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

Upcoming Events
For a list of more upcoming events related to bioethics and humanities, click here.

Quotation of the Month
We have shown that an ethical framework for living donor transplantation can be developed by adopting the three principles from the Belmont Report — respect for persons, beneficence and justice — supplemented by two additional principles: vulnerability and responsibility.

Ross & Thistlethwaite. (J Med Ethics, 2018)

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, click here.

Publication Highlight
Do surgeons and patients/parents value shared decision-making in pediatric surgery? A systematic review
Erica M. Carlisle, MD, Laura A. Shinkunas, MS, Lauris C. Kaldjian, MD, PhD

Abstract
Background: Shared decision-making (SDM) is touted as the preferred approach to clinical counseling. However, few data exist regarding whether patients prefer SDM over surgeon-guided discussions for complex surgical decision-making. Even fewer data exist regarding surgeon preferences. Such issues may be especially pronounced in pediatric surgery given the complex decision-making triad between patients/parents and surgeons. The objective
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, click here.

If you are interested to see what the UIHC Ethics Subcommittee was reading in July, click here.

The University of Iowa History of Medicine Society invites you to visit the John Martin Rare Book Room website. On this website you will find resources, digital exhibits, and news/highlights, such as Notes from the Rare Book Room.

of this systematic review was to evaluate patient/parent and surgeon attitudes toward SDM in pediatric surgery.

Methods: A systematic review of English language articles in Medline, EMBASE, and Cochrane databases was performed. Inclusion and exclusion criteria were predefined. Text screening and data abstraction were performed by two investigators.

Results: Seven thousand five hundred eighty-four articles were screened. Title/abstract review excluded 7544 articles, and full-text review excluded four articles. Thirty-six articles were identified as addressing patient/parent or surgeon preferences toward SDM in pediatric surgery. Subspecialties included Otolaryngology (33%), General Surgery (30%), Plastics (14%), Cardiac (11%), Urology (8%), Neurosurgery (6%), Orthopedics (6%), and Gynecology (3%). Most studies (94%) evaluated elective/nonurgent procedures. The majority (97%) concentrated on patient/parent preferences, whereas only 22% addressed surgeon preferences. Eleven percent of studies found that surgeons favored SDM, and 73% demonstrated that patients/parents favored SDM.

Conclusions: Despite recommendations that SDM is the preferred approach to clinical counseling, our systematic literature review shows that few studies evaluate patient/parent and surgeon attitudes toward SDM in pediatric surgery. Of these studies, very few focus on complex, urgent/emergent decision-making. Further research is needed to understand whether patients/parents, as well as surgeons, may prefer a more surgeon-guided approach to decision-making, especially when surgery is complex or taking place in urgent/emergent settings.

To read the full article, click here.


BIOETHICS IN THE LITERATURE (CONTINUED)


⇒ Gillon R. Why charlie gard's parents should have been the decision-makers about their son's best interests. *J Med Ethics*. 2018 Jul; 44: 462-465.


BIOETHICS RESOURCE

**Brain death and the controversial case of Jahi McMath**

*Harvard Medical School Center for Bioethics; published on June 27, 2018*

This public bioethics forum is a panel discussion with Arthur Caplan, PhD, Michael Goodwin, PhD, D. Alan Shewmon, MD, and Robert Truog, MD, It examines the neurological, bioethical, and social implications of the case of Jahi McMath, who was diagnosed as brain-dead following complications from a tonsillectomy in 2013.
Privacy laws are hurting the care of patients with addiction. STAT News, July 13, 2018.

Why the case of Jahi McMath is important for understanding the role of race for black patients. The Conversation, July 12, 2018.

Why vaccine opponents think they know more than medical experts. The Conversation, July 12, 2018.


The Conley Art of Medicine contest for medical students, residents, and fellows is now open through September 25, 2018, with a $5,000 prize for the winning art entry. The Conley Ethics Essay contest for medical students, residents, and fellows is now open through September 25, 2018, with a $5000 prize for the winning essay.