G. Kevin Donovan Bibliography


Abstract: In a survey of junior and senior medical students at the University of Oklahoma, a large majority of respondents reported having performed pelvic exams on anesthetized gynecologic surgery patients. Nearly three-quarters also reported believing that these patients had not specifically consented to undergo exams by students during their surgical procedures. While some students and medical educators maintain that pelvic exams under anesthesia are necessary for the development of students' examination skills, this assertion has not gone unquestioned. Serious ethical concerns have been raised by members of the medical community and women's advocacy groups, and the practice was recently outlawed in one state. Despite this widespread opposition, non-consented pelvic examinations evidently remain a common practice in US teaching hospitals. Our consideration of this controversial issue leads us to conclude that explicit, informed consent must be obtained in order for pelvic examinations to be performed on surgical patients, or risk compromising the doctor-patient relationship.


Abstract: Advances in genetic research promise great strides in the diagnosis and treatment of many childhood diseases. However, emerging genetic technology often enables testing and screening before the development of definitive treatment or preventive measures. In these circumstances, careful consideration must be given to testing and screening of children to ensure that use of this technology promotes the best interest of the child. This statement reviews considerations for the use of genetic technology for newborn screening, carrier testing, and testing for susceptibility to late-onset conditions. Recommendations are made promoting informed participation by parents for newborn screening and limited use
of carrier testing and testing for late-onset conditions in the pediatric population. Additional research and education in this developing area of medicine are encouraged.


Abstract: Medical decisions regarding end-of-life care have undergone significant changes in recent decades, driven by changes in both medicine and society. Catholic tradition in medical ethics offers clear guidance in many issues, and a moral framework accessible to those who do not share the same faith as well as to members of its faith community. In some areas, a Catholic perspective can be seen clearly and confidently, such as in teachings on the permissibility of suicide and euthanasia. In others, such as withdrawal of nutrition and hydration, the Church does not yet speak with one voice and has not closed out the discussion. Yet, it is not in the teaching on individual issues that a Catholic moral tradition offers the most help and comfort, but in its account of what it means to lead a life in Christ, and to prepare for a Christian death. As in the problem of pain and suffering, it is the spiritual support more than the ethical guidance that helps both patients and physicians bear the unbearable and fathom the unfathomable.


Abstract: The scarcity of donor organs results in the death of some pediatric transplant candidates while they wait for an organ. The use of anencephalic infants has been suggested as a way to increase the donor pool. Advantages and disadvantages of this approach are reviewed, and recommendations made for the state of Oklahoma.