

MEDICAL ETHICS in the HOSPITAL and CLINIC

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Introduction

In this course, we depart from the ethical conversations that UChicago students may be used to having in the Core. Instead, we will examine the ethical quandaries that involve patients and families, doctors, nurses, researchers, and larger society by using a clinical perspective to frame our discussions. How is good medicine *practiced*? How should physicians think about conflicting social, professional, and personal duties? How do physicians integrate their knowledge with considerations about wider society to provide ethical care for patients? In the first week, we will introduce basic frameworks to organize our thinking around complex ethical problems in medical practice. We will use these frameworks to discuss general issues of ethical import to all fields of medicine: informed consent, decisional capacity, and end-of-life care. Most of our time will be spent exploring big ethical questions across the specialties: surgery, psychiatry, obstetrics and gynecology, and pediatrics. Consideration will also be given to ethical research practices and global health service. Weekly, lectures regarding relevant clinical and basic medical scientific topics will be offered to inform students' ethical decision-making.

Grade breakdown and Assessments

Participation—40%
Written Reflections—30%
Final Paper—30%

Philosophically, I believe that ethics needs to be deeply and actively examined by means of conversation. Pedagogically, the participation grade must be assessed strictly to be a fair standard to evaluate all students. To receive an A range grade—which is a lofty standard, unlike the box-checking participation grades which are sometimes part of other classes—I expect many, active vocal engagements in class each session, drawing on the material, going deeper to challenge your peers, offering thoughts when I pose questions, making connections to other topics, etc. Students will be expected to offer a presentation during one session during the quarter: they will offer a summary of one of the week's texts and offer a medical case presentation to ground the ethical concepts at play in real clinical practice.

There are three components to the Reflections grade, to allow for your personal interests to flourish!

- As a mode of stimulating thought prior to our weekly discussions, students will be expected to write 500 words responding to the ethical scenarios and prompts which are

posted to Canvas. These are expected to reference the reading done for that week in support of students' thoughts and feelings. These reflections will be due *before* class every week. These will be graded typically for completion, but there will be three random audit weeks in which I will read the assignments to offer written feedback to help prepare for the final paper. Students have one skip for the quarter; if they pass on an audit week, the preceding week's reflection will be audited instead.

- Students are expected to one attend one session of the MacLean Center's lecture series (https://macleanethics.uchicago.edu/events/seminar_series/http_macleanethics.uchicago.edu_events_seminar_series/) or to view a session at the Center's youtube page (<https://www.youtube.com/channel/UChi1nAdgwegCOXLGMhKEPgg>). Students will write a 500-word summary of the talk and post it to Canvas by the end of the term.
- The last response will be a book review. This should be concisely written—about 750 words—written in a punchy, journalistic style. Imagine you are writing for a magazine or newspaper for lay audiences—how does the book address the ethical issues that we discussed that week and why should readers care about these ethical issues? Options include Atul Gawande, *Being Mortal*; William Styron, *Darkness Visible*; Rebecca Skloot, *The Immortal Life of Henrietta Lacks*; or David Rothman, *Strangers at the Bedside*. For maximal flexibility, these are also due by the end of term.

Finally, students will submit a 12-15 page final paper on a topic of their choosing, approved by the course director. An abstract/proposal will be due at the end of Week 6 and feedback will be offered on that proposal by the following session.

Overall, students should feel free to schedule a visit with me to discuss topics or solicit feedback on their performance at any point during the semester. I will be sure to remind everyone about the various deadlines throughout the quarter!

Weekly Topics and Readings

Week 1—Introduction and Codes of Ethics: This week we will introduce the class and discuss the dominant principle-based framework for understanding clinical medical ethics, while reflecting on ethical codes generally: what do ethical codes offer physicians? What work do they do? How do we understand them within the broader historical context of the professionalization of medicine?

- KM Boyd, "Medical ethics: principles, persons, and perspectives: from controversy to conversation," <https://jme.bmj.com/content/31/8/481/>
- AMA Code of Ethics, <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/principles-of-medical-ethics.pdf>.
- "The Ethics Industry," *The Lancet* 350, 9082 (1997): 897.

- ND Jewson, "Disappearance of the Sick Man from Medical Cosmology," *Sociology* 10.2 (1976): 225-244.
- Marc Siegler, "The Progression of Medicine," *The Archives of Internal Medicine* 145 (1982): 713-715.
- Robert Veatch, "Models for Ethical Medicine in a Revolutionary Age," *The Hastings Center Report* 2.3 (1972): 5-7.
- Orr et al. "Use of the Hippocratic Oath: A Review of..." *The Journal of Clinical Ethics* 8.4 (1997): 377-388.
- Louis Lasagna, "Would Hippocrates Rewrite His Oath?" *New York Times*, 1964.
- Scott Stonington, "On the (f)utility of pain," <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2815%2960708-5>

Week 2—End-of-Life issues: What does it mean to die well? This week, we will continue to consider medicine's role in end-of-life care. How do doctors interact with surrogates or determine decisional capacity? How do physicians guarantee patient autonomy, even when they are no longer able to make their wishes known?

- AMA Code of Medical Ethics Opinions on Patient Decision-Making Capacity and Competence and Surrogate Decision Making and End-of-Life Decision Making.
- AMA Code of Medical Ethics' Opinions on End-of-Life Decision Making.
- Ryan Lawrence, MDiv and Daniel Brauner, MD, "Deciding for Others: Limitations of Advance Directives, Substituted Judgment, and Best Interest."
- Emanuel, E. J; Emanuel, L, "Proxy Decision Making for Incompetent Patients," *JAMA*. 267(15): 2067-2071.
- Lantos and Meadow, "Should the 'slow code' be resuscitated?", *American Journal of Bioethics*. <https://www.ncbi.nlm.nih.gov/pubmed/22047113>
- Temel et. al., "Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer," *N Engl J Med* 2010; 363:733-742. DOI: 10.1056/NEJMoa1000678.
- L Jansen, "Disambiguating Clinical Intentions: The Ethics of Palliative Sedation," *Journal of Medicine and Philosophy*, 35 (2010): 19–31 doi:10.1093/jmp/jhp056.
- NPR Debate: Physician-Assisted Suicide.

Week 3—Pediatric Ethics: Pediatrics poses some unique challenges to the established four principles model. How best should doctors provide ethical medical care to minors and families? What ethical frameworks exist to parse the duties that medicine have to children while respecting parental rights to raise children as they see fit? Vaccines and end-of-life care will be specifically considered, as we expand our understanding of autonomy.

- American Academy of Pediatrics, "Informed Consent in Decision-Making in Pediatric Practice" *Pediatrics* August 2016, 138 (2) e20161485; <https://doi.org/10.1542/peds.2016-1485>
- Sisk et al., "Navigating Decisional Discord." *Pediatrics* 139, 6 (2017).

- Lainie Ross, "Theory and Practice of Pediatric Bioethics," *Perspectives in Biology and Medicine*, volume 58, number 3 (summer 2015): 267–280.
- Clark and Dudzinski, "The Culture of Dysthanasia: Attempting CPR in Terminally Ill Children," *Pediatrics*, March 2013, 131 (3) 572-580; <https://doi.org/10.1542/peds.2012-0393>.
- Dreisinger and Lim, "Resurgence of Vaccine-Preventable Disease," *Pediatric Emergency Care* 2019; 35: 651–653.
- Bester, "Not a matter of parental choice..." *Bioethics*. 2018;32: 611–619.
- AAP, "Refusal to Vaccinate Form" https://www.aap.org/en-us/Documents/immunization_refusaltovaccinate.pdf

Week 4—Psychiatric Ethics: The psychiatric relationship poses some unique challenges to preserving an ethical doctor/patient relationship, especially as it comes to issues of autonomy. This week, we will consider what an ethical psychiatric alliance might look like, and where and when to establish appropriate limitations on patient confidentiality and autonomy. We will consider what it means to "Do no harm" in psychiatric practice, particularly given psychiatry's history of invasive and intense methods.

- Elyn Saks, "A tale of mental illness," <https://youtu.be/f6CILJA110Y>.
- American Psychiatric Association, "APA Commentary on Ethics in Practice".
- Radden, J, "Psychiatric Ethics." *Bioethics* 16 (5): 397–411. doi:10.1111/1467-8519.00298
- AMA Journal of Ethics, "Ethics Talk: How to Share Decision Making with People Experiencing Mental Illness."
- Standing H, Lawlor R, "Ulysses Contracts in psychiatric care: helping patients to protect themselves from spiralling," *J Med Ethics* 45 (2019): 693–699.
- Boyd, "Deciding whether to refer a colleague to a Physician Health Program," and Candilis, "Physician Health Programs and the Social Contract," *AMA Journal of Ethics*.

Week 5—Pharmaceutical ethics: The pharmaceutical industry has the ability to perturb the doctor/patient relationship. How best should doctors manage their relationship to industry? What is the ethical prescription of medications? We will explore the FDA drug approval process, as well as issues such as opiate prescription, antibiotic stewardship, and right to try.

- The AMA Code of Medical Ethics, "Opinions on Physicians' Relationships with Drug Companies and Duty to Assist in Containing Drug Costs," 2014 (<https://journalofethics.ama-assn.org/sites/journalofethics.ama-assn.org/files/2018-07/coet2-1404.pdf>).
- Howard Brody, "The Company We Keep," *Annals of Family Medicine* 2005 3 (1). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466797/pdf/0030082.pdf>
- Yan and Kuo, "I just need an opiate refill to get me through the weekend," *Journal of Medical Ethics* 2019 45: 219-224.
- Ballantyne and Fleisher, "Ethical issues in opioid prescribing for chronic pain," *PAIN* 148 (2010).

- Cohen and Jangro, “A Clinical Ethics Approach to Opioid Treatment of Chronic Noncancer Pain,” *AMA Journal of Ethics* 2015 17 (6).
- Carrieri et al., “The ethical plausibility of the ‘Right To Try’ laws,” *Critical Reviews in Oncology/Hematology* 122 (2018).
- Lynch et al, “Promoting Patient Interests in Implementing the Federal Right to Try Act,” *JAMA* 2018 320 (9).

Week 6—Surgical Ethics: The operating room alters ethical considerations and duties. This week, we will explore issues of hierarchy and power in surgical practice, and the spread of new surgical techniques. We will also enhance our understanding of informed consent as it relates to surgical consent, and as a means of guaranteeing patient autonomy while under the knife.

- Charles Bosk, *Forgive and Remember* (Selections).
- Peter Angelos, “Surgical ethics and the future of surgical practice,” *Surgery* 163 (2018).
- Peter Angelos, “The Ethics of Introducing New Surgical Technology into Clinical Practice,” *JAMA Surgery* 2016 151 (5): 405-406.
- Schwarze ML, Kehler JM, Campbell TC. “Navigating high risk procedures with more than just a street map.” *J Palliat Med.* 2013;16(10):1169–1171. doi:10.1089/jpm.2013.0221
- Best Case/Worst Case Surgeon Communication Tool (<https://www.youtube.com/watch?v=FnS3K44sbu0>)
- The Patient Preferences Project, University of Wisconsin (<https://www.surgery.wisc.edu/research/researchers-labs/the-patient-preferences-project/>).

Week 7—Transplant Ethics: This week, we begin to consider redistributive justice in greater detail: how do we make best use of as scarce a resource as human organs? How do we design our systems for distributing organs—who do they help and who do they hurt?

- Alexander Zambrano, “Why Alcoholics ought to compete equally for Liver Transplants,” *Bioethics*, Volume 30 Number 9 2016 pp 689–697. doi:10.1111/bioe.12274.
- Triplett and Mayersohn, “Adolescents with Suspected Intentional Overdose: Ethical Considerations in Determining Liver Transplant Candidacy”, *Clinical Practice in Pediatric Psychology* Vol. 7, No. 2, 170–178 2169-4826 <http://dx.doi.org/10.1037/cpp0000249>
- Parent and Caplan, “Fair is fair: We must re-allocate livers for transplant,” *BMC Medical Ethics* 18:26 (2017) DOI 10.1186/s12910-017-0186-9
- Reese, Peter P; Boudville, Neil; Garg, Amit X. “Living kidney donation: outcomes, ethics, and uncertainty,” *The Lancet.* 16-22 May 2015 385(9981): 2003-2013.
- Moorlock and Draper, “Empathy, social media, and directed altruistic living organ donation,” *Bioethics* 32 (2018): 289–297.

Week 8—Reproductive Ethics: This week, we will continue our discussion of justice by addressing a traditionally-controversial area within medical ethics. We will discuss the issue of abortion to be sure, but from a clinical perspective: are doctors entitled to make their moral

opinions known to their patients? To what extent are clinicians obligated to provide services they find morally questionable? We will also explore the complex ethical relationship between OBGYN, mother, and fetus.

- Knight et. al., “Reproductive (In)justice — Two Patients with Avoidable Poor Reproductive Outcomes,” *NEJM*. (Available at <https://www.nejm.org/doi/full/10.1056/NEJMp1907437>)
- ACOG Committee Opinion, “Ethical Decision Making in Obstetrics and Gynecology,” Dec 2007.
- ACOG Committee Opinion, “Refusal of Medically Recommended Treatment During Pregnancy,” June 2016 (Accessible here: <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Ethics/co664.pdf?dmc=1&ts=20200220T2145496499>).
- ACOG Committee Opinion, “The Limits of Conscientious Refusal in Reproductive Medicine,” Nov 2007.
- Curlin, et. al., “Religion, Conscience, and Controversial Clinical Practices,” *NEJM*, 2007.

Week 9—Global Health Ethics: This week, we will explore the ethical responsibilities that clinicians have when they volunteer their time to offer medical care in the developing world. How do we consider standard of care when there is a disparity in resources and educational level? How do we design a sustainable and just global health program?

- Merin, O. et al. The Israeli field hospital in Haiti - ethical dilemmas in early disaster response. *The New England Journal of Medicine* 2010; 362 e(38).
- Petrini, C. Triage in public health emergencies: ethical issues. *Internal and Emergency Medicine* 2010; 5(2): 137-144.
- Dawson, AJ. Ebola: what it tells us about medical ethics. *Journal of Medical Ethics* 2015; 41: 107-110.
- Rid, A and EJ Emanuel. Ethical considerations of experimental interventions in the Ebola outbreak. *Lancet* 2014; 384: 1896-99.
- Childress, JF et al. “Public health ethics: mapping the terrain” *Journal of Law, Medicine and Ethics* 30 (2002): 169-77.
- Radiolab, “Playing God.”