

Drawing the line - life, death, and ethical choices in an American Hospital

Oxford University Press - Pikuach nefesh



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- Medical ethics
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Drawing the Line: Life, Death, and Ethical Choices in an American Hospital by Samuel Gorovitz 0195044282 9780195044287

Nothing that I know about.

Philosophy 350: Death, Dying and the Quality of Life

Once we base the right to life on 'quality of life' standards, there is no logical place to draw the line. But going thirty feet outside the hospital is not much different for staff than going thirty feet inside.

Queens College, City University of New York

Care of the Dying Patient The interest of procuring organs must not interfere with optimal patient management during the dying process. For NHBCDs, however, the presence of an operating room anesthesiologist is both unnecessary and potentially harmful. It's going away because of society and lawyers.

Subject Matter

On a national scale, health promotion may reflect policies formulated as a result of a political democratic process, but on the local or organizational level, the question might be raised as to who represents the community residents. But in America, hugging or, indeed, even a pat on the back is now considered so dangerous that teachers can't do it. The relevant issue is whether you can prove your position.

Queens College, City University of New York

The specialties of internal medicine, family medicine, and intensive care medicine have designated core curricula, including specific training in end-of-life care, terminal weaning of ventilator support, palliative care, and legal and ethical dimensions of decisions and procedures during withdrawal of life-sustaining therapies. It has promulgated a pledge not to participate in any such work. This must include information about the process of removing life-sustaining therapy, the process of declaring death and organ procurement, the possibility of a protracted death that disqualifies the

patient from donating organs, and any procedures that might be performed prior to death.

Euthanasia and Assisted Suicide

The central arguments are detailed, carefully constructed, empirically well grounded, and are presented in cogent, clear prose with an economy of style, all of which are helpful to the reader in readily identifying loci of agreement and disagreement.

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Unsourced material may be challenged and. The Ethics consultant will review the decisions and write a summary of the discussion with the patient or surrogate in the medical record. The reason: They are suffering 'needlessly'; their lives are 'useless'; they are terminally ill, or comatose, or have nothing to live for.

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