Extreme Medicine How Exploration Transformed Medic

#extreme medicine #medical exploration #transformative healthcare #adventure medicine #pioneering medical science

Explore the incredible journey of how extreme environments and daring expeditions have fundamentally reshaped modern medicine. This fascinating account delves into the breakthroughs and innovations born from exploration, highlighting the vital role it plays in advancing medical science and enhancing our understanding of human physiology under extreme conditions.

Extreme Medicine How Exploration Transformed Medic
speaking, and heights. BRAVEMIND has been studied in populations of military medics as well as survivors of military sexual assault and combat. This technology... 82 KB (10,093 words) - 23:50, 8 January 2024
which can be freely explored by players. Gameplay focuses on combat and exploration. Players can use a variety of weapons to defeat human enemies and hostile... 99 KB (8,979 words) - 07:37, 3 February 2024
then employed child medics, who were just teenagers with no or very little training. They did not have any knowledge of Western medicine (which had been forbidden... 147 KB (16,955 words) - 03:27, 14 March 2024
State Police medevac helicopters, staffing one flight nurse and a flight medic around the clock. The EMS system in Newark handles upwards of 125,000 requests... 255 KB (28,499 words) - 13:14, 18 March 2024
[illegible]4, 2007 (2007-04-14) 157 "Leave it to Chief Medic Pururu!/Natsumi, Today's Fortune" Translit-eration: "Pururu KangochM ni Omakase.5 KB (352 words) - 02:00, 6 March 2023
activities and of the RRS Discovery, Robert Falcon Scott's Antarctic exploration vessel, which was built in Dundee and is now berthed at Discovery Point... 199 KB (17,099 words) - 21:22, 10 March 2024
attendant. Some slaves might assist with healthcare as nurses, midwives, medics, or orderlies. During the Imperial era, the desire of freedmen to acquire... 328 KB (45,812 words) - 04:06, 12 March 2024
Infinite Monkey Cage, Series 26, How to think like a mathematician". "BBC Radio 4 - the Infinite Monkey Cage, Series 26, How to commit the perfect murder"... 153 KB (1,220 words) - 11:09, 24 February 2024
British Humanitarian Agencies Disaster Accountability Project (DAP) GlobalMedic International Disaster Emergency Service (IDES) Médecins Sans Frontières... 93 KB (9,991 words) - 16:44, 6 March 2024
with their civilian professions (e.g.: engineers, legals, psychologists or medics) or in general military roles. They include officers, sergeants and other... 94 KB (11,012 words) - 23:16, 31 January 2024
"Polar Extremes | NOVA | PBS". PBS. Retrieved February 10, 2020. "Polar Extremes | NOVA | PBS".

PBS. Retrieved February 10, 2020. "Polar Extremes Preview... 426 KB (2,282 words) - 20:46, 7 March 2024

Extreme Medicine

"Published in Great Britain under the title Extremes: life, death and the limits of the human body by Hodder & Stoughton. First published in the United States of America by The Penguin Press, 2014."--Title page verso.

Extreme Medicine

Anesthesiologist, intensive care expert, and NASA adviser Kevin Fong explores how physical extremes push human limits and spawn incredible medical breakthroughs Little more than one hundred years ago, maps of the world still boasted white space: places where no human had ever trod. Within a few short decades the most hostile of the world's environments had all been conquered. Likewise, in the twentieth century, medicine transformed human life. Doctors took what was routinely fatal and made it survivable. As modernity brought us ever more into different kinds of extremis, doctors pushed the bounds of medical advances and human endurance. Extreme exploration challenged the body in ways that only the vanguard of science could answer. Doctors, scientists, and explorers all share a defining trait: they push on in the face of grim odds. Because of their extreme exploration we not only understand our physiology better; we have also made enormous strides in the science of healing. Drawing on his own experience as an anesthesiologist, intensive care expert, and NASA adviser, Dr. Kevin Fong examines how cuttingedge medicine pushes the envelope of human survival by studying the human body's response when tested by physical extremes. Extreme Medicine explores different limits of endurance and the lens each offers on one of the systems of the body. The challenges of Arctic exploration created opportunities for breakthroughs in open heart surgery; battlefield doctors pioneered techniques for skin grafts, heart surgery, and trauma care; underwater and outer space exploration have revolutionized our understanding of breathing, gravity, and much more. Avant-garde medicine is fundamentally changing our ideas about the nature of life and death. Through astonishing accounts of extraordinary events and pioneering medicine, Fong illustrates the sheer audacity of medical practice at extreme limits, where human life is balanced on a knife's edge. Extreme Medicine is a gripping debut about the science of healing, but also about exploration in its broadest sense—and about how, by probing the very limits of our biology, we may ultimately return with a better appreciation of how our bodies work, of what life is, and what it means to be human.

Life at the Extremes

Explores the limits of human survival and the physiological adaptations that enable us to exist under extreme conditions. The author reviews limits to human life underwater, at high altitudes, at high speeds, at micro levels, and at freezing and hot temperatures.

Eugene Braunwald and the Rise of Modern Medicine

Much of the improved survival rate from heart attack can be traced to Eugene Braunwald's work. He proved that myocardial infarction was an hours-long dynamic process which could be altered by treatment. Thomas H. Lee tells the life story of a physician whose activist approach transformed not just cardiology but the culture of American medicine.

The Fluoride Deception

With the narrative punch of Jonathan Harr's A Civil Action and the commitment to environmental truth-telling of Erin Brockovich, The Fluoride Deception documents a powerful connection between big corporations, the U.S. military, and the historic reassurances of fluoride safety provided by the nation's public health establishment. The Fluoride Deception reads like a thriller, but one supported by two hundred pages of source notes, years of investigative reporting, scores of scientist interviews, and archival research in places such as the newly opened files of the Manhattan Project and the Atomic Energy Commission. The book is nothing less than an exhumation of one of the great secret narratives of the industrial era: how a grim workplace poison and the most damaging environmental pollutant of the cold war was added to our drinking water and toothpaste.

Bitten

A riveting thriller reminiscent of The Hot Zone, this true story dives into the mystery surrounding one of the most controversial and misdiagnosed conditions of our time--Lyme disease--and of Willy Burgdorfer, the man who discovered the microbe behind it, revealing his secret role in developing bug-borne biological weapons, and raising terrifying questions about the genesis of the epidemic of tick-borne diseases affecting millions of Americans today. While on vacation on Martha's Vineyard, Kris Newby was bitten by an unseen tick. That one bite changed her life forever, pulling her into the abyss of a devastating illness that took ten doctors to diagnose and years to recover: Newby had become one of the 300,000 Americans who are afflicted with Lyme disease each year. As a science writer, she was driven to understand why this disease is so misunderstood, and its patients so mistreated. This quest led her to Willy Burgdorfer, the Lyme microbe's discoverer, who revealed that he had developed bug-borne bioweapons during the Cold War, and believed that the Lyme epidemic was started by a military experiment gone wrong. In a superb, meticulous work of narrative journalism, Bitten takes readers on a journey to investigate these claims, from biological weapons facilities to interviews with biosecurity experts and microbiologists doing cutting-edge research, all the while uncovering darker truths about Willy. It also leads her to uncomfortable questions about why Lyme can be so difficult to both diagnose and treat, and why the government is so reluctant to classify chronic Lyme as a disease. A gripping, infectious page-turner, Bitten will shed a terrifying new light on an epidemic that is exacting an incalculable toll on us, upending much of what we believe we know about it.

A Leg to Stand On

‘Oliver Sacks is a perfect antidote to the anaesthetic of familiarity. His writing turns brains and minds transparent’ - Observer When Oliver Sacks, a physician by profession, injured his leg while climbing a mountain, he found himself in an unusual position – that of patient. The injury itself was severe, but straightforward to fix; the psychological effects, however, were far less easy to predict, explain, or resolve: Sacks experienced paralysis and an inability to perceive his leg as his own, instead seeing it as some kind of alien and inanimate object, over which he had no control. A Leg to Stand On is both an account of Sacks’ ordeal and subsequent recovery, and an exploration of the ways in which mind and body are inextricably linked.

Extremes

In anaesthetist Dr Kevin Fong's television programmes he has often demonstrated the impact of extremes on the human body by using his own body as a 'guinea pig'. So Dr Fong is well placed to share his experience of the sheer audacity of medical practice at extreme physiological limits, where human life is balanced on a knife edge. Through gripping accounts of extraordinary events and pioneering medicine, Dr Fong explores how our body responds when tested by the extremes of heat and cold, vacuum and altitude, age and disease. He shows how science, technology and medicine have taken what was once lethal in the world and made it survivable. This is not only a book about medicine, but also about exploration in its broadest sense - and about how, by probing the very limits of our biology, we may ultimately return with a better appreciation of how our bodies work, of what life is, and what it means to be human.

Digital Roots

As media environments and communication practices evolve over time, so do theoretical concepts. This book analyzes some of the most well-known and fiercely discussed concepts of the digital age from a historical perspective, showing how many of them have pre-digital roots and how they have changed and still are constantly changing in the digital era. Written by leading authors in media and communication studies, the chapters historicize 16 concepts that have become central in the digital media literature, focusing on three main areas. The first part, Technologies and Connections, historicises concepts like network, media convergence, multimedia, interactivity and artificial intelligence. The second one is related to Agency and Politics and explores global governance, datafication, fake news, echo chambers, digital media activism. The last one, Users and Practices, is finally devoted to telepresence, digital loneliness, amateurism, user generated content, fandom and authenticity. The book aims to shed light on how concepts emerge and are co-shaped, circulated, used and reappropriated in different contexts. It argues for the need for a conceptual media and communication history that will reveal new developments without concealing continuities and it demonstrates how the analogue/digital dichotomy is often a misleading one.

Renaissance Medicine

How much did the Renaissance change medical history and public health? Did landmark developments benefit the everyday lives of ordinary people? This book looks at the new 'scientific' ways of learning and experimentation of the period, to show what health and disease were like in the Old and New Worlds.

Extremes

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Basketball Sports Medicine and Science

This book is designed as a comprehensive educational resource not only for basketball medical caregivers and scientists but for all basketball personnel. Written by a multidisciplinary team of leading experts in their fields, it provides information and guidance on injury prevention, injury management, and rehabilitation for physicians, physical therapists, athletic trainers, rehabilitation specialists, conditioning trainers, and coaches. All commonly encountered injuries and a variety of situations and scenarios specific to basketball are covered with the aid of more than 200 color photos and illustrations. Basketball Sports Medicine and Science is published in collaboration with ESSKA and will represent a superb, comprehensive educational resource. It is further hoped that the book will serve as a link between the different disciplines and modalities involved in basketball care, creating a common language and improving communication within the team staff and environment.

Higher Education in the Era of the Fourth Industrial Revolution

This open access collection examines how higher education responds to the demands of the automation economy and the fourth industrial revolution. Considering significant trends in how people are learning, coupled with the ways in which different higher education institutions and education stakeholders are implementing adaptations, it looks at new programs and technological advances that are changing how and why we teach and learn. The book addresses trends in liberal arts integration of STEM innovations, the changing role of libraries in the digital age, global trends in youth mobility, and the development of lifelong learning programs. This is coupled with case study assessments of the various ways China, Singapore, South Africa and Costa Rica are preparing their populations for significant shifts in labour market demands – shifts that are already underway. Offering examples of new frameworks in which collaboration between government, industry, and higher education institutions can prevent lagging behind in this fast changing environment, this book is a key read for anyone wanting to understand how the world should respond to the radical technological shifts underway on the frontline of higher education.

Development in an Ageing World

Greater longevity is an indicator of human progress in general. Increased life expectancy and lower fertility rates are changing the population structure worldwide in a major way: the proportion of older persons is rapidly increasing, a process known as population ageing. The process is inevitable and is already advanced in developed countries and progressing quite rapidly in developing ones. The 2007 Survey analyses the implications of population ageing for social and economic development around the world, while recognising that it offers both challenges and opportunities. Among the most pressing issues is that arising from the prospect of a smaller labour force having to support an increasingly larger older population. Paralleling increased longevity are the changes in intergenerational relationships that may affect the provision of care and income security for older persons, particularly in developing countries where family transfers play a major role. At the same time, it is also necessary for societies

to fully recognise and better harness the productive and social contributions that older persons can make but are in many instances prevented from making. The Survey argues that the challenges are not insurmountable, but that societies everywhere need to put in place the policies required to confront those challenges effectively and to ensure an adequate standard of living for each of their members, while respecting and promoting the contribution and participation of all.

Behavioral Finance: The Second Generation

Behavioral finance presented in this book is the second-generation of behavioral finance. The first generation, starting in the early 1980s, largely accepted standard finance's notion of people's wants as "rational" wants—restricted to the utilitarian benefits of high returns and low risk. That first generation commonly described people as "irrational"—succumbing to cognitive and emotional errors and misled on their way to their rational wants. The second generation describes people as normal. It begins by acknowledging the full range of people's normal wants and their benefits—utilitarian, expressive, and emotional—distinguishes normal wants from errors, and offers guidance on using shortcuts and avoiding errors on the way to satisfying normal wants. People's normal wants include financial security, nurturing children and families, gaining high social status, and staying true to values. People's normal wants, even more than their cognitive and emotional shortcuts and errors, underlie answers to important questions of finance, including saving and spending, portfolio construction, asset pricing, and market efficiency.

Black Identities

The story of West Indian immigrants to the United States is generally considered to be a great success. Mary Waters, however, tells a very different story. She finds that the values that gain first-generation immigrants initial success--a willingness to work hard, a lack of attention to racism, a desire for education, an incentive to save--are undermined by the realities of life and race relations in the United States. Contrary to long-held beliefs, Waters finds, those who resist Americanization are most likely to succeed economically, especially in the second generation.

Owning the Olympics

"A major contribution to the study of global events in times of global media. Owning the Olympics tests the possibilities and limits of the concept of 'media events' by analyzing the mega-event of the information age: the Beijing Olympics. . . . A good read from cover to cover." —Guobin Yang, Associate Professor, Asian/Middle Eastern Cultures & Sociology, Barnard College, Columbia University From the moment they were announced, the Beijing Games were a major media event and the focus of intense scrutiny and speculation. In contrast to earlier such events, however, the Beijing Games are also unfolding in a newly volatile global media environment that is no longer monopolized by broadcast media. The dramatic expansion of media outlets and the growth of mobile communications technology have changed the nature of media events, making it significantly more difficult to regulate them or control their meaning. This volatility is reflected in the multiple, well-publicized controversies characterizing the run-up to Beijing 2008. According to many Western commentators, the People's Republic of China seized the Olympics as an opportunity to reinvent itself as the "New China"---a global leader in economics, technology, and environmental issues, with an improving human-rights record. But China's maneuverings have also been hotly contested by diverse global voices, including prominent human-rights advocates, all seeking to displace the official story of the Games. Bringing together a distinguished group of scholars from Chinese studies, human rights, media studies, law, and other fields, Owning the Olympics reveals how multiple entities---including the Chinese Communist Party itself---seek to influence and control the narratives through which the Beijing Games will be understood. digitalculturebooks is an imprint of the University of Michigan Press and the Scholarly Publishing Office of the University of Michigan Library dedicated to publishing innovative and accessible work exploring new media and their impact on society, culture, and scholarly communication. Visit the website at www.digitalculture.org.

State of the Heart

In State of the Heart, Dr. Haider Warraich takes readers inside the ER, inside patients' rooms, and inside the history and science of cardiac disease. State of the Heart traces the entire arc of the heart, from the very first time it was depicted on stone tablets, to a future in which it may very well become redundant. While heart disease has been around for a while, the type of heart disease people have, why

they have it, and how it’s treated is changing. Yet, the golden age of heart science is only just beginning. And with treatments of heart disease altering the very definitions of human life and death, there is no better time to look at the present and future of heart disease, the doctors and nurses who treat it, the patients and caregivers who live with it, and the stories they hold close to their chests. More people die of heart disease than any other disease in the world and when any form of heart disease progresses, it can result in the development of heart failure. Heart failure affects millions and can affect anyone at anytime, a child recovering from a viral infection, a woman who has just given birth or a cancer patient receiving chemotherapy. Yet new technology to treat heart failure is fundamentally changing just what it means to be human. Mechanical pumps can be surgically sown into patients’ hearts and when patients with these pumps get really sick, sometimes they don’t need a doctor or a surgeon—they need a mechanic. In State of the Heart, the journey to rid the world of heart disease is shown to be reflective of the journey of medical science at large. We are learning not only that women have as much heart disease as men, but that the type of heart disease women experience is diametrically different from that in men. We are learning that heart disease and cancer may have more in common than we could have imagined. And we are learning how human evolution itself may have led to the epidemic of heart disease. In understanding how our knowledge of the heart evolved, State of the Heart traces the twisting and turning road that science has taken—filled with potholes and blind turns—all the way back to its very origin.

How I Became a Quant

Praise for How I Became a Quant "Led by two top-notch quants, Richard R. Lindsey and Barry Schachter, How I Became a Quant details the quirky world of quantitative analysis through stories told by some of today's most successful quants. For anyone who might have thought otherwise, there are engaging personalities behind all that number crunching!" --Ira Kawaller, Kawaller & Co. and the Kawaller Fund "A fun and fascinating read. This book tells the story of how academics, physicists, mathematicians, and other scientists became professional investors managing billions." --David A. Krell, President and CEO, International Securities Exchange "How I Became a Quant should be must reading for all students with a quantitative aptitude. It provides fascinating examples of the dynamic career opportunities potentially open to anyone with the skills and passion for quantitative analysis." --Roy D. Henriksson, Chief Investment Officer, Advanced Portfolio Management "Quants"--those who design and implement mathematical models for the pricing of derivatives, assessment of risk, or prediction of market movements--are the backbone of today's investment industry. As the greater volatility of current financial markets has driven investors to seek shelter from increasing uncertainty, the quant revolution has given people the opportunity to avoid unwanted financial risk by literally trading it away, or more specifically, paying someone else to take on the unwanted risk. How I Became a Quant reveals the faces behind the quant revolution, offering you?the?chance to learn firsthand what it's like to be a?quant today. In this fascinating collection of Wall Street war stories, more than two dozen quants detail their roots, roles, and contributions, explaining what they do and how they do it, as well as outlining the sometimes unexpected paths they have followed from the halls of academia to the front lines of an investment revolution.

The Youngest Science

From the 1920s when he watched his father, a general practitioner who made housecalls and wrote his prescriptions in Latin, to his days in medical school and beyond, Lewis Thomas saw medicine evolve from an art into a sophisticated science. The Youngest Science is Dr. Thomas's account of his life in the medical profession and an inquiry into what medicine is all about--the youngest science, but one rich in possibility and promise. He chronicles his training in Boston and New York, his war career in the South Pacific, his most impassioned research projects, his work as an administrator in hospitals and medical schools, and even his experiences as a patient. Along the way, Thomas explores the complex relationships between research and practice, between words and meanings, between human error and human accomplishment, More than a magnificent autobiography, The Youngest Science is also a celebration and a warning--about the nature of medicine and about the future life of our planet.

Fostering Integrity in Research

The integrity of knowledge that emerges from research is based on individual and collective adherence to core values of objectivity, honesty, openness, fairness, accountability, and stewardship. Integrity in science means that the organizations in which research is conducted encourage those involved

to exemplify these values in every step of the research process. Understanding the dynamics that support â€" or distort â€" practices that uphold the integrity of research by all participants ensures that the research enterprise advances knowledge. The 1992 report Responsible Science: Ensuring the Integrity of the Research Process evaluated issues related to scientific responsibility and the conduct of research. It provided a valuable service in describing and analyzing a very complicated set of issues, and has served as a crucial basis for thinking about research integrity for more than two decades. However, as experience has accumulated with various forms of research misconduct, detrimental research practices, and other forms of misconduct, as subsequent empirical research has revealed more about the nature of scientific misconduct, and because technological and social changes have altered the environment in which science is conducted, it is clear that the framework established more than two decades ago needs to be updated. Responsible Science served as a valuable benchmark to set the context for this most recent analysis and to help guide the committee's thought process. Fostering Integrity in Research identifies best practices in research and recommends practical options for discouraging and addressing research misconduct and detrimental research practices.

Saul Bass

Food is a significant part of our daily lives and can be one of the most telling records of a time and place. Our meals -- from what we eat, to how we prepare it, to how we consume it -- illuminate our culture and history. As a result, cookbooks present a unique opportunity to analyze changing foodways and can yield surprising discoveries about society's tastes and priorities. In Kentucky's Cookbook Heritage, John van Willigen explores the state's history through its changing food culture, beginning with Lettice Bryan's The Kentucky Housewife (originally published in 1839). Considered one of the earliest regional cookbooks, The Kentucky Housewife includes pre--Civil War recipes intended for use by a household staff instead of an individual cook, along with instructions for serving the family. Van Willigen also shares the story of the original Aunt Jemima -- the advertising persona of Nancy Green, born in Montgomery County, Kentucky -- who was one of many African American voices in Kentucky culinary history. Kentucky's Cookbook Heritage is a journey through the history of the commonwealth, showcasing the shifting priorities and innovations of the times. Analyzing the historical importance of a wide range of publications, from the nonprofit and charity cookbooks that flourished at the end of the twentieth century to the contemporary cookbook that emphasizes local ingredients, van Willigen provides a valuable perspective on the state's social history.

Singapore in Global History

This important overview explores the connections between Singapore's past with historical developments worldwide until present day. The contributors analyse Singapore as a city-state seeking to provide an interdisciplinary perspective to the study of the global dimensions contributing to Singapore's growth. The book's global perspective demonstrates that many of the discussions of Singapore as a city-state have relevance and implications beyond Singapore to include Southeast Asia and the world. This vital volume should not be missed by economists, as well as those interested in imperial histor.

The Remedy

The riveting history of tuberculosis, the world’s most lethal disease, the two men whose lives it tragically intertwined, and the birth of medical science. In 1875, tuberculosis was the deadliest disease in the world, accountable for a third of all deaths. A diagnosis of TB—often called consumption—was a death sentence. Then, in a triumph of medical science, a German doctor named Robert Koch deployed an unprecedented scientific rigor to discover the bacteria that caused TB. Koch soon embarked on a remedy—a remedy that would be his undoing. When Koch announced his cure for consumption, Arthur Conan Doyle, then a small-town doctor in England and sometime writer, went to Berlin to cover the event. Touring the ward of reportedly cured patients, he was horrified. Koch’s “remedy” was either sloppy science or outright fraud. But to a world desperate for relief, Koch’s remedy wasn’t so easily dismissed. As Europe’s consumptives descended upon Berlin, Koch urgently tried to prove his case. Conan Doyle, meanwhile, returned to England determined to abandon medicine in favor of writing. In particular, he turned to a character inspired by the very scientific methods that Koch had formulated: Sherlock Holmes. Capturing the moment when mystery and magic began to yield to science, The Remedy chronicles the stunning story of how the germ theory of disease became a true fact, how two men of ambition were emboldened to reach for something more, and how scientific discoveries evolve into social truths.

Unaccountable

New York Times Bestseller “Every once in a while a book comes along that rocks the foundations of an established order that's seriously in need of being shaken. The modern American hospital is that establishment and Unaccountable is that book.”-Shannon Brownlee, author of Overtreated Dr. Marty Makary is co-developer of the life-saving checklist outlined in Atul Gawande's bestselling The Checklist Manifesto. As a busy surgeon who has worked in many of the best hospitals in the nation, he can testify to the amazing power of modern medicine to cure. But he's also been a witness to a medical culture that routinely leaves surgical sponges inside patients, amputates the wrong limbs, and overdoses children because of sloppy handwriting. Over the last ten years, neither error rates nor costs have come down, despite scientific progress and efforts to curb expenses. Why? To patients, the healthcare system is a black box. Doctors and hospitals are unaccountable, and the lack of transparency leaves both bad doctors and systemic flaws unchecked. Patients need to know more of what healthcare workers know, so they can make informed choices. Accountability in healthcare would expose dangerous doctors, reward good performance, and force positive change nationally, using the power of the free market. Unaccountable is a powerful, no-nonsense, non-partisan diagnosis for healing our hospitals and reforming our broken healthcare system.

Archives for the 21st Century

Publicly funded archive services have a vital role within the communities they serve to contribute to local democracy, strong and cohesive communities, social policy, education, research, history and culture. This document sets out the strategic vision for the sustainable development of a vigorous, publicly funded archive sector across England and Wales. It replaces the "Government policy on archives" that was issued by the Lord Chancellor in 1999 (Cm. 4516, ISBN 9780101451628)and focuses on actions for publicly funded archives while acknowledging that private archives remain vital to the archival health of the nation. Section 1 outlines how the landscape in which archive services operate has changed: large organisations now keep most, if not all, of their information in electronic form. Section 2 provides a vision of the true potential of publicly funded archives. Section 3 outlines the challenges facing archive services in the delivery of their core task of preserving authentic information and helping people to access and understand the past. Section 4 sets out five key recommendations: develop bigger and better services in partnership; strengthened leadership and a responsive, skilled workforce; co-ordinated response to the growing challenge of managing digital information; comprehensive online access for archive discovery through catalogues and to digitised archive content by citizens at a time and place that suits them; active participation in cultural and learning partnerships promoting a sense of identity and place within the community. Section 5 highlights the need for concerted action by all parties connected with the archive sector to ensure a sustainable future.

The Icepick Surgeon

From a New York Times bestselling author comes the gripping, untold history of science's darkest secrets, "a fascinating book [that] deserves a wide audience" (Publishers Weekly, starred review). Science is a force for good in the world—at least usually. But sometimes, when obsession gets the better of scientists, they twist a noble pursuit into something sinister. Under this spell, knowledge isn’t everything, it’s the only thing—no matter the cost. Bestselling author Sam Kean tells the true story of what happens when unfettered ambition pushes otherwise rational men and women to cross the line in the name of science, trampling ethical boundaries and often committing crimes in the process. The Icepick Surgeon masterfully guides the reader across two thousand years of history, beginning with Cleopatra’s dark deeds in ancient Egypt. The book reveals the origins of much of modern science in the transatlantic slave trade of the 1700s, as well as Thomas Edison’s mercenary support of the electric chair and the warped logic of the spies who infiltrated the Manhattan Project. But the sins of science aren’t all safely buried in the past. Many of them, Kean reminds us, still affect us today. We can draw direct lines from the medical abuses of Tuskegee and Nazi Germany to current vaccine hesitancy, and connect icepick lobotomies from the 1950s to the contemporary failings of mental-health care. Kean even takes us into the future, when advanced computers and genetic engineering could unleash whole new ways to do one another wrong. Unflinching, and exhilarating to the last page, The Icepick Surgeon fuses the drama of scientific discovery with the illicit thrill of a true-crime tale. With his trademark wit and precision, Kean shows that, while science has done more good than harm in the world, rogue scientists do exist, and when we sacrifice morals for progress, we often end up with neither.

The Heart Healers

At one time, heart disease was a death sentence. In The Heart Healers, world renowned cardiac surgeon Dr. James Forrester tells the story of the mavericks and rebels who defied the accumulated medical wisdom of the day to begin conquering heart disease. By the middle of the 20th century, heart disease was killing millions and, as with the Black Death centuries before, physicians stood helpless. Visionaries, though, had begun to make strides earlier. On Sept. 7, 1895, Ludwig Rehn successfully sutured the heart of a living man with a knife wound to the chest for the first time. Once it was deemed possible to perform surgery on the heart, others followed. In 1929, Dr. Werner Forssman inserted a cardiac catheter in his own arm and forced the x-ray technician on duty to take a photo as he successfully threaded it down the vein into his own heart...and lived. On June 6, 1944 - D-Day - another momentous event occurred far from the Normandy beaches: Dr. Dwight Harken sutured the shrapnel-injured heart of a young soldier, saved his life and the term "cardiac surgeon" born. Dr. Forrester tells the story of these rebels and the risks they took with their own lives and the lives of others to heal the most elemental of human organs - the heart. The result is a compelling chronicle of a disease and its cure, a disease that is still with us, but one that is slowly being worn away by "The Heart Healers".

The Arts of Korea

Explore the rich artistic heritage of Korea: a blend of native tradition, foreign infusions, and sophisticated technical skill.

Plunder

Plunder examines the dark side of the Rule of Law and explores how it has been used as a powerful political weapon by Western countries in order to legitimize plunder – the practice of violent extraction by stronger political actors victimizing weaker ones. Challenges traditionally held beliefs in the sanctity of the Rule of Law by exposing its dark side Examines the Rule of Law's relationship with 'plunder' – the practice of violent extraction by stronger political actors victimizing weaker ones – in the service of Western cultural and economic domination Provides global examples of plunder: of oil in Iraq; of ideas in the form of Western patents and intellectual property rights imposed on weaker peoples; and of liberty in the United States Dares to ask the paradoxical question – is the Rule of Law itself illegal?

The Water Defenders

Winner of the 2021 Duke University Juan Mendez Award Named one of The Progressive’s “Favorite Books of 2021” and one of the “Best of Books 2021” by Foreign Affairs The David and Goliath story of ordinary people in El Salvador who rallied together with international allies to prevent a global mining corporation from poisoning the country’s main water source At a time when countless communities are resisting powerful corporations—from Flint, Michigan, to the Standing Rock Reservation, to Didipio in the Philippines, to the Gualcarque River in Honduras—The Water Defenders tells the inspirational story of a community that took on an international mining corporation at seemingly insurmountable odds and won not one but two historic victories. In the early 2000s, many people in El Salvador were at first excited by the prospect of jobs, progress, and prosperity that the Pacific Rim mining company promised. However, farmer Vidalina Morales, brothers Marcelo and Miguel Rivera, and others soon discovered that the river system supplying water to the majority of Salvadorans was in danger of catastrophic contamination. With a group of unlikely allies, local and global, they committed to stop the corporation and the destruction of their home. Based on over a decade of research and their own role as international allies of the community groups in El Salvador, Robin Broad and John Cavanagh unspool this untold story—a tale replete with corporate greed, a transnational lawsuit at a secretive World Bank tribunal in Washington, violent threats, murders, and—surprisingly—victory. The husband-and-wife duo immerses the reader in the lives of the Salvadoran villagers, the journeys of the local activists who sought the truth about the effects of gold mining on the environment, and the behind-the-scenes maneuverings of the corporate mining executives and their lawyers. The Water Defenders demands that we examine our assumptions about progress and prosperity, while providing valuable lessons for those fighting against destructive corporations in the United States and across the world.

The Pandemic Century

Like sharks, epidemic diseases always lurk just beneath the surface. This fast-paced history of their effect on mankind prompts questions about the limits of scientific knowledge, the dangers of medical hubris, and how we should prepare as epidemics become ever more frequent. Ever since the 1918

Spanish influenza pandemic, scientists have dreamed of preventing catastrophic outbreaks of infectious disease. Yet, despite a century of medical progress, viral and bacterial disasters continue to take us by surprise, inciting panic and dominating news cycles. From the Spanish flu and the 1924 outbreak of pneumonic plague in Los Angeles to the 1930 'parrot fever' pandemic and the more recent SARS, Ebola, and Zika epidemics, the last 100 years have been marked by a succession of unanticipated pandemic alarms. Like man-eating sharks, predatory pathogens are always present in nature, waiting to strike; when one is seemingly vanquished, others appear in its place. These pandemics remind us of the limits of scientific knowledge, as well as the role that human behaviour and technologies play in the emergence and spread of microbial diseases.

Introducing Intercultural Communication

Books on intercultural communication are rarely written with an intercultural readership in mind. In contrast, this multinational team of authors has put together an introduction to communicating across cultures that uses examples and case studies from around the world. The book further covers essential new topics, including international conflict, social networking, migration, and the effects technology and mass media play in the globalization of communication. Written to be accessible for international students too, this text situates communication theory in a truly global perspective. Each chapter brings to life the links between theory and practice and between the global and the local, introducing key theories and their practical applications. Along the way, you will be supported with first-rate learning resources, including: • theory corners with concise, boxed-out digests of key theoretical concepts • case illustrations putting the main points of each chapter into context • learning objectives, discussion questions, key terms and further reading framing each chapter and stimulating further discussion • a companion website containing resources for instructors, including multiple choice questions, presentation slides, exercises and activities, and teaching notes. This book will not merely guide you to success in your studies, but will teach you to become a more critical consumer of information and understand the influence of your own culture on how you view yourself and others.

The Masters of Medicine

An in-depth look at the mavericks, moments, and mistakes that sparked the greatest medical discoveries in modern times—plus the cures that will help us live longer and healthier lives in this century . . . and beyond. Human history hinges on the battle to confront our most dangerous enemies—the half-dozen diseases responsible for killing almost all of mankind. And while the story of our triumphs over these afflictions reveals an inspiring tapestry of human achievement, the journey was far from smooth. In The Masters of Medicine, Dr. Andrew Lam distills the long arc of medical progress down to the crucial moments that were responsible for the world’s greatest medical miracles. Discover fascinating true stories of scientists and doctors throughout history, including: Rival surgeons who killed patient after patient in their race to operate on beating hearts—and put us on the path toward the heart transplant A quartet of Canadians whose miraculous discovery of insulin was marred by jealousy and resentment The doctors who discovered penicillin, but were robbed of the credit The feud between two Americans in the quest for the polio vaccine A New York surgeon whose “heretical” idea to cure patients by deliberately infecting them has now inspired our next-best hope to defeat cancer A Hungarian doctor who solved the greatest mystery of maternal deaths in childbirth, only to be ostracized for his discovery The Masters of Medicine is a fascinating chronicle of human courage, audacity, error, and luck. This riveting ode to mankind reveals why the past is prelude to the game-changing breakthroughs of tomorrow.

How Death Becomes Life

Gripping and evocative, How Death Becomes Life takes us inside the operating room and presents the stark dilemmas that transplant surgeons must face daily: How much risk should a healthy person be allowed to take to save someone she loves? Should a patient suffering from alcoholism receive a healthy liver? The human story behind the most exceptional medicine of our time and it is a poignant reminder that a life lost can also offer the hope of a new beginning. Leading transplant surgeon Dr Joshua Mezrich creates life from loss, moving organs from one body to another. In this intimate, profoundly moving work, he examines more than one hundred years of remarkable medical breakthroughs, connecting this fascinating history with the stories of his own patients.

Elderhood

Finalist for the Pulitzer Prize in General Nonfiction A New York Times Bestseller Longlisted for the Andrew Carnegie Medal for Excellence in Nonfiction Winner of the WSU AOS Bonner Book Award Winner of the 2022 At Home With Growing Older Impact Award As revelatory as Atul Gawande's Being Mortal, physician and award-winning author Louise Aronson's Elderhood is an essential, empathetic look at a vital but often disparaged stage of life. For more than 5,000 years, "old" has been defined as beginning between the ages of 60 and 70. That means most people alive today will spend more years in elderhood than in childhood, and many will be elders for 40 years or more. Yet at the very moment that humans are living longer than ever before, we've made old age into a disease, a condition to be dreaded, denigrated, neglected, and denied. Reminiscent of Oliver Sacks, noted Harvard-trained geriatrician Louise Aronson uses stories from her quarter century of caring for patients, and draws from history, science, literature, popular culture, and her own life to weave a vision of old age that's neither nightmare nor utopian fantasy--a vision full of joy, wonder, frustration, outrage, and hope about aging, medicine, and humanity itself. Elderhood is for anyone who is, in the author's own words, "an aging, i.e., still-breathing human being."

The Olympics in East Asia

"Formerly known as the International Citation Manual"--p. xv.

Guide to Foreign and International Legal Citations

Scholars in many fields increasingly find themselves caught between the academy, with its demands for rigor and objectivity, and direct engagement in social activism. Some advocate on behalf of the communities they study; others incorporate the knowledge and leadership of their informants directly into the process of knowledge production. What ethical, political, and practical tensions arise in the course of such work? In this wide-ranging and multidisciplinary volume, leading scholar-activists map the terrain on which political engagement and academic rigor meet. Contributors: Ruth Wilson Gilmore, Edmund T. Gordon, Davydd Greenwood, Joy James, Peter Nien-chu Kiang, George Lipsitz, Samuel Martínez, Jennifer Bickham Mendez, Dani Nabudere, Jessica Gordon Nembhard, Jemima Pierre, Laura Pulido, Shannon Speed, Shirley Suet-ling Tang, João Vargas

Engaging Contradictions

“The stories are skillfully told and entirely entertaining . . . An expert, mostly feel-good book about modern medicine” from the award-winning author (Kirkus Reviews, starred review). Behind every landmark drug is a story. It could be an oddball researcher’s genius insight, a catalyzing moment in geopolitical history, a new breakthrough technology, or an unexpected but welcome side effect discovered during clinical trials. Piece together these stories, as Thomas Hager does in this remarkable, century-spanning history, and you can trace the evolution of our culture and the practice of medicine. Beginning with opium, the “joy plant,” which has been used for 10,000 years, Hager tells a captivating story of medicine. His subjects include the largely forgotten female pioneer who introduced smallpox inoculation to Britain, the infamous knockout drops, the first antibiotic, which saved countless lives, the first antipsychotic, which helped empty public mental hospitals, Viagra, statins, and the new frontier of monoclonal antibodies. This is a deep, wide-ranging, and wildly entertaining book. “[An] absorbing new book.” —The New York Times Book Review “[A] well-written and engaging chronicle.” —The Wall Street Journal “Lucidly informative and compulsively readable.” —Publishers Weekly “Entertaining [and] insightful.” —Booklist “Well-written, well-researched and fascinating to read Ten Drugs provides an insightful look at how drugs have shaped modern medical practices. Towards the end of the book Hager writes that he ‘came away surprised by some of the things he had learned.’ I had the very same reaction.” —Penny Le Couteur, coauthor of Napoleon’s Buttons: How 17 Molecules Changed History

Ten Drugs

Virtue and Medicine

Christian health care professionals in our secular and pluralistic society often face uncertainty about the place religious faith holds in today's medical practice. Through an examination of a virtue-based ethics, this book proposes a theological view of medical ethics that helps the Christian physician reconcile faith, reason, and professional duty. Edmund D. Pellegrino and David C. Thomasma trace the history of

virtue in moral thought, and they examine current debate about a virtue ethic's place in contemporary bioethics. Their proposal balances theological ethics, based on the virtues of faith, hope, and charity, with contemporary medical ethics, based on the principles of beneficence, justice, and autonomy. The result is a theory of clinical ethics that centers on the virtue of charity and is manifest in practical moral decisions. Using Christian bioethical principles, the authors address today's divisive issues in medicine. For health care providers and all those involved in the fields of ethics and religion, this volume shows how faith and reason can combine to create the best possible healing relationship between health care professional and patient.

Virtue and Medicine

In recent years, virtue theories have enjoyed a renaissance of interest among general and medical ethicists. This book offers a virtue-based ethic for medicine, the health professions, and health care. Beginning with a historical account of the concept of virtue, the authors construct a theory of the place of the virtues in medical practice. Their theory is grounded in the nature and ends of medicine as a special kind of human activity. The concepts of virtue, the virtues, and the virtuous physician are examined along with the place of the virtues of trust, compassion, prudence, justice, courage, temperance, and effacement of self-interest in medicine. The authors discuss the relationship between and among principles, rules, virtues, and the philosophy of medicine. They also address the difference virtue-based ethics makes in confronting such practical problems as care of the poor, research with human subjects, and the conduct of the healing relationship. This book with the author's previous volumes, A Philosophical Basis of Medical Practice and For the Patient's Good, are part of their continuing project of developing a coherent moral philosophy of medicine.

Virtue and medicine

Interest in theories of virtue and the place of virtues in the moral life con tinues to grow. Nicolai Hartmann [7], George F. Thomas [20], G.E.M. Anscombe [1], and G.H. von Wright [21], for example, called to our atten tion decades ago that virtue had become a neglected topic in modem ethics. The challenge implicit in these sorts of reminders to rediscover the contribu tion that the notion of virtue can make to moral reasoning, moral character, and moral judgment has not gone unattended. Arthur Dyck [3], P.T. Geach [5], Josef Pieper (16], David Hamed [6], and, most notably, Stanley Hauerwas [8-11], in the theological community, have analyzed or utilized in their work virtue-based theories of morality. Philosophical probings have come from Lawrance Becker [2], Philippa Foot [4], Edmund Pincoffs [17], James Wallace [22], and most notably, Alasdair MacIntyre [12-14]. Draw ing upon and revising mainly ancient and medieval sources, these and other commentators have ignited what appears to be the beginning of a sustained examination of virtue.

The Christian Virtues in Medical Practice

Becoming a Good Doctor focuses on medical ethics in basic sense: the character traits and styles of practice we look for when we seek a doctor's help. This book will appeal to doctors and medical students for its sound application of the venerable tradition of virtue ethics to modern medical practice.

The Virtues in Medical Practice

As physicians are faced with new and wonderful options for saving lives, transplanting organs, and furthering research, they also must wrestle with new and troubling choices--who should receive scarce and vital treatment, how we determine when life ends, what limits should be placed on care for the dying, and more. This book by renowned theologian Paul Ramsey, first published thirty years ago, anticipated these moral and ethical issues and addressed them with cogency and power, providing the intellectual foundations for the field of bioethics. This second edition of Ramsey's classic work includes a new foreword by Margaret Farley and essays by Albert R. Jonsen and William F. May that help to locate and interpret Ramsey historically and intellectually. Praise for the earlier edition: "For its strong, well-argued positions, its documentation and references, and its assistance in bringing confused strands of thought into focus, The Patient as Person willbe used for many years."--Michael Novak, New York Times "Amid the plethora of books on medical ethics that merely skim the surface, this one solidly examines most aspects of the question--from the definition of death to organ transplantation."--Christianity Today "Notable for its clear moral reasoning and its thorough examination of all morally relevant issues."--Journal of Religion " Ramsey's] study is a masterpiece of thoroughness in evaluating conflicting moral claims which become explicit in crucial medical situations."--Dolores Dooley-Clarke, Philosophical Studies

Virtue and Medicine

In this collection of essays, the authors don’t argue with those attributes deemed to be the essence of professionalism in medicine. Instead, they ask questions of the discourse from which they arise, how the specialized language of academic medicine disciplines has defined, organized, contained, and made seemingly immutable a group of attitudes, values, and behaviors subsumed under the label "professional" or "professionalism." This collection aims to be a critical text, one that questions the profession’s beliefs about the nature of its work and how such beliefs are enacted (or not) in medical education, particularly as they fuel the professionalism discourse.

Becoming a Good Doctor

Although modern medicine enjoys unprecedented success in providing excellent technical care, many patients are dissatisfied with the poor quality of care or the unprofessional manner in which physicians sometimes deliver it. Recently, this patient dissatisfaction has led to quality-of-care and professionalism crises in medicine. In this book, the author proposes a notion of virtuous physician to address these crises. He discusses the nature of the two crises and efforts by the medical profession to resolve them and then he briefly introduces the notion of virtuous physician and outlines its basic features. Further, virtue theory is discussed, along with virtue ethics and virtue epistemology, and specific virtues, especially as they relate to medicine. The author also explores the ontological priority of caring as the metaphysical virtue for grounding the notion of virtuous physician, and two essential ontic virtues—care and competence. In addition to this, he examines the transformation of competence into prudent wisdom and care into personal radical love to forge the compound virtue of prudent love, which is sufficient for defining the virtuous physician. Lastly, two clinical case stories are reconstructed which illustrate the various virtues associated with medical practice, and it is discussed how the notion of virtuous physician addresses the quality-of-care and professionalism crises.

The Patient as Person

Drawing on New Testament studies and recent scholarship on the expansion of the Christian church, Gary B. Ferngren presents a comprehensive historical account of medicine and medical philanthropy in the first five centuries of the Christian era. Ferngren first describes how early Christians understood disease. He examines the relationship of early Christian medicine to the natural and supernatural modes of healing found in the Bible. Despite biblical accounts of demonic possession and miraculous healing, Ferngren argues that early Christians generally accepted naturalistic assumptions about disease and cared for the sick with medical knowledge gleaned from the Greeks and Romans. Ferngren also explores the origins of medical philanthropy in the early Christian church. Rather than viewing illness as punishment for sins, early Christians believed that the sick deserved both medical assistance and compassion. Even as they were being persecuted, Christians cared for the sick within and outside of their community. Their long experience in medical charity led to the creation of the first hospitals, a singular Christian contribution to health care. "A succinct, thoughtful, well-written, and carefully argued assessment of Christian involvement with medical matters in the first five centuries of the common era

. . . It is to Ferngren's credit that he has opened questions and explored them so astutely. This fine work looks forward as well as backward; it invites fuller reflection of the many senses in which medicine and religion intersect and merits wide readership."—Journal of the American Medical Association "In this superb work of historical and conceptual scholarship, Ferngren unfolds for the reader a cultural milieu of healing practices during the early centuries of Christianity."—Perspectives on Science and Christian Faith "Readable and widely researched . . . an important book for mission studies and American Catholic movements, the book posits the question of what can take its place in today's challenging religious culture."—Missiology: An International Review Gary B. Ferngren is a professor of history at Oregon State University and a professor of the history of medicine at First Moscow State Medical University. He is the author of Medicine and Religion: A Historical Introduction and the editor of Science and Religion: A Historical Introduction.

Professionalism in Medicine

This arrestingly novel work develops a normative synthesis of medical humanities, virtue ethics, medical ethics, health law and human rights. It presents an ambitious, complex and coherent argument for the reconceptualisation of the doctor-patient relationship and its regulation utilising approaches often thought of as being separate, if not opposed (virtue-based ethics and universal human rights). The case is argued gracefully, with moderation, but also with respect for opposing positions. The book's analysis of the foundational professional virtue of therapeutic loyalty is an original departure from the traditional discourse of "patient autonomy," and the ethical and legal "duties" of the medical practitioner. The central argument is not merely presented, as bookends, in the introduction and conclusion. It is cogently represented in each chapter and section and measured against the material considered. A remarkable feature is the use of aptly selected "canonical" literature to inform the argument. These references run from Hesse's "The Glass Bead Game" in the abstract, to Joyce's "Ulysses" in the conclusion. They include excerpts from and discussion about Bergman, Borges, Boswell, Tolstoy, de Beauvoir, Chekhov, Dostoevsky, Samuel Johnson, Aristotle, Orwell, Osler, Chaucer, Schweitzer, Shakespeare, Thorwalds, Kafka and William Carlos Williams. Such references are used not merely as an artistic and decorative leitmotif, but become a critical, narrative element and another complex and rich layer to this work. The breadth and quality of the references are testimony to the author's clear understanding of the modern law and literature movement. This work provides the basis of a medicalschool course. As many medical educators as possible should also be encouraged to read this work for the insights it will give them into using their own personal life narratives and those of their patients to inform their decision-making process. This thesis will also be of value to the judiciary, whose members are often called upon to make normatively difficult judgments about medical care and medical rules. The human rights material leads to a hopeful view of an international movement toward a universal synthesis between medical ethics and human rights in all doctor-patient relationships.

The Virtuous Physician

Although modern medicine enjoys unprecedented success in providing excellent technical care, many patients are dissatisfied with the poor quality of care or the unprofessional manner in which physicians sometimes deliver it. Recently, this patient dissatisfaction has led to quality-of-care and professionalism crises in medicine. In this book, the author proposes a notion of virtuous physician to address these crises. He discusses the nature of the two crises and efforts by the medical profession to resolve them and then he briefly introduces the notion of virtuous physician and outlines its basic features. Further, virtue theory is discussed, along with virtue ethics and virtue epistemology, and specific virtues, especially as they relate to medicine. The author also explores the ontological priority of caring as the metaphysical virtue for grounding the notion of virtuous physician, and two essential ontic virtues—care and competence. In addition to this, he examines the transformation of competence into prudent wisdom and care into personal radical love to forge the compound virtue of prudent love, which is sufficient for defining the virtuous physician. Lastly, two clinical case stories are reconstructed which illustrate the various virtues associated with medical practice, and it is discussed how the notion of virtuous physician addresses the quality-of-care and professionalism crises.

Medicine and Health Care in Early Christianity

This textbook uses concepts and methods of the humanities to enhance understanding of medicine and health care.

Pilgrims in Medicine: Conscience,Legalism and Human Rights

Like many novel ideas, the idea for this volume and its predecessor arose over lunch in the cafeteria of the old Wellcome Institute. On an atternoon in Sept- ber 1988, Dorothy and Roy Porter, and I, sketched out a plan for a set of conf- ences in which scholars from a variety of disciplines would explore the emergence of modern medical ethics in the English-speaking world: from its pre-history in the quarrels that arose as gentlemanly codes of etiquette and honor broke down under the pressure of the eighteenth-century "sick trade," to the Enlightenment ethics of John Gregory and Thomas Percival, to the American appropriation process that culminated in the American Medical Association's 1847 Code of Ethics, and to the British turn to medical jurisprudence in the 1858 Medical Act. Roy Porter formally presented our idea as a plan for two back-to-back c- ferences to the Wellcome Trust, and I presented it to the editors of the PHI- LOSOPHY AND MEDICINE series, H. Tristram Engeihardt, Jr. and Stuart Spicker. The reception from both parties was enthusiastic and so, with the financial backing of the former and a commitment to publication from the latter, Roy Porter, ably assisted by Frieda Hauser and Steven Emberton, - ganized two conferences. The first was held at the Wellcome Institute in - cember 1989; the second was sponsored by the Wellcome, but was actually held in the National Hospital, in December 1990.

The Virtuous Physician

This book provides insights into dynamic and complex interrelationships between professionalism and medical practice. It does so by looking into the most relevant and recent theoretical and practical frameworks and by systematizing and integrating extensive and growing literature on medical professionalism. Through honest and prudent contributions from very diverse backgrounds and contexts, this book provides an understanding of medical professionalism derived from a broader historical and cultural context in order to contribute to everyday professional life and practice – the very place of its existence. The book presents the conflicting and sometimes irreconcilable demands and challenges physicians face in everyday practice. A better understanding of these fundamental issues is the only way for medicine to maintain and preserve its unique morality, the same one that enabled its existence in the first place. The book is relevant for everyone immersed and interested in the subject of medical professionalism as a resource, which may ease or guide them through the complexities of issues at hand. It will also contribute to the ongoing debate on medical professionalism, medical ethics, bioethics, and professionalism and ethics in general.

Medical Humanities

The editors have incurred many debts in preparing this book, and both etiquette and ethics would be contravened if they were not discharged here. Above all, we wish to thank the contributors for so cheerfully complying with our suggestions for preparing their papers for publication and efficiently meeting our schedules. It is thanks to their cooperation that this volume has appeared speedily and painlessly; their revisions have helped to give it internal coherence. This volume has emerged from papers delivered at a conference on the History of Medical Ethics, held at the Wellcome Institute for the History of Medicine, London, 1 December, 1989. We are most grateful to the Wellcome Trust for having underwritten the costs of the conference, and to Frieda Houser and Stephen Emberton whose organizational skills contributed so much to making it a smoothly-run and enjoyable day. In addition to the papers delivered at the conference, we are delighted to have secured further contributions from David Harley and Johanna Geyer-Kordesch. Our thanks to them for their eager help. From start to finish, we have received splendid encouragement from all those connected with the Philosophy and Medicine series, especially Professor Stuart Spicker, and Martin Scrivener at Kluwer Academic Publishers. Their enthusiasm has lightened our load, and expedited the editorial process.

The Codification of Medical Morality

The third edition of The Basics of Bioethics continues to provide a balanced and systematic ethical framework to help students analyze a wide range of controversial topics in medicine, and consider ethical systems from various religious and secular traditions. The Basics of Bioethics covers the “Principalist” approach and identifies principles that are believed to make behavior morally right or wrong. It showcases alternative ethical approaches to health care decision making by presenting Hippocratic ethics as only one among many alternative ethical approaches to health care decision-making. The Basics of Bioethics offers case studies, diagrams, and other learning aids for an accessible

presentation. Plus, it contains an all-encompassing ethics chart that shows the major questions in ethics and all of the major answers to these questions.

Military Medical Ethics, Volume 1

Medical or hio- ethics has in recent years been a growth industry. Journals, Centers and Associations devoted to the subject proliferate. Medical schools seem increasingly to be filling rare positions in the humanities and social sciences with ethicists. Hardly a day passes without some media scrutiny of one or another ethical dilemma resulting from our new-found ability to transform the natural conditions of life. Although bioethics is a self-consciously interdisciplinary field, it has not attracted the collaboration of many social scientists. In fact, social scientists who specialize in the study of medicine have in many cases watched its development with a certain ambivalence. No one disputes the significance and often the painfulness of the issues and choices being addressed. But there is something about the way these issues are usually handled which seems somehow inappropri ate if not wrong-headed to one trained in a discipline like sociology or history. In their analyses of complex situations, ethicists often appear grandly oblivious to the social and cultural context in which these occur, and indeed to empirical referents of any sort. Nor do they seem very conscious of the cultural specificity of many of the values and procedures they utilize when making ethical judg ments. The unease felt by many in the social sciences was given articulate expression in a paper by Renee Fox and Judith Swazey which appeared in 1984.

The Bridge Between Bioethics and Medical Practice

The Medical-Legal Aspects of Acute Care Medicine: A Resource for Clinicians, Administrators, and Risk Managers is a comprehensive resource intended to provide a state-of-the-art overview of complex ethical, regulatory, and legal issues of importance to clinical healthcare professionals in the area of acute care medicine; including, for example, physicians, advanced practice providers, nurses, pharmacists, social workers, and care managers. In addition, this book also covers key legal and regulatory issues relevant to non-clinicians, such as hospital and practice administrators; department heads, educators, and risk managers. This text reviews traditional and emerging areas of ethical and legal controversies in healthcare such as resuscitation; mass-casualty event response and triage; patient autonomy and shared decision-making; medical research and teaching; ethical and legal issues in the care of the mental health patient; and, medical record documentation and confidentiality. Furthermore, this volume includes chapters dedicated to critically important topics, such as team leadership, the team model of clinical care, drug and device regulation, professional negligence, clinical education, the law of corporations, tele-medicine and e-health, medical errors and the culture of safety, regulatory compliance, the regulation of clinical laboratories, the law of insurance, and a practical overview of claims management and billing. Authored by experts in the field, The Medical-Legal Aspects of Acute Care Medicine: A Resource for Clinicians, Administrators, and Risk Managers is a valuable resource for all clinical and non-clinical healthcare professionals.

The Codification of Medical Morality

This history of medical thought from antiquity through the Middle Ages reconstructs the slow transformations and sudden changes in theory and practice that marked the birth and early development of Western medicine. Grmek and his contributors adopt a synthetic, cross-disciplinary approach, with attention to cultural, social, and economic forces.

The Basics of Bioethics

A physician says, "I have an ethical obligation never to cause the death of a patient," another responds, "My ethical obligation is to relieve pain even if the patient dies." The current argument over the role of physicians in assisting patients to die constantly refers to the ethical duties of the profession. References to the Hippocratic Oath are often heard. Many modern problems, from assisted suicide to accessible health care, raise questions about the traditional ethics of medicine and the medical profession. However, few know what the traditional ethics are and how they came into being. This book provides a brief tour of the complex story of medical ethics evolved over centuries in both Western and Eastern culture. It sets this story in the social and cultural contexts in which the work of healing was practiced and suggests that, behind the many different perceptions about the ethical duties of physicians, certain themes appear constantly, and may be relevant to modern debates. The book begins with the Hippocratic medicine of ancient Greece, moves through the Middle Ages, Renaissance and

Enlightenment in Europe, and the long history of Indian 7nd Chinese medicine, ending as the problems raised modern medical science and technology challenge the settled ethics of the long tradition.

Social Science Perspectives on Medical Ethics

Co-published with the Oxford Philosophy Trust, this is the second volume in a landmark series from the Oxford University Centre for the Study of Values in Education and Business. Volume II emphasizes the conflicts and issues associated with training in applied professional fields. The physician-patient relationship, management issues, business decision-making, the training of psychologists, and the teaching of ethics to medical students are among the areas examined.

The Medical-Legal Aspects of Acute Care Medicine

Modern medical ethics in the English-speaking world is commonly thought to derive from the medical philosophy of the Scotsman John Gregory (1725-1773) and his younger associates, the English Dissenter Thomas Percival (1740-1804) and the American Benjamin Rush (1745-1813). This book is the first extensive study of this suggestion. Dr Haakonssen shows how the three thinkers combined Francis Bacon's and the Scottish Enlightenment's ideas of the science of morals and the morals of science. She demonstrates how their medical ethics was a successful adaptation of traditional moral ideas to the dramatically changing medical world especially the voluntary hospital. In accounting for the dynamics of this process, she rejects the anachronism that modern medical ethics was a new paradigm.

Western Medical Thought from Antiquity to the Middle Ages

DIVA Stanley Hauerwas Reader, including Hauerwas' essays and excerpts from his books and monographs, intended to provide a comprehensive introduction to his work./div

A Short History of Medical Ethics

The Patient Self-Determination Act of 1990 required medical facilities to provide patients with written notification of their right to refuse or consent to medical treatment. Using this Act as an important vehicle for improving the health care decisionmaking process, Lawrence P. Ulrich explains the social, legal, and ethical background to the Act by focusing on well-known cases such as those of Karen Quinlan and Nancy Cruzan, and he explores ways in which physicians and other caregivers can help patients face the complex issues in contemporary health care practices. According to Ulrich, health care facilities often address the letter of the law in a merely perfunctory way, even though the Act integrates all the major ethical issues in health care today. Ulrich argues that well-designed conversations between clinicians and patients or their surrogates will not only assist in preserving patient dignity — which is at the heart of the Act—but will also help institutions to manage the liability issues that the Act may have introduced. He particularly emphasizes developing effective advance directives. Ulrich examines related issues, such as the negative effect of managed care on patient self-determination, and concludes with a seldom-discussed issue: the importance of being a responsible patient. Showing how the Patient Self-Determination Act can be a linchpin of more meaningful and effective communication between patient and caregiver, this book provides concrete guidance to health care professionals, medical ethicists, and patient-rights advocates.

The Fundamentals of Bioethics: Legal Perspectives and Ethical Aproches

This book supports the emerging field of vascularized composite allotransplantation (VCA) for face and upper-limb transplants by providing a revised, ethically appropriate consent model which takes into account what is actually required of facial and upper extremity transplant recipients. In place of consent as permission-giving, waiver, or autonomous authorization (the standard approaches), this book imagines consent as an ongoing mutual commitment, i.e. as covenant consent. The covenant consent model highlights the need for a durable personal relationship between the patient/subject and the care provider/researcher. Such a relationship is crucial given the recovery period of 5 years or more for VCA recipients. The case for covenant consent is made by first examining the field of vascularized composite allotransplantation, the history and present understandings of consent in health care, and the history and use of the covenant concept from its origins through its applications to health care ethics today. This book explains how standard approaches to consent are inadequate in light of the particular features of facial and upper limb transplantation. In contrast, use of the covenant concept creates

a consent model that is more appropriate ethically for these very complex surgeries and long-term recoveries.

Business Education and Training

What did pain and illness mean to early Christians? And how did their approaches to health care compare to those of the ancient Greco-Roman world? In this wide-ranging interdisciplinary study, Helen Rhee examines how early Christians viewed illness, pain, and health care and how their perspective was influenced both by Judeo-Christian tradition and by the milieu of the larger ancient world. Throughout her analysis, Rhee places the history of medicine, Greco-Roman literature, and ancient philosophy in constructive dialogue with early Christian literature to elucidate early Christians' understanding, appropriation, and reformulation of Roman and Byzantine conceptions of health and wholeness from the second through the sixth centuries CE. Utilizing the contemporary field of medical anthropology, Rhee engages illness, pain, and health care as sociocultural matters. Through this and other methodologies, she explores the theological meanings attributed to illness and pain; the religious status of those suffering from these and other afflictions; and the methods, systems, and rituals that Christian individuals, churches, and monasteries devised to care for those who suffered. Rhee's findings ultimately provide an illuminating glimpse into how Christians began forming a distinct identity—both as part of and apart from their Greco-Roman world.

Medicine and Morals in the Enlightenment

The New Testament gospels feature numerous social exchanges between Jesus and people with various physical and sensory disabilities. Despite this, traditional biblical scholarship has not seen these people as agents in their own right but existing only to highlight the actions of Jesus as a miracle worker. In this study, Louise A. Gosbell uses disability as a lens through which to explore a number of these passages anew. Using the cultural model of disability as the theoretical basis, she explores the way that the gospel writers, as with other writers of the ancient world, used the language of disability as a means of understanding, organising, and interpreting the experiences of humanity. Her investigation highlights the ways in which the gospel writers reinforce and reflect, as well as subvert, culturally-driven constructions of disability in the ancient world.

The Hauerwas Reader

Despite the modem recovery of virtue theory in ethics, conceptions of temperance remain largely unexamined. In this study I offer an examination ofcertain interpretive threads oftemperance as a virtue beginning in classical philosophy and moving through early to medieval Christian conceptions. I find contemporary notions oftemperance to be sorely lacking when compared and contrasted to these historical conceptions. Aristotelian and Thomistic accounts of temperance are particularly important to the normative statement of temperance I offer here. To fully understand temperance one must recognize its place among the moral virtues, in particular phronesis or practical judgment. Though I place temperance within practical judgment, this study stops short ofoffering a full account of virtue theory and how it mayor may not relate to other theories ofthe moral life. While contemporary views of temperance occasionally note its general relevance to the experience of emotion, I elaborate upon the work of temperance as an essential part of the effort to include emotion in the moral life. In present-day studies of the psychology of emotion, cognitive theories have reasserted the classical conception of emotion as consisting of both physiological and psychological elements ofhuman personhood. Temperance is the primary virtue in the moral agent's effort to appropriately include the entirety ofthe emotional experience in moral deliberation. I find it relevant to a moral response to both the physiological and psychological elements of emotion.

The Patient Self-Determination Act

Medical ethics changed dramatically in the past 30 years because physicians and humanists actively engaged each other in discussions that sometimes led to confrontation and controversy, but usually have improved the quality of medical decision-making. Before then, medical ethics had been isolated for almost two centuries from the larger philosophical, social, and religious controversies of the time. Only in the past three decades has the dialogue resumed as physicians turned to humanists for help just when humanists wanted their work to be relevant to real-life social problems. The book tells the critical story of how the breakdown in communication between physicians and humanists occurred and

how it was repaired when new developments in medicine together with a social revolution forced the leaders of these two fields to resume their dialogue.

A Revised Consent Model for the Transplantation of Face and Upper Limbs: Covenant Consent

Drawing on the expertise of a nationally recognized group of family practice educators affiliated with the University of California, Drs. Little and Midtling are able to present many specific examples on meeting the challenges of becoming a family physician. Also included are chapters that draw out the differences between inpatient and outpatient service, discuss the teaching of practice management, and touch on the impact of specialists in ethics and cross cultural communication on family practice teams. The concluding chapters examine how family physicians have survived in the "medical community\

Illness, Pain, and Health Care in Early Christianity

In Ambiguous Antidotes, Hilaire Kallendorf explores the receptions of Virtues in the realm of moral philosophy and the artistic production it influenced during the Spanish Gold Age.

The Poor, the Crippled, the Blind, and the Lame

Virtue ethics has emerged as a distinct field within moral theory - whether as an alternative account of right action or as a conception of normativity which departs entirely from the obligatoriness of morality - and has proved itself invaluable to many aspects of contemporary applied ethics. Virtue ethics now flourishes in philosophy, sociology and theology and its applications extend to law, politics and bioethics. "The Handbook of Virtue Ethics" brings together leading international scholars to provide an overview of the field. Each chapter summarizes and assesses the most important work on a particular topic and sets this work in the context of historical developments. Taking a global approach by embracing a variety of major cultural traditions along with the Western, the "Handbook" maps the emergence of virtue ethics and provides a framework for future developments.

Passionate Deliberation

"Throughout the past two decades, when medical ethics has had a renaissance, Robert Veatch has been a leading contributor to its dialogue and advance. This collection of his work shows the breadth and the cogency of his thinking.... it is a book worth having."Â -- Journal of the American Medical Association "... a fascinating dissection of almost every aspect of the doctor-patient relationship.... strongly recommended reading for all health care workers interested in this rapidly evolving field."Â -- Queen's Quarterly "This outstanding discussion of important current medical issues is a valuable addition to academic and professional libraries." -- Choice "... an important contribution to bioethics... certain to provoke controversy in the field."Â -- Medical Humanities Review "Lucid and well-argued... " -- Religious Studies Review This book heralds the imminent demise of "doctor knows best." In it, Robert M. Veatch proposes a postmodern medicine in which decisions about patient care will routinely involve both doctor and patient -- not only in ethically complex cases such as the termination of life-sustaining treatment, but in everyday care as well.

Disrupted Dialogue

The best things in my Ufe have come to me by accident and this book results from one such accident: my having the opportunity, out of the blue, to go to work as H. Tristram Engelhardt, Jr. 's, research assistant at the Institute for the Medical Humanities in the University of Texas Medi cal Branch at Galveston, Texas, in 1974, on the recommendation of our teacher at the University of Texas at Austin, Irwin C. Lieb. During that summer Tris "lent" me to Chester Bums, who has done important schol arly work over the years on the history of medical ethics. I was just finding out what bioethics was and Chester sent me to the rare book room of the Medical Branch Library to do some work on something called "medical deontology. " I discovered that this new field of bioethics had a history. This string of accidents continued, in 1975, when Warren Reich (who in 1979 made the excellent decisions to hire me to the faculty in bioethics at the Georgetown University School of Medicine and to persuade Andre Hellegers to appoint me to the Kennedy Institute of Ethics) took Tris Engelhardt's word for it that I could write on the history of modem medical ethics for Warren's major new project, the Encyclopedia of Bioethics. Warren then asked me to write on eighteenth-century British medical ethics.

Becoming a Family Physician

Founded on in-depth biblical studies and perceptive theological perspective, James Thobaben's book has given us a comprehensive treatment of the myriad ethical issues involved in health care. He addresses topics such as the nature of evangelical faith understanding illness family caring the role of health-care providers institutional considerations ethical issues related to reproduction death and dying Thobaben guides us into the realm of ethical discernment and decision-making by grasping the interconnections between health care in its various dimensions with the whole of true Christian living. If you are a student or pastor, or serving in the health-care professions, this monumental resource is for you.

Ambiguous Antidotes

In print for more than two decades, On Moral Medicine remains the definitive anthology for Christian theological reflection on medical ethics. This third edition updates and expands the earlier awardwinning volumes, providing classrooms and individuals alike with one of the finest available resources for ethics-engaged modern medicine.

The Handbook of Virtue Ethics

The Patient-Physician Relation