University of Massachusetts
Graduate College of Education
Critical & Creative Thinking Program
CrCrTh619
Biomedical Ethics
Syllabus

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Class time: xx
Office/phone call hours: xx

CATALOG DESCRIPTION
This course develops students' critical thinking about dilemmas in medicine and health care policy, such as those that arise around allocation of scarce resources, criteria for organ transplants, informed consent, experimentation on human subjects, AIDS research, embryo research and selective termination of pregnancy, euthanasia and physician assisted suicide. Through these cases the course introduces methods in moral reasoning including principle-based reasoning, rights based reasoning, decision-making under uncertainty, and utilitarianism in classic and contemporary normative reasoning.

PREREQUISITES: CrCrTh601 and 602, or permission of instructor

TEXTS:

Students are advised to retain a copy of this syllabus in personal files for use when applying for certification, licensure, or transfer credit.
This syllabus is subject to change, but workload expectations will not be increased after the semester starts. (Version 6 December 02)

ACCOMMODATIONS: Sections 504 and the Americans with Disabilities Act of 1990 offer guidelines for curriculum modifications and adaptations for students with documented disabilities. If applicable, students may obtain adaptation recommendations from the Ross Center (287-7430). The student must present these recommendations to each professor within a reasonable period, preferably by the end of the Drop/Add period.
REQUIREMENTS AND ASSESSMENT:
More detail and rubrics for the assignments will be supplied in handouts.

70% of grade:
Written assignments and presentations

Either Two 7 page PAPERS (25% each) DUE: @ midterm (week 6) and final exam week
OR One 14 page Project (50%) DUE: @ final exam week

Sample Topics:
Research Ethics: What Ethical Principle Ought to be Primary in Research? Show reasoning for an autonomy or beneficence model, show how it applies to Nuremburg and/or Helsinki Codes, and Belmont Report. Apply your own ethical views and critical reasoning to a case such as Tuskegee, or UCLA schizophrenia studies, and state what ought to have happened differently.

STUDENT PRESENTATION on SECOND PAPER or PROJECT, DUE in last 2 weeks of course (20% of grade)

30% of grade:
Attendance and Participation defined as contribution to the class process: Individual Verbal Participation with Group Collaborations in Class and written constructive suggestions and critique of another student's paper turned into professor. In-class exercises, oral presentations, and small group collaborative exercises such as case analysis. Sample of In-Class exercise: Analyse several cases [devised by instructor] according to Emmanuel's Four Models of Physician Patient Relationship.

STANDARDS:
LATE PAPERS DOWN-GRADED. [1/2 grade per day late]
ACADMIC HONESTY POLICY of Univ requires full citations for quotes and all use of others' work and Student's own original individual written work. Failure to follow academic honesty guidelines means failure on that assignment for the course.

FORMAT:
In addition to the specific rubric for each assignment, the following General Expectations apply:
Two copies of all papers must be turned in during class typed on standard 8.5" x 11" paper, using at least 1" margins, a standard 10- or 12-point font such as Times or Helvetica, and (preferably) one and half line spacing. Do not submit work by email unless specifically arranged with the instructor.
The student's name, course number, assignment number, and date of writing or revising must appear on the first page at the top right. Subsequent pages must contain the student's name and the page number. Do not use a cover page.

Proofread your work for spelling, grammar, punctuation, and coherence of paragraphs. (Each paragraph should have one clear topic that is supported and/or developed by what is in it.) If writing is difficult for you, arrange assistance from a fellow student, the Graduate writing center (S-1-03, 287-5708) or a professional editor -- do not expect the instructor to be your writing teacher.
Recommended: - as a guide on technical matters of writing scholarly papers: Turabian, A Manual For Writers

COURSE OVERVIEW and OBJECTIVES
Build on objectives noted above, the course develops critical thinking skills in area of evaluation and ethical analysis in the general context of biomedical health care and research.

Skills include
Critical Reasoning: Different types of practical and evaluative reasoning such as
Principle based,
Utility based reasoning models
Critical Reading of basic philosophical texts
Principle based or utilitarian, models in Veatch and Katz
Utilitarian models in Childress
Critical Writing in contrasting and comparing different methods
See Sample paper topics at end [Appendix]
Topics include ethical and policy dilemmas demanding critical and creative thinking: For example, see Case Analysis for 4 Models of Practitioner Patient Relation [Appendix]
Methods of Analysis: Students are expected to formulate different versions of a problem and to devise "ways out" of dilemmas and new framing of case problems.

This course is designed to prepare graduate students to address the following goals as formal and informal practitioners in a number of fields. Thoughtful and responsive practitioners should, ideally, challenge and enable their students to:
• learn facts and theories about biomedical ethical processes and problems;
• develop skills in critical thinking, interpretation, inquiry, and writing;
• express their ideas about prospects for human health and society, and their desired impact on these areas;
• be inspired by positive examples, cases that are constructive, successful, and on-going;
• be actively involved as citizens in scientific debates;
• gain experience in designing proposals, position statements, and plans for action in the wider arenas of policy making, informed citizenship, for example, by participation in ethics committees in hospitals or in IRB's in various hospitals or our own university.
• bridge professional fields, such as sciences, medicine, the humanities, and social sciences
• clarify their choice of more specialized studies to pursue; and
• achieve a growing sense of competency.

SCHEDULE OF CLASSES
**Detailed instructions for class preparation will be distributed through handouts**

Class 1
OVERVIEW OF ETHICAL THEORY:
Arras Introduction, [Arras, 1-41]
PRINCIPLE BASED REASONING:
Kant, Respect for Persons, Treating persons as ends-in-themselves [Arras 38-42]
Katz, The principle of Informed Consent, [Arras 445-58]
Beauchamp, T.L and Childress, Principles of Biomedical Ethics. Pt II. Autonomy, NonMaleficence, Beneficence, Justice, [Beauchamp, 57-280]

Class 2
JUSTICE IN HEALTH CARE: [Arras, 630-652]
SKILLS: REASONING ON UTILITY MODELS contrasted with REASONING ON PRINCIPLE BASED MODELS
Allocation and Values in Managed Care: Liver Transplant and alcohol case [Arras, 699-715]
Moss & Siegler Should Alcoholics Compete Equally for Liver? [Arras, 669-675]
Cohen, Alcoholics and Liver Transplant, Critique of Siegler, [Arras,675-679]

Class 3
EQUALITY VS UTILITY: WHAT IS FAIR? JUST? KIDNEY CASE
SKILLS: MORAL AND POLICY DILEMMA, CONFLICT BETWEEN PRINCIPLE BASED EQUAL RIGHTS AND UTILITARIAN METHODS
GROUP WORK IN CLASS: 3-person Groups assigned to defend orally [a] Veatch rights-principle-based position. Or, [b] Childress's utilitarian medical criteria position.
Childress, Fairness in Allocation [KIDNEY CASE] [Arguing for a Medical Utility Principle] [Arras, 724-735]
Veatch, Equality Justice Reply to Childress [Arras, 735-740]
Peer Collaborative work in class. [See Appendix for Sample of Critical Thinking Exercise]

Class 4
PROFESSIONAL-PATIENT RELATIONSHIP: INFORMED CONSENT
SKILLS: CONTRASTING MODES OF MORAL REASONING: EVALUATING VIRTUE IN CHARACTER STRUCTURE versus UTILITY/INSTRUMENTALITY in INFORMATION CONVEYED TO PATIENT
Emanuel, Four Models of the Physician-Patient Relation, [Arras, 67-77]
Hippocratic Oath, [Arras 55]
Goldman, Refutation of Medical Paternalism [Arras, 59-67]
Beachamp, Principles, Ch. 2. Moral Character, [Beauchamp, 57-89]

Class 5
INFORMED CONSENT
SKILLS: CONTRAST RESPECT AND AUTONOMY PRINCIPLES WITH NON-MALEFICENCE [DO NO HARM] and BENEFICENCE PRINCIPLE [DO GOOD]
Kant, Respect for Persons as Ends not "Mere Means" [Arras, 38-42]
Arato v Avedon, [Arras, 77-100]
Beachamp, Principles, Ch. 1, Respect and Autonomy, [Beauchamp, 200-231]
Brody, Transparency in Informed Consent [Arras, 94-100]
Morreim, Fiscal Scarcity in HMO contexts and Informed Consent, [Arras, 109-115]
Applebaum, Informed Consent for Research on Mentally Ill and Schizophrenia, [Arras, 122-127]
Class 6
EXPERIMENTATION ON HUMAN SUBJECTS:
SKILLS: BALANCING INSTRUMENTAL SOCIAL VALUES AND HUMAN RIGHTS
Introduction to Values in Experimentation, [Arras, 537-44]
Veatch, Experimental Pregnancy [Arras, 544-547]
Brandt, Racism, Research, Tuskegee Studies [Arras, 547-557]
Donagon, Informed Consent to Experimentation, [Arras, 560-565]
Nuremburg Code [Arras, 565-566]
Helsinki Declaration [Arras, 566-567]

Mid-term paper due

Class 7
VULNERABLE POPULATIONS: AIDS TRIALS and SCHIZOPHRENIA STUDIES
Levine, Justice, Aids, Vulnerable Populations [Arras, 581-589]
Lurie, Unethical Trials [HIV] in Developing Countries [Arras, 589-597]
Varmus, Ethical of Research in Developing Countries, [Arras, 594-597]
Applebaum, Drug-Free Research on Schizophrenia, [Arras, 601-607]

Class 8
MORAL REASONING IN END OF LIFE DECISIONS
AUTONOMY vs SANCTITY OF LIFE
CRUZAN CASE: RIGHT TO REFUSE TREATMENT
Pro-Life Bishop's Committee, [Arras, 224-231]
Dresser, Rebecca, Quality of Life, [Arras, 231-243]
Rhoden, Limit Legal Objectivity, [Arras. 243-250]
Advance Directives, [Living Will, Heath Care Proxy] [Arras, 194-207]
Annas, Heath Care Proxy, [Arras, 201-205]

DECISIONAL CAPACITY AND RIGHT TO REFUSE TREATMENT
Mary Northern Case, [Arras, 170-177]; Dax's Case, [Arras, 187-192]
Buchanan & Brock, Deciding for Others: Competency [Arras, 177-187]

Class 9
PHYSICIAN ASSISTED SUICIDE: QUILL CASE
SKILLS: PROCEDURAL vs SUBSTANTIVE MORAL REASONING in ETHICAL AND
POLICY DEBATE ON PHYSICIAN ASSISTED SUICIDE
COLLABORATIVE REASONING GROUP WORK:
TASK: GROUP PRESENTATIONS IN CLASS ON MAJOR POSITIONS IN CURRENT
DEBATE
  [GROUP [A]: DEFEND RIGHT]
  Reading: Dworkin, Philosophers Brief [Arras, 254-266]
  [GROUP [B] CRITIQUE of RIGHT]
  Reading: New York State Task Force, On Suicide, [Arras, 266-74]
  Battin, Euthanasia: The Way We Do It, Way They Do It [Arras, 280-292]
Quill, Diane Case 250  [Arras, 250-254]

Class 10
SELECTIVE ABORTION; PROCREATIVE AUTONOMY AND RESPONSIBILITY
Arras Introduction to Issues, [Arras, 307-316]
Rothman, Prenatal Diagnosis, [Arras, 378-384]
Asch, Can Aborting "Imperfect" Child be Immoral? [Arras, 384-388]
Steinbock, When is Birth Unfair to Child? [Arras, 388-397]
Brock, Non-Identity, Genetic Harms, Wrongful Handicaps [Arras, 397-402]

Class 11
REPRODUCTIVE TECHNOLOGY AND COMMODIFICATION
Arras, Overview of Issues, Introduction [Arras, 407-415]
Robertson, Primacy of Procreative Liberty, [Arras, 415-425]
Rothman, Surrogacy [Arras, 445-452]
Steinbock Prenatal Adoption [Arras, 452-460]
Murray, Families, Marketplace, Values, [Arras, 460-470]
Charo, Baby Makes Three, or Four, Five, Six, [Arras, 470-481]

Class 12
EMBRYOS, IN VITRO FERTILIZATION [IVF], AND CLONING
Robertson, Presumptive Primacy of Procreative Liberty [Arras, 415-425]
Vatican, Instruction on Respect for Human Life, Dignity of Procreation, [Arras, 425-434]
Warren, IVF and Women's Interests, Feminist Concerns [Arras, 434-445]
CLONING
Natl Bioethics Commision, [Arras, 481-484]
Brock, Cloning; Risks and Benefits [Arras, 484-496]

Class 13
OVERVIEW OF MORAL REASONING
METHODS OF MORAL JUSTIFICATION
TOP DOWN MODELS: Theory and Application, [Beauchamp, 385-391]
BOTTOM UP MODELS: Cases and Inductive Generalization, [Beauchamp, 391-397]

Final Exam Period
LAST PAPER DUE: 2nd day of Final Exam Period, 12 Noon.

BIBLIOGRAPHY of relevant sources


Savulescu, J. 1994. "Life or Death," Bioethics 8(3)


Note: This bibliography contains items from a number of different eras to show the academic and professional background establishing the field of professional biomedical ethics. In the field of ethics, articles do not become "out of date" because they were published 2-3 decades ago or 2-3 centuries earlier. For example, the contemporary field of bioethics was initiated in part by publication of whistle-blower, Henry Beecher, Harvard Medical School, in a 1966 issue of the New England Journal of Medicine. Rachels' influential 1975 article on killing and letting die framed moral dispute for the next 3-4 decades. Classics by Kant, Mill are still cited and debated, e.g. in right to die issues and in autonomy as basis for informed consent.
APPENDIX
SAMPLE PAPER TOPICS

[a] TUSKEGEE STUDIES
What was the major wrong in the Tuskegee Studies? Give your interpretation and analysis, and connect your analysis to moral theory [See Brandt on Tuskegee, Beauchamp on four major principles, and Arras Introduction on ethical theory. See also readings on 'captive or vulnerable populations]. The highest level papers on this topic critically engage some theoretical frames such as human dignity as end in itself [Kant] or utilitarianism, or justice and equality. Then they apply these frameworks in a critical contrast, espousing one as the most ethically appropriate.

[b] CASE ANALYSIS OF SCHIZOPHRENIA STUDIES, UCLA
Take the UCLA schizophrenia studies and give your analysis of whether there was a moral wrong done in these studies. If there was, identify the wrong in your view, characterize it, and give full reasoning as to WHY it was wrong. If you see no wrong, then cite a view claiming a wrong, and refute it. Or justify the actions of the experimenters. See Readings by Appelbaum and Katz for class 7.

[c] EXPERIMENTATION ON HUMAN BEINGS
What should be the primary ethical value on which we judge the permissibility of medical experimentation on human beings? Therapeutic value for the patient/subject? Utility for scientific development and medical knowledge? Consent [voluntary, informed] of the patient/subject? What if the patient consents to something which conflicts with the therapeutic value criterion? Some experiment which can only bring harm not good for that specific person Should consent override the therapeutic value criterion? At some point in your paper: Quote the key passage[s] in the Nuremberg Code or Helsinki Declaration or other source which supports your view and explain how it applies in a case of your choice. [e.g. Placebo/contraceptive/Pregnancy case; Tuskegee Studies or other case.]
APPENDIX

COLLABORATIVE CRITICAL THINKING EXERCISE
[FORM 3-PERSON GROUPS]
CHOOSE ONE CRITERIA AND DEFEND IT BY GIVING A JUSTIFICATION ON A GENERAL LEVEL
AND
AN EXAMPLE ON A CASE LEVEL.
EXPLAIN TO THE CLASS.
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APPENDIX
CASES to Analyze under FOUR MODELS IN PATIENT RELATIONSHIPS

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TASK: Use Emanuels' 4 Models of Practitioner Patient relationship to analyze what you consider the best model and the worst model to employ for each of the cases below.  [E.L. Emanuel, Four Models of the Physician-Patient Relation, Arras, 67]

In-Class 3-person group presentation [informal]
Follow-up Intuition Paper [individually written] due next class.

Case 1. Pancreatic Tumor Patient

Mr. Ames comes in with a previously undiagnosed malignant tumor on his pancreas, which appears to be contained locally. The doctor removes the tumor and prescribe the most aggressive combination of drugs and radiation treatment. "I'm a fighter" says Mr. Ames who actively requests the most aggressive treatment. He and his family seem very optimistic, full of hope in conquering this disease. Yet, as the Doctor is well aware, the statistics show a predominant pattern of quickly moving metasis where the cancer spreads quickly throughout the body and huge rates of death within, say 6 months. What should the doctor do? Tell truth? Keep hope alive by covering over the bad statistics? [See medical paternalism] Which model of the Physician Patient Relationship captures the best way to approach this issue? Which the worst? See Emanuels.

Case 2. The Promiscuous patient

Exhibiting a pattern of Saturday night partying in bars where few people know each other very well, Mr. Saxon [Or, Ms Saxon] usually finds a new partner every week and has sex after a wild night of drinking. His [her] physician notices a mild case of an easily curable STD, but is concerned that with all the other diseases out there, the risks are high. Does the patient have the autonomy to decide their own life style and actions? What if anything should the physician say on the risks incurred by the promiscuous patient? What if any value judgments? Which model of the Physician Patient Relationship captures the best way to approach this issue? Which the worst? See Emanuels.

Case 3. The Pregnant HIV+ Patient

Mrs. Thomas finds herself pregnant at an early stage and also infected by the HIV virus, with little financial support, since her husband has just been laid off and she already has 4 children. The doctor knows she has a 20-30% chance of passing the virus to the fetus during birth and that these children if infected have a predicted short life span. [see p. 395 right column for stats]. What approach should the doctor take here? Which model of the Physician Patient Relationship captures the best way to approach this issue? worst?

Case 4. Mr. Gumbie

The patient Mr. Gumbie's father died of Huntington's Disease, which means he has a 50% chance of inheriting the fatal disease. He has refused testing and is now a healthy asymptomatic 28 years old. The patient who comes in for pre-marital counseling exhibits a happy-go-lucky personality, carefree, has little time to scrutinize statistics and logic, and wants children very badly. [see p. 395 left column for stats]. What approach should the doctor take here? Which model captures the best way to approach this issue? Worst?
Case 5. Mr. Groom and Ms Bride
Mr. Groom has been the patient of oncologist Dr. X for 7 years during which time his testicular cancer has gone into remission. With great joy, a week before the wedding Mr. G and Ms B come for consultation having happily invited the supportive doctor, whom they consider a friend of the family, to the wedding. However, a resident has gone ahead and ordered a test without patient or doctor's knowledge and Dr. X sees in the chart that the test shows the cancer has returned. What approach should the doctor take here? Which model of the Physician Patient Relationship captures the best way to approach this issue? Which the worst? See Emanuels.