

BIOETHICS AND HUMANITIES NEWSLETTER



PROGRAM IN BIOETHICS AND HUMANITIES

April 2016

Welcome to the monthly Bioethics and Humanities Newsletter provided by the Program in Bioethics and Humanities at the University of Iowa Carver College of Medicine.

Program in Bioethics and Humanities: *Our Mission*

We are committed to helping healthcare professionals explore and understand the increasingly complex ethical questions that have been brought on by advances in medical technology and the health care system. We achieve this through education, research, and service within the Carver College of Medicine, University of Iowa Health Care, University of Iowa, and the wider Iowa community.

[More Details About The Program](#)



Program Highlight

The Program in Bioethics and Humanities and
The Department in Internal Medicine
invite you to hear:

Theory and Reality in Clinical Communication: Lessons from Cancer Care



Presented by:

[Prof. Peter Salmon](#)
Prof. of Clinical Psychology
University of Liverpool, UK

Thursday, April 28, 2016

12:00pm-1:00pm

Internal Medicine Grand Rounds

Location: Med Alumni Auditorium (E331 GH)

Peter Salmon, PhD, is a professor of clinical psychology at the University of Liverpool. He has authored more than 200 research papers on patient-provider communication and the psychological components of physical illness. Within the area of patient-provider communication, he is particularly interested in how patients and clinicians interact within primary care and hospital clinic settings and how communication can thwart or meet patients' needs. In addition to his teaching and research duties, Dr. Salmon also served as president of the European Association for Communication in Healthcare (2010-2012).

Upcoming Events

For a listing of more upcoming events related to bioethics and humanities, please click [here](#).

Quotation of the Month

... a family-centered approach is contributing to the emergence of what might be called "post-autonomy" medicine. The goal here is not to restore decision-making power to clinicians; rather, it is to develop a more sophisticated version of self-determination—one that accounts for how autonomy occurs within specific social and cultural contexts.

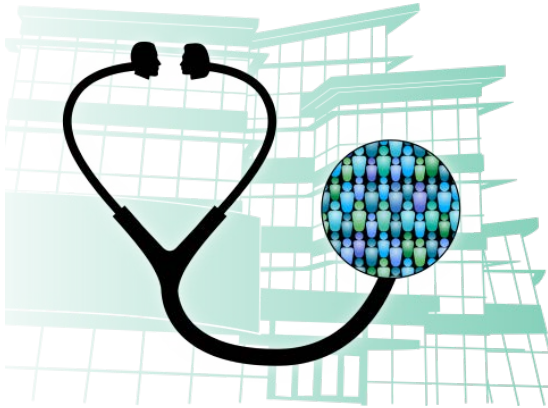
Igel & Lerner (for more, see [AMA J Ethics](#); 2016)

Program Highlight

[Ethics in Healthcare 2016](#)

A One-Day Conference for Collaborative Dialogue
and Inter-Professional Exchange

Date: May 20, 2016
Time: 7:45 AM – 4:45 PM



The University of Iowa Roy J. and Lucille A. Carver College of Medicine and the Program in Bioethics and Humanities will host its first one day conference on May 20, 2016 in the Medical Education and Research Facility (MERF), Room 2117. This conference is designed to help healthcare professionals meet the challenges of the increasing number and range of ethical challenges in healthcare as they surface in their work as clinicians, members of ethics committees or ethics consult teams, and administrators.

For a printable brochure, [click here](#). For a printable flyer, click the PDF attached above.

Intended Audience: Physicians, Nurses, Social Workers, Chaplains, Physician Assistants, Trainees, Students, and Others

For more information about the conference and to register, please click [here](#).

Publication Highlight

[Telemedicine Provides Non-Inferior Research Informed Consent for Remote Study Enrollment: A Randomized Controlled Trial](#)

Morgan R. Bobb, BS, Paul G. Van Heukelom, MD, Brett A. Faine, PharmD, Azeemuddin Ahmed, MD, MBA, Jeffrey T. Messerly, DO, Gregory Bell, MD, Karisa K. Harland, PhD, MPH, **Christian Simon, PhD**, and Nicholas M. Mohr, MD, MS

Objective: Telemedicine networks are beginning to provide an avenue for conducting emergency medicine research, but using telemedicine to recruit participants for clinical trials has not been validated. The goal of

UIHC Ethics Consult Service

This service is a resource for patients, family members, or health professionals at UIHC who would like help addressing an ethical question or problem related to a patient's care. Consults can be ordered by UIHC clinicians through EPIC. Consults can also be requested by calling (319) 356-1616 and asking for the ethics consultant on call. For more information, please click [here](#).

Clinical Research Ethics Consultation Service

We provide free consultation on ethical issues related to research design, tissue banking, genetic research results, informed consent, and working with vulnerable patient populations. In particular, we assist clinical investigators in identifying and addressing the ethical challenges that frequently arise when designing or conducting research with human subjects. These include ethical challenges in sampling design; randomized and placebo-controlled studies; participant recruitment and informed consent; return of individual-level research results; community engagement processes; and more. For more information, please click [here](#).

History of Medicine Society

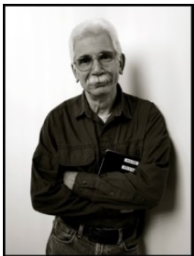
The University of Iowa History of Medicine Society invites you to read "[Notes from the John Martin Rare Book Room, March 2016.](#)"

The University of Iowa History of Medicine Society (HOMS) and the John Martin Rare Book Room now have a large number of video and audio recordings of HOMS lectures from 1985-2015. To access the recordings, [please click here](#).

this consent study is to determine whether patient comprehension of telemedicine-enabled research informed consent is non-inferior to standard face-to-face research informed consent. **Methods:** A prospective, open-label randomized controlled trial was performed in a 60,000-visit Midwestern academic Emergency Department (ED) to test whether telemedicine-enabled research informed consent provided non-inferior comprehension compared with standard consent. This study was conducted as part of a parent clinical trial evaluating the effectiveness of oral chlorhexidine gluconate 0.12% in preventing hospital-acquired pneumonia among adult ED patients with expected hospital admission. Prior to being recruited into the study, potential participants were randomized in a 1:1 allocation ratio to consent by telemedicine versus standard face-to-face consent. Telemedicine connectivity was provided using a commercially available interface (REACH platform, Vidyco Inc., Hackensack, NJ) to an emergency physician located in another part of the ED. Comprehension of research consent (primary outcome) was measured using the modified Quality of Informed Consent (QulC) instrument, a validated tool for measuring research informed consent comprehension. Parent trial accrual rate and qualitative survey data were secondary outcomes. **Results:** One-hundred thirty-one patients were randomized ($n = 64$, telemedicine), and 101 QulC surveys were completed. Comprehension of research informed consent using telemedicine was not inferior to face-to-face consent (QulC scores 74.4 ± 8.1 vs. 74.4 ± 6.9 on a 100-point scale, $p = 0.999$). Subjective understanding of consent ($p=0.194$) and parent trial study accrual rates (56% vs. 69%, $p = 0.142$) were similar. **Conclusion:** Telemedicine is non-inferior to face-to-face consent for delivering research informed consent, with no detected differences in comprehension and patient-reported understanding. This consent study will inform design of future telemedicine-enabled clinical trials.

The University of Iowa History of Medicine Society announces the

[R. Palmer Howard Dinner for 2016](#)



Ink and Silver: Medicine, Photography, and the Printed Book 1845-1890

Stephen Greenberg, MSLS, PhD
National Library of Medicine
History of Medicine Division

Date: Friday, April 22, 2016

Time: 7:00 p.m. (dinner); 8:00 p.m. (talk)

Location: Dean Rooms C and D, Sheraton Hotel

Bioethics in the Literature

- Blease C, Colloca L, Kaptchuk TJ. Are open-label placebos ethical? Informed consent and ethical equivocations. [Bioethics](#). 2016 Feb 3. [Epub ahead of print]
- Butler CR, Mehrotra R, Tonelli MR, et al. The evolving ethics of dialysis in the United States: A principlist bioethics approach. [Clin J Am Soc Nephrol](#). 2016 Feb 11. [Epub ahead of print]
- De Vries RG, Tomlinson T, Kim HM, et al. The moral concerns of biobank donors: The effect of non-welfare interests on willingness to donate. [Life Sci Soc Policy](#). 2016; 12: 1-15.
- Gambino M. Fevered decisions: Race, ethics, and clinical vulnerability in the malarial treatment of neurosyphilis, 1922-1953. [Hastings Cent Rep](#). 2015 Jul-Aug; 45: 39-50.
- Hofmann B. Incidental findings of uncertain significance: To know or not to know - that is not the question. [BMC Med Ethics](#). 2016 Feb; 17: 1-9.
- Igel LH, Lerner BH. Moving past individual and "pure" autonomy: The rise of family-centered patient care. [AMA J Ethics](#). 2016 Jan; 18: 56-62.
- Kerasidou A, Horn R. Making space for empathy: Supporting doctors in the emotional labour of clinical care. [BMC Med Ethics](#). 2016 Jan; 17: 1-5.
- McCullough LB, Grunebaum A, Arabin B, et al. Ethics and professional responsibility: Essential dimensions of planned home birth. [Semin Perinatol](#). 2016 Jan 21. [Epub ahead of print]
- Shanawani H. The challenges of conscientious objection in health care. [J Relig Health](#). 2016 Apr; 55: 384-393.

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