

COURSE SYLLABUS

Moral Responsibility and the Ethics of Health

Religious Studies 242 F8
Edgewood College
Fall 2009

I. COURSE OVERVIEW

The ethics of health is everybody's business.

This course examines current ethical problems and dilemmas posed by health and health care. Major areas of focus will include ethics in clinical medicine and public health, and the intersection of health ethics with global justice and human rights. Students will learn through lectures, course readings, case studies examined in small groups and class discussion, two small group projects, and two individual projects.

Course Objectives

- To obtain knowledge of the scope and framework of clinical ethics and public health ethics, and the basic ethical concepts operative in each area. What are their distinguishing features, how is each different from the other, and are those differences relevant? Why or why not?
- To develop familiarity with some of the most important ethical issues facing those engaged in clinical medicine and public health, and to identify and articulate what it is about these issues that makes them ethical issues.
- To develop the ability to identify, articulate, and analyze ethical issues arising in clinical medicine and public health, and to formulate critical and well-reasoned ethical arguments.
- To obtain knowledge of health and human rights and their relationship to health ethics in an increasingly global environment.

II. COURSE DATES AND LOCATION

Monday, 5:00-8:20 P.M., Predolin 308

III. COURSE FACULTY

Alice Page, J.D., M.P.H.
EWC Email: apage@edgewood.edu
Alternate Email: akpage@charter.net
Office: 321 Predolin
Office Hours: By appointment

Guest lecturers with expertise in a particular area will be invited from time to time. Students will be notified in advance.

IV. TEXTBOOKS/READINGS

The required textbook for this course is Mappes, T.A. and DeGrazia, D. 2005. *Biomedical Ethics* (6th ed.). New York, NY: McGraw-Hill. [TEXT, Mappes and DeGrazia].

Other required course materials will be available online (see Section V, below); most case studies will be distributed in class on the day they will be discussed (see Section VI below). Unless noted otherwise, all assigned readings are to be completed prior to the class in which they will be discussed.

Suggested readings are on reserve at the Oscar Rennebohm Library.

V. INSTRUCTIONAL TECHNOLOGY

Class communications and other resources, including the instructor's lecture slides, will be available to students on BLACKBOARD <http://edgecms.edgewood.edu/>. You will need your student ID and Password to access course materials.

Required course readings other than the TEXT will be available on e-reserves on the Library web site <http://eres.edgewood.edu/eres/default.aspx>. Under "electronic reserves and reserves pages," click "course reserves by instructor," select "Page" from the list of instructors, click "RS 242." Password is "rs242." You must hit "accept."

Students are advised to bring lap tops to class as follows: October 5 (class time devoted to research and preparation of small group clinical ethics presentations); October 19 (small group clinical ethics presentations); November 9 (class time devoted to research and preparation of small group public health ethics presentations); November 16 (small group public health ethics presentations); and November 30 and December 7 (individual presentations).

Technical Support

Computer & Information Services (technology-assistance@edgewood.edu; 663-6900) is available to answer technical questions relating to BLACKBOARD. If particular documents are missing, please inform the instructor (apage@edgewood.edu) or the Religious Studies assistant, Jiannen Zhang ("JN") (geminilzjn@hotmail.com).

VI. STUDENT GRADES/EVALUATIONS

Students are expected to attend class and participate in small group and class discussions. Grades will be based on attendance, class and small group participation, two small group projects, a personal code of ethics, and a final presentation/report, the topic of which must be approved by the instructor.

Attendance/Class and Small Group Participation (20%): This class depends heavily on the preparation and participation of students. Attendance is expected and will be taken. Active involvement in class and small group discussion is also expected. **Two or more unexcused absences will reduce your overall grade in the course by one grade level.** Each student will be assigned as a member of a small group, which will review and analyze case studies and participate in class discussions about those case studies throughout the semester. Most case studies will be distributed for review and analysis in class on the day on which they will be discussed.

Personal Code of Ethics (20%): Each student will prepare a paper presenting and analyzing his or her personal code of ethics. What ethical principles, values, or other factors are important to you? Are some more important than others and, if so, why? How do they influence your ethical decisions? How do you make ethical decisions? What process do you use? How do you apply those principles, values, or other factors to decision-making? Your code of ethics should include some discussion of a spiritual and/or religious component. Is spirituality and/or religion important to you? Why or why not? Papers should not exceed eight (8) typed, double-spaced, 12-point font pages. They are due at the beginning of class on September 14. Later in the semester, each student will have the opportunity, if he or she so chooses, to rewrite his or her personal code of ethics using the same guidelines. The better of the two grades will then be applied to the student's final course grade. Students who choose to rewrite their personal code of ethics must submit them at the beginning of class on November 30.

Small Group Case Studies (30%=2@15%): Each small group will prepare PowerPoint presentations analyzing two case studies; one involving clinical ethics, the other public health ethics. The majority of class on October 5 and November 9 will be devoted to research and preparation of these presentations. Materials for the case study will be distributed on those dates. It is expected that some outside work on the project will be required. Each small group's analysis should include some discussion of a spiritual and/or religious component, if applicable. Presentations should run approximately 20 minutes; 5-10 minutes will then be allotted for questions and discussion. A copy of the small group's slides must be given to the instructor on the date each presentation is made.

Final Presentation/Paper (30%): Each student will prepare a final presentation and paper setting forth and analyzing a *specific* ethical case or problem. Your analysis should include some discussion of a spiritual and/or religious component, if applicable. Please be prepared to briefly discuss your proposed topic with the instructor during class on

October 5. A one paragraph description of your proposed topic must be submitted at that time. Topics must receive instructor approval. On either November 30 or December 7, each student will give a Powerpoint presentation to the class. The presentation as well as time for questions and discussion will be limited to 20 minutes. Final papers should not exceed twelve (12) typed, double-spaced, 12-point font pages, exclusive of endnotes. They are due by noon on Monday, December 14 and must be sent to the instructor by email.

Ethical Analysis for Small Group Presentations, Case Study, and Final Presentations/Papers:

- Clearly define the ethical case or problem. What are the issues that need to be resolved? What ethical principles are involved?
- Assess the factual information available to the decision-maker(s). What is known? What is not known? What, if any, assumptions need to be made?
- Identify the stakeholders in the case or problem. Who has an interest and why? Do these interests conflict? If so, how can they be resolved?
- Identify the options available to the decision-maker(s).
- Suggest and provide a clear rationale for a course of resolution. Why did you choose this particular course over others?

Late Policy: **Assignments that are turned in late will be reduced by one grade level.**

This can be waived for certain reasons, such as religious holidays, illness, death of a family member, prior commitments, etc. In most cases, students must obtain prior approval for the waiver from the instructor.

Grading Scale: Each assignment will be graded on a 100 point scale as follows:

A:	93+	(outstanding)
AB:	88-92	(excellent)
B:	83-88	(very good)
BC:	78-82	(fair)
C:	<78	(poor)

VII. ACADEMIC HONESTY POLICY (excerpted)

Students and faculty at Edgewood College are expected to share the responsibility for maintaining high standards of honesty and integrity in their academic work. Each student should reflect this sense of responsibility toward the community by submitting work that is a product of his or her own effort in a particular course, unless the instructor has directed otherwise

The following are examples of violations of standards for academic honesty and are subject to academic sanctions: cheating on exams; submitting collaborative work as one's own; falsifying records, achievements, field or laboratory data, or other course work; stealing examinations or course materials; submitting work previously submitted in

another course, unless specifically approved by the present instructor; falsifying documents or signing an instructor's or administrator's name to any document or form; plagiarism; or aiding another student in any of the above actions.

Plagiarism, which is defined as the deliberate use of another's ideas or words as if they were one's own, can take many forms, from the egregious to the mild. Instances most commonly seen in written work by students in order from most to least serious are:

- Borrowing, buying or stealing a paper from elsewhere; lending or selling a paper for another's use as his or her own; using printed material written by someone else as one's own
- Getting so much help on a paper from someone else, including a college tutor, that the student writer can no longer legitimately claim authorship
- Intentionally using source material improperly, e.g., neither citing nor using quotation marks on borrowed material; supplying an in-text citation but failing to enclose quoted material within quotation marks; leaving paraphrased material too close to the original version; failing to append a works-cited page when sources have been used
- Unintentional misuse of borrowed sources through ignorance or carelessness
Sanctions recommended for dishonesty are an "F" on the assignment and/or an "F" in the course. More serious violations may be referred to the Academic Dean's Office for appropriate action.

Remember, this is a course in ethics.

VIII. SCHEDULE OF LECTURES, CASE STUDIES, AND ASSIGNMENTS

INTRODUCTION TO HEALTH ETHICS

Objectives: To provide students with an understanding of what constitutes health ethics, its history and development, and its relevance to everyday life; to introduce key ethical terminology and ethical theories; to distinguish the concepts of absolutism, relativism, and universalism; to explain the relationship between ethics and law and religion; and to introduce students to the different ethical disciplines that will be explored in this course and their relationship to global justice and human rights.

August 31, 2009

COURSE OVERVIEW

****Note: Personal Code of Ethics Due at the Beginning of Class on September 14.**

INTRODUCTION TO HEALTH ETHICS

- **What Is It? Health Ethics and Real Life**
- **A History of Health Ethics**
- **Health Ethics Today**

- **Ethics in Clinical Medicine and Public Health**
- **Key Ethical Terminology and Ethical Theories**
- **Ethics: Its Relationship to Law and Religion**

Readings:

TEXT, Mappes and DeGrazia. “General Introduction.” 1-53.

Case Studies:

To be distributed in class.

September 7, 2009 (No Class – Labor Day)

A THEOLOGICAL PERSPECTIVE

Objectives: To explore spirituality and the formation of conscience from a Judeo-Christian perspective.

September 14, 2009

A THEOLOGICAL PERSPECTIVE

Spirituality and the Formation of Conscience (Guest Lecturer: John Leonard, Ph.D., Chair, Religious Studies Department)

****Assignment Due at Beginning of Class: Personal Code of Ethics****

Readings: (Tentative)

Cahill, L.S. 2004. “Realigning Catholic Priorities: Bioethics and the Common Good.” *19:6 America* 11-13.

Rolheiser, R. 1999. “What Is Spirituality?” *The Holy Longing: The Search for Christian Spirituality*. New York, NY: Doubleday. 3-19.

Suggested Readings:

Ashley, B.M., deBlois, J. and O’Rourke, K.D. 2006. “Bioethics in a Multicultural Age.” *Health Care Ethics: A Catholic Theological Analysis (5th ed.)*. Washington, D.C.: Georgetown University Press. 3-30. [Ashley et al.].

CLINICAL ETHICS

Objectives: To provide students with a history and an overview of the field of clinical ethics with a focus on the physician-patient relationship; to introduce a proposed framework for clinical ethics; and to introduce a variety of commonly occurring ethical issues in clinical medicine.

September 21, 2009

CLINICAL ETHICS

History and Overview: The Physician-Patient Relationship A Proposed Framework for Clinical Ethics

Autonomy

- **Informed Consent**
- **Paternalism**
- **Truth-telling and Withholding Information**
- **The Role of Families in Decision-Making**
- **Cross-Cultural Issues**
- **Ethical Obligations of Patients**

Readings:

TEXT, Mappes and DeGrazia.

- “The Physician-Patient Relationship.” 59-131.
- “Hospitals, Nurses, Families, and Medical Confidentiality.” 162-201.

Cassell, E. 2000. “The Principles of the Belmont Report: How Have Respect for Persons, Beneficence, and Justice Been Applied in Clinical Medicine?” 30:4 *The Hastings Center Report* 12-21.

Case Studies:

To be distributed in class.

September 28, 2009

CLINICAL ETHICS

The End of Life

- **Advance Directives**
- **DNR Orders**
- **Medical Futility**
- **Termination of Life-Sustaining Treatment**
- **Decision-Making for Others**
- **Physician-Assisted Death**

Readings:

Alice Page
RS 242 Syllabus
August 23, 2009

TEXT, Mappes and DeGrazia.

- "Death and Decisions Regarding Life-Sustaining Treatment." 302-375.
- "Suicide, Physician-Assisted Suicide, and Active Euthanasia." 377-444.

Suggested Readings:

Ashley et al. "Suffering and Death: A Theological Perspective." 163-199.

Cahill, L.S. 2005. "Decline and Dying: Cultural and Theological Interpretations;" "Decline and Dying: Principles of Analysis and Practices of Solidarity." *Theological Bioethics: Participation, Justice, Change*. Washington, D.C.: Georgetown University Press. 70-101, 102-130. [Cahill].

Case Studies:

To be distributed in class.

October 5, 2009

CLINICAL ETHICS

- **Work Day for Clinical Ethics Small Group Case Study/Presentation on Physician Assisted Death (Note: Each small group should have at least one lap top available for use in class.)**

****Assignment Due: One Paragraph Description of Proposed Topic for Final Presentation/Paper (Note: Be prepared to briefly discuss your proposed topic with the instructor during class.)**

Materials for Clinical Ethics Small Group Case Study/Presentation:

To be distributed in class.

October 12, 2009 (No Class – Fall Break)

October 19, 2009

CLINICAL ETHICS

- **Clinical Ethics Committees and Consultation (Tentative Guest Lecturer: Julie R. Fagan, M.D.)**

****Assignment Due: Small Group Presentations on Physician Assisted Death**

PUBLIC HEALTH ETHICS

Objectives: To provide students with a history and an overview of the field of public health; to explore the tensions between individual and collective rights in public health; and to focus on the control of communicable diseases, health promotion and disease prevention, and the allocation of health care resources.

October 26, 2009

PUBLIC HEALTH ETHICS

History and Overview

Principles of the Ethical Practice of Public Health

The Tension between Individual and Collective Rights

- **The Control of Infectious Diseases**

Readings:

Kass, N. E. 2004. "Public Health Ethics: From Foundations and Frameworks to Justice and Global Public Health." 32:2 *The Journal of Law, Medicine & Ethics* 232-242.

Public Health Leadership Society. 2002. *Principles of the Ethical Practice of Public Health*, Version 2.2.

Gostin, L.O. 2005. "Jacobson V. Massachusetts at 100 Years: Police Powers and Civil Liberties in Tension." 95:4 *The American Journal of Public Health* 576-581.

Bayer, R. 2003. "Ethics and Infectious Disease Control: STDs, HIV, TB." *Ethics and Public Health: Model Curriculum, Association of Schools of Public Health* 133-146.

Gostin, L.O., Bayer, R., and Fairchild, A.L. 2003. "Ethical and Legal Challenges Posed by Severe Acute Respiratory Syndrome: Implications for the Control of Severe Infectious Disease Threats." 290:24 *The Journal of the American Medical Association* 3229-3237.

Case Studies:

To be distributed in class.

November 2, 2009

PUBLIC HEALTH ETHICS

The Tension between Individual and Collective Rights

- **Responsibility for Health Promotion and Disease Prevention**

Readings:

Bayer, R. 2003. "Ethics of Health Promotion and Disease Prevention." *Ethics and Public Health: Model Curriculum, Association of Schools of Public Health* 147-157.

Morreim, E.H. 1999. "Sticks and Carrots and Baseball Bats: Economic and Other Incentives to Modify Behavior." *Promoting Health Behavior: How Much Freedom? Whose Responsibility?* Ed. D. Callahan. Washington, D.C.: Georgetown University Press. 56-75.

Steinbrook, R. 2006. "Imposing Personal Responsibility for Health." 355:8 *The New England Journal of Medicine* 753-756.

Case Studies:

To be distributed in class.

November 9, 2009

PUBLIC HEALTH ETHICS

The Tension between Individual and Collective Rights

- **Hard Choices and the Ethical Allocation of Scarce Health Care Resources**
- **Work Day for Public Health Ethics Small Group Case Study/Presentation: Topic to be Determined (Note: Each small group should have at least one lap top available for use in class)**

Materials for Clinical Ethics Small Group Case Study/Presentation:

To be distributed in class.

Readings:

TEXT, Mappes and DeGrazia. "Social Justice and Health-Care Policy." 615-671.

Garland, M. and Stull, J. 2003. "Public Health and Health System Reform: Access, Priority Setting, and Allocation of Resources." *Ethics and Public Health: Model Curriculum, Association of Schools of Public Health* 241-251.

Scott, C. 2008. "Belief in a Just World: A Case Study in Public Health Ethics." 38:1 *The Hastings Center Report* 16-19.

Emanuel, E.J. and Wertheimer, A. 2006. "Who Should Get Influenza Vaccine When Not All Can?" 312:5775 *Science* 854-855.

Cahill. "National and International Health Access Reform." 131-156.

Suggested Readings:

Ashley et al. "Reconstructing and Modifying the Human Body: Ethical Perspectives." 103-108.

November 16, 2009

****Assignment Due: Small Group Presentations on Public Health Ethics Case Study**

HIV/AIDS: A CASE STUDY IN ETHICAL PROBLEMS IN CLINICAL MEDICINE AND PUBLIC HEALTH

Objectives: To use HIV/AIDS as a case study to explore ethical issues arising in the context of clinical medicine and public health, and the pervasive concern about privacy and confidentiality.

HIV/AIDS

- **History and Overview**
- **Privacy and Confidentiality**
- **Clinical Medicine**
- **Public Health**

Readings:

TEXT, Mappes and DeGrazia. "Hospitals, Nurses, Families, and Medical Confidentiality." 168-169, 211-221.

Carter, M. "U.S. Health Care Staff should be 'Mindful' of Ways They Behave Towards HIV Patients, Study Finds." *Aidsmap News*. January 22, 2008.
<http://www.aidsmap.org/en/news>

Cahill. "National and International Health Access Reform." 156-168.

Case Studies:

To be distributed in class.

GLOBAL JUSTICE, HEALTH, AND HUMAN RIGHTS

Objectives: To explore the intersection of ethics and human rights with particular emphasis on the human right to health; to explore the potential contributions of public health ethics for the analysis of the actions of industrialized countries within the context of international health and health research.

November 23, 2009

GLOBAL JUSTICE, HEALTH, AND HUMAN RIGHTS

- **The 10/90 Gap**
- **Health Care**
 - **Accessibility and affordability of drugs**
 - **Access to health care services**
 - **Clinical research to solve health problems in developing countries**
- **Underlying Determinants of Health**
- **Human Rights, the Human Right to Health, and State Obligations**

Readings:

United Nations Committee on Economic, Social and Cultural Rights. General Comment No. 14, *The Right to the Highest Attainable Standard of Health*. August 11, 2000.

United Nations Educational, Scientific and Cultural Organization (UNESCO). *Universal Declaration on Bioethics and Human Rights*. October 19, 2005.

Mann, J.M. 1997. "Medicine and Public Health, Ethics, and Human Rights." 27:3 *The Hastings Center Report* 6-13.

Gruskin, S., Mills, E. and Tarantola, D. 2007. "History, Principles, and Practice of Health and Human Rights." 370:9585 *The Lancet* 449-455.

Case Study:

Justice in International Public Health Research: Providing Antiretroviral Drugs to AIDS Vaccine Research Subjects Who Become Infected During the Trial

- Macklin, R. 2006. "Changing the Presumption: Providing ART to Vaccine Research Participants." 6:1 *The American Journal of Bioethics* W1-W5.
- Specter, M. "The Vaccine: Has the Race to Save Africa from AIDS Put Western Science at Odds with Western Ethics?" *The New Yorker*. February 3, 2003. 54-65.

****Case Study Note: Because this is a complex case study, it is strongly recommended that group members read the above articles prior to class on November 23. Additional materials will be provided in class.**

FINAL INDIVIDUAL PRESENTATIONS

November 30, 2009

****Assignments Due: Rewritten Personal Code of Ethics (if applicable)
Final Individual Presentations**

December 7, 2009 (Last Class)

****Assignment Due: Final Individual Presentations**

FINAL INDIVIDUAL PAPERS

December 14, 2009

****Assignment Due: Final Individual Papers Due by 12:00 Noon (Send by email)**