

## Alliant International University, Fresno

Lynelle Marie Lynn, *Personal Values Associated with Opinions about Elective Abortion*. Lillian B. Harrison, adviser. 2006.

In this study, values of pro-life and pro-choice individuals were compared and contrasted using Canfield's Values Questionnaire. Participants rated eight abortion favorability items to determine assignment into one of five categories: pro-life, mostly pro-life, neutral, mostly pro-choice, and pro-choice. The hypotheses included (a) individuals who favor elective abortion would provide higher ratings on the following personal values: to have an exciting life, to accomplish life goals, to carry out commitments, to be socially recognized; (b) individuals who disfavor elective abortion would provide higher ratings on the following personal values: to be religious, to be involved with family, to love and take care of family, to be obedient, to have restraint, to be spiritual; (c) individuals who have favorable and unfavorable opinions about elective abortions will rate the following items similarly: to be faithful; to be loyal; to have self-respect; to be free; to be content, happy; to be caring; to be kind. The value items were converted to *z* scores, and three independent-samples *t* tests were run. Although there were significant differences on values between the individuals in the pro-life and pro-choice groups, the value that differentiated the groups most successfully was *to be religious* and *to be spiritual*. This difference supports the conclusion that there are underlying religious and spiritual factors in the abortion controversy. — Abstract from *Dissertation Abstracts International*, publ. no. AAT 3207709, DAI-B 67/02 (August 2006): 1157.

## Alphonsian Academy of the Pontifical Lateran Academy (Italy)

Charles N. Rowe, *The Diocesan Bishop's Pastoral Responsibility for the Ethically Correct Care of Critically Ill Patients at Catholic Health Care Facilities in the United States*. Rev. Maurizio Faggioni, O.F.M., adviser. 2006.

In this dissertation the pastoral responsibility of the diocesan bishop to critically ill patients in Catholic health care facilities in the United States is studied. Ethical criteria for the care of such patients are developed in the light of an anthropology based on ontological personalism and receive further illumination from the Gospel vision of the human person as interpreted by the magisterium. An ethical framework for the care of the critically ill in Catholic institutions is sketched, with special attention to the danger of euthanasia. The bishop's responsibilities with respect to this class of patients are elicited from an examination of recent magisterial teaching and canonical legislation.—Abstract from the author, July 2006.

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## Boston College

Dominic Francis Doyle, *On the Theological Foundations for a Contemporary Christian Humanism: Thomas Aquinas on Hope* (Charles Taylor, Nicholas Boyle, Juergen Moltmann, Nicholas Wolterstorff). Michael Buckley, adviser. 2006.

The retrieval of Christian humanism by Charles Taylor and Nicholas Boyle asserts

that Christianity contributes to (1) the movement of religious transcendence toward God and (2) the construction of the present human good. It lacks, however, adequate theological foundation. Earlier Christian humanists, appealing to the doctrine of the Incarnation, provide partial foundations. Hope (1) moves the believer to future, transcendent union with God and (2) anticipates this now as the good for the human person and also leans on God as the present help for any good. This twofold correlation with Christian humanism suggests that hope extends the foundation from faith's doctrinal assent to hope's volitional movement. The second chapter addresses objections (by Juergen Moltmann and Nicholas Wolterstorff) that understand Thomistic hope as irrelevant to social transformation. These objections overlook certain Thomistic principles (e.g., "grace perfects nature"), which are therefore presented briefly. Aquinas's treatment of hope (chapter three) is then applied constructively to the question of this inquiry (in chapter four). As motion toward God that begins to actualize the content of faith, hope brings faith's intellectual assent into the practical realm and thus includes the first element of Christian humanism: a credible movement of religious transcendence. Hope includes the second element of Christian humanism, since it becomes virtuous by depending on God for *any* hoped-for good. Hope, therefore, includes present ethical endeavors. As intention, hope intends the final good as something to be obtained through secondary goods. It thus dignifies the project of constructing the temporal good. Not only does hope extend to these secondary goods, it comprehensively grounds them as the foundational disposition in which all acts are performed. This is seen, negatively, in despair's status the "origin of all sin" and, positively, in hope as a preamble to the Law and as the mode of the beatitudes. — Abstract from *Dissertation Abstracts International*, publ. no. AAT 3201566, DAI-A 67/01 (July 2006): 226.

## Brandeis University

**Anja J. Karnein, *Liberty vs. Progress? The Ethical Implications of Contemporary Biomedicine in Germany and the United States*. Jeffrey B. Abramson, adviser. 2005.**

This dissertation examines the moral debates surrounding stem cell research, therapeutic cloning, pre-implantation genetic diagnosis, genetic engineering, and reproductive cloning in Germany and the United States—two nations with quite different attitudes toward the moral status of the human embryo and the importance of individual reproductive choice. Germany went into the abortion debate with a concept of human dignity which, as it was applied by the Constitutional Court, protected the dignity of the embryo as human life and denied, at least *de jure*, a woman the right to make her own reproductive choices. Today, German politicians and legislators are seeking ways to adjust the concept of human dignity to permit at least some medical procedures that involve the destruction of embryos. The author argues in favor of this shift but suggests that it is problematic because the notion that human dignity is absolute and unconditional, extending equally to all members of the human race, was the legal foundation of a new Germany dedicated to preventing a reoccurrence of the horrors of the Holocaust. The United States emerged from the abortion decision with a theory of personal privacy that gave legal priority to a woman's control of her body over any asserted right-to-life of the embryo. American law thus gave no thought to what our obligations to the embryo might be in situations where they do not come into conflict with a woman's right to control her own body. But these are precisely the practical situations brought about by medical, as opposed to reproductive, uses of embryos. Today, American liberalism is challenged to clarify its goals: to pursue the new technologies in the name of freedom regardless of the moral "costs," or to reconsider some of its traditional values (such as the prevention of harm) and risk having to reject at least those new technologies that threaten these values.

— Abstract from *Dissertation Abstracts International*, publ. no. AAT 3179263, DAI-A 66/06 (December 2005): 2370.

stract from *Dissertation Abstracts International*, publ. no. MR10190, MAI 44/03 (June 2006): 138.

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## Concordia University (Canada)

**Julia Thomson, *Roe v. Morgentaler: Comparative Abortion Policy Development in the United States and Canada*. 2005.**

Canadian and American abortion policies took suddenly divergent paths after those countries' respective Supreme Court decisions on the constitutionality of abortion; *Roe v. Wade* and *Morgentaler v. the Queen*. The question guiding this research is therefore why, with similar interest groups and policy legacies, has abortion policy diverged in Canada and the United States since *Morgentaler* and *Roe*? The thesis seeks to uncover the institutional access and veto points in order to explain these recently divergent abortion policies. This thesis uses historical institutionalism to seek explanations for this policy divergence. This thesis uses the comparative method to flesh out institutional similarities and differences that account for divergent abortion policy development in Canada and the United States since the 1970s. The comparative method used here involves the detailed analysis of Canadian and American abortion policy over time and the institutions influencing its development. The dependent variable is therefore abortion policy, while the independent variables are the institutional structures of the two states. The thesis concludes that because of the policy legacy created through *Roe*, and the permeability of the Republican Party by anti-abortion forces, the American abortion debate centers on judicial nominations and fierce Supreme Court battles. Conversely, the Canadian abortion debate continues along the same path, that of deference to the medical profession, that it did prior to *Morgentaler*. These institutional access and veto points therefore explain the divergent policy paths taken by the United States and Canada after *Roe* and *Morgentaler*. — Ab-

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## Graduate Theological Union

**Mary Joan McDonough, *Can Marketing Health Care Be Moral? A Catholic Analysis of Using Market Practices in Providing Health Care*. Richard M. Gula, adviser. 2005.**

The distribution of health care is a longstanding problem in the United States. Efforts to achieve universal health-care coverage have chronically failed. While there is some general agreement on why the distribution of health care is growing increasingly difficult, there is no consensus on what approach to distributing health care will best address this situation. Since the encyclical letter *Pacem in terris* of Pope John XXIII (1963), the most systematic of modern papal statements on human rights, the Catholic Church has been an advocate for access to health care as a right fundamental to the dignity of the person and the common good. However, Catholic social ethics has yet to grapple substantially with the details of how to fund and distribute health care. Market mechanisms continue to prevail as the way to contain costs. But, in general, the Church views capitalism with suspicion because of its undue emphasis on individualism and self-interest. In light of Catholic social teaching, this dissertation examines two approaches to the funding and distribution of health care. One approach is known as the market organization approach. It is exemplified in the works of four secular economists: Milton Friedman, Regina Herzlinger, Mark Pauly, and Alain Enthoven and emphasizes profit, private enterprise, and competition. The second approach is known as the value dimension approach. Its advocate is Daniel Callahan. He calls for a reconsideration of the basic goals of medicine, particularly the notion of medical progress. This dissertation argues that Catholic social thought can accept

certain market mechanisms for the funding and distribution of health care from the market organization approach provided these mechanisms are integrated with a value dimension approach — Abstract from *Dissertation Abstracts International*, publ. no. 3196566, DAI-A 66/11 (May 2006): 4066.

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## Harvard University

**Kathleen Pakos Rimer, *Spiritual Care and Transformative Learning in a Biomedical Context: Clinical Pastoral Education for Healthcare Providers*. Robert Kegan, adviser. 2005.**

While interest in spirituality in medicine has increased in recent years, medical educators have considered whether and how aspects of “spiritual care” should be taught in medical and nursing schools, or as courses in continuing medical education. Critics in both medicine and religion worry about the ethics and appropriateness of a cross-discipline endeavor that may be vaguely defined and highly variable in different settings. This study of eleven health-care providers who engaged in a five-month unit of clinical pastoral education (CPE) suggests that the more than fifty-year-old curriculum in clinical pastoral education, originally designed for the training of hospital chaplains, in fact represents a practical way of teaching “spiritual care” that emphasizes clinician–patient relationships, the development of professional and personal boundaries, respect for and suggestions for communicating with patients of different faith traditions (including agnostics and nonbelievers), and self-care. With its emphasis on narrative and life-story, CPE invites participants to recount the foundational stories of their professional development and reflect on the meanings they make of their work. This thesis makes explicit the learning goals of the CPE curriculum for health-care professionals, and brings them into dialogue with Robert Kegan’s constructive-developmental theory of adulthood. The author reflects on the developmental demand implicit in the capacity to deliver spiritual care

with “well-bounded empathy,” which is a primary emphasis of learning in the course. The author concludes by suggesting that the integration of spiritual care in biomedicine represents an invitation to round out and develop the medical disciplines. She warns against clinicians’ treating their patients “spiritually” without adequate training or supervision, or with underdeveloped curricula. Rather, the author points medical educators to look outside their tradition to the resources available through CPE, and to deepen alliances with hospital-based CPE training centers.— Abstract from *Dissertation Abstracts International*, publ. no. 3196236, DAI-A 66/11 (May 2006): 6315.

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## Kent State University

**Timothy D. Newman, *Links between Ethics and Public Policy: A Q Methodological Study of Physician-Assisted Suicide and Euthanasia*. Steven R. Brown and Jennifer P. Maxwell, advisers. 2005.**

This dissertation used Q methodology to measure and analyze the moral and political positions of various actors who have an interest in the issue of physician-aided dying. The population studied included health-care professionals, legal professionals, members of the clergy and religious orders, social workers, care-givers, ethicists, and the aged and infirm, all of whom composed the primary decision-making group for end-of-life issues. There were forty-one participants in this study. Thirty-six of the forty-one participants who completed the Q-sorting portion of the study also completed a public policy survey. A factor analysis and a judgmental rotation of the factors were performed, from which a three-factor solution emerged (referred to in the text as Factor A, Factor B, and Factor C). Factor B, the only Q factor that correlated significantly with a policy factor, supports a policy program that would reform the existing legal system in order to accommodate its moral reasoning. Factor A is distinguished by its belief that physician-assisted suicide (PAS) and eu-

thanasia are inimical to physicians' moral duty and are fundamentally wrong. Factors B and C believe that physician-assisted dying can, for some patients, increase the prospects for dying well and that the medical and legal system should evolve to accept that perspective. Factor C is more focused than Factor B on emphasizing that PAS and euthanasia do not signify a failure of physicians to follow their moral duty toward their patients and society. —Abstract from *Dissertation Abstracts International*, publ. no. AAT 3171092, DAI-A 66/04 (October 2005): 1486.

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## Marywood University

**Theresa Kathryn Liberatori, *Perceptions of Hospice Social Workers on Two End-of-Life Care Policies: Total Sedation and Client Self-Determination in End-of-Life Decisions*. George Haskett, adviser. 2005.**

Dying is an inevitable part of the human condition. Dying badly is not. Too many Americans die unnecessarily bad deaths: deaths that efface dignity and deny individuals self-control and choices. As the population ages and medical technology advances, examination of end-of-life care issues has become increasingly important. Hospice social workers are critically involved in a variety of end-of-life care issues. Few studies exist regarding hospice social workers' perceptions of end-of-life care issues; hence, no formal, empirically based theories exist. The purpose of this grounded theory study was to generate a theory about hospice social workers' perceptions of two end-of-life care policies: *Total Sedation*, issued by the National Hospice and Palliative Care Organization, and *Client Self-Determination in End-of-Life Decisions*, issued by the National Association of Social Workers. The theory evolved from qualitative data analysis, a framework for understanding the perceptions of hospice social workers, which ultimately contributes to the extent these policies are being implemented. Analysis of the data indicated that the value of patients' self-determination and the importance

of the quality of life form the foundation on which hospice social workers based their perceptions of the two end-of-life care policies. The findings underscore the need for hospice social workers to examine their personal experiences, issues, and values regarding quality of life and end-of-life care, the need for increased education about multiple emerging quality-of-life issues, the need for an examination of the communication gap concerning how hospice social workers become aware of policies, the need for an end-of-life coalition in Pennsylvania, and the need for health-care professionals to promulgate national and state policies that encourage knowledge and protocols about quality care near the end of life. —Abstract from *Dissertation Abstracts International*, publ. no. AAT 3176916, DAI-B 66/05 (November 2005): 2494.

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## Southern Connecticut State University

**Diane M. Sullivan, *The Readiness of Critical Care Nurses to Identify Donor Candidates as Potential Organ Donors*. Susan Killion, adviser. 2005.**

The role of the critical care nurse is key in narrowing the gap between the supply and demand of organs needed to save lives. A descriptive study was conducted to assess eighty-two critical care registered nurses' readiness to recognize and report patients suitable for organ donation. A sixteen-question survey was mailed to assess four variables: knowledge, comfort level, training, and attitude to determine readiness. The findings of the study identified the knowledge, comfort level, training, and attitude of critical care nurses in successful procedures for requesting organ donation and found that there were limitations in these areas. While most critical care nurses supported organ donation, the majority of nurses did not have adequate training in family grief counseling as a means for explaining brain death or making donor requests. This study found that critical care nurses were ready to increase the

number of organ donations with more training in these areas by improving their knowledge, comfort, and attitude. — Abstract from *Dissertation Abstracts International*, publ. no. AAT 1427747, MAI 44/01 (February 2006): 318.

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## Texas A&M University

**Donald Reed House, Jr.,** *The Cost of Dying on Medicare: An Analysis of Expenditure Data.* **Thomas R. Saving,** adviser. 2005.

Roughly one third of Medicare expenditures are made on behalf of beneficiaries in their terminal year, although only five percent of the Medicare-covered population dies annually. Per-capita spending on decedents is as much as six times the level of spending on survivors. The demographic, technological, and political trends that will determine the future path of spending on terminal-year beneficiaries have important implications for the fiscal well-being of the Medicare program and, by extension, the American taxpayer. Coming to an understanding of the moving parts that will control the path of the cost of dying on Medicare is vital for careful consideration of Medicare's future, and for any discussions about further reform of the program. Analysis of expenditures in the terminal year must be made while keeping in mind the fact that major expenditures are often made in surviving years. The spike in spending in the terminal period rightly focuses attention to expenditures near death, but also we should proceed in its analysis keeping in mind that it is not the only spell of elevated medical spending for a typical individual. Given those cautions, however, the cost of dying on Medicare stands as an important area of economic inquiry and policy consideration. As total Medicare expenditures top a quarter trillion dollars, the third of that spending which covers treatments in beneficiaries' terminal years ought to be understood more fully than it is currently. — Abstract from *Dissertation Abstracts International*, publ. no. AAT 3189546, DAI-A 66/09 (March 2006): 3383.

## University of Arkansas

**Charlotte Gibson Butler,** *Attitudes toward Physician-Assisted Suicide: A Survey of Nursing Students in Arkansas.* **Zettie Page,** adviser. 2005.

The purpose of this study was to examine the attitudes of senior-level nursing students in Arkansas toward physician-assisted suicide (PAS) and identify what factors influenced their attitudes. The target population for this study was generic nursing students enrolled in registered nursing programs at the bachelor's, diploma, and associate's degree levels. A mixed method approach was used that incorporated both qualitative and quantitative techniques for data collection. A sample of 246 students completed a questionnaire that contained a twelve-item scale that measured attitudes toward PAS. The questionnaire also contained a list of questions designed to measure experience with terminality and level of education on PAS. Findings revealed that students had an overall ambivalent or neutral attitude toward PAS on one level of measurement. Additional analysis on statements related to PAS indicated that students supported the moral justification of assisted dying in seriously ill patients and the autonomous right of terminally ill patients to end their lives. However, the majority of the students were opposed to the use of PAS in children. Findings also revealed that students approved of the active participation of nurses in PAS including the administration of lethal doses of medication. Factors found to be significant in influencing students' attitudes included race, religiosity, degree status, and education on PAS. African-American students were found to be more opposed to PAS as compared to other ethnic groups. Students who rated religion as being of no importance were more supportive of PAS as compared to students who rated religion as being very important. Students in higher degree programs (BSN) were more opposed to PAS than students in the lower degree programs. In regard to education, students who reported having a high level of knowledge on PAS and other end-of-life care issues were more opposed to PAS than stu-

dents who reported that they had very little or a low level of knowledge about PAS. Students reported a lack of knowledge related to pain control, symptom management, and legal and ethical issues involving PAS. Students expressed a need for more theoretical and clinical exposure to hospice and caring for dying patients. — Abstract from *Dissertation Abstracts International*, publ. no. AAT 3201491, DAI-A 67/01 (July 2006 ): 330.

search shows, the very policies that purport to give women more control over their lives paradoxically end up subjecting them to the external control of an indifferent bureaucracy while at the same time reinforcing local status hierarchies. — Abstract from *Dissertation Abstracts International*, publ. no. AAT 3195043, DAI-A 66/11 (May 2006): 4076.

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## The University of Chicago

**Kimberly L. Mills, *Reproducing the Nation: The Politics of Family Planning in Tunisia*. Jean Comaroff, adviser. 2005.**

This dissertation deals with the transformation of women, families, and states through family planning. The planning of the family involves more than opening up the fecund body to medical manipulation; it brings together a complex web of discourses and practices ranging from intimate sites of bodily intervention to the global politics of aid distribution. The author argues that the Tunisian nation itself is imagined through the currency of Tunisian women, in particular as represented by their perceived status and reproductive conduct. The Office National de la Famille et de la Population Planning Familial (ONFP) declares as its real aim not only practical decreases in birth rates, but also the transformation of Tunisian society, and its global reputation, through the planning of births. This research illuminates both the unifying and divisive effects of population policy. This dissertation is based on ethnographic fieldwork in hospitals and family planning clinics in both rural and urban areas. The author conducted interviews and participant observation among medical professionals, including midwives and social workers, as well as with the largely lower-class populations of women that they serve. The perspectives of these two groups reveal the ways in which local discourses such as honor and respectability become central both to the implementation of family planning programs and to their contestation. As this re-

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## University of Florida

**Jie Deng, *Neurogenesis of Adult Stem Cells from the Liver and Bone Marrow*. Bryon E. Petersen, adviser. 2005.**

Recent reports of the adult stem cell multipotencies have generated tremendous interest regarding their potential therapeutic value, while bypassing ethical concerns surrounding the use of human embryonic stem cells. Among the different adult stem cells, the bone-marrow-derived mesenchymal stem cells (MSCs) may represent the best hope for cell replacement therapy since, in addition to their multipotency and accessibility, MSCs may also be used in autologous transplantations to minimize immune rejection. The isolation of a large number of hepatic oval cells (HOCs) holds tremendous promise as a source for liver transplantation in treating both acute and chronic liver failure. With the recent reports of the trans-differentiation of oval cells into the insulin-producing pancreatic cells, as well as neural-like cells *in vivo*, using HOCs in treating diseased tissues other than liver may also be possible. The use of stem cell therapy in treating neurodegenerative disorders has attracted considerable attention lately. In Parkinson's disease, the engraftment of fetal mesencephalic neurons, which are rich in post-mitotic dopaminergic neurons, has significantly improved patient symptoms. But [since utilization of embryonic tissue is] limited by ethical issues as well as short supplies, the alternative use of adult stem cells has moved to the forefront of the research. The trans-differentiation of MSCs into neural cell types has been explored extensively, with several groups reporting that these stem cells can trans-dif-

ferentiate into neurons, astrocytes, and microglia. However, controversies over the adult stem cell multipotency arose after reports of failures to repeat several significant previous experiments, as well as confounding factors of possible cell contamination or fusion. In an attempt to clarify these issues, the author studied two types of adult stem cells, the mesenchymal bone marrow derived cells (BMDCs) and the hepatic oval cells. There is a significant difference between these two types of adult stem cell in their capability to differentiate into neural phenotypes. While the BMDCs spontaneously generate neurogenic and astrogenic progenitors, HOCs showed little sign of neural trans-differentiation capability in vitro. However, both BMDCs and HOCs differentiated and expressed neural-specific proteins after they were grafted into the neurogenic subependymal zone of the neonatal mouse brains.— Abstract from *Dissertation Abstracts International*, DAI-B 66/06 (December 2005): 2906.

sive sampling approach was used. Open-ended, semi-structured interviews were conducted with twelve Muslim physicians who work in the United States. Data were analyzed using qualitative content analysis. Five themes emerged from the data: death and life are in God's hand; asking for a delay; cannot impose my religion; comfortable and dignified death; and cultural perspectives. Results of this study imply that physicians need to acknowledge their own beliefs in the decisions to withhold and withdraw treatment. There is a need for professional guidelines that guide physicians as well as other health-care providers in their recommendations to withhold or withdraw treatment. A unified definition of life-limiting illnesses needs to be established to ease the confusion at the end of life. Further research to explore the complexity of decisions to withhold and withdraw life-sustaining treatment is still needed.— Abstract from *Dissertation Abstracts International*, publ. no. AAT 3196524, DAI-B 66/11 (May 2006): 5903.

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## The University of Kansas

**Wejdan Abdelkareem Khater, *United States Muslim Physicians' Attitudes toward Withholding and Withdrawing Life-Sustaining Treatment: A Qualitative Study*. Sarah Thompson, adviser. 2005.**

Decisions to withhold and withdraw life-sustaining treatment are believed to be influenced by physicians' attitudes and beliefs about this issue. Although the number of Muslim physicians is increasing in the United States, little is known about their attitudes and beliefs about withholding and withdrawing life-sustaining treatment from patients with life-limiting illnesses. The specific aim of the study was to identify Muslim physicians' perspectives of factors that influence their recommendations to withhold or withdraw life-sustaining treatment from patients with life-limiting illness, as well as explore their attitudes and beliefs about withholding and withdrawing life-sustaining treatment. A qualitative method based on naturalistic design was used in this study. A purpo-

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## University of Manitoba (Canada)

**Michael J. Caligiuri, *Roman Catholic and Transhumanist Ethical Responses to Body Augmentation Technologies*. 2005.**

Human body augmentation technologies are approaching levels of integration that challenge current standards of normal biological function and give rise to the possibility of human-machine hybrids that exceed current human sensory and memory abilities. This thesis examines two approaches toward ethical evaluation of such augmentations and attempts to show how precedent and beliefs can shape guidelines as to how far an individual may proceed in modifying the human body with advanced technologies such as artificial organs, limbs, and nanotechnology. Selected Roman Catholic medical ethics is considered alongside transhumanist philosophy in order to view how the body is interpreted in regard to augmentation surgeries and technology. While both parties ask similar questions with



regard to the good of the individual and the common good of society, they come to differing conclusions on how body augmentation technologies will affect humanity. The thesis outlines the concepts of natural law, mutilation, totality, stewardship, and authenticity. Questions and answers regarding human happiness, the body, senses, and law are drawn from tradition and doctors of the Church, such as St. Thomas Aquinas, and from the writings of those advocating a post-human approach to augmentation issues. The dignity of the person as well as equality and human health lead to the conclusion that, based on precedent and natural law, body augmentation technologies should be limited in scope particularly when advocating changes to human reason or reproductive processes.— Abstract from *Dissertation Abstracts International*, publ. no. AAT MR05263, MAI 44/02 (April 2006): 652.

of science or the saving of other lives. Finally, the author studies the possibility of research using dead embryos. Since such research involves cooperation in the creation and destruction of embryos, however, one cannot use the remains of those mistreated embryos. Finally, the author considers the possibility of allowing stored embryos to die, that is, disconnecting the cryopreservation systems. Although this could not be considered a direct attack against their lives, the author concludes that [cryopreservation] has to be maintained, even though there is a serious reason to suspend it. The lives of frozen embryos have to be conserved to the fullest extent possible, so they have to be cryopreserved until someone is found to adopt them. If it is eventually impossible to maintain the support system and there is nobody to take care of them, they may be left to die.— Abstract from *Dissertation Abstracts International*, DAI-C 67/01 (Spring 2006): 52.

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### University of Navarre (Spain)

**Enrique Bonet Farriol, *The Theological Debate about the Destiny of Cryopreserved Human Embryos* [in Spanish]. 2005.**

The present work attempts to make a study from the moral point of view about the solutions given to the destiny of the frozen human embryos. The first part of the thesis gives an overview of the magnitude of the problem, showing the number of frozen embryos in different representative countries and how that number is increasing. The real, first solution to the problem is an end to cryopreservation. In the second part of the work the author offers a moral response to situation of already frozen embryos. The first alternative is prenatal adoption. The author defends the morality of this practice against [the claim that it is] an *intrinsece malum*. The author concludes that prenatal adoption is more a matter of adoption than generation. The next chapter of the work studies the possibility of research involving [“excess”] embryos and concludes that it is immoral to sacrifice human life for the sake of other values, like the progress

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### University of Toronto (Canada)

**Kelly Holloway, *Choice and the Reproductive Supermarket: A Content Analysis of Documents Produced by Pharmaceutical Corporation Serono*. 2005.**

This qualitative study explores the way infertility is constructed in documents produced by Serono, the top pharmaceutical company that markets reproductive technologies to couples with problems conceiving ([www.serono-canada.ca](http://www.serono-canada.ca)). From a critical realist perspective, the study draws on feminist bioethics and social constructionism as theoretical models. Content analysis was used to examine patient brochures, a magazine supplement, and a Web site. The major themes that emerged from this analysis are construction of infertility, infertility and medical treatment, and the technologization of infertility. The documents pose infertility as a problem deserving medical treatment by suggesting that biological birth is normal and natural, and that factors that thwart that process are abnormal

and dysfunctional. Implicit is a subtle social agenda that "normal" heterosexual partnerships require the ability to produce biological children. Given this dynamic, infertility deserves a medical cure. This cure is then linked to the development of new reproductive technologies. — Abstract from *Dissertation Abstracts International*, publ. no. AAT MR07480, MAI 44/02 (April 2006): 837.

**Sara Deborah Urowitz, *Autonomy and AIDS: Preferred Role in Decision Making among Individuals Registered with an HIV/AIDS Observational Database*. 2005.**

Respect for autonomy underpins North American bioethics. This study examines empiric the preferred role of people living with HIV/AIDS, a population widely believed to be both knowledgeable about their disease and actively involved in making treatment decisions. People with HIV/AIDS being treated at nine specialty care clinics and three primary care practices affiliated with the HIV Ontario Observational Database (HOOD) were surveyed. Participation required previous consent to participate in HOOD-related research, ability to read and complete a questionnaire in English, and a clinic visit during the study period. The clinics distributed 809 surveys between July 1999 and February 2000 and obtained 431 responses (53.3 percent). The survey included questions about preferred role in treatment decision making, satisfaction with role played, trust in physicians, use of different sources of information and the perceived helpfulness of each, and health status. Demographic information was obtained by anonymous data merger with the HOOD database. Only one respondent (0.2 percent) was categorized as autonomous/consumerist; 20.9 percent were passive while 78.9 percent wanted a shared role. Respondents were mostly well-educated, white men who contracted HIV/AIDS through sexual contact with other men. Mean age was 43.7 (SD +/- 8.6) years. Most (87 percent) had high to moderate trust in physicians and were satisfied or very satisfied with their level of involvement in treatment decision making. Although many sources of information were used (mean 8.2), the most commonly cited sources were

health providers; these were also rated highest in helpfulness. The Internet was used by 42 percent of respondents, ranked eleventh as a source of information, and seen as somewhat helpful. Consumerist rhetoric, with its emphasis on patient autonomy, is over-simplified. Even in this activist population, respondents wanted to understand their disease and options, but not to take on the provider's role. The results suggest that the doctor-patient relationship is best characterized by a shared relationship in which doctors bring their expertise to making treatment choices and patients are encouraged to participate in decision making, especially in those areas that affect their quality of life. These conclusions emphasize the need for a new definition of what it means to be an autonomous patient. — Abstract from *Dissertation Abstracts International*, publ. no. AAT NR07702, DAI-B 66/10 (April 2006): 5307.

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## The University of Utah

**Le Quyen Ngu, *Better-than-Expected Transitions to Young Fatherhood: The Role of Adolescent Mothers and Relational Capacities*. Paul Florsheim, adviser. 2005.**

This study focused on a group of expectant young fathers who were, by definition, all at high risk for a negative transition to parenthood. Unlike most studies on teen parenthood that investigate the relationship between risk and parenting, this study focused on fathers who experienced positive parenting outcomes despite their high-risk status. Individuals who achieve positive outcomes despite adverse histories are often described as resilient. There is some evidence that at-risk young men who have supportive romantic partners are able to change the direction of their negative trajectory. To better understand how the relationship affects the young father's parenting outcome, this study examined the role of the expectant mother's relational capacities (i.e., acceptance, cognitive empathy) in predicting the young father's parenting outcome. It was predicted that at-risk fathers who had partners with better relational skills would develop more rela-

tional skills, which in turn would “spillover” into better parenting. As predicted, results indicate that, after controlling for the young men’s initial risk, girlfriends’ higher relational capacities during pregnancy were related to better parenting outcome for young fathers two years later. Data also supported the proposed path model: expectant mothers’ higher relational capacities predicted more growth over time in the young fathers’ relational capacities, which in turn predicted better paternal functioning. The role of romantic and coparenting relational capacities were also examined separately, indicating the importance of both coparenting and romantic relational capacities in predicting paternal outcome. Findings from this study underscore the importance of coparents and relational skills in interventions for young parents. — Abstract from *Dissertation Abstracts International*, publ. no. AAT 3166032, DAI-B 66/02 (August 2005): 1179.

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## University of Victoria (Canada)

**Bernadette M. Pauly, *Close to the Street: The Ethics of Access to Health Care*. 2005.**

People who are street involved face inequities in health status and access to health care. The purpose of this study was to contribute to enhancing equity for those who are street involved through an understanding of ethical practice and interactions involving nurses and those who are homeless, experiencing addiction and mental health concerns. An ethnographic approach drawing on critical and feminist perspectives was used to gain a better understanding of the context of ethical practice and health-care interactions that con-

strain and facilitate access to health care. Data were collected over a period of ten months in two primary health-care settings and one emergency department. The main mechanism for data collection was participant observation and interviews. The primary finding in this study was that forging a chain of trust within a climate of distrust is a central feature of enhancing access to health care for those who are street involved. When the links in the chain of trust are broken or missing and there is an absence of trust, access is constrained. Those who were street involved were often reluctant to access health for complex and multifaceted reasons exacerbated by a loss of faith in the system, surviving the streets, and the “need to fix.” Nurses working in primary health-care centers forged the development of trusting relationships over time through respecting and accepting without judging those who are street involved. Outreach and working within harm reduction enabled nurses to meet people “on their own turf” and “where they were at.” A climate of trust within the primary health-care center was a source of support to nurses and enhanced access to health care. Nurses described themselves as “advocates” as they worked to extend the chain of trust to others. In this study, health-care interactions provided an important opportunity for enhancing access to health-care services and linking individuals to a broader range of services that affect health, such as income and housing. Theoretical insights from this research highlight the importance of feminist and cross-cultural approaches to ethics in nursing. Key insights for policy include implications for critical analysis of policy, development of primary health-care programs, linkages between services, and involvement of those who are street involved in the policy process.— Abstract from *Dissertation Abstracts International*, publ. no. AAT NR07058, DAI-B 66/10 (April 2006): 5324.