

1: Naturopathic Treatment of Acute Disease: 3 Case Studies – Naturopathic Doctor News and Review

acute cases in moral medicine by the reverend Edward F. Burke, M.A., Ph.D. Professor of Theology, St. Mary's Seminary, Cleveland The Macmillan Company Published October, To that love of God and man, which inspires the doctor and the nurse, the sister and the priest to deeds of untiring zeal and heroic self-sacrifice, this book is.

Embryotomy is the cutting of a fetus to facilitate delivery. Embryotomy comprises all those operations whose purpose is the dismemberment of the fetus to reduce the bulk, such as craniotomy, cephalo-tripsy, cephalotomy, embryulcia, evisceration. Embryotomy is never permissible upon a living fetus. It is an operation directly against the right to life, the command: And positive evidence is required. Each case demands competent consultation. Abortion is the expulsion of the fetus before it is viable—before it is sufficiently developed to continue its life outside the maternal womb. A word here on viability and the induction of premature labor will not be out of place. The practical conclusion is that with the most skilled care fetal life may not be terminated before the twenty-sixth week of gestation, and where only average care is to be had, not before the thirtieth week. Later, in the same chapter, that eminent authority adds a further consideration, namely, that owing to the diseased condition of the mother, often a six-month fetus in age is really not so in development. The period, then, of arrival at viability is somewhat relative, and each case must be considered together with the attendant circumstances. Further, while viability is in the primary condition for the acceleration of birth, it is not the only requisite; it is necessary, besides, that there be a just and grave reason for the interruption of pregnancy and that the method employed be not ordinarily fatal to either mother or child. It is necessary to view abortion from the standpoint of both medical and moral science. Medical Science distinguishes abortion into accidental—that which is due to accident,—and artificial or induced—that which is brought on purposely; and further, it divides artificial abortion into criminal and therapeutic; criminal abortion it styles that which is unnecessary for therapeutic reasons and therefore unjustifiable; therapeutic abortion it terms that which is induced to save the life of the mother, and because of this some practitioners claim it is justifiable. Moral Science distinguishes artificial abortion into direct and indirect: Direct abortion is that in which the fetus is the object of attack—that is, when the intention is to remove the inviable fetus or when the means employed tend primarily by their very nature to the removal of it. Indirect abortion is that which occurs when the fetus is in no wise the object of attack—that is, when the abortion results as a secondary and unintentional consequence from means which by their very nature tend immediately to effect the cure of the mother, and only remotely endanger the fetus. In direct abortion, the abortion itself is the means to the cure; in indirect abortion, the cure is independent of the removal of the fetus, and the abortion, if it occurs, is a secondary consequence of the treatment. Moral science does not admit the distinction of abortion into criminal and therapeutic, made by medical science; on the contrary, it expressly teaches that you are never allowed to do evil that good may result. A humanitarian motive, a lofty purpose, professional confirmation, statutory acquiescence, neither singly nor in combination, can render an evil act morally good. In pursuance of its distinction of abortion into direct and indirect abortion, moral science enunciates two principles: Direct abortion, be it criminal or therapeutic, is never permissible upon a living fetus. It is a violation of the laws of nature, the rights of the individual, and the command of God; it is the direct killing of an innocent person and, therefore, murder. There are no exonerating circumstances. Moral science unhesitatingly brands as murder the performance of therapeutic abortion in each and every case in which the medical profession has taught its indication; even the most serious conditions of pregnancy furnish no exception. Moral science admits of no treatment, medicine or operation, whose purpose directly and of its very nature is to attack the inviable fetus. Hence, there must be no artificial disturbance of pregnancy—

- 1 In the toxemias of pregnancy, as pernicious vomiting, eclampsia, nephritis, acute yellow atrophy of the liver;
- 2 In acute or chronic infectious diseases, as pneumonia, influenza, typhoid, tuberculosis, malaria, chorea;
- 3 In those diseases which it is claimed pregnancy aggravates, as diabetes, heart disease, pyelitis, pernicious anemia;
- 4 In case of contracted pelvis or any pelvic malformation. While the artificial abortion in these or similar cases is illicit or immoral, yet the condition of the mother may be such as to warrant premature delivery or the

caesarean section, provided the child is viable. It should not be necessary to mention that there must be no curettement of the pregnant uterus or during pregnancy any dilatation of the os uteri; care, too, must be taken that the expectant mother be not subjected to a general anesthetic or to X-ray photography except under grave necessity. In this connection it may be well to mention that the mother, irrespective of any professional treatment, has certain duties: And, too, her diet and clothing should be in conformity with her condition. Under no circumstance, then, may a living, inviable fetus be expelled from the womb. As a therapeutic measure, direct abortion is the doing of evil that good may result; it is the assuming of mastery over innocent life; it is, therefore, morally wrong, unjustifiable, and absolutely criminal. But the mother, too, has rights, and while the fetus may never be attacked directly, no matter what the benefit accruing to the mother, it may at times be wholly within the domain of right, in fact morally imperative, to provide for the cure of the mother even at the risk of abortion. This accounts for the second principle of moral science, that on indirect abortion. Indirect abortion may sometimes be licit morally; while the direct termination of fetal life is never permissible, its indirect termination is not always wrong. Under certain circumstances it is allowed to administer a drug or to perform a treatment from which as a secondary and unintentional result abortion may ensue. The reason for this principle is founded on the moral fact that one is not always prohibited from performing an action in itself not bad, but good, or at least indifferent, from which a twofold effect follows. Recall here the principles on indirect killing together with the illustration—the person whose clothing has caught fire jumping into a lake. In like manner apply those principles to the work of a policeman, an electrician, a structural iron-worker, a painter, a chemist—occupations which carry with them constantly the risk of sudden demise, yet no one maintains it is morally wrong to engage in them. No one will deny it is perfectly licit to administer a general anesthetic for an operation even slightly serious. Take a specific case. Suppose your friend has been stricken with cholera and the only remedy at hand is liquor. You insist upon his taking an enormous quantity; as a result he becomes stupidly drunk, but the poison is counteracted, the disease checked, and his life saved; now—

- 1 The object, the giving of liquor, is indifferent;
- 2 The intention, the saving of his life, is good;
- 3 Both the good effect, the saving of his life, and the evil effect, the drunken stupor, follow equally and immediately from the same action, the giving of the liquor, the evil effect is not the cause of the good effect;
- 4 There is a sufficiently grave reason; surely no one would hold you morally blameworthy.

In like manner, indirectly imperiling the life of the fetus is sometimes permitted. There are, however, conditions governing the case and only when they are verified may the fetal life be jeopardized. Imperiling the life of the child is serious, and only the grave condition of the mother would furnish a reason sufficiently good and proportionate to warrant its being endangered; and the treatment itself, though it has the tendency to dislodge the fetus, must be such as to be effective independently of any connection with the fetus; finally, in no case may the expulsion of the fetus be the object aimed at. The situation may be analyzed as follows: One good, the cure of the mother, willed; One evil, the expulsion of the fetus, reluctantly permitted. While, then, no means, general or special, may be employed with the view of terminating the pregnancy, yet with those conditions verified, no ethicist can hold a doctor, nurse or mother morally responsible for the abortion which may ensue; for it cannot be denied that in safeguarding her life the mother has a certain right to the use of all good means which do not first and directly attack the equally important rights of others. Though this principle is clear enough in theory, the practical application creates a difficulty—and medicine and surgery concern themselves with concrete cases. Hence, to render a practical judgment easier, it may not be amiss to treat the matter under the following headings: First, Conditions Indicating Medical Treatment. A question may place this matter in a clearer light: Is a physician permitted to administer a certain medicine needful for the mother if he foresees it is liable to induce abortion? In answering, distinction must be made between the necessity and the utility of the medicine on the one hand, and its liability to induce abortion on the other. If the medicine is necessary to save the life of the mother, it is permissible to give it, irrespective of the abortion which may ensue; further, even though it is not necessary but very useful to the mother, it is permissible to give it, providing the danger to the child is very slight; if, however, the danger to the child overbalances the usefulness to the mother, it is morally wrong to administer the medicine. With these distinctions in mind it is readily seen that in threatened abortion the cautious use of morphin for the relief of uterine irritability is morally permissible despite its narcotizing

properties. Quinin in large doses even in small doses frequently repeated is decidedly oxytocic, yet in accordance with the principles established, there is nothing against its use as a specific in malaria, or as an antipyretic as, e. It follows as a corollary, which scarcely needs mention, that when medical treatment is imperative, and there is a choice of remedies equally beneficial to the mother, the physician is morally obligated to administer the one less dangerous to the child. Second, Conditions Indicating Operative Treatment. Although as a general rule it is advisable, unless grave necessity intervenes, to defer all operative procedures until after delivery, yet when in the course of pregnancy conditions arise, in which to the best judgment of the conscientious and capable surgeon, operative treatment is indicated, the necessary operation is morally licit provided the fetus be not thereby directly attacked. A When the operation deemed imperative is remedial of a condition unconnected with the pregnancy, its licitness is readily understood from the general principles. Hence, there need be no hesitancy in operating for: See Special Cases, 3. B When, however, the uterine contents come under operative consideration, the matter presents a more difficult angle and the line between what is right and what is wrong is more delicately drawn. Among the conditions which evoke special moral interest, threatened abortion, placenta praevia, premature separation of the placenta, rupture of the uterus, and disease of the ovum, are among the most common. Under no circumstance may curettage be employed as a remedy in threatened abortion. It would be the direct destruction of innocent life. However, once the ovum has been expelled curettage is morally licit. If the separation is but partial, the accident may be without serious significance; interference is morally licit only when symptoms become gravely urgent. If, however, the separation is complete, then it is necessary to begin delivery at once, no matter what be the stage of fetal development. The moral aspect is clear, for, technically, the abortion has actually taken place; it was effected by accident which caused the separation. The utmost haste is imperative if the child is to be saved for Baptism. If the fetus is dead the skillful obstetrician will meet the situation in accord with the exigencies of the case. If the fetus is alive and viable, whether it is still within the uterus or has already escaped into the abdominal cavity, laparotomy is performed, the child extracted and the demands of the case met with the necessary operative procedures. If the fetus is alive and inviable, it must not be attacked directly; if necessary to prevent fatal hemorrhage, excision of the uterus or ligation of the arteries would be morally licit, even though the fetus would die through the cutting off of the blood supply. For the object of the operation is an organ of, or something belonging to the mother, the condition of which, here and now, threatens her life; it is only then, indirectly, and in consequence of the means employed to save that life, that the death of the fetus is permissible. The ordinary conditions requiring ethical consideration are the mole, hydramnios and clear ovum. It must be remembered that where there is any reasonable ground for doubt, the presumption stands in favor of a normal conception; hence when the presence of a mole is suspected, the diagnosis must be certain enough to offset the assumption of a probable pregnancy before any operative procedure may be begun. However, hemorrhage is characteristic of the mole in any of its species. If, then, the bleeding is dangerously profuse, packing to check it is permissible; the removal of the pack may be followed by curettement or hysterectomy, according to the demands of the case. But if the diagnosis of mole is certain and it is threatening the life of the woman in some other way than through hemorrhage, it may be removed, even though it involve a fetus. However, such cases are practically unknown after the first three months of pregnancy. If the mole involves a fetus it should be opened upon removal, so that if possible, Baptism may be administered. There may be no artificial interference with the course of pregnancy unless the child has reached the stage of viability; the liquor amnii belongs to the ovum and it is necessary for the life of the fetus. The condition is difficult to diagnose; in case of doubt, the presumption always stands for life, the fact of death must be established upon reasonable grounds. Hence, to render operative interference licit, moral certainty as to diagnosis is required. Finally, the cases which present the greatest difficulty from the standpoint of both medical and moral science are tumors of the womb. Depending upon their location, uterine tumors may be within, between the walls of, or on the womb; hence they are termed submucous, intramural and subserous, respectively; depending upon their nature, they may be benign, as fibromyomata, or malignant, as carcinomata. It may be stated that, as a rule, operative interference should be deferred as long as possible, for, according to the highest authorities, the majority of women who have fibromyomata go to delivery without trouble; in that case the procedure will be

such as the skillful obstetrician deems best. Further, were profuse hemorrhage to follow the excision of the tumor and were the only means of saving the mother amputation of the pregnant uterus, that too would be licit, as the conditions requisite for the twofold effect are verified there. Finally, if a submucous tumor involving the fetus has become gangrenous and its removal is necessary to save the life of the mother, again on the double-effect principle, its enucleation is licit, even though the removal will hasten the death of the fetus. A strikingly clear exposition of the ethical aspect of operative procedure when cancer complicates pregnancy is to be found in Dr. Hence there are the following possibilities: Every good and reasonable mother should submit to it, if for no other reason than to save the child. In fact the only reason why moralists do not make operation a duty in this case, is that it is considered a more than ordinary means to preserve life. In the preservation of life we are strictly obliged to employ only ordinary means. Under the most favorable circumstances the child has but one chance in two of going on to viability; if operation is deferred, its chances diminish with those of the mother; on the other hand, the chances of the mother diminish rapidly, even a few days may suffice to render her inoperable.

2: Ethical issues in cardiac arrest and acute cardiac care: a European perspective - Oxford Medicine

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Eruptions had been intermittent and localized to small areas, that is until just prior to his first visit, when multiple ulcers exploded to cover the entire surface of his lower right leg and foot, eroding the skin and discharging a steady flow of a sticky, yellow, malodorous exudate. The patient had previously consulted a practitioner of Chinese medicine, who had prescribed a formula of cold, bitter herbs to be taken internally along with a topical wrap, the combination of which had served to reduce his symptoms for 7 weeks; however, the progress had recently stalled. Dr Chlebowski prescribed *Cryptolepis sanguinolenta*, an antimicrobial herb shown to be useful in the treatment of antibiotic-resistant *Staph aureus*. Topical and internal Chinese herbs were continued, and the patient was given 1 dose of homeopathic *Agaricus C*. Sensations of tingling and pin-prick, needle-like pains had disappeared, and remaining lesions were confined to a few small areas that continued to discharge purulent exudate. Healing then progressed down the leg, with distal lesions of the ankle and foot being the last to resolve. He was instructed to continue all internal and external herbs. The remedy was not repeated. Two months into treatment there was no longer any evidence of MRSA. *Cryptolepis sanguinolenta* has a broad range of activity against both gram-positive and gram-negative bacteria. *Agaricus* was selected not just because of the acute symptoms of stinging and prickly, piercing sensations, but also because it fit the whole patient. A history of sciatic pain confirmed the prescription, as homeopathic *Agaricus* is often efficacious in the management of radicular pain. He attributed his symptoms to having spent several hours the day before with his head tilted back while installing a ceiling fan. Examination revealed a left mastoid process that was hot, red, swollen, and exquisitely tender to palpitation. The pinna was displaced and tender to the touch, but surprisingly the ear canal and tympanic membrane were normal, showing no signs of the otitis media usually evident in these cases. The patient had a fever of Despite the absence of otitis media usually present in these cases, the diagnosis of acute mastoiditis was obvious. Dr Breiten initiated treatment immediately using high, frequent doses of immune nutrients that emphasized Echinacea and Mahonia and included Myrrh, Capsicum, and vitamins A, C, E and zinc. Although *Silicea* is not usually indicated for fast-paced conditions, it is an important remedy for infections in bones and it came up strongly in the repertorization. Dr Breiten then called Dr Frances, who was just walking into the NUNM clinic where she was scheduled to supervise 3rd and 4th-year naturopathic students in clinic. Dr Frances called Dr. He began to respond quickly after the second dose, with a significant decrease in pain and redness and diminished swelling of cervical lymph glands. By the next day he was out of the woods and doing much better. The acute infection resolved quickly and completely, and although he was left with some residual symptoms of low-level, intermittent sharp pains, he was soon able to return to his previously active life of bicycling, Tai Chi, and fixing things. This case illustrates the gifts and potentials of our students and their teachers, which in this instance were impressive! The slightest touch to the affected area initiated excruciating pain and she was unable to lie on the affected side. Objective findings revealed an outbreak of small vesicular lesions consistent with a herpetic eruption, running along the right-upper trapezius muscle and into the rhomboid. Lymphadenopathy of right posterior cervical nodes was also evident. Homeopathic *Argentum metallicum C* was given. Twenty-four hours later she reported huge relief from the electric sensations and said she had slept through the night. Although homeopathic *Rhus tox* is often used to treat homeopathic *Rhus tox*, it is not the only remedy. The predominance of neuralgic pains in this case suggested another remedy entirely. As pharmaceuticals wane in potency, it becomes ever more imperative that we develop our skills in treating acute disease. It is not our medicine that is lacking, only our skills to apply it effectively; however, with enthusiasm and commitment, this can be changed! Storey Publishing LLC; Desktop Guide to Keynotes and Confirmatory Symptoms. Hahnemann Clinic Publishing; Materia Medica with Repertory. Dr Frances has been a popular lecturer at conferences around the country and has taught as adjunct faculty at both NCNM and Bastyr. She

has taught classes on herbal medicine, acute prescribing for NDs, dream work, and shamanic healing. She is strongly influenced by the traditional teachings of her Lakota ancestry. He and his family live and work in Ashland, OR, where he owns and operates an integrative clinic focused on the treatment of difficult, chronic disease. Although his work is always built on a firm foundation of homeopathy, botanical medicine, and nutrition, he also utilizes hyperbaric oxygen, IV therapies, and many other modalities. She took a 6-month sabbatical to Europe this year, where she had the opportunity to study in Greece with homeopath George Vithoukas. Dr Breiten practices in Ashland, OR. Her website is www.

3: Acute Cases in Moral Medicine : Edward F Burke :

In this article we elaborate on the concept of mature care, in which reciprocity is crucial. Emphasizing reciprocity challenges other comprehensions where care is understood as a one-sided activity, with either the carer.

Certain studies can be cited in support of what the physician desires, and studies pointing in a different direction can be ignored. Directive, emotive, and exaggerated language can be used to manipulate, especially when the likely outcomes of various options are under discussion. Numbers can be used in a similar way: Should a consult focus on the two-thirds of patients who have poor outcomes—or on the one-third who have good ones? These forms of manipulation are a persistent concern in clinical ethics, and they present themselves in dramatic fashion when medical teams discuss disability. Most often it is done on the down-low. Physicians are good at avoiding public scrutiny of their actions generally, and in these kinds of cases in particular. The distinctions between life-sustaining treatment that is morally required and that which may be foregone—pioneered by the Catholic moral theology in the late Middle Ages and early Modern period—are essential in these cases. But the principle of never aiming at the death of an innocent person—whether by action or omission—must remain absolutely exceptionless. This is what the dignity of the person requires, especially if one wishes to protect vulnerable populations who are at risk of being marginalized by those who find them inconvenient. Enter the current row over Alfie Evans. And indeed, there are important similarities. Like Charlie, Alfie has what appears to be a neurodegenerative disease, from which his UK doctors believe he will never recover. Like Charlie, Alfie has the support of many people around the world, including Pope Francis, who want his life to be sustained. There are some important differences between the cases, however. Charlie had been treated comprehensively by multiple kinds of medical teams, but Alfie has been seen almost exclusively by an acute care medical team. At the time of this writing, he has been breathing on his own for nearly two days. This procedure can in no way plausibly be described as foregoing burdensome or extraordinary treatment. Making sure that a disabled child has proper nutrition and hydration, especially when he cannot get it on his own, is not a medical act. It is basic human decency. Let us not mince words. Of course, as with Charlie before him, we had more than enough evidence to make such a judgment, even before Alfie was extubated. Given all that we still have to learn about the brain and its relationship to the functioning of a person, the judge may simply be wrong. Case studies show that patients who lack a cerebral cortex may still know who they are, crack jokes, and recognize themselves in photographs. Some children born with hydranencephaly can laugh and cry, understand the difference between familiar people and strangers, and prefer certain kinds of music. But even if we suppose the judge is correct, he and others are making the case that certain profoundly disabled children are unworthy of life. As bad as this trend is, when it is combined with other trends in the developed secular West, one can see a clear logical path to its getting even worse. We already see systematic ableism at work in the abortion rates of prenatal children with Down syndrome, with most Western countries eliminating these disabled individuals at a rate of between 70 and 90 percent. Belgium and the Netherlands have developed legal protocols to kill children after birth, often because of judgments about their quality of life. Many secular bioethicists have argued for actively killing disabled patients—a natural next step, since we are already aiming at their deaths by forgoing treatment. The developed secular West now finds itself at one of the most serious crossroads we can imagine. Will we follow the logic of the moral and legal principles laid out in countries like the UK, Belgium, and the Netherlands? Or can we muster the moral will to challenge such principles directly and forcibly? It is not a perfect historical analogy, but today the Church finds itself on the cusp of a similar moment. Will we once again be direct and forceful in defense of the vulnerable disabled who are at risk of being killed? Or will we capitulate to powerful institutions pushing a violent and ableist agenda that is at odds with our fundamental commitment—one required for our salvation—to see the face of Christ in disabled children? Enough with the deference to the medical and legal establishment and its judgements about which lives are worth living. Now is a time for choosing. The most vulnerable require our clear and uncompromising support.

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4: Acute (medicine) - Wikipedia

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6: Alfie Evans and Our Moral Crossroads | Charles C. Camosy | First Things

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