Book Notes

Editorial Board

Follow this and additional works at: https://digitalcommons.law.yale.edu/yjhple

Part of the Health Law and Policy Commons, and the Legal Ethics and Professional Responsibility Commons

Recommended Citation

Editorial Board, Book Notes, 2 YALE J. HEALTH POL'Y L. & ETHICS (2002). Available at: https://digitalcommons.law.yale.edu/yjhple/vol2/iss1/14

This Article is brought to you for free and open access by Yale Law School Legal Scholarship Repository. It has been accepted for inclusion in Yale Journal of Health Policy, Law, and Ethics by an authorized editor of Yale Law School Legal Scholarship Repository. For more information, please contact julian.aiken@yale.edu.

Physicians Alora and Lumitao join eight other contributors to provide a comprehensive exploration of bioethical issues outside the American and Western European model. Using the Philippines as a case study, they address how a developing country’s economy, religion, and culture affect the bioethical landscape for doctors, patients, families, and the society as a whole. Contributors move from a general discussion of the moral vision informing health care decisions in the Philippines to an exploration of a wide range of specific cases: family planning, care of the elderly, organ transplants, death and dying, medical research, AIDS care, doctor-patient relationships, informed consent, and the allocation of scarce health care resources.


Dr. Quill uses his long experience in caring for severely ill patients to illustrate the challenges of, and potential for, end-of-life care. While examining the values underlying medical humanism, Quill provides practical guidance for clinicians, patients, and families about critical communication issues including delivering bad news, discussing palliative care, and exploring the wish to die. Through a case-based analysis, Quill explores some of the ethical and policy issues that arise in hospice work, including terminal sedation and physician-assisted suicide.


Developments in biotechnology, such as cloning and the decoding of the human genome, are generating questions and choices that traditionally have fallen within the realm of religion and philosophy: the definition of human life, human versus divine control of nature, the relationship between human and non-human life, and the intentional manipulation of the mechanisms of life and death. In this book, eight contributors challenge policymakers to recognize the value of religious views on biotechnology, and they discuss how best to integrate the wisdom of Christian and Jewish traditions into public policy debates.

This book presents the results of the EURICON project in biomedical ethics, which was motivated by European neonatal clinicians' concerns about the question of "informed consent" in neonatal research. The project addressed the difficulties of obtaining consent from subjects involved in such research, and investigated the relevance and appropriateness of obtaining consent from parents. The project also examined the attitudes of European Research Ethics Committees (RECs) towards the relevant laws and legal requirements. The wide geographical scope of the project enabled international comparisons of the opinions of clinicians and parents, the legal frameworks governing neonatal research, and the effectiveness of RECs.


Focusing on the increasing popularization of genetic technologies, Andrews examines the ethical and scientific issues that genetics testing inevitably raise. Who should have access to your personal genetic information? Should genetic treatments be used to enhance characteristics such as intelligence in "normal" individuals? Should gene therapy be undertaken on embryos, changing their genetic inheritance, as well as that of future generations? Andrews considers the answer to these and other questions that have profound implications for health providers, medical organizations, social institutions, legislatures, courts, and ordinary people.


Dresser shows how advocates representing an array of patient groups have transformed health research, often—but not always—for the better. While recounting the advocacy contribution to research, she simultaneously explores the thorny ethical issues facing research advocates. She exposes the bright and dark sides of patients' expanded opportunities to enroll in clinical trials and join researchers in planning and evaluating studies, and considers the virtues and drawbacks of giving patients more influence over how the government invests its research dollars. Ultimately, Dresser argues that advocates should do more to promote ethical human studies and responsible media reporting about research.