**BOOK NOTES**


This updated second edition provides a detailed analysis of key population groups most vulnerable to disease and injury in the United States today—homeless persons, refugees and immigrants, people living with AIDS, alcohol and substance abusers, high-risk mothers and infants, victims of family or other violence, and the chronically or mentally ill. Aday reviews the major theories and knowledge concerning these at-risk groups and offers new approaches and methodologies for tracing the social determinants and societal influences on health. She examines the specific health needs and risks faced by these groups, their experiences in the health care system, the current policies and programs that serve them, and the research and policy initiatives that might be undertaken to help reduce their vulnerability.


In this book contemporary bioethicists and scholars of ancient philosophy explore the importance of classical ethics on such pressing bioethical concerns as managed care, euthanasia, suicide, and abortion. Although the contributors write within the limits of their own disciplines, through cross references and counterarguments, they engage in fruitful dialogue. Contributors include Georgios Anagnostopoulos, Julia E. Annas, Robert Bartz, Tod Chambers, Christopher E. Cosans, Kathryn Montgomery Hunter, Mark G. Kuczewski, Alex John London, Christopher Megone, Ronald Polansky, David Thomasma, and Daryl Tress.


Tauber probes the ethical structure of contemporary medicine in an argument accessible to lay readers, healthcare professionals, and ethicists alike. Through personal anecdote, historical narrative, and philosophical discussion, Tauber composes a moral portrait of the doctor-patient relationship. He seeks to show how our basic conceptions of health, the body, and, most fundamentally, our notion of selfhood, frame our experience of illness.

*Equal Treatment for People with Mental Retardation: Having and Raising*

Engaging in sex, becoming parents, raising children: these are among the most personal decisions we make. For people with mental retardation, these decisions are consistently challenged, regulated, and outlawed. This book is a comprehensive study of the American legal doctrines and social policies, past and present, that have governed procreation and parenting by persons with mental retardation. It argues that people with retardation should have legal authority to make their own decisions. Despite the progress of the normalization movement, which has moved so many people with mental retardation into the mainstream since the 1960s, negative myths about reproduction and child rearing among this population persist. Field and Sanchez trace these prejudices to the eugenics movement of the late nineteenth and early twentieth centuries. They show how misperceptions have led to inconsistent and discriminatory outcomes when third parties seek to make birth control or parenting decisions for people with mental retardation. They also explore the effect of these decisions on those they purport to protect. The book is a sustained argument for reform of the legal practices and social policies it describes.


In anticipation of the expected growth at the interface of genetics and public health, this book delineates a framework for the integration of advances in human genetics into public health practice. It provides a comprehensive review of public health genetics, including chapters on important general issues, such as newborn and other genetic screening, the delivery of genetic services, and the ethical, legal, and social implications of the use of genetics within public health. Contributors come from a wide range of fields, including epidemiology, biostatistics, health policy and management, health services research, behavioral and social sciences, ethics, law, health economics, and laboratory sciences.


This book is an anthology of the human predicament—the health care professional’s story and the health care work place. The book notes that spirituality is continually introduced to new treatments, new challenges, new people, new regulations, new expectations, and new time limits. It addresses the marginalization that accompanies disease, trauma, and dying, and finds that care
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provided by professionals is easily marginalized by the language of the “bottom line,” regulations, managed care, and human limits. The theme of the book is listening, to the patient’s whole story; assessing, or giving meaning in conversation with the patient; and caring, for the whole person and the whole story.


This book explores the serious health threat of constipation, and discusses the extraordinary variety of preventive and curative measures that have been developed to save people from the toxic effects of intestinal regularity. The book examines the evolution over the last two centuries of the belief that constipation is a disease brought on by an unnatural lifestyle of urban, industrial society. Particular attention is given to the many constipation therapies that people have used, including laxatives, enemas, mineral waters, bran cereals, yogurts, electrotherapy, calisthenics, rectal dilation devices, and many other remedies. The story is carried up to the present and demonstrates that many constipation therapies from the nineteenth and twentieth centuries are continuing into the twenty-first century.


Leading philosophers and bioethicists revisit the disturbing question raised in 1987 by Dr. Margaret Battin: Is there a “duty to die” in order to guarantee a just cross-generational distribution of limited health care resources? The essays collected here—including a new article by Battin—discuss the topic in-depth, providing a critical review of the literature and many new arguments. The debate includes not only those who support such a “duty” and those who say such a “duty” cannot be denied, but also those who doubt such a “duty to die” exists or question whether—if it did exist—it could be implemented without severe problems. The book offers a discussion across a wide range of opinions on the meaning of “duty to die,” examining every sort of argument for and against the idea.


This work explores how the American value of individualism and the widespread commitment to technology have given rise to particular forms of governing the process of dying that are unique to the professional dominance of death in the hospital setting. It focuses on how the values of technology in the broader society are applied in the framework of medicalized care of dying patients, and discusses
the consequences this has for their lives. Additionally, this book analyzes how the value of individualism, so ubiquitous in the broader society, influences the treatment of dying patients and their definition of the meanings of their own dying. It shows how the dominant values of the American cultural system are institutionalized in the medical treatment of dying patients. The explicit purpose of this book is to analyze dying and death in the cosmopolitan, modern setting. It demonstrates that the foundation for the medicalization of death, which piercingly shapes the life experience of dying persons and loved ones, is a product of the ways of life in the broader culture.


Inspired by the possibilities of narrative, the essays in this volume present stories drawn from a range of ethnographic contexts. Stories of illness and healing are often arresting in their power, and they can illuminate aspects of practices and experiences surrounding illness, which might otherwise be neglected. Recognizing the value of increased theoretical consciousness among those eliciting and analyzing narratives, these contributors explore narrative from a variety of perspectives.


In the last three decades, bioethics has matured into a field of study with several areas of concentration, including medical ethics, environmental ethics, and more recently, genetic ethics. This collection of essays aims to enlarge the traditionally restrictive vision of bioethics, which is often limited to medical ethics. By combining essays relevant to medical ethics with companion essays on environmental and genetic ethics, the book emphasizes similarities in the methodologies used to analyze diverse bioethical problems, whether dealing with genes, people, or the environment. In this way, the book hopes to contribute to the intellectual unity of the subject and to suggest changes in the way bioethics can be taught and studied at both the graduate and undergraduate level.


A leading corps of clinical nutritionists, epidemiologists, and public health practitioners discuss nutritional issues that impact the populations of developing
countries. Topics covered include deficiencies in essential vitamins and minerals, malnutrition, low birth weight, malaria, child growth and development, HIV, and tuberculosis.


As prenatal tests proliferate, the medical and broader communities perceive that such testing is a logical extension of good prenatal care—it helps parents have healthy babies. But prenatal tests have been criticized by the disability rights community, which contends that advances in science should be directed at improving their lives, not preventing them. Often used to decide whether to abort a fetus that would have been born with mental or physical impairments, prenatal tests arguably reinforce discrimination against, and misconceptions about, people with disabilities. In these essays, authors on both sides of the issue engage in an honest and occasionally painful debate about prenatal testing and selective abortion. The contributors include both people who live with and people who theorize about disabilities, scholars from the social sciences and humanities, medical geneticists, genetic counselors, physicians, and lawyers. Although the essays do not arrive at a consensus about the disability community’s objections to prenatal testing and its consequences, they do offer recommendations for ameliorating some of the problems associated with the practice.


These essays examine the ethical and social problems that create subtle obstacles to changing Americans’ unhealthy behavior. The contributors raise profound questions about the role of the state or employers in trying to change health-related behavior, about the actual health and economic benefits of even trying, and about the freedom and responsibility of those of us who, as citizens, will be the target of such efforts.


This book concentrates on health insurance policy innovations in selected countries in Africa, the Americas, Asia, and Europe. In addition, it addresses recent institutional economic findings with regard to application of information technology in health insurance systems. Topics discussed include new approaches in extending coverage in a health insurance system and confronting resource
scarcity. Many of the innovations presented here have already been integrated into existing reforms, and the authors refer to concrete developments in individual countries and regions.


This book, written by a team of acclaimed experts, examines the factors changing today’s health care system: the growth in demand for services, the increasing influence of consumers on how services are provided, and the dramatic new advances in treatment made possible by technology.


This book gives an insider’s perspective on the people and the science of large-animal cloning. It examines the medical benefits that will result from xenotransplantation and pharmaceutical development in transgenic animals. The book also explores the financial stakes and business stories behind the science of cloning. Klotzko considers the prospects for human cloning, taking into account legal regulations, social and ethical concerns, and costs of this new technology.


In the last two decades of the twentieth century, social inequalities within and among countries has had a negative impact on the health and quality of life in the developed and underdeveloped nations. This volume analyzes the reasons for this increase in inequalities and its consequences for the well-being of populations. Scholars from a variety of disciplines and countries analyze the different dimensions of this topic.


Three decades after the first heart transplant surgery stunned the world, organs, including eyes, lungs, livers, kidneys, and hearts, are transplanted every day. But despite its increasingly routine nature—or perhaps because of it—transplantation offers enormous ethical challenges. A medical ethicist who has been involved in the organ transplant debate for many years, Veatch, explores a variety of questions
that continue to vex the transplantation community, offering his own solutions in many cases. Ranging from the most fundamental questions to recently emerging issues, This book is a complete and systematic account of the ethical and policy controversies surrounding organ transplants. Veatch structures his discussion around three major topics: the definition of death, the procurement of organs, and the allocation of organs. He lobbies for an allocation system—administered by nonphysicians—that considers both efficiency and equity, that takes into consideration the patient’s age and previous transplant history, and that operates on a national rather than a regional level.


This volume explores the medical, ethical, legal, and social issues surrounding the future of organ transplantation. The current critical shortage of human donor organs has stimulated promising new research into the field of xenotransplantation—the transplantation of organs from one animal species to another. In this book, Cooper and Lanza recount the several historical attempts to transplant animal organs into humans. In addition, they draw attention to both the immense potential and promise of this form of therapy, and they consider the social and ethical questions posed by such procedures. With profound implications for human health and longevity in the next millennium, this book is essential reading for anyone interested in the future of medicine.