The following is a compilation of over six hundred references to which the reader can turn for further information on the issues discussed in this volume. While some are brought together from the chapters themselves, there are many which have been added for the reader’s convenience. By no means is this considered an exhaustive effort to reference the changes being witnessed in the medical arena. It is, however, a starting point for those who wish to become more familiar with some of the more important facets of economic, genetic, and fiduciary changes in medicine.

I. BIBLIOGRAPHY: THE DILEMMA OF FUNDING HEALTH CARE

Policy makers in the United States are finally admitting something that the American people have known for some time: health care in this country is in a state of financial shambles. In order for medical professionals to continue giving the type of care demanded by their patients, many sacrifices need to be made. Whereas three years ago, “rationing” was a taboo discussion, we are finally coming to terms with the fact that the demand for effective health care far exceeds the supply of therapeutic, diagnostic, and economic capabilities.

The following articles discuss the concerns of patients, their providers, and policy makers as they come to terms with the changing nature of medicine. While medicine will always be considered an art, more and more it is recognized as a business. The professional ethics which guide physicians and other health-care providers are now being influenced by outside forces both social and economical. The problem is not that care has to be managed. The problem is that the care is being mis-managed. While the following is not an exhaustive listing of all texts and articles discussing concerns over health care reform, it should provide the reader with ample opportunity to begin understanding the forces guiding economic changes in health care as well as medicine’s reactionary measures.

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II. BIBLIOGRAPHY: THE HUMAN GENOME PROJECT

The Human Genome Project (HGP) is a nine year old international effort to map and sequence the entire human genome. At present time, the HGP includes scientists from the United States, the United Kingdom, Canada, France, Germany and Japan all working to develop a biological “periodic table” which will make it possible not only to identify signatures from each building block, but in time develop treatment options based on our newfound genetic knowledge (Lander, 1996). The HGP has successfully completed all its major goals up through 1998 and has set forth a plan which calls for the completion of the project through an emphasis on DNA sequencing by 2003, 2 years ahead of the original schedule.

As advancements are being made daily, the following articles are by no means a comprehensive listing of all of the journal contributions to this difficult, and for many, ethically problematic project. Advances in genetics will clearly influence clinical decision making in terms of patients’ relationships with their providers, their friends and families, and inevitably their finances. The discussions of the revolution in medicine resulting from the HGP include the translation of genetic discoveries into meaningful medical diagnostics and therapeutics as well as the ethical and social problems that come hand in hand with the unraveling of the human genetic code.
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III. BIBLIOGRAPHY: THE PHYSICIAN-PATIENT RELATIONSHIP

It hardly needs to be pointed out that there has been an exponential increase in knowledge and technology witnessed in the medical field these last fifty years. Hand in hand with this technological revolution has been a revolution in the relationship between the patient and her medical care provider. The combination of medical advancements coupled with the increasing control patients have over their own health care decisions has radically changed the physician-patient relationship. A field which was once dominated by paternalism is now focused on the relatively new concept of patient autonomy. The dynamic nature of the provider-patient relationship can also be dramatically affected by changes in economic tides.

The following discussions deal with the nature of the patient-provider relationship and all the ethical dilemmas inherent in such interactions. Many basic principles, including trust, honesty, benevolence, non-maleficence, autonomy and communication are offered as behavioral guides for a difficult yet necessary relationship between medical professionals and their patients. Once again, the following is not an all-inclusive listing but it will give a start to anyone interested in pursuing the dynamics of this difficult, yet rewarding relationship.

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