperson alike.

The three authors, each firmly grounded in the Catholic Church’s ethical teachings, come to this study with years of cumulative healthcare experience. Catholic Health Association Senior Associate for Ethics Sr. Jean deBlois draws on her years of experience as a cardiac care nurse. Rev. Patrick Norris is a medical ethics instructor in Saint Louis University’s Department of Internal Medicine. Rev. Kevin D. O’Rourke is director of Saint Louis University’s Center for Health Care Ethics. He served for many years as director of Medico-Moral Affairs at CHA. This book evidences the authors’ foundation in ethics and their shared clinical experience, as well as their commitment to compassionate care of the whole patient.

Recognizing the diversity of both healthcare staff and recipients, Sr. deBlois, Fr. Norris, and Fr. O’Rourke, while rooted in Catholic theology, address their essays to a broader, more pluralistic community. They want their material to be as user friendly and accessible as possible because they believe that “health care ethics is too important to be left [only] in the hands of scientists and health care professionals.” Their goal is to stimulate critical thinking, promote discussion, foster a reasoned understanding of objective principles, and help those persons actively engaged in healthcare.

BOOK BRIEFS

The Fetal Tissue Issue: Medical and Ethical Aspects
Peter J. Cataldo and Albert S. Moraczewski, eds., Pope John Center, Braintree, MA, 1994, 191 pp., $21.95 (paperback)

The United States seems “poised for a further descent into the moral maelstrom which began with Roe v. Wade,” Edmund D. Pellegrino writes in the preface to this book. In response, the editors have compiled nine articles setting out the Catholic position that fetal tissue obtained through induced abortions should not be used in medical research or treatment.

To resolve the apparent conflict between two moral obligations—the duty to conserve life and the duty not to directly kill innocent human life—the volume begins with a review of biology and technology. It goes on to cover ethical issues such as informed consent, the principle of cooperation, and social justice.

Growing through Pain and Suffering
Cornelius van der Poel, Twenty-Third Publications, Mystic, CT, 1995, 120 pp., $8.95 (paperback)

Fr. van der Poel examines the link between suffering and the individual’s personality structure. Understanding what motivates a person can help care givers and others respond more personally and more effectively to someone who is suffering. Growing through Pain and Suffering is written for anyone who ministers to people who are suffering. In addition, the book may help those who suffer find a deeper understanding.

The Psychology of Religion for Ministry
H. Newton Malony, Paulist Press, Mahwah, NJ, 1995, 184 pp., $12.95 (paperback)

Religion meets basic needs, since every life includes tragedies, mysteries, and injustices. The “business” of the church is to meet these needs in a manner that is better than any method. H. Newton Malony focuses on the behavior of persons who meet their religious needs through congregational life. The eight chapters include the results of psychological research that can be applied to the parish. One chapter discusses clergy performance by offering a fourfold model for effectiveness. The model is related to studies about roles, communication, and styles of leadership.

The Quest for Cost-Effectiveness in Health Care: Achieving Clinical Excellence while Controlling Costs
Jeffrey P. Trotter, American Hospital Publishing, Chicago, 1995, 91 pp., $28 (AHA members), $35 (nonmembers) (paperback)

This book’s purpose is to guide healthcare executives as they develop a cost-effectiveness approach for their institu-
The book is divided into two distinct parts. Essays in the first part cite ethical principles and highlight possible discussion points. Essays in the second part begin with a concise and cogent synthesis of a specific case, and then include principles and discussion. Each essay closes with the authors' conclusion or recommendation. Some essays have endnotes that suggest further reading.

Part one presents principles for healthcare ethics, treating such standbys as ethical systems, informed consent, confidentiality, truth telling, and ordinary and extraordinary means. However, the authors push beyond the traditional approach to include essays that focus on the character of the healthcare professional (e.g., the values inherent in medical care, physician competency, and "playing God"). Part one likewise treats some of the American public's questions about healthcare reform, asking directly, "Is there a human right to health care?"

Although I would appreciate even clearer subdivision of part one to facilitate its use as a textbook, such a systematic organization of principles was never the authors' intent and any creative teacher can assign students to read essays according to his or her personal preference.

Part two, in the best tradition of Catholic ethical teaching, examines cases in light of specific principles. Most of the cases are familiar because they have received media attention. This section, possibly the one that physicians and nurses will turn to first, discusses myriad problems, including cardiopulmonary resuscitation and do-not-resuscitate orders, in vitro fertilization, the Cruzan case, anencephaly, and AIDS. The authors are clear that Monday-morning quarterbacking is not their intent. Rather, they provide sound principles that professionals can use when confronted by similar situations. Furthermore, their conclusions demonstrate just how well they understand and communicate Catholic ethical thought at its best. Without lengthy references to each ecclesiastic or theologian who influenced their thinking, they deftly weave solid philosophical and theological grounding into their case studies.

The book does not include explicit ethical analysis of the role managed care does and will play for physicians, providers, and patients. Although the authors' treatment of professional ethos and rationing...
(through a discussion of the Oregon plan) can be applied to the changing healthcare reality, even clearer direction about the tensions we face in this area would be helpful. Unfortunately, in some managed care plans, decision making is often driven by finances, rather than commitment to patients and patient care.

Institutional ethics committees in acute or long-term care facilities will find this an excellent educative tool. Chapters in part two on ethics committees, the role of an institutional ethics committee, and ethics consultants, in addition to the excellent chapters on both beginning and end-of-life decisions, make this book an invaluable resource. Since most ethics committees have limited discussion time, the length, depth, and breadth of these essays could provide discussion on topics for many months. I would also recommend A Primer for Health Care Ethics as a textbook for either a philosophy or theology course in medical ethics. This book may well be a starting point for a study of medical ethics, but it will also serve as a good foundation, teasing the reader to continue his or her own study of a topic that concerns us all.

Sr. Patricia Talone, RSM, PhD
Ethics Consultant
Mercy Health Corporation of Southern Pennsylvania
Bala Cynwyd

Rural Health Services:
A Management Perspective

Joyce E. Beaulieu and David E. Berry, editors
AUPHA Press/Health Administration Press, Ann Arbor, MI, 1994, 207 pp., $37 (paperback)

A TRADITIONAL ACADEMIC TEXTBOOK, Rural Health Services: A Management Perspective contains current data on rural populations in the United States, an overview of current policy and research on rural health system problems and their solutions, and information on rural health services organization and delivery from an administrative perspective. As textbooks go, this one is straightforward—set forth with purpose, methodically addressing the topic of rural healthcare delivery.

The book’s 10 chapters were written by 16 authors whose backgrounds include a range of rural health experiences and operational practices, providing a valuable blend of real-world understandings with some academic theory and perspective. Rural Health Services is not an “ivory tower” tome, but it is not simply a collection of trade magazine articles either.

The first five chapters (“Part I: Organization of Rural Health Services”) define “rural,” describe policy initiatives and the major issues, and examine the supply of resources—staff and facilities. Chapters 6 to 10 (“Part II: Management of Rural Health Services”) discuss management challenges, strategic choices, and concerns about the delivery of primary care and other services to the rural elderly and disabled.

Chapter 10 focuses on the future of rural health systems. It offers predictions about new technologies that will affect rural healthcare and the authors’ belief that rural healthcare will become systemically regionalized with different levels of care: community clinic and regional primary care centers. Regionalization seems likely because one community may not be able to support local services. Instead, technology, such as telemedicine, may be more appropriate in rural communities. This chapter is significant because, although it is important to understand the past, the successful rural health facility must look forward and position itself to manage oncoming changes.

This textbook’s strengths are its logical organization, the fairly current data sets and their interpretation, and the authors’ attempt to explain rural matters without getting bogged down in esoteric jargon. Some of the chapters that avoid the use of complex terminology are suitable for healthcare organization board members who want to understand more about rural healthcare but are unfamiliar with healthcare issues and complex systems management.

On the other hand, Rural Health Services is too general. It does not provide a substantive review of rural health management. The overview of the skills needed in the practice of rural health administration is superficial. Three separate but similar discussions on federal health policy initiatives such as the National Health Services Corps make for some redundancy. In addition, the definition of rural varies (a result of poor critical editing).

Aside from problems with style, the book’s main weakness is its emphasis on the history of rural healthcare delivery, which shortchanges development of key trends emerging in rural care such as managed care, telemedicine, and recruitment and retention of health personnel in rural areas. The authors mention these points but do not develop them functionally for the practitioner. This limits the book’s usefulness for persons just entering rural healthcare.

Other important omissions are descriptions of how to understand and work with rural medical staffs and the conflicts that arise in maintaining stable, high-quality healthcare within a rural community. Perhaps the editors intend to publish a sequel that is more focused on likely future developments.

John T. Porter
President
Presentation Health System
Yankton, SD

Richard W. Thompson, PhD
Director
Center for Rural Health and Economic Development
Presentation Health System