**NEW YORK CITY COLLEGE OF TECHNOLOGY OF THE CITY UNIVERSITY OF NEW YORK**

**Philosophy, Department of Social Sciences**

***PHIL2203 Health Care Ethics***

*Interdisciplinary Course*

(3 credits, 3 hours)

**Instructor:**

Dr. D. Robert MacDougall

Namm 627

dmacdougall@citytech.cuny.edu

(718) 260-5451

Office Hours: Thursday, 11:30-1 pm, 3:30-4:30 pm

**Course description**

This interdisciplinary course introduces students to issues at the intersection of health care and values, as well as the theories, principles, data, and literature addressing these issues. Students are required to critically interact with multiple disciplinary methods in order to reach their own conclusions about ethical behavior in health care. Interdisciplinary learning is furthered by assignments that require students to synthesize philosophy with other sources of relevant knowledge, particularly medicine and nursing.

**Course Objectives**

By the end of this course students should have knowledge of several disciplinary methods relevant to addressing ethical issues in health, as well as a variety of issues in bioethics (such as informed consent, confidentiality and electronic health records, and the use of animals in health research) to which these methods are applied. Students will develop skills in analysis of arguments, critical thinking, and evaluation of competing ethical claims. They will also gain skills in developing and defending ethical claims, and communicating their thoughts to an interdisciplinary audience. Students will learn to integrate knowledge from their home disciplines with knowledge coming from other disciplinary sources for the purpose of resolving discrete ethical dilemmas.

**Required Texts:**

1. Course Packet
2. Other reading assignments will be posted on Blackboard. All reading assignments should be finished **before** the class under which they are listed, to facilitate discussion. Cases listed for discussion should also be read in advance of class.

**Recommended Texts:**

Beauchamp, Tom L. Childress James F. 2013. *Principles of Biomedical Ethics*. 7th ed. New York, NY: Oxford Univ. Press.

**Assignments:**

Participation: 15%

Midterm: 15%. Class 13.

Reflection question papers: 30%. Due throughout the semester, the class after they appear in the syllabus.

Group presentation: 25%.

Annotated Bibliography: 5%. Due Class 16

Written Report: 10%. Due Class 22 (except editors, see assignment)

Final Presentations: 10%. Classes 26-8

Final: 15%. Class 30.

**Course outline**

1. Philosophy and Health Care Ethics
2. Ethics in the Clinic
3. Ethics in Research
4. Interdisciplinary Case Presentations

**COURSE SCHEDULE**

1. **PHILOSOPHY AND HEALTH CARE ETHICS**

Session 1. Introduction: Philosophy and other disciplines in Health Care Ethics

Session 2. Moral theories and frameworks 1: Ethical nihilism, relativism, and postmodernism

Steinbock, Arras, and London. “Challenges to ethical theory,” in Steinbock, Bonnie Arras John D. London Alex John. 2003. *Ethical Issues in Modern Medicine.* Boston: McGraw-Hill, pp6-9 (to beginning of section on Utilitarianism).

Session 3. Moral theories and frameworks 2: Deontological Ethics

Beauchamp, Tom L. Childress James F. 2013. *Principles of Biomedical Ethics.* 7th ed. New York, NY: Oxford University Press, 361-367.

Session 4. Moral theories and frameworks 3: Utilitarianism

Beauchamp, Tom L. Childress James F. 2013. *Principles of Biomedical Ethics.* 7th ed. New York, NY: Oxford University Press, 354-361.

Session 5. Moral theories and frameworks 4: Virtue ethics

Beauchamp, Tom L. Childress James F. 2013. *Principles of Biomedical Ethics.* 7th ed. New York, NY: Oxford University Press, 375-383.

Session 6: Moral theories and frameworks 5: Principlism

Beauchamp, Tom L. Childress James F. 2013. *Principles of Biomedical Ethics.* 7th ed. New York, NY: Oxford University Press, 13-25.

***Reflection question 1:***Which of the ethical theories that we have discussed or read about do you find most compelling? Why? Remember to explain the major features of your chosen theory and difficulties with at least two ethical theories that compete with your favored theory.

**II. ETHICS IN THE CLINIC**

Session 7. The patient’s right of self-determination

“Respect for autonomy,” in Beauchamp, Tom L. Childress James F. 2013. *Principles of Biomedical Ethics.* 7th ed. New York, NY: Oxford University Press, 101-110.

Macklin, Ruth. “Consent, Coercion, and Conflicts of Rights.” From Fisher, Johnna. 2013. *Biomedical Ethics: A Canadian Focus*. 2nd ed. Don Mills, Ont.: OUP Canada. 47-52

*Case discussion:* Dax Cowart

Session 8. Confidentiality

Kipnis, K. (2006). A Defense of Unqualified Medical Confidentiality. *The American Journal of Bioethics*, 6(2), 7–18.

Case discussion: *Tarasoff v. Regents of University of California* (1976)

***Reflection question 2:*** Kipnis argues for “unqualified medical confidentiality,” while the *Tarasoff* case established that practitioners have a “duty to protect” in cases where individuals communicate their intention to bring harm to a third party, even if that means violating patient confidentiality. Which is the better social policy? Support your answer with one of the ethics theories we have discussed this semester.

Session 9. **Guest Lecture:** “Ethical implications of electronic health records.” Dr. Nicholas Stefanopoulos (Physician and Adjunct Professor in Medical Informatics).

Bernat, J. L. (2013). Ethical and quality pitfalls in electronic health records. Neurology, 80(11), 1057–1061.

Layman, E. J. (2008). Ethical Issues and the Electronic Health Record. The Health Care Manager, 27(2), 165–176.

Session 10. **Guest Lecture:** "Electronic patient information, who owns it?” Dr. Sebastian Stanescu (Physician and Adjunct Professor in Medical Informatics)

Morrissey, J. (2014, October 21). The battle over EHR patient data. Retrieved August 26, 2015, from <http://medicaleconomics.modernmedicine.com/medical-economics/news/battle-over-ehr-patient-data?page=full>

Evans, B. J. (2012). Would patient ownership of health data improve confidentiality? Virtual Mentor, 14(9), 724–732. <http://doi.org/10.1001/virtualmentor.2012.14.9.pfor1-1209>

Session 11. Building an interdisciplinary case presentation Part I: Doing research in different disciplines for health care ethics cases.

Degrazia, David and Tom L. Beauchamp. “Philosophy.” In J. Sugarman & D. Sulmasy, *Methods in Medical Ethics*. Washington, DC: Georgetown University Press, 2001, 31-46.

***Reflection question 3:*** Philosophers have sometimes claimed that philosophical ethics is the most relevant academic discipline for answering the question, “What should we do?” Do you agree or disagree? How have the presentations from those in other disciplines contributed to your understanding of ethics? Can philosophy and other disciplines work together to reach meaningful answers?

Session 12. Midterm review

Session 13: **Midterm**

Session 14. Decisionmaking capacity

Appelbaum, P. S., and T. Grisso. "Assessing patients' capacities to consent to treatment." N Engl J Med 319, no. 25 (1988): 1635-8.

Session 15. Making decisions for incompetent patients

“Protecting incompetent patients,” B+C, 188-193

“Surrogate decision making for incompetent patients” B+C, 226-9

Session 16. **Guest Lecture.** “Working with patients with developmental or intellectual disabilities in dental or medical settings.” Prof. Anna Matthews (Dental Hygiene).

1. Effective Communication in a Health Care Setting: <http://vkc.mc.vanderbilt.edu/etoolkit/general-issues/communicating-effectively/>

2. Informed Consent: <http://vkc.mc.vanderbilt.edu/etoolkit/general-issues/informed-consent/>

3. Office Organization: [http://vkc.mc.vanderbilt.edu/etoolkit/general-issues/office-organizational-tips/](http://vkc.mc.vanderbilt.edu/etoolkit/general-issues/informed-consent/)

Session 17. **Guest Lecture.** “Cultural Competence in Health Care.” Prof. Emma Kontzmanis (Nursing).**\*\*Annotated Bibliography due**

Chettih, M. (2012). Turning the lens inward: Cultural competence and providers’ values in health care decision making. *The Gerontologist,* 52(6), 739.747.

Leever, M.G. (2011). Cultural competence: Reflections on patient autonomy and patient good. *Nursing Ethics,* 18(4), 560-570.

Martel.C.R. (2015). Recognizing the true norm: Commentary on toward defining, measuring, and evaluating LGBT cultural competence for psychologists. *Clinical Psychology: Science and Practice,* 22(2), 172-176.

Session 18. End of life decisionmaking

Jotkowitz et al. The Case of Samuel Golubchuk and the Right to Live. *The American Journal of Bioethics* (2010) vol. 10 (3) pp. 50-53

Trotter, G. "Mediating disputes about medical futility." *Cambridge quarterly of healthcare ethics* 8, no. 4 (1999): 527-37.

Case discussion: Golubchuk and Rasouli cases.

***Reflection question 4:***  Which party has the greatest authority to define the ends of medical treatment in end of life cases such as Golubchuk: the medical profession, the patient him/herself, or society at large? Why?

Session 19. Building an interdisciplinary case presentation Part II: Writing a report and making a presentation.

**III. ETHICS IN HEALTH RESEARCH**

Session 20. Exploitation and the duties of medical researchers

Lurie and Wolfe. Unethical trials of interventions to reduce perinatal transmission of the human immunodeficiency virus in developing countries. *New England Journal of Medicine* (1997) vol. 337 (12) pp. 853-6

Angell. The ethics of clinical research in the third world. *New England Journal of Medicine* (1997) vol. 337 pp. 847-848

Session 21. Exploitation and research, continued.

Varmus and Satcher. Ethical complexities of conducting research in developing countries. *New England Journal of Medicine* (1997) vol. 337 (14) pp. 1003. In Beauchamp, Tom L. Walters LeRoy. 2003. *Contemporary Issues in Bioethics.* Belmont, Calif.: Thomson/Wadsworth, 773-776.

Bagenda and Mudido. We're trying to help our sickest people, not exploit them. *Washington Post* (1997). In Beauchamp, Tom L. Walters LeRoy. 2003. *Contemporary Issues in Bioethics.* Belmont, Calif.: Thomson/Wadsworth, pp 776-8.

***Reflection question 5:*** Did the placebo-controlled AZT trials conducted in sub-Saharan Africa and southeast Asia exploit trial participants in some way, as some of our authors claimed? Why or why not?

Session 22. Moral status of animals. **\*\*Written reports due.**

Singer, P. (2009). Speciesism and moral status. *Metaphilosophy*, 40(3-4), 567–581.

Session 23. **Guest Lecture** ”Medical/clinical use of placebo and animal testing: ethics and need”—-Prof. Alberto Martinez and Prof. Diana Samaroo (Chemistry)—

Editorial Board. (2013). Animal research: a balancing act. *Nature Medicine*, 19(10), 1191–1191.

Kilkenny, C., Browne, W. J., Cuthill, I. C., Emerson, M., & Altman, D. G. (2012). Improving bioscience research reporting: the ARRIVE guidelines for reporting animal research. *Osteoarthritis and Cartilage*, 20(4), 256–260.

Pearson, J. (2014). Use of animals in research and reporting of animal experiments — The need for improvement. *Vascular Pharmacology*, 62(1), 1–2.

***Reflection question 6:*** Taking into account both the philosophy lecture on animals and the guest lecture on animals, Should researchers prefer to perform research on animals prior to humans? Why, and under what circumstances? Is hearing about research on animals from two different disciplinary perspectives helpful? How so?

Session 24. Disclosure of genetic information from research

Gliwa, C., & Berkman, B. E. (2013). Do Researchers Have an Obligation to Actively Look for Genetic Incidental Findings? *The American Journal of Bioethics*, 13(2), 32–42.

Session 25. **Guest Lecture:** “Ethics perspectives on Personal Genomics”— Prof. Eugenia Giannapoulou (Medical Informatics)

Dudley, Joel T., and Konrad J. Karczewski. 2013. “Practical and ethical considerations in personal genomics.” Chapter 2 in *Exploring personal genomics*. Oxford: Oxford University Press. <http://public.eblib.com/choice/publicfullrecord.aspx?p=1132324>.

**IV. INTERDISCIPLINARY CASE PRESENTATIONS**

Session 26. Group presentations

Session 27. Group presentations

Session 28. Group presentations

Session 29. Final review

Session 30. **Final**

**COURSE COMPONENTS**

**Class participation (15% of final grade)**

Students are required to attend class and contribute to class discussion. This requires completing the readings (every day), and also spending some time reflecting on the “reflection” question (when applicable). Students are strongly encouraged to take notes on the readings and to write down bullet points outlining a preliminary position on the reflection question prior to class. Reflection questions are an opportunity to develop your own perspectives and thoughts on the readings, and preparing these in advance of class will make class participation much easier. We will go over the reflection questions in class, and this will give you an opportunity to contribute to class discussion, and also refine and reconsider your preliminary answers. In this way, you should be well-prepared to write essays on each of the questions for the tests and final. Please note, this portion of your grade does not depend merely on being present or talking, but also on showing evidence of having engaged in the topic for the day *prior* to class (i.e., showing specific knowledge of readings and making thoughtful and relevant comments).

Although you are required to participate, you have complete academic freedom to hold whatever position or perspective you deem best. In this course we will be interacting with controversial ideas and issues, and students are strongly encouraged to develop their own thoughtful perspectives on these. That being said, although you have freedom to hold any position or opinion you like, I expect students to remain respectful of one another and the teacher. While we may criticize ideas or arguments in class, we will not criticize persons.

**Reflection Question Papers (30% of final grade).**

Reflection question papers are short papers in which students interact with the previous class and readings. Most of the papers ask students to consider the contribution of multiple disciplines to a single question. Each paper is due the class after the reflection question assignment appears in the syllabus. These papers are graded according to four main criteria:

1. Did the student address all of the questions?
2. Did the student engage with both the relevant readings and our class discussion?
3. Does the paper show evidence of individual reflection and critical thinking?
4. Is the paper written coherently, and in accordance with standard English conventions?

Papers should be a minimum of 400 words (and no more than 800), and may be submitted either at the beginning of class or prior to class electronically.

**Midterm (15% of final grade).**

The first half of the midterm will consist of questions covering material from readings and lecture. The second half will consist of an essay question related to one of the 3 reflection questions covered so far in class. You are expected to give *your own* perspective on the essay question, while making reference to readings and class discussions.

**Interdisciplinary Group Presentation (25% of final grade, total).**

An important part of health care ethics is interacting with other members of the health care team and/or ethics board to resolve cases. Even when different actors in the health care context have well-thought out positions on what should be done in any particular case, it is rare for any one person to have decision-making authority that is not in some ways limited by the viewpoints of others. Because many important decisions in bioethics are made by committees or other small groups, it is essential that students gain some practice not just in developing their own positions, but also in working with others towards mutually agreeable solutions to cases.

Students will be divided into groups, and assigned a case. Each group will divide into separate roles and will work to provide an integrated, interdisciplinary case analysis. Groups are responsible for assigning persons to each role. If the group is larger than four, assign two people to one role. If it is smaller, spread the work out as equitably as possible.

1. Physician— The student playing this role is responsible for analyzing relevant medical science. Sources must come from the relevant scientific literature.
2. Nurse or other relevant allied health professional— The student playing this role is responsible for researching and thinking through the practical aspects of care for the patient. Students may choose another allied health role if it is relevant to the case, especially in the case that it is a professional role that the student is working towards (for example, radiological tech). Sources must come from the relevant scientific literature.
3. Philosopher— The student playing this role is responsible for analyzing the philosophical aspects of the case. Sources must come from the relevant philosophical literature.
4. Editor— The editor is responsible for formally assessing the interdisciplinary aspects of the case. Sources should relate to interdisciplinarity in the case. The editor’s written report will include the conclusion that the group reached, and an analysis of the ways in which interdisciplinary collaboration helped the group to reach their conclusion.

*Components:*

**Annotated bibliography: 5%.** Due class 17.

**Written report: 10%.** Due class 22. (**Except for the editor,** whose report is due along with the slides on the day the presentation is given).

**Final class presentation: 10%.** Classes 26-8.

360 Evaluation: Done in class, class 29.

*Annotated Bibliography*

An annotated bibliography is a list of articles, books, or other sources that the student anticipates being relevant to the written report (see below), accompanied by the student’s own notes. We will go over several ways for doing research in the relevant disciplines at City Tech in class. Students will be responsible for finding and selecting articles and taking notes that identify the main thesis or hypothesis of the article, the argument or evidence presented, an explanation about how the article is relevant to the case at hand, and how they think it will help the group better resolve the case. The annotated bibliography should contain at least 5 sources.

*Written Report*

Each student is responsible for submitting an individual written report discussing the finding of his or her research and its relevance to the case at hand. The written report must cover the ethical aspects of the case from the perspective of that student’s role. So if your role is the “physician” role, then it is your responsibility to examine the relevant scientific literature (this step should have already been completed for the annotated bibliography), and discuss how it is relevant to this particular case in your report. The written report should be written like a standard paper: it should contain an introduction, a body, and a conclusion. It should be written in standard English grammar and style. The paper should be **about 4 full pages in length (that is, it should be at least 1000 words)**. Please submit your graded annotated bibliography with your written report, so that I can see how you have incorporated your original sources and how you have responded to my comments.

The editor’s written report should incorporate the others and present the group’s final decision. It should also reflect on the contribution that interdisciplinarity made to the group’s conclusion. It must also be about 4 pages in length, but is not due until immediately after the group makes its presentation.

*Final Class Presentation*

The presentation should last about 20 minutes, and there will be a question and answer period of about 10 minutes following the case. The presentation should begin with a brief overview of the case (do NOT read the case; tell the class about it in your own words). Each student should present his or her section of the report, and the editor should conclude with the group’s final recommendations.

Because your time is limited, you will want to highlight those components of the case that you think are most relevant to the final decision. It is particularly important that you consider not only the factors that support your conclusion, but also show a thorough understanding of how and why a reasonable person might disagree with your conclusion.

The assignment will be graded on whether the group:

1. Skillfully retells case
2. Demonstrates familiarity with the relevant literature for each role
3. Demonstrates the ability to incorporate sources from diverse disciplines (including medicine, nursing, and philosophy) into a coherent conclusion
4. Makes a coherent argument for the way they have resolved the case

*360 Evaluation*

Groups are expected to arrange group meetings, divide up roles, etc by themselves. Please come and speak to the professor if there is a problem with this. Following the presentation we will conduct a 360 Evaluation, in which each student can evaluate the contribution of his or her peers to the group. I reserve the right to lower any individual’s grade on the basis of peer comments about that individual’s participation.

**Final (15% of final grade).**

The first half of the final will consist of questions covering material from readings and lecture in the second half of the course (i.e., it is not cumulative). The second half will consist of an essay question related to one of the 3 reflection questions covered in the second half of the class. You are expected to give *your own* perspective on the essay question, while making reference to readings and class discussions.

**CLASS POLICIES**

**Grades**

A 93-100

A- 90-92.9

B+ 87-89.9

B 83-86.9

B- 80-82.9

C+ 77-79.9

C 70-76.9

D 60-69.9

F 59.9 and below

**Attendance and Lateness (from the College Catalog)**

A student may be absent without penalty for 10% of the number of scheduled class meetings during the semester. Example: In our case we meet two times a week, with 30 classes overall, so three absences are permitted without penalty for the semester. Beyond three absences, the participation grade will be lowered for every absence.

Please do not play music or listen to any electronic devices such as iPods or cell phones. Turn off all such devices and pagers. DO NOT TEXT DURING CLASS.

If you want to leave to go to the bathroom, you do not have to ask, but please leave and return quietly.

**Penalties and extensions:**

Late assignments will be penalized in proportion to their tardiness, three points per academic day to a maximum of ten points per week, and will receive no comments. No assignments will be accepted after December 17 (the last regular class day before the final).

If for some reason you cannot meet a deadline, please discuss this with me well in advance of the due date. I will consider granting extensions on a case-by-case basis. The only exceptions to this “well-in-advance” rule will occur for bereavement or medical necessity (you will need to demonstrate evidence for either of these. For example, you will need a note from a doctor explaining that you could not make it to class in the case of medical necessity).

**Students requiring special accommodation:**

If students require any special accommodations, please inform me at the beginning of the semester. Students may also wish to contact the [The Student Support Services Program (SSSP)](http://www.citytech.cuny.edu/students/supportservices/). I will be more than happy to make any special accommodations I can.

**Academic Integrity Statement**

The CUNY Policy on Academic Integrity is that academic dishonesty is prohibited in the City University of New York and is punishable by penalties, including failing grades, suspension and expulsion.

New York City College of Technology of the City University of New York is committed to the maintenance of the highest standards of intellectual honesty and academic integrity. Intellectual honesty is the foundation of all academic and scholarly pursuits. Any form of academic dishonesty is viewed by the faculty as a serious offense which undermines the bonds of trust and honesty. Students and all others who work with information, ideas, texts, images, inventions, and other intellectual property owe their audience and sources accuracy and honesty in using crediting and citing sources.