

# 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.

[More Details About  
The Program](#)

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# PROGRAM HIGHLIGHT

## 2024 ETHICS IN HEALTHCARE CONFERENCE



Dr. Aaron Kunz

On May 31st, the Program in Bioethics and Humanities hosted its 6th annual *Ethics in Healthcare* conference on the campus of the Carver College of Medicine in Iowa City. We were delighted to host professionals from throughout the state of Iowa, as well as several from Illinois, Missouri, and Nebraska to this in-person opportunity. We heard four excellent presentations and enjoyed the collaborative dialogue their topics

inspired. Dr. Aaron Kunz guided us through the four components of a moral event and provided a primer on normative ethics. Dr. Matthew DeCamp examined real-world ethics for artificial intelligence in health care. Dr. Graeme Pitcher explored the balance between health, privacy, and the public good when an injured adolescent patient has a positive toxicology screen. And to finish out our day, Dr. Lisa Anderson-Shaw



Dr. Lisa Anderson-Shaw

discussed moral resilience of healthcare professionals. Participants made the Conference a time of genuine engagement, and we all benefited from the wealth of experience, depth of insight, and range of perspectives brought to our discussions. A hearty 'Thank you' to all who participated, and we look forward to *Ethics in Healthcare 2025!*



Dr. Graeme Pitcher



Dr. Matthew DeCamp



# PUBLICATION HIGHLIGHT

## Persuasion in Healthcare Needs Virtue, Narrative and a Relational Concept of Autonomy: A Rejoinder

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Lauris C. Kaldjian

[Communication & Medicine](#)

*The article begins:*

*[Srikant Sarangi](#) offers probing remarks about communication ethics and the relational aspects of the patient–clinician encounter. I am particularly intrigued by the attention he draws to persuasion and its legitimate role in the moral dynamic of decision making between patients and clinicians in healthcare. To reinforce persuasion as an ethically justifiable endeavor, I would like to discuss how two ethical approaches, virtue ethics and narrative ethics, because they are explicitly or inherently person-centered, can help keep persuasion focused on the patient’s good (and avoid the kind of persuasion that is paternalistic).*

To read the full article, [click here](#).



# BIOETHICS TOPIC OF THE MONTH:

## ACCESS TO PALLIATIVE CARE AND ETHNO-CULTURAL DIVERSITY

### Key Articles and Resources

- ⇒ [America's Care of Serious Illness: A State-By-State Report Card on Access to Palliative Care in Our Nation's Hospitals](#). Center to Advance Palliative Care and the National Palliative Care Research Center. September 2019.
- ⇒ Blackhall LJ, Frank G, Murphy ST, et al. Ethnicity and attitudes towards life sustaining technology. [Soc Sci Med](#). 1999; 48: 1779-1789.
- ⇒ Busolo D, Woodgate R. Palliative care experiences of adult cancer patients from ethnocultural groups: A qualitative systematic review protocol. [JBI Database System Rev Implement Rep](#). 2015; 13: 99-111.
- ⇒ Fan R. Self-determination vs. Family-determination: Two incommensurable principles of autonomy: A report from East Asia. [Bioethics](#). 1997; 11: 309-322.
- ⇒ Garrett JM, Harris RP, Norburn JK, et al. Life-sustaining treatments during terminal illness: Who wants what? [J Gen Intern Med](#). 1993; 8: 361-368.
- ⇒ Gillick MR. Rethinking the central dogma of palliative care. [J Palliat Med](#). 2005; 8: 909-913.
- ⇒ Kirby E, Lwin Z, Kenny K, et al. "It doesn't exist...": Negotiating palliative care from a culturally and linguistically diverse patient and caregiver perspective. [BMC Palliat Care](#). 2018; 17: 90.
- ⇒ Krakauer EL, Crenner C, Fox K. Barriers to optimum end-of-life care for minority patients. [J Am Geriatr Soc](#). 2002; 50: 182-190.
- ⇒ Romain F, Courtwright A. Can i trust them to do everything? The role of distrust in ethics committee consultations for conflict over life-sustaining treatment among Afro-Caribbean patients. [J Med Ethics](#). 2016; 42: 582-585.
- ⇒ Sepulveda C, Marlin A, Yoshida T, et al. Palliative care: The World Health Organization's global perspective. [J Pain Symptom Manage](#). 2002; 24: 91-96.
- ⇒ Smith AK, McCarthy EP, Paulk E, et al. Racial and ethnic differences in advance care planning among patients with cancer: Impact of terminal illness acknowledgment, religiousness, and treatment preferences. [J Clin Oncol](#). 2008; 26: 4131-4137.
- ⇒ Wang Y, Zhang X, Huang Y, et al. Palliative care for cancer patients in Asia: Challenges and countermeasures. [Oncol Rev](#). 2023; 17: 11866.
- ⇒ Yarnell CJ, Fu L, Bonares MJ, et al. Association between Chinese or South Asian ethnicity and end-of-life care in Ontario, Canada. [CMAJ](#). 2020; 192: E266-e274.



# HUMANITIES CORNER

This month's spotlight is on **Erin Capper, a third year medical student**. Her creative work is a drawing and a reflection. 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.



**Reflection:** This drawing was inspired by a patient I cared for who had a history of alcoholic cirrhosis. We attempted medical treatment, but it was soon clear that the patient was not getting better. Despite our best efforts, the team was only providing temporary relief for the underlying problem and what the patient truly needed was a liver transplant. As each day passed, the patient continued to worsen.

I saw first-hand how this patient struggled with grief and blamed himself for his choices. And, how sad he was that this choice also affected the people he loved. Despite worsening cirrhosis, the patient continued to fight for a second chance.

# BIOETHICS IN THE LITERATURE

- ⇒ The "day of rest" and human efficiency. [JAMA](#). 2024 May 9. [Epub ahead of print].
- ⇒ Abi-Rached JM, Brandt AM. Nazism and the journal. [N Engl J Med](#). 2024; 390: 1157-1161.
- ⇒ Binik A. Should children be included in human challenge studies? [Ethics Hum Res](#). 2024; 46: 2-15.
- ⇒ Coleman CH. Holding the guardrails on involuntary commitment. [Hastings Cent Rep](#). 2024; 54: 8-11.
- ⇒ Dancis A. Do-not-hospitalize orders in assisted living facilities: Direct care workers' perspectives. [J Gerontol Nurs](#). 2024; 50: 11-15.
- ⇒ Driggers KE, Keenan LM, Alcover KC, et al. Unintended consequences of code status in the intensive care unit: What happens after a do-not-resuscitate order is placed? A retrospective cohort study. [J Palliat Med](#). 2024; 27: 508-514.
- ⇒ Ehni HJ, Wiesing U. The Declaration of Helsinki in bioethics literature since the last revision in 2013. [Bioethics](#). 2024; 38: 335-343.
- ⇒ Faissner M, Brüning L, Gaillard AS, et al. Intersectionality as a tool for clinical ethics consultation in mental healthcare. [Philos Ethics Humanit Med](#). 2024; 19: 6.
- ⇒ Fernandez A, Chin MH. Keep your eyes on the prize - focusing on health care equity. [N Engl J Med](#). 2024; 390: 1733-1736.
- ⇒ Ghinea N. A physician's identity can never be reconfigured to put climate protection on par with an individual patient's best interests. [J Med Ethics](#). 2024; 50: 375.
- ⇒ Ha LT, Kelley KD. Artificial intelligence: Promise or pitfalls? A clinical vignette of real-life ChatGPT implementation in perioperative medicine. [J Gen Intern Med](#). 2024; 39: 1063-1067.
- ⇒ Iskander R, Moyer H, Vigneault K, et al. Survival benefit associated with participation in clinical trials of anticancer drugs: A systematic review and meta-analysis. [JAMA](#). 2024 May 20. [Epub ahead of print].
- ⇒ Khullar D, Wang X, Wang F. Large language models in health care: Charting a path toward accurate, explainable, and secure ai. [J Gen Intern Med](#). 2024; 39: 1239-1241.
- ⇒ Krishnamoorthi VR, Johnson DY, Asay S, et al. An op-ed writing curriculum for medical students to engage in advocacy through public writing. [J Gen Intern Med](#). 2024; 39: 1058-1062.



# BIOETHICS IN THE LITERATURE

- ⇒ Lazenby KA, Angelos P. What do we owe our patients? Surgeons' obligations when patients are too sick for surgery. [J Am Coll Surg](#). 2024 May 1. [Epub ahead of print].
- ⇒ Mainz JT. Medical AI: Is trust really the issue? [J Med Ethics](#). 2024; 50: 349-350.
- ⇒ Marshall KD, Derse AR, Weiner SG, et al. Revive and refuse: Capacity, autonomy, and refusal of care after opioid overdose. [Am J Bioeth](#). 2024; 24: 11-24.
- ⇒ Molina RL, Kaimal AJ. Heard but excluded: A language manifesto. [JAMA](#). 2024 May 23. [Epub ahead of print].
- ⇒ Nicholson CP, Jr., Bodd MH, Sarosi E, et al. The power of proximity: Toward an ethic of accompaniment in surgical care. [Hastings Cent Rep](#). 2024; 54: 12-21.
- ⇒ Pierson L, Gibert S, Orszag L, et al. Bioethicists today: Results of the views in bioethics survey. [Am J Bioeth](#). 2024.20240506. 1-16.

***“... bioethicists’ views do not align with those of the U.S. public: for instance, bioethicists are more likely than members of the public to think abortion is ethically permissible but are less likely to believe compensating organ donors is. Our demographic results indicate the field of bioethics is far less diverse than the U.S. population....”***

(Pierson et al.)

- ⇒ Pollock JR, Shappell E, Sandefur BJ, et al. Medical malpractice cases involving medical students. [Acad Med](#). 2024 Apr 25. [Epub ahead of print].
- ⇒ Punnett G, Eastwood C, Green L, et al. A systematic review of the effectiveness of decision making interventions on increasing perceptions of shared decision making occurring in advanced cancer consultations. [Patient Educ Couns](#). 2024; 123: 108235.
- ⇒ Sabet CJ, Bajaj SS, Stanford FC. Community review boards offer a path to research equity. [Proc Natl Acad Sci U S A](#). 2024; 121: e2320334121.
- ⇒ Shaw J, Ali J, Atuire CA, et al. Research ethics and artificial intelligence for global health: Perspectives from the global forum on bioethics in research. [BMC Med Ethics](#). 2024; 25: 46.
- ⇒ St Marie BJ, Bernhofer EI. Ethical considerations for nurse practitioners conducting research in populations with opioid use disorder. [J Am Assoc Nurse Pract](#). 2024.20240424.
- ⇒ van Gils-Schmidt HJ, Salloch S. Physicians' duty to climate protection as an expression of their professional identity: A defence from Korsgaard's neo-Kantian moral framework. [J Med Ethics](#). 2024; 50: 368-374.
- ⇒ Wilson BE, Eisenhauer EA, Booth CM. Study participants, future patients, and outcomes that matter in cancer clinical trials. [JAMA](#). 2024 May 20. [Epub ahead of print].

# BIOETHICS IN THE NEWS

- ⇒ Guidelines for academics aim to lessen ethical pitfalls in generative-AI use. [Nature](#), May 22, 2024.
- ⇒ How doctors are pressuring sickle cell patients into unwanted sterilizations. [STAT News](#), May 21, 2024.
- ⇒ In the house of psychiatry, a jarring tale of violence. [The New York Times](#), May 21, 2024.
- ⇒ As a primary care physician, here's how I hope to partner with AI. [STAT News](#), May 21, 2024.
- ⇒ Study suggests waiting longer before withdrawing life support. [The New York Times](#), May 17, 2024.
- ⇒ Lots of drug companies talk about putting patients first—but this one actually did. [NPR](#), May 15, 2024.
- ⇒ San Francisco tried tough love by tying welfare to drug rehab. [KFF Health News](#), May 13, 2024.
- ⇒ As the FDA evaluates ecstasy treatment for PTSD, questions mount about the evidence. [NPR](#), May 13, 2024.
- ⇒ Medicine doesn't just have 'conscientious objectors' - there are 'conscientious providers,' too. [The Conversation](#), May 10, 2024.
- ⇒ Researchers investigating generative AI and scholarly publishing. [Insider Higher Ed](#), May 6, 2024.
- ⇒ Did California dodge a "right to die" bullet? [Psychiatric Times](#), May 3, 2024.
- ⇒ How ECMO is redefining death. [The New Yorker](#), April 30, 2024.



# BIOETHICS OPPORTUNITIES

- ⇒ The Hastings Center: [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](#)
- ⇒ *Health Ethics* podcast with host Bryan Pilkington, PhD (Seton Hall University): Discuss a wide variety of ethical issues associated with health and healthcare, including AI, academic freedom, research ethics, medical education, public health, global health, and much more. You can find the *Health Ethics* podcast on Google Podcasts, Spotify, Apple Podcasts, and Audible. First two episodes: [Societal Informed Consent in the Age of AI](#) and [Do Healthcare Institutions Have a Conscience?](#)



# 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](#).