

# BIOETHICS & HUMANITIES NEWSLETTER



## WELCOME...

*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.

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The Program](#)

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# HUMANITIES CORNER

This month's spotlight is on **Melissa Sheber, a 3rd year medical student**. Her creative work is an essay on trauma activation. She completed this creative work as part of the *Ethics and Humanities Sub-Internship Seminar*. During this Seminar students are asked to complete a written reflection or creative work that responds to a situation they encountered during their sub-internship that illustrated values in ethics, professionalism, or humanism.

I had just taken a few bites of my sandwich after sitting down for a quick lunch when my pager went off. Adult level 1 trauma activation. I shoved my sandwich back in its plastic bag and briskly made my way to the trauma bay.

I'd seen several trauma activations before. Most were when I worked in an Emergency Department prior to medical school and some last year during my core rotations. To observe and document was my role prior to medical school while in rotations it has been finding ways to help – get blankets/supplies or assist with moving/rolling the patient. Despite the routine and algorithmic approach to trauma, some traumas stick out in my mind more than others. The ones that stick out the most are trauma activations that provoked the strongest emotional response often due to devastating circumstances or injuries sustained. This was one of those traumas.

I arrived in the bay and met up with my team. To my surprise they offered me the chance to do the primary and secondary survey. I'd seen it done so many times but had never performed these exams in an actual trauma myself. Nervous but grateful for the opportunity to develop my skills, I accepted knowing my team was with me and would step in if needed. I stood at the bedside and waited.

"Patient is here," they announced.

EMS rolled the patient in the room and gave report. We transferred the patient to the trauma bay bed and I began my exam.

"What is your name?" I asked and he replied.

"Airway intact," I called out.

I leaned down toward him and calmly, but quickly explained that there would be many things happening. I told him I would be doing an exam and calling out findings and that we were all there to take care of him. Breathing and circulation were intact, so I proceeded to my secondary survey. He gasped and jerked to palpation of his abdomen revealing peritonitis.

During his exam I was focused. I restricted my thoughts to the tasks at hand to suppress my emotional response, like I had learned to do from my experiences in other trauma activations over time. However, it was much harder to do this time. Talking to him, being close enough to look at his face react to pain, noticing his silent tears made it much harder. It was especially difficult when a family member arrived while we were waiting to take him to the OR for an exploratory laparotomy. The family member was crying and rushed to his bedside, stroked his hair, and softly uttered reassurance. I had to look away to keep my eyes from watering.

# HUMANITIES CORNER (CONTINUED)

Again, I was focused in the OR and only thinking of what we were doing. Exploration revealed injuries that were temporized and then repaired. After the case, the busy day continued with no time to reflect. The rest of my sandwich remained untouched. It wasn't until I got home that I started to let myself think about what happened to this patient and how I felt.

Caring for patients through traumatic injuries and overwhelming illness is inherent to medicine. In fact, having the privilege to support patients and to help them through the most vulnerable of times is a significant reason I chose to pursue medicine. I feel like a similar sentiment is shared by almost everyone entering medicine. However, providing care in these difficult situations is challenging and requires a degree of compartmentalization. I felt myself work to compartmentalize while caring for this patient. It made me wonder - is there ever harm to compartmentalization? Does it ever hinder the authentic humanistic response that comes naturally? What do you do with those compartmentalized responses afterward?

I feel like it is important to balance compartmentalizing with allowing yourself to feel in the moment to guide your genuinely empathic response to the needs of the patient in front of you. I think it is also very important to take time to reflect after emotionally challenging cases. Over-compartmentalization without taking time to consider the effects of difficult situations on your thoughts and behaviors has potential for harm in my opinion. From what I've experienced working with others in the hospital, it seems that carrying the compounded weight of demanding clinical experiences can lead to becoming jaded and distanced from the humanistic values at the core of medicine. I don't want to lose sight of the reasons I entered medicine. I want to emulate the clinicians I have seen who are internally driven to naturally practice with more genuine compassion, communicate with more empathy, and act with greater earnest to understand their patients' needs. I want to continue growing from and reflecting on challenging encounters like this trauma patient so that I stay grounded in the ideals that brought me to medicine in the first place.

*Particular details of the story have been changed to protect the identity of the patient and the circumstances of the trauma.*

# BIOETHICS IN THE LITERATURE

- ⇒ Childers C, Marron J, Meyer EC, et al. Clinical ethics consultation documentation in the era of open notes. [BMC Medical Ethics](#). 2023 May; 24: 27.
- ⇒ Childress A, Bibler T, Moore B, et al. From bridge to destination? Ethical considerations related to withdrawal of ECMO support over the objections of capacitated patients. [Am J Bioeth](#). 2023 Jun; 23: 5-17.
- ⇒ De Vleminck A, Van den Block L. How to enhance advance care planning research? [Palliat Med](#). 2023; 37: 660-662.
- ⇒ Eversmann C, Shah A, Lazaridis C, et al. Coding the dead: Cardiopulmonary resuscitation for organ preservation. [AJOB Empir Bioeth](#). 2023: 1-7.
- ⇒ Friesen P, Gelinas L, Kirby A, et al. IRBs and the protection-inclusion dilemma: Finding a balance. [Am J Bioeth](#). 2023 Jun; 23: 75-88.
- ⇒ Garcia R, Brown-Johnson C, Teuteberg W, et al. The team-based serious illness care program, a qualitative evaluation of implementation and teaming. [J Pain Symptom Manage](#). 2023 Jun; 65: 521-531.
- ⇒ Golubkova A, Liebe H, Leiva T, et al. Ethics of resident involvement in surgical training. [J Clin Ethics](#). 2023; 34: 175-189.
- ⇒ Green S, Prainsack B, Sabatello M. Precision medicine and the problem of structural injustice. [Med Health Care Philos](#). 2023 May 25. [Epub ahead of print]
- ⇒ Harting MT, Munson D, Linebarger J, et al. Ethical considerations in critically ill neonatal and pediatric patients. [J Ped Surg](#). 2023 Jun; 58: 1059-1073.
- ⇒ Haverhals A. An educational intervention to enhance the performance of peer feedback. [JONA: The Journal of Nursing Administration](#). 2023; 53: 319-325.
- ⇒ Holmgren AJ, Apathy NC. Trends in US hospital electronic health record vendor market concentration, 2012–2021. [J Gen Intern Med](#). 2023 May; 38: 1765-1767.
- ⇒ Howe EG. When, if ever, should care providers neither contact families of suicidal patients to gain more information nor hospitalize patients? [J Clin Ethics](#). 2023; 34: 117-122.



# BIOETHICS IN THE LITERATURE (CONTINUED)

- ⇒ Jagsi R, Griffith K, Krenz C, et al. Workplace harassment, cyber incivility, and climate in academic medicine. [JAMA](#). 2023; 329: 1848-1858.
- ⇒ Jenkins D, Ho V. Nonprofit hospitals: Profits and cash reserves grow, charity care does not. [Health Affairs](#). 2023; 42: 866-869.

*“Mean hospital profits grew from 2012 to 2019, but this increase was not associated with the provision of more charity care by nonprofit hospitals, even though their cash reserve balances increased.”*

(Jenkins & Ho)

- ⇒ King NMP. An uncommonly good foundation for research ethics. [Ethics & Human Research](#). 2023; 45: 40-42.
- ⇒ Lee C-W, Ashby MA. The goals of care framework and the perioperative period: A practical approach. [Anaesth Intensive Care](#). 2023; 51: 170-177.
- ⇒ Peters PN, Havrilesky LJ, Davidson BA. Guidelines for goals of care discussions in patients with gynecologic cancer. [Gynecol Oncol](#). 2023 Jul; 174: 247-252.
- ⇒ Phillips WR, Uygur JM, Egnew TR. A comprehensive clinical model of suffering. [J Am Board Fam Med](#). 2023; 36: 344-355.
- ⇒ Quan Vega ML, Chihuri ST, Lackraj D, et al. Place of death from cancer in US states with vs without palliative care laws. [JAMA Network Open](#). 2023; 6: e2317247-e2317247.
- ⇒ Schweikart SJ. What's wrong with criminalizing gender-affirming care of transgender adolescents? [AMA J Ethics](#). 2023 Jun; 25: E414-420.
- ⇒ Seidlein A-H, Kuhn E. When nurses' vulnerability challenges their moral integrity: A discursive paper. [J Adv Nurs](#). 2023 May 26. [Epub ahead of print]
- ⇒ Siddiqui S, Gusmano M, Dunn M, et al. Understanding the underlying causes of tensions that arise in ICU care for older patients. [J Clin Ethics](#). 2023; 34: 148-157.
- ⇒ Solis C, Mintz KT, Wasserman D, et al. Home care in America: The urgent challenge of putting ethical care into practice. [Hastings Center Report](#). 2023; 53: 25-34.
- ⇒ Vermeulen SF, Hordijk M, Visser RJ, et al. Do physicians have a duty to discuss expanded access to investigational drugs with their patients? A normative analysis. [J Law Med Ethics](#). 2023; 51: 172-180.
- ⇒ White DB, Andersen SK. Conversations on goals of care with hospitalized, seriously ill patients. [JAMA](#). 2023; 329: 2021-2022.
- ⇒ Wilkinson D. The harm principle, personal identity and identity-relative paternalism. [J Med Ethics](#). 2023; 49: 393-402.

# BIOETHICS IN THE NEWS

- ⇒ When dying patients want unproven drugs. [The New Yorker](#), June 19, 2023.
- ⇒ Abortion restrictions put hospital ethics committees in the spotlight—but what do they do? [The Conversation](#), June 16, 2023.
- ⇒ International rights group calls out US for allowing hospitals to push millions into debt. [KFF Health News](#), June 15, 2023.
- ⇒ What happens when patients beat their doctors to their test results. [STAT News](#), June 15, 2023.
- ⇒ Muzzled for years, vindicated MIT professor says fraud investigation into his lab did lasting damage. [STAT News](#), June 14, 2023.
- ⇒ Synthetic human embryos created in groundbreaking advance. [The Guardian](#), June 14, 2023.
- ⇒ ‘Pushed into humanity’: can learning about storytelling make better doctors? [The Guardian](#), June 11, 2023.
- ⇒ His baby gene editing shocked ethicists. Now he’s in the lab again. [NPR](#), June 8, 2023.
- ⇒ How the conversation about moral injury in health care is changing. [STAT News](#), June 7, 2023.
- ⇒ Burnout threatens primary care workforce and doctors’ mental health. [KFF Health News](#), June 7, 2023.
- ⇒ US doctors forced to ration as cancer drug shortages hit nationwide. [BBC News](#), June 7, 2023.



# BIOETHICS OPPORTUNITIES

## UPCOMING

- ⇒ The Hastings Center: [Upcoming Webinars and Events](#)
- ⇒ Michigan State University: [2022-2023 Bioethics Public Seminar Series](#)

## ONGOING

- ⇒ The Hastings Center: [Recent Webinars and Events](#)
- ⇒ American Journal of Bioethics: [YouTube channel](#) containing previous webinars
- ⇒ The MacLean Center for Clinical Medical Ethics: [YouTube channel](#) containing previous lectures
- ⇒ Children's Mercy Kansas City: [Pediatric Ethics Podcast series](#) and [Webinars and Workshops](#)
- ⇒ Office for Human Research Protections [Luminaries Lecture Series](#)

# BIOETHICS SERVICES AT THE UIHC

## ETHICS CONSULT SERVICE

This service is a clinical resource for UI Health Care personnel who would like help addressing an ethical question or problem related to a patient's care.

Consults can be ordered through EPIC or by paging the ethics consultant on call. For more information, [click here](#).



## CLINICAL RESEARCH ETHICS 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, [click here](#).