NOTES AND REFERENCES

Chapter 1: Research Ethics and Informed Consent

On the face-transplant Case Presentation, information is drawn from the following New York Times articles: Lawrence K. Altman, “French in First, Use Transplant to Repair a Face” (1 December 2005) and “Patient Opted for Transplant as Method to Mend Face” (2 December 2005), “Ethical Concerns on Face Transplant Grow” (6 December 2005); Craig Smith, “Dire Wounds, a New Face, a Glimpse in the Mirror” (2 December 2005). Information was also drawn from Associated Press, “Face Transplant Woman Says She's Okay,” (7 December 2005) and Adam Sage, “Face Transplant Woman to Profit from Picture Sales,” Times of London (8 December 2005).


**Chapter 2: Physicians, Patients, and Others**

The opening Case Presentation is based on the documentary film *Dax's Case*, by Unicorn Medical (Dallas, Texas) for the Council for Dying (New York, New York); produced by Donald Pasquella and Keith Burton: Directed by Donald Pasquella.


Facts in the Vegan Baby Case are from the *New York Times*: Corey Kilgannon, “Case of Vegetarian's Ailing Child Comes to Trial” (26 March 2003); Greg Retsinas, “Couple Guilty of Assault in Vegan Case” (5 April 2003). Material in the Case Big Brother vs. Big Mac is drawn from these *New York Times* articles: N.R. Kleinfield, “Diabetes and Its Awful Toll Quietly Emerges as a Crisis” (9 January 2006), “Living at an Epicenter of Diabetes, Defiance, and Despair” (10 January 2006); Ian Urbina, “In the Treatment of Diabetes, Success Often Does Not Pay” (11 January 2006); Daniel Williams, “Bent Out of
Shape,” Time (11 September 2006); Reuters, “Obesity Health Costs Exceed Smoking, Drugs” (3 June 2005); Kate Walker, “Diabetes, Prevention, and Cause,” UPI (26 October 2006).


Chapter 3: HIV/AIDS


The efforts to develop a vaccine are summarized at gatesfoundaton.org/GlobalHealth; see also Andrew Pollack, “Large Trial Finds AIDS Vaccine Fails to Stop Infection,” *New York Times* (24 February 2003), and Reuters, “India's AIDS Vaccine Trials Enter Crucial Stage,” (9 February 2006). Additional information is found at the Centers for Disease Control cdc.gov. On microbicides, see Lawrence K. Altman, “Tests Begin on New Drugs to Protect Women From Contracting HIV,” *New York Times* (13 July 2004).

Chapter 4: Race, Gender, and Medicine


The best guide to statistics in this area, one I have drawn from heavily, is *Health United States, 2006* (Washington, D.C.: Department of Health and Human Services, Centers for Disease Control and National Center for Health Statistics, 2006). The publication is available at cdc.gov/nchs/hus.htm. For a survey of the range of ethnic health issues, see Thomas A. LaViest, ed., *Race, Ethnicity, and Health: A Public Health Reader* (San Francisco: Jossey-Bass,


On the costs of treating undocumented immigrants, see the following by Robert Pear from New York Times: “U.S. Is Linking Status of Aliens to Hospital Aid” (9 August 2004); “Payments to Help Hospitals Care for Illegal Immigrants” (9 May 2005).


Comparative figures for disease incidence and mortality for all ethnic groups are from Health United States, 2006. I have also used information supplied by the Office of Minority Health Resources Center of the Department of Health and Human Services.

The National Institutes of Health's Office of Research on Women's Health nih.gov/orwh serves as a focal point for women's health research conducted under the auspices of NIH. Its web site contains information about the Women's Health Initiative, research involving women, recruiting women as investigators, and the “Strategic Plan to Address Health Disparities Among Diverse Populations of Women.” The discussion of the lack of women as research

On the Social Context on “ethnic” drugs like BiDil and DG031, see the following articles from the New York Times: Andrew Pollack, “Big DNA Files to Help Blacks Fight Diseases” (27 May 2003); Nicholas Wade, “Articles Highlight Different Views on Genetic Basis of Race” (27 October 2004), and “Race-Based Medicine” (14 November 2004); Stephanie Saul, “U.S. to Review Drug Intended for One Race” (13 June 2005), and “FDA Approves a Health Drug for African-Americans” (24 June 2005); editorial on BiDil, “The First Race-Based Medicine” (19 June 2005); on DG031, see Nicholas Wade “Genetic Find Stirs Debate on Race-Based Medicine” (11 October 2005).


Chapter 5: Genetic Control


### Chapter 6: Reproductive Control


See the following New York Times articles on the topics indicated: economic costs, Claudia Dreiful, “An Economist Examines the Business of Fertility” (28 February 2006); women desperate enough to spend almost anything, Gina Kolata, “The Heart's Desire” (11 May 2004); women seeking lower AR costs, Felcia R. Lee, “Fertility Tourists Go to Great Lengths to Conceive” (25 January 2005); practices in the AR industry, Stephen S. Hall, “U.S. Panel About to Weigh In on rules for Assisted Fertility” (30 March 2004).


The Louise Brown Case Presentation is based on Newsweek (7 August 1978);


Chapter 7: Scarce Resources


The Brattle County, Texas Case Presentation is fictional, but it represents the problem faced by dialysis centers when programs were starting. For the classic account of a committee at Swedish Hospital, Seattle, Washington, in 1961, see Shana Alexander, “They Decide Who Lives, Who Dies” *Life* (1962).


**Chapter 8: Paying For Health Care**

The opening Case Presentation is a composite representing the situation of the 44-47 million Americans lacking health insurance. The following analyses by Paul Krugman in the *New York Times* provide a useful portrait of the issues facing the financing of health care: “Pricing Drugs as if They Were Cars” (4 November 2005); “Pride, Prejudice, Insurance” (7 November 2005); “The Medical Money Pit” (15 April 2005); “Passing the Buck” (22 April 2005); “One Nation, Uninsured” (13 June 2005); “First Do More Harm” (16 January 2006); “Death by Insurance” (1 May 2006); “Our Sick Society” (5 May 2006).

The Social Context: American Dream, American Nightmare uses information from these *New York Times* articles: Robert W. Pear, “Health Spending at a
Record Level” (8 January 2004); Milt Freudenheim, “Record Level of Americans Not Insured on Health” (27 August 2004); Robert Pear, “Nation's Health Spending Slows, but It Still Hits a Record” (10 January 2005) and “Growth of National Health Spending Slows Along With Drug Sales” (10 January 2006). On the Massachusetts plan described in the Case Presentation, see these New York Times articles by Pam Belluck: “Massachusetts Sets Health Plan for Nearly All” (5 April 2006), “The Nurturing of Health Care” (6 April 2006), and “Massachusetts Legislation on Insurance Becomes Law” (13 April 2006).


Chapter 9: Abortion

Folic Acid Bars Defects” (4 December 1997). For specific developmental or genetic anomalies, see Charles B. Clayman, ed. American Medical Association Encyclopedia of Medicine (New York: Random House, 1989.)


Chapter 10: Impaired Infants and Medical Futility


The Baby Owens Case is based on a case presented in James M. Gustafson,


**Chapter 11: Euthanasia and Physician-Assisted Suicide**

The timeline in the Terri Schiavo Case Presentation (as well as some information) is from Daniel Eisenberg, “Lessons of the Schiavo Battle,” *Time*


The Social Context on the Cruzan case draws from: Time (11 December


Part V: Foundations of Bioethics: Ethical Theories, Moral Principles, and Medical Decisions


The statements of Kant's categorical imperative are more paraphrases than literal translations. They are from his Groundwork of the Metaphysics of Morals, translated by H. J. Paton (New York: Harper & Row, 1964). Other translations and editions are easily available. Some of the criticisms of Kant are based on those of Brandt (Ethical Theory, pp. 27-35) and Frankena (Ethics, pp. 30-33).

The quotation from Ross is from his The Right and the Good (New York: Oxford University Press, 1930), p. 24. The prima facie duties are found on pp. 21-22 and the “rules” for resolving conflict on pp. 41-42. My exposition is indebted, in part, to G. J. Warnock, Contemporary Moral Philosophy (New York: St. Martin's Press, 1967) and to Fred Feldman, Introductory Ethics (Englewood
Rawls's theory is presented in *A Theory of Justice* (Cambridge, Mass.: Harvard University Press, 1971). The principles are quoted from p. 203; "natural duties" are discussed on pp. 340-350. My statement of the theory is indebted to Norman Daniels's introduction to *Reading Rawls* (New York: Basic Books, 1976). The first criticism is one made by Thomas Nagel, "Rawls on Justice" (Daniels, pp. 1-16) and Ronald Dworkin, "The Original Position" (Daniels, pp. 16-53). The second criticism is urged by R. M. Hare, "Rawls's Theory of Justice" (Daniels, pp. 81-108) and David Lyons, "Nature and Soundness of the Contract and Coherence Arguments" (Daniels, pp. 141-169).


The account of virtue ethics is indebted to Louis P. Pojman, *Ethics:

For the beginnings of feminist-care ethics, see Carol Gilligan, In a Different Voice (Cambridge, MA: Harvard University Press, 1982); for its philosophical development, see Annette Bair, Postures of the Mind (Minneapolis: University of Minnesota Press, 1985). Care ethics and feminist ethics are points of view still developing, and my sketch of them represents the ideas of no one theorist. Nell Noddings in Caring: A Feminine Approach to Ethics and Moral Education (Berkeley: University of California Press: 1988) argues that everyone ought to follow the ethic of caring and abandon abstract principles. Some feminist writers are concerned not to have the emphasis on care overwhelm feminism and its concerns. See Susan Sherwin, No Longer Patient: Feminist Ethics and Health Care (Philadelphia: Temple University Press, 1992) and Helen B. Holmes and Laura M. Purdy, ed. Feminist Perspectives in Medical Ethics (Bloomington: Indiana University Press, 1992).