

## 1: The Cambridge Medical Ethics Workbook : Michael Parker :

*Cambridge University Press Cambridge, New York, Melbourne, Madrid, Cape Town, Singapore, São Paulo, Delhi, Dubai, Tokyo, Mexico City Cambridge University Press.*

In lieu of an abstract, here is a brief excerpt of the content: *Journal of the History of Philosophy Ethics and Political Philosophy*. Cambridge University Press, Oxford University Press, With the exception of the thought of Thomas Aquinas and John Duns Scotus, late medieval political and ethical philosophy has been neglected. Two recent books attempt to rectify this neglect. A translator of this volume, Matthew Kempshall, has also recently written a thorough analysis of the common good as it is discussed in late thirteenth-century scholasticism. Many of the texts discussed in this second book are translated by Kempshall in the first book. The selections are deliberately taken from lesser-known figures who are not often translated, such as Albert the Great, Godfrey of Fontaines, and Augustine of Ancona. The selections are carefully chosen to represent a wide variety of literary genres. For example, the selection from Albert is part of his commentary of Book X of the *Nicomachean Ethics*, [End Page ] whereas the selection from Godfrey is a *Quodlibetal Question*, and that from Augustine of Ancona is part of a treatise. Moreover, there are some selections that show developments within a particular genre. The selection from Albert focuses mostly on pleasure, the relationship between the active and the contemplative lives, and the connection between ethics and politics. His discussion of pleasure is philosophically important in light of twentieth-century discussions about reasons for actions. Moreover, these issues are all discussed in at least one of the other selections. Buridan makes fine distinctions that are relevant to contemporary debates about free will. Selections from Henry of Ghent, Godfrey of Fontaines, and James of Viterbo all address the topic of the relationship between self-love and the virtuous life. These passages are relevant to the question of whether there is egoism in ancient and medieval ethical thought. The volume is a companion to *The Cambridge History of Later Medieval Philosophy* and suffers from one of its weaknesses, which is that the selections can seem arbitrary. For example, the passage from Albert takes up nearly one quarter of the volume. Furthermore, sometimes the representation of an author by only one genre is misleading. One additional problem is that there are few notes to aid the reader. Sometimes the translations can be confusing. For example, in one passage "the Commentator" should be identified, since the name can apply to at least three individuals. More seriously, readers with little background in medieval thought might confuse the medieval referents signified in the translation by the words "state" or "love" with contemporary referents. The translations themselves are clear and the different translators follow a consistent set of guidelines. Anyone who tries to translate some of these passages for herself will understand that some

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*Ethics was a central preoccupation of medieval philosophers, and medieval ethical thought is rich, diverse, and inventive. Yet standard histories of ethics often skip quickly over the medievals, and histories of medieval philosophy often fail to do justice to the centrality of ethical concerns in medieval thought.*

Every effort has been made in preparing this publication to provide accurate and up-to-date information which is in accord with accepted standards and practice at the time of publication. Although case histories are drawn from actual cases, every effort has been made to disguise the identities of the individuals involved. Nevertheless, the authors, editors and publishers can make no warranties that the information contained herein is totally free from error, not least because clinical standards are constantly changing through research and regulation. The authors, editors and publishers therefore disclaim all liability for direct or consequential damages resulting from the use of material contained in this publication. Readers are strongly advised to pay careful attention to information provided by the manufacturer of any drugs or equipment that they plan to use.

Genetic identity, social justice and the moral status of the gene 71 4 Medical research: Study guide for teachers Appendix 2: Using keywords to explore this book Bibliography Index Cases 1 2 3 Death and dying: Ethical issues in multiple gestation 44 Mary B. Fulford Autonomy and informed consent in the ethics of the randomized controlled trial: We are all experienced teachers of medical ethics and law, and this book embodies the pedagogic methods and strategies in which we believe. It is fair to say that we are much less utilitarian in our approach than the dominant trend in British bioethics, for example. What might seem a pedantic issue of nomenclature has preoccupied the authors since we began planning for a second edition of the Cambridge Medical Ethics Workbook as long ago as We are aware that we have not always succeeded, but we strongly feel that the attempt is worth making. For the philosophically minded, our approach is more inductive and empirical: Two of us are in fact philosophers by training, one a lawyer, although we have all taught for many years in medical schools and collaborated with clinicians as research partners. While it was widely praised for being consciously practice-oriented, distinguishing itself from the topdown principlist approach, the previous workbook did embody a theoretical perspective based on respect for everyday ethics, experience, relationships and narratives. The addition of an entirely new component, the CD-ROM of six case studies, demonstrates that process. After watching an initial clip setting out an ethical dilemma from the areas of genetics, reproductive medicine or research, readers are asked what they would have done in the situation. At the end they are asked to reconsider or justify their original choice in the light of the further information and consequences. She was the most professional colleague and most imaginative collaborator any author could wish for. We owe deep gratitude to all of them. We hope they are as pleased as we are that it has come to fruition. Ron Berghmans of the University of Maastricht deserves special thanks not only for expanding his original contributions to Chapter 1 on death and dying, but also for volunteering a personal account of his own serious illness. Our thanks to him for his courage. Other contributors are listed under individual chapter headings. Richard Huxtable would like also to thank Genevieve Liveley for her encouragement, plus his colleagues and students for their support for “ and input both explicit and implicit into “ the book, which he dedicates to his Nan, Alma Huxtable. Donna Dickenson would like to dedicate this book to Elsie Vernon Hart, who is herself a case study in courage, endurance and laughter. It uses a variety of structured activities to introduce and to explore the major ethical issues facing medicine today. These activities are clustered around: In this way, the reader is guided through the core themes in medical ethics in a way which is appropriate for them and which is relevant to their own experience. Our aim is rather, through the active and structured exploration of core themes and key cases, to develop skills of independent study and research in ethics. This is an increasingly important requirement of healthcare professionals. An understanding of the ethical issues involved and of the way to balance and assess the validity of ethical arguments in relation to particular cases is a core skill in the development of an analytical approach to medicine. Good quality healthcare is ethical healthcare and a consideration of the ethical dimensions of decisionmaking in healthcare practice must form a cornerstone of good evidence-based practice. Recently teachers of medical ethics in UK medical schools

published a joint statement on the core themes and topics which ought to form the basis of any ethics curriculum Consensus statement by teachers of medical ethics and law in UK medical schools, Similar work is also currently being done by the Association of Teachers of Ethics in Australasian Medical Schools and developments are also proceeding apace in other countries. We do however provide a useful grid in appendix two, showing how the UK national core curriculum maps onto the chapters and subtopics of this workbook. The workbook is intended to be both a coherent approach to medical ethics and also a toolkit of resources for teachers and lecturers. The workbook is divided into three parts. When healing is no longer possible what ought to be the goals of medicine and of the healthcare professional? The second chapter in part one looks at the ethical issues raised by genetic testing and by the use of genetic information in clinical practice. The third chapter investigates the ethical implications of developments in reproductive technology. The fourth looks at the ethics of medical research itself and investigates the extent to which the research which is driving advances in medicine itself raises ethical issues “for those who organize and fund such research, for those clinicians who enrol their patients in research and for those of us who participate as research subjects. In part two of the workbook we look more specifically at four themes which permeate medical ethics: We do so by looking at the ethical issues raised by medicine and healthcare with three particularly vulnerable groups of patients. In keeping with the UK national curriculum in medical ethics, we also consider the vulnerabilities of clinicians. In chapter six we look at the ethics of mental health and of the treatment of psychiatric patients. And in chapter seven our attention turns to the ethics of work with children and young people. In part three of the workbook we explore some of the generic ethical issues relating to healthcare. In chapter eight, still by means of real cases, we investigate the ethical issues relating to the allocation of healthcare resources, questions of priority setting and just distribution. It hardly needs saying that these issues are increasingly important in all healthcare systems and across all clinical specialties. What exactly are the limits of such patient-centredness? To what extent is an ethical approach based on the concerns of individual patients capable of addressing the role of relationships and the duty of care which appear to be central to ethical healthcare practice? The existence of the workbook depends a great deal upon the willingness and enthusiasm of those who have provided us with cases, papers and commentaries and so on. We feel that this makes the workbook both up to date and vibrant as a way of learning about medical ethics. But times change and so do the ethical issues in medicine. It is our intention to update the workbook in the future and in order to do that we will need new cases and papers. If you have any comments on the workbook or any suggestions for how it might be improved, or if you have cases which would work well as educational tools we would be very pleased to hear from you. You can contact us on michael. Firstly, such an approach cuts across disciplinary and cultural boundaries. It is at the same time an approach which is capable of facilitating the development of the skills necessary for a rigorous and consistent analytical approach to the ethics of healthcare practice.

**Acknowledgements** We owe thanks to a great many people for their help and advice with this workbook over the three years it has taken us to write it. The cases and papers used have been gathered from all over the European Union, the United States and Australia. We would also like to acknowledge the role of Imperial College London who supported us through the later stages of the EC project. Michael Parker would like to thank Julian Savulescu, the University of Melbourne Visiting Scholars Scheme and the Centre for Health and Society at the University of Melbourne for providing him with a Visiting Fellowship in summer which enabled him to work on this book and to write two additional chapters and to see the Barrier Reef. Thanks too to Elena Iriarte-Jalle. We would also like to acknowledge the contribution made by those who participated in the EBEPE workshops without whom this workbook would not have been possible. The success of the project was a result of the teamwork and support of our project partners. Many of the EBEPE participants and partners provided the commentaries, papers and cases which form the core of the workbook. Those who contributed papers or commentaries are acknowledged where their work appears in the workbook itself. First drafts of all the chapters were sent to critical readers in several countries for critical comment. Their comments and criticisms have been central to the success of the workbook. The critical readers were: Michael Parker Donna Dickenson xvi Notes 1. In the second edition, we have replaced this with an appendix mapping a common system of keywords against the contents of this book. The second edition is not similarly divided. Cases in

medical ethics and law: If the process starts, go to step 5 below. Follow the on-screen instructions to complete the installation. Published by Cambridge University Press. Manufactured in the United Kingdom. Not for sale separately. The consequences are serious for patients, health care providers, family members, and society. However, the manner in which we each will die is a matter of great concern and conjecture, not least given the considerable advances presented to us by modern medicine. It is nowadays possible for us to delay death and, in many cases, to enable those who would previously have died prematurely to recover and to live full and healthy lives. Such techniques also allow us to exert a greater degree of control over the processes of dying, even when full recovery is not possible. The occurrence of such requests, along with the opportunities and challenges that modern medical techniques simultaneously present, raise a host of important ethical questions. In this chapter we will explore various dilemmas that arise in end-of-life care. In doing so we will consider two fundamental questions: This will prompt us to ask such questions as: Or, instead, is the value to be determined by the individual, such that it is for him or her to decide when life is " or is not " worthwhile? And what is medical expertise supposed to achieve, particularly when the patient is nearing the end of his or her life? In other words, if we cannot heal the patient, then what should be the goal of medicine and of the healthcare professional? These questions undoubtedly have great relevance in the context of end-of-life decision-making " and, we suggest, they also underpin many of the other ethical issues that we will explore throughout this book. As such, your reading of this chapter should give you some of the philosophical tools that will help you to think through the other areas of medical practice you will encounter. In order to explore these questions we will introduce a range of real clinical cases. This case was referred to us by the bioethicist Alastair Campbell and, unlike many of the cases we will discuss, the patient, Anna, was happy to be named " indeed, she was keen for the issues to be debated as widely as possible, as Campbell explains Campbell, , p. The case of Anna Six and a half years ago I met a woman called Anna for the last time.

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### 5: " "The Cambridge Companion to Medieval Ethics" (Williams, ed.) LAW AND RELIGION FORUM

*Hong Kong Med J Vol 8 No 5 October BOOK REVIEW The editors of this Cambridge workbook should be congratulated for its success in rendering medical ethics.*

### 6: The Cambridge History of Later Medieval Philosophy: From the Rediscovery of - Google Books

*Book Summary: The title of this book is The Cambridge Medical Ethics Workbook (Cambridge Medicine (Paperback)) and it was written by Emeritus Donna Dickenson, Richard Huxtable, Professor Michael Parker. This particular edition is in a Paperback format.*

*Jonathan, my son. III. The unfortunate lovers. Love and honour. Entertainment at Rutland house. The siege of Rhodes. Yoga for your brain riddle book Fe review manual 3rd edition Uniting a Divided City Much majesty (The bookmark reading program) Accepted by Christ Melanie Welsch Italy, in its original glory, ruine and revival Affinity designer trimming itself Creating inspiration Beyond 25 percent Scandinavian fairy tales To software Europe: Reading, Writing, Research : 100 Reproducible Activities New Christians Start Here with CD (Audio) Youre divine, valentine! Public venues and functions Poems From My Bleeding Heart Inventory transactions The mediation of Christ Childrens art: an annotated chronology by Jonathan Fineberg, Olga Ivashkevich, and Mysoon Rizk. The Way Of The Master Evidence Bible An after-dinners sleep Clematis as companion plants The Lieder Anthology Low Voice Wings of Oppression Planets and gravity The doctrine of the freedom of the will in Fichtes philosophy. The Merry Wives of Windsor (Websters Italian Thesaurus Edition) Some reflexes of the Indo-European laryngeals in the Slav prosodic paradigms Christian ebook s Food and nutrition anita tull Charles Davenport publishes Eugenics : the science of human improvement by better breeding Reconciling : its horrible to sin, but wonderful to be forgiven The work of Graham Sutherland. The x-files (1993-2002) Rethinking social welfare Retelling the story of a language : Afrikaans in the new South Africa. Legend of korra book Mrs. Flints married experience.*