

BIOETHICS AND HUMANITIES NEWSLETTER

PROGRAM IN BIOETHICS AND HUMANITIES



January 2015

Happy New Year and 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

[UIHC Ethics Consult Service](#)



The Ethics Consult 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.

Ethics consults are advisory and can be requested to:

- Identify ethical problems in the care of a patient
- Clarify ethical problems through a careful analysis of the ethical beliefs and values involved
- Promote discussion of ethical beliefs and values with persons directly involved in a patient's care
- Help resolve ethical problems through a process of shared decision-making

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.](#)

Upcoming Events

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

Quotation of the Month

Anything which says to the very ill or the very old that there is no longer anything that matters in their life would be a deep impoverishment to the whole of society.

- Cicely Saunders, 1972

Publication Highlight

[Traditional and Electronic Informed Consent for Biobanking: A Survey of U.S. Biobanks](#)

Christian Simon, PhD, David Klein, PhD, & Helen Schartz, PhD, JD
(Dr. Simon is a Faculty member in the Program.)

Biobanks face unique challenges obtaining consent from biospecimen contributors. Electronic consent (e-consent) presents one option for streamlining the biobank consent process, and improving contributor understanding of consent information. An e-mail survey was conducted to establish the extent of current biobank e-consent and interest in future use of e-consent. A total of 235 biobanks were surveyed and 65 (28%) responded with a fully completed survey. Few of these 65 biobanks (8%) reported using e-consent; however, the majority (75%) were interested in e-consent. Many (48%) biobanks were in discussions with institutional stakeholders about using e-consent in the future. Anticipated benefits of e-consent included improved efficiency and increased enrollment. Perceived barriers to e-consent adoption included lack of funding, issues with human subjects approval, and factors affecting user uptake (e.g., computer literacy). Biobanks using e-consent reported cost, technology issues, and difficulty training staff as barriers to e-consent adoption. Traditional consenting methods (e.g., face-to-face, phone, and mail) continued to be used at biobanks reporting use of e-consent. The survey results suggest strong interest in e-consent among U.S. biobanks, and a need to consider a range of implementation issues, including user preferences and receptivity; institutional and technical support; integration with clinical data networks; electronic signature capture; and what type of e-consent to implement. Biobanks will need evidence-based guidance for purposes of addressing these issues, so that e-consent processes enhance efficiency, as well as contributor receptivity, understanding, and trust.

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](#).

Resource Highlight

[Iowa Physician Orders for Scope of Treatment \(IPOST\)](#)

The Iowa Physician Orders for Scope of Treatment, known as IPOST, is a double-sided, one-page, salmon-colored document that allows a patient to communicate their preferences for key life-sustaining treatments including: cardio-pulmonary resuscitation, general scope of treatment, artificial nutrition and more. IPOST is appropriate for: (1) the chronically, seriously ill individual frequently visiting healthcare facilities; (2) an individual with a life-limiting illness; and (3) frail and elderly individuals. [Chapter 144D of the Iowa Code](#) is the Iowa legislative law pertaining to the IPOST form. The Iowa Code states that the IPOST form: (1) is a standardized form that is easily recognizable; (2) will be placed in the front of the patient's medical chart, when admitted; (3) belongs to the patient and will transfer with the patient from one healthcare setting to another; and (4) can be voided or updated if the patient's treatment preferences change.

IPOST Mission: To promote community care coordination and advance care planning.

IPOST Vision: Seamless communication and execution of individual patient care choices across the healthcare continuum.

To download the IPOST form and guidelines for using the IPOST form, please click [here](#).

Bioethics in the Literature

- Delamou A, Hammonds RM, Caluwaerts S, et al. Ebola in Africa: Beyond epidemics, reproductive health in crisis. [Lancet](#). 2014 Dec; 384: 2105.
 - Gbakima A, Frieden T, Voelker R. Ebola perspectives from opposite sides of the globe. [JAMA](#). 2014 Dec; 312: 2605-2606.
 - White M, Evert J. Developing ethical awareness in global health: four cases for medical educators. [Dev World Bioeth](#). 2014 Dec; 14: 111-116.
 - Davis DS, Kodish E. Laws that conflict with the ethics of medicine: What should doctors do? [Hastings Cent Rep](#). 2014 Nov-Dec; 44: 11-14.
 - Waligora M, Dranseika V, Piasecki J. Child's assent in research: age threshold or personalisation? [BMC Med Ethics](#). 2014; 15: 44.
 - Ahmadi Nasab Emran S. The four-principle formulation of common morality is at the core of bioethics mediation method. [Med Health Care Philos](#). 2014 Nov. [Epub ahead of print].
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- Pritchard-Jones L. Ageism and autonomy in health care: Explorations through a relational lens. [Health Care Anal.](#) 2014 Nov 13. [Epub ahead of print].
 - Nair-Collins M, Green SR, Sutin AR. Abandoning the dead donor rule? A national survey of public views on death and organ donation. [J Med Ethics.](#) 2014 Sep 26. [Epub ahead of print].
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