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History, Medicine, and Brain Death, Death before Dying, Gary Belkin, Oxford university press. Des milliers de livres avec la livraison chez vous en 1 jour ou en magasin avec -5% de réduction .

Death before Dying: History, Medicine, and Brain Death brings fresh perspectives to the historical appearance of the idea of brain death. In doing so, raises larger questions about the place of bioethics in medicine, and the uses of history to be more curious

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about how medical knowledge can work as a potentially innovative source of values.

"Brain death-the condition of a non-functioning brain, has been widely adopted around the world as a definition of death since it was detailed in a report by an ad hoc committee of Harvard Medical School faculty in 1968. It also remains a focus of controversy and debate, an early source of criticism and scrutiny of the bioethics movement. Death before dying: history, medicine, and brain death looks at the work of the Committee in a way that has not been attempted before in terms of tracing back the context of its own sources-the reasoning of it Chair, Henry K Beecher, and the care of patients in coma and knowledge about coma and consciousness at the time. That history requires re-thinking the debate over brain

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"Cites published research demonstrating that the American medicine system is the leading cause of death and injury in the US."
-- P. [4] of cover.

This book analyzes the reasons for organ shortage and ventures innovative ideas for approaching this problem. It presents 29 contributions from a highly interdisciplinary group of world experts and upcoming professionals in the field. Every year thousands of patients die while waiting for organ transplantation. Health authorities, medical professionals and bioethicists worldwide point to the urgent and yet unsolved problem of organ shortage, which will be even intensified due to the increasing life expectancy. Even though the practical problem seems to be well known, the search for

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suitable solutions continues and often restricts itself by being limited through disciplinary and national borders. Combining philosophical reflection with empirical results, this volume enables a unique insight in the ethics of organ transplantation and offers fresh ideas for policymakers, health care professionals, academics and the general public.

Despite the numerous vicious conflicts that scarred the twentieth century, the horrors of the Western Front continue to exercise a particularly strong hold on the modern imagination. The unprecedented scale and mechanization of the war changed forever the way suffering and dying were perceived and challenged notions of what the nations could reasonably expect of their military. Examining experiences of the Western Front, this book looks at the

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life of a soldier from the moment he marched into battle until he was buried. In five chapters - Battle, Body, Mind, Aid, Death - it describes and analyzes the physical and mental hardship of the men who fought on a front that stretched from the Belgian coast to the Swiss border. Beginning with a broad description of the war it then analyzes the medical aid the Tommies, Bonhommes and Frontschweine received - or all too often did not receive - revealing how this aid was often given for military and political rather than humanitarian reasons (getting the men back to the front or munitions factory and trying to spare the state as many war-pensions as possible). It concludes with a chapter on the many ways death presented itself on or around the battlefield, and sets out in detail the problems that arise when more people are killed than can possibly be buried properly. In contrast to most books in the field

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this study does not focus on one single issue - such as venereal disease, plastic surgery, shell-shock or the military medical service - but takes a broad view on wounds and illnesses across both sides of the conflict. Drawing on British, French, German, Belgian and Dutch sources it shows the consequences of modern warfare on the human individuals caught up in it, and the way it influences our thinking on 'humanitarian' activities.

These 115 poems introduce readers in English to Sultan Bahu (d. 1691), a Sufi mystical poet who continues to be one of the most beloved writers in Punjabi. Bahu, whose name translates as "With God," remains highly popular in Pakistan and India today—even illiterate Punjabis can recite his poetry by heart.

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When the end of life makes its inevitable appearance, people should be able to expect reliable, humane, and effective caregiving. Yet too many dying people suffer unnecessarily. While an "overtreated" dying is feared, untreated pain or emotional abandonment are equally frightening. Approaching Death reflects a wide-ranging effort to understand what we know about care at the end of life, what we have yet to learn, and what we know but do not adequately apply. It seeks to build understanding of what constitutes good care for the dying and offers recommendations to decisionmakers that address specific barriers to achieving good care. This volume offers a profile of when, where, and how Americans die. It examines the dimensions of caring at the end of life: Determining diagnosis and prognosis and communicating these to patient and family. Establishing clinical and personal goals. Matching physical,

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psychological, spiritual, and practical care strategies to the patient's values and circumstances. Approaching Death considers the dying experience in hospitals, nursing homes, and other settings and the role of interdisciplinary teams and managed care. It offers perspectives on quality measurement and improvement, the role of practice guidelines, cost concerns, and legal issues such as assisted suicide. The book proposes how health professionals can become better prepared to care well for those who are dying and to understand that these are not patients for whom "nothing can be done."

In this original and compelling book, Jeffrey P. Bishop, a philosopher, ethicist, and physician, argues that something has gone sadly amiss in the care of the dying by contemporary medicine and

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in our social and political views of death, as shaped by our scientific successes and ongoing debates about euthanasia and the "right to die" or to live. *The Anticipatory Corpse: Medicine, Power, and the Care of the Dying*, informed by Foucault's genealogy of medicine and power as well as by a thorough grasp of current medical practices and medical ethics, argues that a view of people as machines in motion—people as, in effect, temporarily animated corpses with interchangeable parts—has become epistemologically normative for medicine. The dead body is subtly anticipated in our practices of exercising control over the suffering person, whether through technological mastery in the intensive care unit or through the impersonal, quasi-scientific assessments of psychological and spiritual "medicine." The result is a kind of nihilistic attitude toward the dying, and troubling contradictions and absurdities in our

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practices. Wide-ranging in its examples, from organ donation rules in the United States, to ICU medicine, to "spiritual surveys," to presidential bioethics commissions attempting to define death, and to high-profile cases such as Terri Schiavo's, *The Anticipatory Corpse* explores the historical, political, and philosophical underpinnings of our care of the dying and, finally, the possibilities of change. This book is a ground-breaking work in bioethics. It will provoke thought and argument for all those engaged in medicine, philosophy, theology, and health policy.

Exploring the mechanisms underlying performance comparisons, *Performance Comparison and Organizational Service Provision* investigates how such assessments shape hospitals' service provision and medical professionals' work. With a focus on U.S.

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health care, this study outlines how medical quality was defined and compared in the hospital sector from the late 19th century to the present. Developing a novel theoretical framework to investigate performance comparisons, several different forms of internal and external performance assessments are contrasted throughout this period. The transformative effects of these comparisons on hospitals' relationships to patients, insurers, regulators, and staff are analyzed and their ramifications for current hospital care are explored. Drawing on this analysis, the book examines the controversial nature of these measures and the struggles among hospital managers, patients, physicians, and policy makers to determine hospital quality. Affording a deeper understanding of how performance comparisons influence organizational service provision, the book will be of interest to researchers in a broad

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range of fields including organization studies, accountability and evaluation, health care, and policy research as well as practitioners in hospital care and management.

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