

Earl E. Shelp

Theology and Bioethics



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Theology And Bioethics Exploring The Foundations And Frontiers Philosophy And Medicine

James A. Marcum



Theology And Bioethics Exploring The Foundations And Frontiers Philosophy And Medicine:

Theology and Bioethics E.E. Shelp, 2013-04-17 We who live in this post modern late twentieth century culture are still children of dualism For a variety of rather complex reasons we continue to split apart and treat as radical opposites body and spirit medicine and religion sacred and secular private and public love and justice men and women Though this is still our strong tendency we are beginning to discover both the futility and the harm of such dualistic splitting Peoples of many ancient cultures might smile at the belatedness of our discovery concerning the commonalities of medicine and religion A cursory glance back at ancient Egypt Samaria Babylonia Persia Greece and Rome would disclose a common thread the close union of religion and medicine Both were centrally concerned with healing health and wholeness The person was understood as a unity of body mind and spirit The priest and the physician frequently were combined in the same individual One of the important contributions of this significant volume of essays is the sustained attack upon dualism From a variety of vantage points virtually all of the authors unmask the varied manifestations of dualism in religion and medicine urging a more holistic approach Since the editor has provided an excellent summary of each article I shall not attempt to comment on specific contributions Rather I wish to highlight three 1 broad themes which I find notable for theological ethics *Religious*

Methods and Resources in Bioethics P.F. Camenisch, 2013-03-09 A volume on religious theological methods in biomedical ethics inevitably of whether the methodological dimension can be distinct raises the question quashed from the various other things that go on in ethical discourse It is difficult to answer this question definitively since many elements in moral conversation can be interpreted in different ways Barbara Hilkert Andolsen illustrates this issue in this volume when she defines one of her crucial categories gender justice as being both procedural and substantive normative This difficulty of finally separating the methodological from the normative arises in many areas of contemporary ethical writing both feminist and otherwise Nevertheless it seems that in many cases we can separate out the methodological issues with considerable precision Albert Jonsen and James Childress achieve just such a sharp focus in their essays This does not mean that a careful dissecting of their papers would not reveal normative elements lurking about their methodological points It is simply to say that the issues they analyze and the positions they take are at least prima facie overwhelmingly methodological They are much more about how we think about ethical matters than they are about what we think about them **Elisha Bartlett's**

Philosophy of Medicine W.E. Stempsey, 2005-11-30 The idea of preparing a new critical edition of Elisha Bartlett's *Essay on the Philosophy of Medical Science* was suggested to me several years ago by Dr H Tristram Engelhardt Jr Since that time it has been a pleasure to get to know the life and work of Elisha Bartlett I am pleased to be completing this book in the bicentennial year of Bartlett's birth Bartlett was born in 1804 in Smithfield Rhode Island less than twenty five miles from Worcester Massachusetts my present home a short journey even in Bartlett's day I have been able to walk at some of the sites to which Bartlett continually returned during his life Visiting Bartlett's grave in the Slatersville cemetery has been an

inspiration for the preparation of this book Proximity to several institutions with rich holdings in Bartlett's works and in nineteenth century American history of medicine greatly facilitated my research First though I want to acknowledge the College of the Holy Cross for supporting my sabbatical leave for the academic year 2003-2004 The American Antiquarian Society in Worcester Massachusetts was generous in giving me access to its remarkable resources I was able to find many of Bartlett's published works and other nineteenth century medical literature there and the entire library staff provided quick and able research assistance

John Paul II's Contribution to Catholic Bioethics Christopher Tollefsen, 2008-01-18 Any list of the most influential figures of the second half of the twentieth century would arguably have to begin with the name of Pope John Paul II From 1978 when he was inaugurated to the present over a quarter of a century later the Pope has been a dominant force in the world both within the Catholic and Christian Church and in the larger international community Among the areas in which the Pope has been of signal importance to contemporary discussion argument and policy has been the field of bioethics This collection brings together for the first time in an accessible and readable form a summary and assessment of John Paul II's contribution to bioethical issues and theories It includes discussion of the Pope's views on the dignity of the person and the sanctity of human life and the application of these views to various difficulties in medical ethics such as abortion and embryo research the right to health care and the problem of suffering Throughout attention is paid to the way in which the Pope stands as a recognizably authentic voice for the Catholic faith in the medical arena

The Voice of Breast Cancer in Medicine and Bioethics Mary C. Rawlinson, Shannon Lundeen, 2006-07-15 Few diseases have made more difference to our understanding of illness the relation of the patient to the physician and other health care professionals and the social context of disease than breast cancer Breast cancer activism has provided a model of public policy advocacy for women as well as for sufferers from other diseases and even in causes unrelated to health In many ways it has become emblematic of issues in women's health This volume offers a discursive analysis of breast cancer From multiple perspectives historical philosophical psychological socio-political these essays explore the competing narratives that have made breast cancer a contested site It addresses debates about the autonomy of the patient in relation to the authority of the physician as well as the importance of patient narratives in understanding disease It analyzes the relation between the community and medical practice particularly with regard to the effect of breast cancer activists and feminists on the medical understanding and treatment of breast cancer And it questions the intersection of medical science with political institutions and agencies of public policy in determining priorities of research and strategies of treatment

An Introductory Philosophy of Medicine James A. Marcum, 2008-05-07 In this book the author explores the shifting philosophical boundaries of modern medical knowledge and practice occasioned by the crisis of quality of care especially in terms of the various humanistic adjustments to the biomedical model To that end he examines the metaphysical epistemological and ethical boundaries of these medical models He begins with their metaphysics analyzing the metaphysical positions and presuppositions and

ontological commitments upon which medical knowledge and practice is founded Next he considers the epistemological issues that face these medical models particularly those driven by methodological procedures undertaken by epistemic agents to constitute medical knowledge and practice Finally he examines the axiological boundaries and the ethical implications of each model especially in terms of the physician patient relationship In a concluding Epilogue he discusses how the philosophical analysis of the humanization of modern medicine helps to address the crisis of care as well as the question of What is medicine The book s unique features include a comprehensive coverage of the various topics in the philosophy of medicine that have emerged over the past several decades and a philosophical context for embedding bioethical discussions The book s target audiences include both undergraduate and graduate students as well as healthcare professionals and professional philosophers This book is the 99th issue of the Series Philosophy and Medicine and it can be considered a crown of thirty years of intensive and dynamic discussion in the field We are completely convinced that after its publication it can be finally said that undoubtedly the philosophy of medicine exists as a special field of inquiry

Mutating Concepts, Evolving Disciplines: Genetics, Medicine, and Society L.S. Parker, Rachel A. Ankeny, 2012-12-06 Advances in genetics such as the Human Genome Project s successful mapping of the human genome and the discovery of ever more sites of disease related mutations invite re examination of basic concepts underlying our fundamental social practices and institutions Having children assigning responsibility identifying causes using social and scientific resources to improve human well being among other concepts will never be the same Our concepts of moral and legal responsibility cause and effect disease prevention health disability enhancement personal identity and reproductive autonomy and responsibility are all subtly changing in response to developments in genetics Biology law medicine and other disciplines are also evolving in response to mutating concepts in genetics itself for example dominance causation behavior gene expression and gene The selections in this volume employ philosophical and historical perspectives to shed light on classic social ethical and philosophical issues raised with renewed urgency against the backdrop of the mapping of the human genome

The Meaning of Illness S. Kay Toombs, 2013-11-11 A PHENOMENOLOGICAL APPROACH My interest in exploring the nature of the patient s and the physician s understanding of illness has grown out of my own experience as a multiple sclerosis patient In discussing my illness with physicians it has often seemed to me that we have been somehow talking at cross purposes discussing different things never quite reaching one another This inability to communicate does not for the most part result from inattention or insensitivity but from a fundamental disagreement about the nature of illness Rather than representing a shared reality between us illness represents two quite distinct realities the meaning of one being significantly and distinctively different from the meaning of the other In this work I shall suggest that psychological phenomenology provides the means to examine the nature of this fundamental disagreement between physician and patient in a rigorous fashion In particular psychological phenomenology discloses the manner in which the of his or her experience individual

constitutes the meaning. In providing a phenomenological description, the phenomenologist is committed to the effort to begin with what is given in immediate experience to turn to the essential features of what presents itself as it presents itself to consciousness and thereby to clarify the constitutive activity of consciousness and the sense structure of experiencing.

National Library of Medicine Current Catalog National Library of Medicine (U.S.), *Health and Human Flourishing* Carol R. Taylor, Roberto Dell'Oro, 2006-06-20 What exactly does it mean to be human? It is an age-old question, one for which theology, philosophy, science, and medicine have all provided different answers. But though a unified response to the question can no longer be taken for granted, how we answer it frames the wide range of different norms, principles, values, and intuitions that characterize today's bioethical discussions. If we don't know what it means to be human, how can we judge whether biomedical sciences threaten or enhance our humanity? This fundamental question, however, receives little attention in the study of bioethics. In a field consumed with the promises and perils of new medical discoveries, emerging technologies, and unprecedented social change, current conversations about bioethics focus primarily on questions of harm and benefit, patient autonomy, and equality of health care distribution. Prevailing models of medical ethics emphasize human capacity for self-control and self-determination, rarely considering such inescapable dimensions of the human condition as disability, loss, and suffering, community, and dignity, all of which make it difficult for us to be truly independent. In *Health and Human Flourishing*, contributors from a wide range of disciplines mine the intersection of the secular and the religious, the medical and the moral, to unearth the ethical and clinical implications of these facets of human existence. Their aim is a richer bioethics, one that takes into account the roles of vulnerability, dignity, integrity, and relationality in human affliction as well as human thriving. Including an examination of how a theological anthropology, a theological understanding of what it means to be a human being, can help us better understand health care, social policy, and science, this thought-provoking anthology will inspire much needed conversation among philosophers, theologians, and health care professionals. *Infertility* Kevin Wm. Wildes, 1996-12-31 *Infertility: A Crossroad of Faith* Medicine and Technology brings together a diverse group of clinicians, theologians, and philosophers to examine the use of reproductive technologies in the light of the Roman Catholic moral tradition and recent teaching. The book provides relevant background information, e.g., *Donum Vitae* from the Congregation for the Doctrine of the Faith, as it explores the psychological, social, legal, and moral contexts of reproductive medicine. This book is Volume 3 of *Catholic Studies in Bioethics* in the series *Philosophy and Medicine*. *Concepts and Measurement of Quality of Life in Health Care* L.Y. Nordenfelt, 1994-04-30 This volume brings together a number of scholarly studies on the definition, assessment, and measurement of human quality of life. The book contains fundamental analyses of basic concepts such as welfare, wellbeing, happiness, and quality of life itself, but contains also discussions on the application of such concepts for measuring purposes, mainly in a health care context. Although the approach to these problems in the book is predominantly philosophical, there are also some studies which take a different, mainly sociological and medical point of view. Most of the

authors have a Scandinavian origin and their essays mirror the current debate on quality of life in northern Europe. The book however also contains contributions by distinguished scholars from the U K France Italy and the Netherlands

Rights to Health Care Thomas J. Bole III, W.B. Bondeson, 2007-08-23 Human existence is marked by pain limitation disability disease suffering and death. These facts of life and of death give ample grounds for characterizing much of the human condition as unfortunate. A core philosophical question is whether the circumstances are in addition unfair or unjust in the sense of justifying claims on the resources time and abilities of others. The temptation to use the languages of rights and of justice is und standable. Faced with pain disability and death it seems natural to complain that someone should do something this is unfair or it just isn't right that people should suffer this way. Yet it is one thing to complain about the unfairness of another's actions and another thing to complain about the unfairness of biological or physical processes. If no one is to blame for one's illness disability or death in what sense are one's unfortunate circumstances unfair or unjust? How can claims against others for aid and support arise if no one has caused the unfortunate state of affairs? To justify the languages of fights to health care or justice in health care requires showing why particular unfortunate circumstances are also unfair in the sense of demanding the labors of others. It requires understanding as well the limits of property claims. After all claims regarding justice in health care or about fights to health care limit the property fights of those whose resources will be used to provide care

The Body in Medical Thought and Practice D. Leder, 2013-06-29 In the second half of the 20th century the body has become a central theme of intellectual debate. How should we perceive the human body? Is it best understood biologically experientially culturally? How do social institutions exercise power over the body and determine norms of health and behavior? The answers arrived at by phenomenologists social theorists and feminists have radically challenged our conventional notions of the body dating back to 17th century Cartesian thought. This is the first volume to systematically explore the range of contemporary thought concerning the body and draw out its crucial implications for medicine. Its authors suggest that many of the problems often found in modern medicine dehumanized treatment overspecialization neglect of the mind's healing resources are directly traceable to medicine's outmoded concepts of the body. New and exciting alternatives are proposed by some of the foremost physicians and philosophers working in the medical humanities today

On the Nature of Health L.Y. Nordenfelt, 2012-12-06 GENERAL INTRODUCTION This study of the concept of health is an attempt to combine central ideas in modern philosophy of medicine with certain results from analytical action theory. What emerges from the study is a concept of health based on an action theoretic foundation. A person's health is characterized as his ability to achieve his vital goals. The general conception is not new. This study has been inspired by a number of scholars both ancient and modern. The most important influences from the latter have been those of Georges Canguilhem H. Tristram Engelhardt Jr. Caroline Whitbeck and Ingmar Pörn. The novel aspect of this book consists of elaborations made to the general conception. First the action theoretic platform is analysed in some detail. The nature of the ability involved as well as the conditions for having that

ability are specified Second the vital goals of man are given considerable attention Some previous attempts to define such vital goals are analysed and criticized A new characterization is proposed in which the vital goals are conceptually linked to the notion of happiness A person's vital goals are such states of affairs as are necessary and together sufficient for his minimal happiness Third a number of consequences of this conception are observed and analysed One issue which is particularly emphasized is that of whether the concept of health is a theoretical or a normative concept Competency Mary Ann Gardell Cutter, E.E. Shelp, 2012-12-06 Some conferences produce proceedings others an inspiration to labor which finally leads to a published work Such has been the case with regard to this volume In 1984 the Center for Ethics Medicine and Public Issues held a conference with the title When are Competent Patients Incompetent with the support of the Texas Committee for the Humanities a state based program of the National Endowment for the Humanities Assistance was provided by both Baylor College of Medicine and the Institute of Religion This conference evoked a considerable interest in examining further the moral status of competency determinations in the clinical setting This interest is realized in this volume which now affords us an opportunity to thank all those individuals who made the conference possible only some of whom are acknowledged in this Preface In particular we wish to express our gratitude to Baruch A Brody Rebecca Dresser the Honorable Jerome Jones H Steven Moffic Margery W Shaw Eleanor Tinsley and Albert Van Helden The volume took its shape through the labors of Earl Shelp and Mary Ann Gardell Cutter who inspired the further evolution of the papers presented at the conference and attracted contributions from individuals who had not attended Earl Shelp and Mary Ann Gardell Cutter have produced a volume following extensive reflection and dialogue they were ably assisted in the final preparation of the manuscript by Thomas J Bole III and George Khushf to whom special thanks are due Germ-Line Intervention and Our Responsibilities to Future Generations Emmanuel Agius, S. Busuttil, 2012-12-06 In contemporary ethical discussion widespread concern about the potential risks of genetic engineering is raising new and fundamental questions about our responsibilities towards unborn generations Newly acquired knowledge in genetic engineering techniques has brought about not only potential benefits but also immense risks for the well being of both present and future generations This book raises a number of ethical issues concerning the impact of genetic engineering on generations yet to be born The four topical areas that constitute the focus of the volume namely 1 from laboratory to germ line therapy 2 the concept of human nature theological and secular perspectives 3 genetic intervention and the common heritage view and 4 social responsibilities of geneticists towards future generations raise intriguing ethical and legal questions as well as important policy issues As much as any set of issues they reflect the hopes and fears prejudices and uncertainties that people associate with germ line intervention and the future of human kind **Ethical Dimensions of Geriatric Care** S.F. Spicker, S.R. Ingman, Ian Lawson, 1987-10-31 There is both a timeliness and a transcendent rightness in the fact that scholars clinicians and health professionals are beginning to examine the ethics based components of decision making in health care of the elderly Ethics

as the discipline concerned with right or wrong conduct and moral duty pervades hospital rooms nursing home corridors physicians offices and the halls of Congress as decisions are made that concern the allocation of health related services to individuals and groups in need In particular care of older persons recently has received disproportionate attention in discussions of ethics and clinical care Age alone of course should not generate special focus on ill individuals about whom concerns arise based on value conflicts tacitly involved in the delivery of health care Having said that age is not the principal criterion for attention to ethics based concerns in health care it must be acknowledged that old people have a high prevalence of conditions that provoke interest and put them in harm's way if value conflicts are not identified and seriously addressed Issues that concern autonomy the allocation of scarce resources inter generational competition and conflict the withholding of treatment in treatable disease and substitute and proxy decision making for the cognitively impaired all have special relevance for older persons

The Philosophy of Medicine H. Tristram Engelhardt Jr., 2006-04-28 The term bioethics was coined in 1971 just as interest in the medical humanities claimed a prominent place in medical education Out of this interest a substantial area of research and scholarship took shape the philosophy of medicine This field has been directed to the epistemological ontological and value theoretical issues occasioned by medicine and the biomedical sciences Bioethics is nested in this field and can only be fully understood in terms of the foundational issues it addresses This collection of essays in honor of Stuart F Spicker one of the individuals who gave shape to the philosophy of medicine lays out the broad scope of concerns from the philosophy of embodiment to issues of the role of ethics consultants to concepts of disease equity and the meaning of history

Mormonism, Medicine, and Bioethics Courtney S. Campbell, 2021 Moral Realities is the first comprehensive treatment of teachings and practices on medical care and ethics espoused by The Church of Jesus Christ of Latter day Saints LDS or Mormon It uses first person experiences to portray LDS perspectives on bioethical topics such as abortion genetic testing and enhancements in vitro fertilization medical assisted death medicinal marijuana neonatal intensive care organ donation preventive health care universal access to care and vaccinations The book provides an appendix of historically significant LDS ecclesiastical teachings and policies on medical health and moral issues making it a definitive educational and reference compilation

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