Feb 6  Bedside Rationing
  13  Informed Consent
  20  Confidentiality and Truth Telling
  27  Deciding for Others
Mar 6  Issues in Reproduction
  13  Genetic Testing
  20  Spring Break
  27  Rationing
Apr 3  Futility
  10  End of Life 1
  17  End of Life 2
  24  Conflicts of Interest
May 1  Ethical Issues of Doctors in Training
  8  Disclosure & Apology after Adverse Events
  15  Professional Boundaries
  22  Research Ethics
  29  Optional Topic and Wrap Up
This course provides an overview of the major ethical issues that arise in the practice of medicine and in medical education and research. After an initial whole-class introductory session in the amphitheater, the course is taught in separate sections with an enrollment of 10-11 students and run in a graduate seminar format. The weekly sessions are case-based and introduce students to the core elements of ethical reasoning around issues such as confidentiality, truth telling, genetic testing, rationing, professional boundaries, conflicts of interest, informed consent for treatment and research and end-of-life care. Readings are required in preparation for each session, and students are expected to participate in class discussions. In addition to the readings and class participation, each student is required to write a weekly short essay (500 words maximum), answering a question assigned for that week, which is to be submitted by e-mail no later than noon on the Wednesday preceding each Thursday's class. In most weeks a questionnaire is also required by noon Wednesday, asking students to express what they believe is morally appropriate in each of the cases that week, based on their own beliefs after completing the readings.
Medical Ethics and Professionalism
Course Learning Objectives

• Recognize the full spectrum of issues in medical ethics and professionalism when they encounter these issues, from the most obvious examples such as euthanasia, rationing, or abortion to less obvious examples such as the issues involved in conducting clinical trials in the developing world, having social relationships with patients, or accepting meals from a company sponsoring a continuing education program,

• Discuss in some detail those concepts that are foundational to medical ethics, such as the requirements for valid informed consent or the requirements for the ethical conduct of research, with a working knowledge of each requirement (eg, how to assess competency to give informed consent or to create an advanced directive), along with some of the key laws that bear on these foundational issues in practice (such as the Tarasoff exception to patient confidentiality),
Establish their own views on these issues based on critical examination of all facets of the issue, with the ability to apply and articulate rigorous reasoning in moral discussion both to understand more deeply the basis for differences in perspectives and to engage collaboratively in “preventive ethics” to minimize situations that force potentially unnecessary tradeoffs between moral values,

Develop an openness to experience rigorous ethical analysis as clinically helpful and important in the process of reaching resolution in actual patient cases, while also developing a tolerance for the unresolvable ambiguities that inevitably arise when applying value propositions to these actual patient cases, and

Appreciate the centrality to physicians of being ethically and well as medically competent, with enthusiasm for continuing to learn more about ethics as well as medicine throughout their careers.
INFORMED CONSENT

Many of you will be obtaining the informed consent of patients for treatment and procedures almost every day of your professional lives. For this session you will learn the principles of informed consent from an excellent textbook of biomedical ethics, read an introductory article on various models of the physician-patient relationship which serves as the framework for discussions of informed consent, and read a second article which uses a case study to understand some of the complexities of obtaining informed consent in clinical practice.

Cases:
- *Shine v. Vega*
- Don’t Tell Our Mother She Has Cancer
- A Case of Informed Refusal?

Readings:
- Selected sections from “Principles of Biomedical Ethics,” by Beauchamp and Childress, pages 77-86, 88-92, 93-98, 104. While perhaps a little dry, the reading captures, very succinctly, essential information you need to know about the principles of informed consent, which is an issue that confronts most clinicians on a daily basis. (We promise this is the longest, driest reading in the course – but one of the most important!)

- "Four Models of the Physician-Patient Relationship," by Zeke and Linda Emanuel, describes a spectrum of ways in which information and power are distributed as doctors and patients work together, using the terms "informative," "interpretive," "deliberative," and "paternalistic" for these four models.
Learning Objectives:
By the end of this session, students should be able to:

• Enumerate and explain the required elements of valid informed consent, including the competence of the patient, the disclosure of relevant information (including risks and benefits) by the physician, the comprehension of this information by the patient, and the voluntary and explicit nature of the consent,

• Distinguish those clinical situations (from a minor procedure such as taking blood pressure to a life threatening emergency in an unconscious patient) where explicit informed consent is typically not expected,

• Describe the distinctions between the various models of the physician-patient relationship (eg, what distinguishes the deliberative from the paternalistic model), along with the various forms of physician influence in decision-making that can range from persuasion to manipulation to coercion,

• Articulate the differing roles of facts and values in medical decisions, with appreciation of how each of these are brought to the medical encounter by the physician and by the patient.

Writing Question for the Week:
Please e-mail your not-more-than 500 word essay to your instructor by noon the day before class.

Choose one of the 3 cases given this week and describe how you would proceed as a treating physician. In your response, provide an argument that is grounded in your ethical analysis of the clinical situation, referring to the readings.
CONFIDENTIALITY AND TRUTH TELLING

The physician-patient relationship is structured in significant part by ethical commitments of physicians to their patients. Of course, a central commitment is to be clinically competent in the patient’s care. But additional specifically ethical commitments define how the physician-patient relationship is different from other commercial or social relationships. These commitments include putting the patient’s interest first, before one’s own or others’ interests; respecting patients’ right to decide about their own care, which undergirds the requirement not to treat without the patient’s informed consent; that patients should receive care based on their medical needs, not their ability to pay.

This week’s session takes up two other important commitments that help to define the physician-patient relationship—confidentiality and truth telling. In each case we will explore the basis and limits to these two requirements. The notion that it is at least in general right to tell the truth is not special to medicine. But there are additional special reasons why physicians should be truthful with their patients that we will explore, and in two separate contexts: in the context of telling the truth to the patient (e.g., about a bad diagnosis, even when full disclosure may be very upsetting) and in the context of telling the truth to others (e.g., to the insurance company, even when some well-intentioned deception may get your patient better coverage).

Likewise, while confidentiality is expected in a number of non-medical contexts, there are again special reasons why it has a stronger place in medicine that in most other contexts. Only by understanding the moral and practical reasons that support these practices of confidentiality and truth telling in medicine can we in turn try to define their limits. We will use several “hard cases”, on which there will almost certainly be disagreement among you, to begin to understand the role and limits of confidentiality and truth telling in medicine. It is important to remember that, as a medical student, you will already become involved in the care of patients and their families, so the physician’s duties to confidentiality and truth telling already apply to you now!

Cases:
- “Would you please write a letter for me?“
- “Don’t Tell my Spouse”
- My Dying Wish
Readings:

• The section on confidentiality in Chapter 7 of Beauchamp and Childress Principles of Biomedical Ethics presents an excellent overview of the foundation and limits of confidentiality in medicine.

• Helgesson G and Lynöe N, "Should physicians fake diagnoses to help their patients?" J Med Ethics. 2008 Mar;34(3):133-6. Physicians who would like to justify lying about medical information usually do so on the grounds that it is in their patients' interests. This article addresses this claim and its moral rationale.

• The final set of readings is a very brief summary of some of the legal issues regarding confidentiality and truth telling. The first is a summary of the "Tarasoff" exception to patient confidentiality, which provides a little background on the landmark case that gave the name to this situation when a patient's confidentiality can or even must be breached to protect a third party from harm. The second is a summary of the STD reporting policies of the Massachusetts Department of Public Health and J. Edward Casteele’s synopsis of legal issues related to HIV disclosure.

• (OPTIONAL READING) Kenneth Kipnis, “A Defense of Unqualified Medical Confidentiality”. The American Journal of Bioethics, 6(2):7-18, 2006. This article summarizes the case for not giving into the temptation to find exceptions to confidentiality.

• (OPTIONAL READING) Alexander Capron, “Addressing an Ethical Dilemma Dialogically Rather Than (Merely) Logically”. The American Journal of Bioethics, 6(2):36-39. This is a response and critique of the previous article by another leading bioethicist.
Learning Objectives:

By the end of this session, students should be able to:

• Explain a) some of the ways in which the moral obligations of everyday life are altered when one enters the physician-patient relationship, and b) how competing moral values must be balanced when facing ethical dilemmas in medicine,

• Distinguish utilitarian and non-consequentialist justifications for truth-telling, and explain both the deontological (professionalism/fidelity; rights/privacy) and consequentialist (promoting full and honest disclosure by patients/better outcomes) bases for confidentiality as a value found in all codes of medical ethics,

• Discuss the ethical and legal limits to confidentiality, including the Tarasoff exception and other public health (eg, infectious disease) exceptions,

• Articulate some of the threats to confidentiality ranging from systemic issues such as the electronic medical record to individual indiscretions such as elevator conversations, and

• Discuss the issues involved in certain special circumstances where other exceptions have been claimed for confidentiality (eg, cases involving genetic information, physicians who treat multiple members of the same family) and truth telling (eg, the challenges to full, truthful disclosure when navigating the issue of hope in the physician-patient encounter).

SURVEY & Writing Question for the Week:

Please e-mail your not-more-than 500 word essay to your instructor by noon the day before class.

Choose one of the 3 cases given this week and describe how you would proceed as a treating physician. In your response, provide an argument that is grounded in your ethical analysis of the clinical situation, referring to the readings.
ETHICS IN END-OF-LIFE CARE #1 - Ethical Distinctions in EOL Care

We will be having two weeks on ethical issues in end-of-life care. The first (this week) introduces the many interesting ethical distinctions that frequently arise in end-of-life care, such as:

- acts vs. omissions
- withholding vs. withdrawing treatments
- killing vs. allowing-to-die
- ordinary vs. extraordinary (or heroic) medical treatments
- medical treatments vs. food and fluids
- intended effects vs. merely foreseen effects (the Rule of Double Effect)

Familiarity with the relevance (or irrelevance!) of these distinctions to the moral aspects of end of life care is crucial to your ability to discuss and analyze end of life issues in a serious way.

The second end of life session (April 17th) is the only week where we will start with a brief plenary session in the amphitheater, so please remember to go to the Armenise D-amphitheater that week. We will be joined by a guest faculty member who will share videotaped discussions he had with one of his patients who wanted the doctor to help him end his life. After seeing the tapes and asking the doctor any questions you would like about the case and his experience of it, we will then break into our usual small groups for discussion. In these and continuing discussions, you will see how the distinctions we begin to analyze this week will be relevant to many aspects of the ethics of medical treatment at the end of life, palliative care and the controversial practices of physician-assisted suicide and euthanasia.

Cases:
- My Mother’s Choice
- End-of-Life Care in the ICU, Case with 5 Endings by Dr. Truog
Readings:

- Dan Brock, "Killing and Allowing to Die" section of "Medical Decisions at the End of Life" in A Companion to Bioethics, pp. 235-239.
- Landmark Legal Cases: Karen Ann Quinlan, Nancy Cruzan, Paul Brophy

Learning Objectives:

By the end of these End of Life sessions, students should be able to:

- Explain the moral relevance (or lack thereof) of distinctions commonly arising in end-of-life cases, such as acts vs. omissions, withholding vs. withdrawing treatments, killing vs. allowing-to-die, ordinary vs. extraordinary (or “heroic”) treatments, and medical treatment vs. food and fluids,
- Discuss the “Rule of Double Effect,” analyzing the way this rule seeks to rationalize the distinction between intended effects and unintended-but-foreseeable effects, particularly in cases where analgesics treat pain/suffering but also hasten death,
- Articulate the moral issues surrounding debates over euthanasia and physician-assisted suicide (as well as articulating their own ethical positions on these issues), with reference to the full spectrum from voluntary active euthanasia, to terminal sedation, to physician-assisted suicide, to patients voluntarily stopping eating and drinking,
- Discuss some of the unique complexities of end-of-life decision-making with regard to core issues such as accounting for limitations in the ability of a patient to imagine a “potential future self” who may value a life they currently do not judge as a life worth living, or differentiating between “treatable, clinical depression” and the depression appropriate to life-threatening conditions, and
- Have some familiarity with the landmark end-of-life legal cases, such as Quinlan, Cruzan, and Brophy.
Writing Question for the Week:
Please e-mail your not-more-than 500 word essay to your instructor by noon the day before class.

In the last case this week (the case of the 9 year old boy on the ventilator), there are five alternative endings. Explain which ending you think is the MOST ethical, which ending you think is the LEAST ethical, and which ending you would most want for yourself or a loved one, referring to the readings in your explanation of why you chose each ending.