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THE MEDICAL ETHICAL ISSUE OF OVERPRESCRIBING
PRESCRIPTION MEDICINE

by

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Dr. Blanco
Honors Research Paper
(Topic: Medical Ethics)

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The physician by nature of his vocation is called to practice his art with high moral sensitivity. For two millennia this sensitivity has been provided by the oath and the other ethical writings of the Hippocratic Corpus (Pellegrino 95). No code has been more influential in heightening the moral reflexes of ordinary men (95). Every subsequent medical code is essentially a footnote to the Hippocratic precepts, which even to this day remain the paradigm of how a physician should practice medicine (95). The Hippocratic ethic is marked by a unique combination of humanistic concern and practical wisdom. This ethic has long sufficed to guide the doctor in his service to patient and community. The Hippocratic Oath as translated by Francis Adams is as follows:

I swear by Apollo the physician, and Esculapius, and Health, and All-heal, and all the gods and goddesses, that, according to my ability and judgment, I will keep this Oath and this stipulation--to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required, to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons, teachers, and to disciples bound by oath

but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious. I WILL GIVE NO DEADLY MEDICINE TO ANYONE IF ASKED, NOR SUGGEST ANY SUCH COUNSEL; I will not give to a woman a pessary to produce abortion. With purity and holiness I will pass my life and practice my Art. I will not cut persons...into whatever houses I enter, I will go into them for the benefit of the sick and will abstain from corruption. Whatever in connection with my professional practice..., I will not divulge, as reckoning that all such should be kept as secret. While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times! But should I trespass and violate this Oath, may the reverse be my lot! (Adams 1).

Today, as the practice of medicine intersects with contemporary science, technology, social organization, and changed human values it shows significant missing dimensions in this ancient ethic (Pellegrino 95). Some of the major sections of the Hippocratic Oath are being consciously compromised; one of

which is the use of dangerous drugs. In our modern society this sort of compromise becomes a problem of medical ethics. The medical ethical issue of overprescribing prescription medicine will be the main focus of this paper. Medical ethics means a guide to conduct, including right and wrong practices arising out of the care of patients and posing ethical issues for patients as well as physicians (Dale White 133). At one time, medical ethics as spelled out in the Hippocratic Oath was held in high esteem, but today it is too often viewed as mere opinion, personal taste, etiquette, social convention, or a relative expression of cultural values that differ from culture to culture (Maxtri 1). Medical ethics is seen by some as a limitation on their freedom to practice medicine as they choose. Consequently, it is often used by the powerful to control the powerless. True ethics demands that we believe, trust, and hope in that which is beyond us. It is the art and science which seeks to determine the rightness and wrongness of human behavior according to some norm or standard (1).

The medical ethic goes as far back as Aristotle in fourth century B.C. (1). One of the current issues in medical ethics is doctors overprescribing prescription medicine. Webster defines prescription as authoritative directions for a medicine. Medicine is defined as the science of treating disease or preserving health or a substance for treating disease. Therefore, if a physician overprescribes either accidentally or cognitively, he is not practicing good medicine. One might ask: When does a doctor overprescribe? what are the effects of overprescribing?, what are the alternatives? This paper will deal with

these issues, especially the question of overprescribing medicines.

Since information on overprescribing medicine is limited and is a relatively new issue in medical ethics, it is encumbant to include in this paper a chapter on methodology. Approximately seventy hours have been spent searching for information on overprescribing prescription medicine.

I have searched inside and outside at the library. I followed Dr. Wađemar Kutzner M.D., a local family doctor, for two days to see how he dealt with the medicine issue. I also followed some doctors over the summer at Loma Linda Hospital and others in Chattanooga as well. In addition I also questioned Mr. Haynes, a pharmacist, at Haynes Pharmacy in Collegedale about doctors overprescribing. I visited Peggy Finnell at Life Care, a local nursing home, and asked her about the amount of prescription medicine she gives her patients. I also inquired about the issue at Health Feast, some health meetings in Chattanooga. I sat in on Christian Ethics and Health Evangelism classes. Besides all of this, I interviewed Margarie Baldwin and Dr. Gravis at Wildwood Lifestyle Center. I have questioned many of my teachers such as: Dr. Stephen Nyirady, Dr. Benjamin McArthur, Dr. Jack Blanco, Dr. Steven Warren, Dr. Leo Van Dolson, Dr. Ron Springett, and Dr. David Ekkens was part of my research. I looked through books and articles in the library at U.T.C. In the McKee Library at Southern College, I searched the Natural Issues file by Dr. David Ekkens. I also sent for Introduction To Medical Phsychology by James C. Norton through inter-

library loan, which never came. I used the reference computer to find books and magazines; I also used the microfiche. The topics I ran through the computer were medical ethics, ethics, Biblical ethics, drugs, natural medicine, preventive medicine, medications, narcotics, and medicine. Some of the periodicals that I looked through were: Pharmacy Times, Drug Topics, U.S. Pharmacist, The Tennessee Pharmacist, Medicine and Science in Sports and Exercise, Nutrition Reviews, Nursing, Prevention, Journal of Health Education, The American Dietetic Association, Journal of Health and Social Policy, Journal of American College Health, Journal of Biblical Ethics in Medicine, The American Journal of Clinical Nutrition, and Consultant. On microfiche I looked up articles in the Hastings Center Report, Lancet, and The Journal of American Medical Association. In the nursing room of the library I used the Nursing and Medical Indexes, Cumulative Index to Nursing, and Allied Health Literature to try to find some additional information on overprescribing prescription and medicine. There are also several books that I read through which did not pertain to the research topic directly: More Than Herbs and Acupuncture by Grey Dimond, Wednesday Night at the Lab by Rineheart, Innovation in the Pharmaceutical Industry by David Schwartzman, Intervention and Reflection by Ronald Munson, Behavior and Health Care by Jane Chapman, Healing Herbs of the Bible by R. H. Harrison, To Your Health by Dr. Hans Diehl, and Natural Remedies by Agatha Thrash. The Medical ethics issue of overprescribing

medicine is not widely published. This is most likely due to the nature of the issue. Overprescribing has not been a concern in past years; it is only in recent years that this ethical issue has become a concern. Most reference materials do not address the topic directly, but they do make reference to it. The remaining chapters will consider the medical ethics question of overprescribing medicine, the effects it has on the body, and some alternatives to the problem.

The medical profession has long subscribed to a body of ethical standards developed mostly for the benefit of the patient. As a member of the medical profession, a doctor should recognize responsibility not only to his patients, but also to society, to other health professionals, and to self. All physicians should practice in accordance with the medical code of ethics set forth in the Principles of Medical Ethics of the American Medical Association (Rosenbaum 427). These principles, adopted by the American Medical Association, are standards of conduct which define the essentials of honorable behavior for the physician (428). There are seven general sections to the Principles of Medical Ethics: a physician is to be dedicated to providing competent medical service, he is to deal honestly with his patients, a doctor is to seek changes in those requirements which are contrary to the best interests of the patient, he is to respect the patients' rights, a physician is to continue studying, he is to serve, and he shall also help improve the community (428). These

are standards for which a physician is to aim. However, this medical ethical issue is not all on the doctors shoulders. The sick person comes into the doctor's office expecting to be restored to his pre-sickness condition. In short, most patients expect the doctor to cure them (Maddox 18). Traditionallt, the role of doctor was more of a teacher. This is the meaning of the word "doctor". The physician was one who could understand and manipulate nature or physics to cure a person (19). Medicine today, with its technological wonders, is generally expected to produce cures (18). Technology has become a powerful ally in a more rapid, accurate, and effective fulfillment of medicine's goal of extending and enhancing life (Hohnson 2). There has been progress in curing some diseases (usually amelioration, rather than cure) (Maddox 18). However, the limits of medicine are rapidly being realized by those within and without the medical profession. The medical profession. The medical profession has made very little impact on the survival or health of the population in general (18). People live longer now mainly because of improved living conditions and sanitation, not because of the magic of medicine (18). Even when medicine has an effective intervention, most patients expect the doctor to work the magic and expect to do little or nthing themselves (18). So what should the patient expect from the doctor? The doctor whould be expected to teach the patient how to stay healthy, to comfort and consde through illness, to relieve the symptoms or consequences of the sickness, and to show the link of the illness so the patient can repent of that sin (18). The physician's

part in preventing overscription of medicine is to be alert to the diverse medical/ethical issues that he has to face. Physicians should be comfortable with the notion that the real immorality is not in making a mistake (Long 62). The important thing is to be aware that values are involved, that those issues are important, and that physicians should be willing to struggle with the value issues (62). The thing that would be unethical would be to dismiss the value questions as unimportant (62). Medical ethics is one of the important components of the medical profession. However, this idea has been challenged recently. Some feel that you cannot "add" the moral dimension to clinical decision making (Fletcher 3). But physicians, are by nature and definition committed to saving and preserving life. Ethics critically examines values and how they are to be acted out, but whether they are acted out or not depends of the character of the clinicians (4). So, the doctor and the patient play a role in the prescription of medicine. The patient's role is not to demand an instant cure and to be willing to do his part, and the physician's role is to be concerned with the values and to have the right kind of character.

Physicians always try to learn from their experience gained when treating patients. The beneficiary is the next patient. This process of medicine leads to case-reports which serve as warning signals. The aim of all this is to improve the medical care in the future. One of the methods that

doctors use to learn is to see which medicine to prescribe and how much. Overprescription is a great risk because of the small difference between effective and lethal doses (Sanberg 61). Doctors learn where this fine line is at by case reports to see how much of a certain drug is safe. Also, due to the great diversity of people, a doctor may learn how much of a certain medicine to give through trial and error. Although a great deal of overprescription can arise from the doctor's ignorance, there can also be an element of greed (90). The unethical doctor might talk their patient into some treatment for personal gain or career motives. To prevent these reasons of overprescribing the U.S. government issues a list of "unnecessary drugs". In the document the government states that a drug is unnecessary: if the dose or duration is excessive, if it duplicates any other drug therapy, if it is used in the presence of adverse consequences which indicates the dose should be decreased or discontinued, or if there is no adequate diagnosis or indication for its use (Finnell). The government also has issued guidelines on how to use sedatives for sleep, anti-anxiety medication, and anti-psychotics (Finnell). Peggy Finnell, R.N. believes that these government guidelines here helped to prevent the overprescription of drugs.

Another issue deals with pain relievers. Pain relievers are more frequently overprescribed than anything else. Most requests made of physicians are not for healing, but for relief from pain and suffering that accompany illness and injury (Jaffe 247). Pain, which can totaly disrupt a person's life, is the warning

signal that something is wrong within the organism (247). Physical pain from chronic backache to headaches to digestive discomfort--often persist even during the absence of a specific physiological problem (247). Pain medication can only partially alleviate this discomfort, and over time, may become less effective or cause negative side effects (from stomach upset to drug addiction) (247). Pain control is one of the most pressing medical problems in the issue of overprescribing medicine.

The abuse of prescription medication receives little publicity unless a celebrity is found dead from an overdose of sedatives; yet there is a professional consensus that such abuse represents a major health hazard (Norton 245). Poly-drug abuse, the use of multiple drugs, which may be legally or illegally obtained, is distinguished from both opiate addiction and alcohol abuse, though this behavior may coexist with either or both of these problems (249). The federal government acknowledged poly-drug abuse to be a distinct form of substance abuse in allocating funds for a poly-drug project within the Special Action Office for Drug Abuse Prevention (249). Defining poly-drug abuse is difficult. Because the category includes legally prescribed drugs, a judgment is required in deciding when medical indications are exceeded (249). The misuse of legally obtained non-prescription drugs bears only an informal relationship to doctor-patient transactions, while obtaining prescription drugs bears a more formal doctor-patient relationship. There is a widespread professional perception

that people are using prescription medicine in a non-medical way with increasing frequency and with negative consequences in many cases. This problem crosses racial, social, and economic boundaries in a promiscuous fashion. Poly-drug abuses are exceedingly varied, but there is evidence that women are more likely than men to be involved with misuse of prescription medication (249). Prescription drugs find both legitimate and illegitimate use (249). Lan and Benrennto employed several statistical and survey techniques to obtain approximations of the prevalence of poly-drug abuse, concluding that in excess of 2 million Americans are involved (250). This data suggests that abuse of prescription drugs is a problem of very large proportions (250).

As we have seen, poly-drug abuse is a major problem in our society (250). What is the cause of this? Several variables have been suggested as pertinent in the etiology of poly-drug abuse, and one of them is the prescribing habits of American doctors (250). The physician is the arbiter of the appropriate use of medication (250). Therefore, it seems likely that the attitude of physicians toward drug taking may shape attitudes toward the practice in society at large (250). To the extent that prescriptions are casual and frequent, patients may come to adopt an accepting attitude toward drug taking (250). When psychoactive drugs are prescribed for non-treatment reasons, the attitude is conveyed that "drugs are magic means of immediately modifying undesirable behavior

and states" (250).

In a related vein, prophylactic prescription that has only marginal treatment indication suggests that drugs are an easy way to prevent or avoid unpleasant events (250). A number of studies have reported that psychoactive drugs tend to be prescribed more frequently and for longer duration than is necessary (250). Again giving an overly optimistic and casual attitude toward taking drugs. The extent of doctors prescribing at the suggestion of a non-physician also conveys the message that drug taking is not a matter of much concern (250).

The tendency to overprescribe is probably nowhere more common than in the area of sleep disturbance (251). "In 1977, about four and a half million prescriptions were written for barbiturate hypnotics, ...twenty one million for non-barbiturate hypnotics, and this does not include medication given in hospitals" (Institute of Medicine, 1979:48). Since these drugs figure prominently in suicide attempts and accidental overdose, particularly when used along with alcohol, and since there is increasing evidence that they have a cumulative negative effect on a number of motor performances, a broad range of negative consequences may eventuate from the widespread use of these preparations (Norton 251). After reviewing the question of sleep medications, a presidential commission made a series of recommendations regarding their use (Institute of Medicine, 1979). In the area of clinical practice, the commission concluded that such drugs are currently overprescribed, often without adequate diagnostic study in either the medical or

the psychosocial realm: "As a class of drugs, hypnotics should have only a limited place in contemporary medical practice; it is difficult to justify much of the current prescribing of sleeping medication" (138). Specifically, the drugs should be prescribed only in very limited quantity, say, for a few nights, and refills should be avoided (Norton 251). Patients should be given much more detailed written information about the hazards and contraindications of these drugs, particularly their effect on motor abilities, their combined action with alcohol, and the dangers of habituation (251). Prescribers should also be acutely aware of suicide prevention, particularly in patients with a history of attempts (251).

Several factors seem to play a role in the tendency to over-prescribe medicine. First, physicians are generally reluctant to deal with psychological problems in their patients through psychological means (252). If a patient seems somewhat anxious, it is much easier to write a prescription for valium than to explore verbally what the source of the anxiety is and to try to help the patient psychotherapeutically to cope (252). Many doctors protest that they do not have time to do psychotherapy with every patient, and there is certainly some merit in this argument (252). Listening take time. One must note, however, that if a physician is really so busy that he has not time to listen to his patients, he would do well to examine his practice (252). Perhaps he is seeing too many people either because there are too few doctors in the locale or because he is

striving to increase his income (252). However, the tendency for doctors also has other roots. The patients reinforce the physician's behavior by taking the drugs and coming back for more (252). Also, drug companies spend vast sums of money advertising their products, putting on tax deductible conferences in romantic places, and in other ways encouraging physicians to prescribe their products (252). The unending flood of advertising for non-prescription drugs further encourages drug taking from the perspective of both doctor and patient (252). If we are, as has been suggested, an overmedicated society, the responsibility is widely shared and corrective action will preforce be multidimensional (252). For better health, education for the public seems an integral part of this effort (252).

The problem of overprescribing medicine can be seen in many places in our society. Some of which I have visited while doing my research. One head pharmacist said that it (overprescribing) happens every day (Interview). He said the doctors give one medicine for the illness and six or seven more for the side effects (Interview). The ethical problem of overprescribing medicine can also be found in nursing homes. Older folks are given drugs to remain calm and quiet. Overprescribing can be seen in the hospital almost every day. However, one physician I interviewed said that he does not have a problem overprescribing medicine except with some individual cases (Interview). Another physician interviewed said that drugs have adverse side effects and that they do not cure

cure disease they only change its form (Interview). In his practice of medicine he likes to use drugs only as a last resort. He also tries to prevent overprescribing drugs by giving his patients all the options and trying to help them change their lifestyle to prevent the return of the illness. This is an exceptional case to our society's view on quick fixes and overprescribing medicine.

Overprescribing medicine also has some bad side effects. Toxic effects result from an overdose of a drug. Because of individual differences, a usual dose of a drug may cause toxic symptoms when given to some patients (Worley 90). Toxic symptoms may also be caused by cumulative action (90).

Salicylates are a group of chemically related drugs which are non-narcotic. They relieve mild pain and are not addictive. Aspirin is the most frequently used member of the salicylate family of drugs, and its effects are comparable to those of other salicylates (98). Their side effects have ranged from itching to asthmatic attacks. Common side effects of excessive doses include upset stomach and ringing ears. At least 40% of people have stomach bleeding, and frequent use can lead to ulcers or anemia. High doses of acetaminophen over long periods of time may damage the liver or kidneys. Ibuprofen can cause skin rashes, itching, digestive upsets, stomach distress, and dizziness. The birth control pill which is also obtained by a prescription has

some harmful side effects. It can lead to an increased incidence of circulatory diseases, including blood clots, stroke, and heart attack (Seligmann 45). Long term pill users may face more than double the normal risk of heart attack (45). The harmful side effects these medicines can cause more damage to the body in the long run than good.

Many prescribed medicines are central nervous system depressants. They relieve pain without causing loss of consciousness (Sanberg 39). They can also produce feelings of drowsiness, mental confusion, and euphoria (39). Many narcotics derived from opium, morphine, or heroin may produce contracted pupils (38). In the early medical uses of opiate narcotics, the drug produced extremely inconsistent results, ranging from insufficient analgesia to coma and even death. Today, narcotics still produce harmful side effects. They desensitize the respiratory center in the brain, which regulates breathing by constantly monitoring the amount of carbon dioxide in the blood (40). Moderate doses of narcotics also impair the ability to concentrate (41). In addition, they produce a dreamy, restless sleep. Several of the body's regulatory systems are also affected by moderate doses of narcotics. They increase the tone of the bladder sphincter, making urination difficult (41). Similarly, the digestive system's action in the stomach and intestines is slowed, resulting in constipation (41). When many drugs are used for a long period of time, the body reacts as if the

drug were still present. It overcompensates and produces opposite effects (42). The long term effects to some of these drugs are weight loss, frequent infection, and a decrease of sex hormones. The most important and dreaded consequence of long-term narcotic use is addiction both psychologically and physically (43).

Prescription narcotics, for the most part, fall within schedule II and Schedule III, meaning that they have medicinal uses but can also have relatively dangerous side effects. As the classification rises to Schedule V, the drugs become increasingly safer. Because of the harmful side effects of narcotics, they should not be used for pain that can be relieved by one of the milder analgesics (60). Other side effects of prescription medicine include nausea, dizziness, and vomiting. There are some cases in which the body is better off with drugs than without them. This can be illustrated by "orphan drugs". Orphan drugs are needed by some people to replace an enzyme that they are missing (Ashcraft 12). However, for a general rule, prescription drugs cause the body more harm in the long run than good.

Drugs not only cause serious side effects, but can sometimes create new diseases (Hoffman 46). If drugs are so destructive, than how can we be cured safely? Disease can be cured through the use of natural remedies and preventive medicine. Through the proper use of correct foods, illnesses

can be cured (47). Dr. Hoffman arrived at this conclusion after his intensive study of a highly complex subject: colloid and endocrine chemistry (47). Without question diet and nutrition play an important role in the genesis of health and disease (cheraskin 91). There are countless dietary interrelationships between nutritional substances, metabolic reactions, and hormones. It is a plain, scientific fact that the two greatest dangers in our food consumption today, from the stand point of the world's greatest killer, heart disease, are animal fats and refined carbohydrates (Popenoe 364). A vegetarian diet, followed scientifically will inevitably prolong life, strengthen vitality and increase resistance to disease (364). Disease cannot exist in a normal metabolism, and a normal metabolism can be achieved and maintained by following the principles of scientific vegetarianism (364).

There are a number of natural remedies that can be used to safely cure the body in place of prescription medicine. Nature's simple remedies will aid in recovery without leaving the deadly aftereffects so often felt by those who use poisonous drugs (E. G. White, SMII, 281). The true natural remedies are pure air, sunlight, abstemiousness, rest, exercise, proper diet, the use of water, and trust in divine power (E. G. White, MH, 127). Also, among these natural medicines is the close relationship existing between the mind and the body. There is council that physicians need wisdom to "cure the body through the mind" (E .G. White, Med. Science 16). Many diseases can be cured by simply having a

positive attitude. Another popular natural remedy is the herb. Ginseng is regarded as the most potent of the herbs and can be used as a medicine (Popenoe 218). Herbal medicine has been used for thousands of years and is still used in many parts of the world today (219). The scientific world is discovering many medicinal values in herbs. Some pharmaceutical companies have isolated a tranquilizing agent from an herb which proved valuable in the treatment of high blood pressure and some types of insanity (220). "It can be clearly seen that we are steadily gaining scientific proof that man's medicine is exactly where the Bible has said it was-in the plant kingdom" (221).

The ancient Israelites used a system of preventive medicine which sought to keep the people from contamination and pollution (Glenn 63). Many of our modern diseases are lifestyle diseases. To avoid these we should remain physically fit. A degree of exercise is indispensably necessary to health and long life (Wesley 20). Nutrition, stress management, mental health, spirituality, and our environment also plays an important role in preventing lifestyle diseases (Rogers 136-137). Whether you eat or drink, or whatever you do, do all for the glory of God (I Corinthians 10:31). Prevention of disease is preferred to prescription. "God intends for us to live fully and abundantly with reference to the whole person: body, mind, and spirit" (134). Above all, add to the rest of the list that old fashioned medicine-prayer (Wesley 18).

The ethical issue of overprescribing medicine receives a little publicity. Doctors and patients must work together to prevent this medical problem. Intervention may even be necessary due to the rapid increase in overprescribing. The dangerous side effects add to the complexity of this ethical dilemma. Several factors play a role in the tendency to overprescribe medicine. This medical ethical issue can be seen in a variety of places in our society. Most prescribed drugs do not even cure the disease, but rather they change its form or create a new illness. Natural remedies and preventive medicine are alternatives to prescribed narcotics. Lifestyle corrections can cure disease without any harmful side effects. To live a healthier and happier life, a person should avoid harmful dosages of medicines and try to prevent the disease before it attacks the body.

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