

Foundations in Healthcare Ethics

An elective course for medical and graduate students at the University of Iowa

Course numbers: MED:8416:0400 (medical students)
MED:5416:0100 (graduate students)

Eligible students: medical and graduate students (undergraduates by special permission)

Prerequisites: none

Course credits: 3 semester hours

Enrollment: 4 students minimum, 10 students maximum

Duration: Fall Semester (15 weeks)

Class meeting times: Tuesdays from 4:30 PM - 6:30 PM

Class location: on-line (for Fall 2020)

Director & Instructor: Lauris C. Kaldjian, MD, PhD
Professor, Department of Internal Medicine
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Coordinator: Laura Shinkunas, MS
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Target audience: This course is designed for highly motivated students who are interested in a reading-intensive, seminar-style course focused on theoretical foundations in healthcare ethics.

Brief course description: In this 15-week, reading-intensive course, students review major ethical traditions, ideas, and frameworks that have shaped contemporary approaches to healthcare ethics in morally pluralistic Western cultures. Topics include four prominent frameworks in healthcare ethics (virtue-based, principle-based, circumstance-based, and consequence-based) that emphasize four aspects of ethical decision making (agent, action, context, outcome). Through written reflections, weekly class discussions, and a final paper, students engage ethical concepts, translating from ethical theory to ethical practice by applying foundational beliefs and values to concrete challenges in clinical practice.

Course Structure and Time Requirements

- **Class meetings:** 2 hrs/week (4:30 PM – 6:30 PM on Tuesdays)
 - Students will take turns co-leading discussion of assigned readings with Dr. Kaldjian.
- **Reading assignments:** 3-4 hrs/week (approximately 62 pages/week)
 - See below for weekly schedule of readings.
- **Weekly written reflections (400 words) on reading assignments:** 1 hr/week
 - Writing prompts will encourage ‘translational’ thinking from ethical theory to healthcare practice.
 - Reflections for each week are due on Monday at 12:00 noon the day before each Tuesday class meeting. There is no written reflection required for Week 1.
- **Final paper (8-10 pages):** 1.5-2.5 hrs/week (spread over 15 weeks)
 - Each student will work with the Course Director to select a topic that integrates ethical theory and practice by demonstrating a ‘translational’ understanding of the impact of foundational beliefs and values on the ethics of clinical practice or policy in healthcare.

Course Objectives

By taking this course, students will be able to:

1. Describe major ethical traditions and ideas that have shaped contemporary approaches to healthcare ethics in Western cultures.
2. Compare four common frameworks in healthcare ethics (virtue-based, principle-based, circumstance-based, and consequence-based).
3. Assess prospects for moral consensus in the health professions amidst the realities of moral pluralism in society.
4. Identify ethical frameworks and foundations that support the primacy of patient welfare in medical professionalism.
5. Practice translating from theory to practice by applying foundational beliefs and values to concrete ethical challenges and controversies in clinical practice.
6. Demonstrate awareness of the inseparable relationship between foundational beliefs and values, ethical reasoning, and moral integrity in pursuit of conscientious practice.

Background

Ethics is about moral reasoning, and it depends on foundations that are built on our fundamental beliefs and values. Whether described in philosophical or religious terms, these foundational beliefs and values reflect the moral starting points that structure our ethical theories or frameworks. They signify what we accept to be ‘real’ and ‘good’ in the world. They anchor and guide our moral reasoning about what we believe is right or wrong, and better or worse, as we think about how we should treat each other as human beings. In healthcare ethics, these grounding beliefs and values give us the moral materials we need to build our frameworks which determine the perspectives, priorities, and the positions we take regarding how we should treat patients and how we should craft health policies. To be prepared to articulate justifiable reasons for our positions, it is important to be clear about the foundations on which our conclusions rest.

But these foundational beliefs and values may be neglected in discussions about healthcare ethics or left undiscovered under the surface of such discussions. This frequently happens when discussions only include ‘mid-level’ ethical principles, or isolated moral virtues, and quietly assume (rather than demonstrate) a shared understanding of the deeper and broader moral convictions that allow us to define, justify, and prioritize the application of principles and virtues in specific contexts of meaning. These deeper and broader convictions are formed by our foundational beliefs and values. They are always active – whether or not we acknowledge them, and whether or not we know how to articulate them. The more we can articulate these foundations and understand how they lead to our moral conclusions, the more likely we are to think clearly and speak helpfully when trying to communicate our moral reasoning as we engage with others in dialogue and deliberation about ethical issues in healthcare.

Purpose

This course helps students understand and apply foundational beliefs and values as they think and reason about healthcare ethics. It does this by describing major ethical traditions and ideas that have shaped our approaches to healthcare ethics in Western cultures, and by comparing four common frameworks in healthcare ethics (virtue-based, principle-based, circumstance-based, and consequence-based) that emphasize four aspects of ethical decision making (agent, action, context, outcome). This course situates the foundations of healthcare ethics against a background of moral pluralism in society and the health professions to allow for honest assessment of prospects for moral consensus amidst prevalent moral diversity. It pays special attention to ethical frameworks that support the primacy of patient welfare that is at the center of enduring moral traditions that promote the patient’s good. By tracing the arc of deliberation that runs from foundational beliefs and values to analyses of real-life ethical challenges in clinical practice, the course promotes ‘translational’ thinking through moral reasoning that moves from ‘theory’ to ‘practice’ (deliberation) and from ‘practice’ back to ‘theory’ (reflection). Throughout the course, students will be encouraged to consider the inseparable relationship between their foundational beliefs and values, ethical reasoning, and moral integrity in the pursuit of conscientious practice. By fulfilling these objectives, this course allows students to understand how foundational beliefs and values form our moral backgrounds and guide our ethical deliberations (individual and collaborative).

Such ethical deliberation is needed in healthcare, because the ability to communicate moral reasoning allows us not only to clarify our own moral thinking, but it is part of the way we show respect for each other, and for our patients, by offering clear moral reasons for ethically challenging decisions and policies. This moral communication should be part of collaboration in healthcare: it helps professionals work together toward consensus in ethically demanding situations, or at least toward more understanding and toleration when ethical disagreements persist. And for each professional, deliberation of this kind is also deeply personal. For in healthcare we face ethical challenges and tensions that are permeated with the yearnings, limitations, and suffering of the human condition. It is hoped that this course will help students engage these realities honestly and thereby contribute to their growth in moral knowledge, their confidence in moral dialogue, and their integrity in moral agency by sharpening their moral vision and increasing their desire for harmony between what they believe, say, and do.

Attendance and Participation

Consistent class attendance, preparation, and participation are critical to getting the most out of this course. Preparation is demonstrated by reading each week's assigned readings and contributing knowledgeably in response to the content of the readings during class discussions.

It is the student's responsibility to communicate to the Course Director by email about any unavoidable absences from class, with an explanation of the reason for the absence. Students should communicate promptly about absences (as soon as they learn about anticipated absences, and as soon as it is feasible when absences are unanticipated or due to illness or emergency).

Note: If a student misses *more than two* class sessions, 1 point will be deducted from his or her Participation/Discussion grade for each additional class session missed (e.g., a student who misses 4 class sessions will lose 2 points).

Make-Up Work: When a student misses a class session, he or she will still need to submit the Written Reflection (400 words) for that week. *In addition to this* he or she will be assigned an additional reading and then submit an additional Written Reflection (400 words) on that reading.

Co-Leading Seminar Discussions with the Course Director

Students will take turns co-leading class discussions with the Course Director. This involves:

- (1) Being familiar with the assigned readings;
- (2) Developing discussion questions based on important issues, themes, or controversies;
- (3) Facilitating discussion by asking opening/clarifying questions and offering insights.

Class discussions will not cover every aspect of every assigned reading or address all issues raised by the readings; rather, discussions will engage questions that the student co-leader, Course Director, and the rest of the class think are of greatest relevance and highest interest.

Weekly Written Reflections

Each week students will be given a writing prompt related to the week's assigned readings to write a 400-word reflection in response to the week's readings. Reflections should reflect thinking that is 'translational': articulating points of ethical theory, beliefs, and values and demonstrating their relevance to healthcare practice.

Reflections for each week are due in the ICON course dropbox on Monday at 12:00 noon the day before each Tuesday class meeting. There is no written reflection required for Week 1.

Final Paper

Each student will work with the Course Director to select a topic for a final paper that integrates ethical theory and practice by demonstrating a 'translational' understanding of the impact of foundational beliefs and values on the ethics of clinical practice or policy in some area or aspect of healthcare. Papers will be **8-10 pages, double-spaced**.

Due dates for preparation and submission:

- Tuesday, September 29 (week 6) Topic statement via ICON
- Tuesday, October 27 (week 10) 1-page outline via ICON
- Monday, December 14 (week 16) Final paper submitted via ICON

In preparing their final papers, students are encouraged to review key topics and suggestions found on the [Purdue Online Writing Lab website](#), including the section on [Expository Essays](#) that provides helpful guidance for organizing an essay, guidance that encourages the following suggested structure for the Final Paper in this course:

- **Introduction (1-2 pages)**
Including a defined thesis statement.
- **Body (6 pages)**
Divide the body into labelled sections, as needed.
Consider the merits of different kinds of supporting evidence, whether (as the Purdue writers say) it is factual, logical, statistical, or anecdotal; and consider how the supporting evidence helps guide our understanding of the way foundational beliefs and values should influence the healthcare practice or policy being discussed.
- **Conclusion (1-2 pages)**
In light of the argument provided, restate the thesis and emphasize its implications.

Grading and Feedback

Letter grades will be calculated on the basis of a total of 100 possible points:

- **Weekly class participation and co-leading discussions** (40 points)
- **Weekly written reflections** (30 points)
- **Final paper** (30 points)

Final grades will be determined as follows:

For graduate students:

90-100 (A), 80-89 (B), 70-79 (C), 60-69 (D), less than 60 (fail).

For medical students:

90-100 (Honors), 85-89 (Near Honors), 70-84 (Pass), less than 70 (fail).

The Course Director will provide written feedback on writing assignments, and mid-course feedback will be provided for any student not meeting course expectations.

Gaining Access to Assigned Readings

The assigned readings for each week are posted as URL links or PDF files on the ICON course website (<http://icon.uiowa.edu/>). If for some reason a URL link does not function properly, please email the Course Coordinator at laura-shinkunas@uiowa.edu.

Meeting Schedule for Fall 2020

Tuesdays, 4:30 PM – 6:30 PM

Week 1	Aug 25	
Week 2	Sept 1	
Week 3	Sept 8	
Week 4	Sept 15	
Week 5	Sept 22	
Week 6	Sept 29	
Week 7	Oct 6	
Week 8	Oct 13	
Week 9	Oct 20	
Week 10	Oct 27	
Week 11	Nov 3	
Week 12	Nov 10	
Week 13	Nov 17	[no class on Nov 24]
Week 14	Dec 1	
Week 15	Dec 8	

WEEKLY READINGS

Week 1: Conceptual Frameworks and Moral Pluralism

- Pellegrino ED. The metamorphosis of medical ethics: A 30-year retrospective. *JAMA* 1993;269:1158-1162.
- Engelhardt, H. Tristram. *The Foundations of Bioethics*, 2nd ed. New York, NY: Oxford University Press, 1996.
 - Ch. 1. Introduction: Bioethics as a Plural Noun (pp. 3-17)
- Nagel, Thomas. *Mortal Questions*. Cambridge: Cambridge University Press, 1979.
 - Ch. 9. The Fragmentation of Value (pp. 128-141).
- Veatch RM. The sources of professional ethics: Why professions fail. *Lancet* 2009;373:1000-1.
- Hurlbut JB, Jasanoff, S, Saha, K, et al. Building capacity for a global genome editing observatory: Conceptual challenges. *Trends Biotechnol* 2018;36(7): 639-641.
- Beauchamp T. Does ethical theory have a future in bioethics? *Journal of Law, Medicine, and Ethics*, 2004;32:209-217.

Week 2: Hippocratic Ethics

- Edelstein L. The professional ethics of the Greek physician. *Bulletin of the History of Medicine* 1956;5:391-419.
- Veatch R, Mason C. Hippocratic vs. Judeo-Christian medical ethics: principles in conflict. *Journal of Religious Ethics* 1987;15:86-105.
- Heubel, Friedrich. The “soul of professionalism” in the Hippocratic oath and today. *Med Health Care Philos* 2015;18:185-94.

Week 3: Kantian Ethics

- Kant, Immanuel. *Groundwork of the Metaphysic of Morals*. Translated by M. Gregor. Cambridge, UK: Cambridge University Press, 1998.
 - Ch. 2. Transition from popular moral philosophy to metaphysics of morals (pp. 19-51)
- Frankena, William. *Ethics*. Englewood Cliffs, NJ: Prentice Hall, 1973.
 - Ch. 2. Deontological theories (pp. 16-17, 23-33)
- Campbell L. Kant, autonomy and bioethics. *Ethics, Medicine and Public Health* 2017; <http://dx.doi.org/10.1016/j.jemep.2017.05.008>

Week 4: Principle-based Ethics

- Beauchamp, Tom L and James F. Childress: *Principles of Biomedical Ethics*. 8th ed. New York, NY: Oxford University Press, 2019.
 - Ch. 1. Moral Norms (pp. 1-25)
 - Ch. 10. Method and Moral Justification (pp. 425-458).
- Gillon R. Ethics needs principles – four can encompass the rest – and respect for autonomy should be “first among equals”. *J Med Ethics* 2003;29:307-312.
- Fan R. Self-determination vs. family-determination: Two incommensurable principles of autonomy. *Bioethics* 1997;11(3&4):309-322.

Week 5: Utilitarian Ethics

- Mill, John. *Utilitarianism*. Kitchener, Ontario: Batoche Books, 2001.
 - Ch. 2. What Utilitarianism Is (pp. 9-27)
- Frankena, William. *Ethics*. Englewood Cliffs, NJ: Prentice Hall, 1973.
 - Ch. 3. Utilitarianism, justice, and love (pp. 34-60)
- Smart, J.J.C, and Bernard Williams. *Utilitarianism For & Against*. Cambridge University Press, 1973.
 - Smart: Ch. 10. Utilitarianism and Justice (pp. 67-74)
 - Williams: Ch. 5. Integrity (pp. 108-118).

Week 6: Rights

- Freedman, Michael. *Rights*. Minneapolis, MN: University of Minnesota Press, 1991.
 - Ch. 1. The Concept of Rights (pp. 1-11)
 - Ch. 2. The Emergence of Rights in Political Thinking (pp. 12-23)
 - Ch. 3. The Natural-rights Paradigm: An Assessment (pp. 24-42)
- Kass LR. Is there a right to die? *Hastings Center Report* 1993;23:34-43.

Week 7: Virtue Ethics

- Aristotle. *Nicomachean Ethics*. Translated by F.H. Peters. London: Kegan Paul, Trench, Trübner & Co, 1893.
 - Book I. The End (pp. 1-33)
 - Book II. Moral Virtue (pp. 34-57)
- Frankena, William. *Ethics*. Englewood Cliffs, NJ: Prentice Hall, 1973.
 - Ch. 4. Moral Value (pp. 61-71)
- MacIntyre, Alasdair. *After Virtue*. Notre Dame, IN: University of Notre Dame Press, 1984.
 - Ch. 14. The Nature of the Virtues (pp. 181-203)

Week 8: Virtue Ethics in Medicine

- Pellegrino ED. Toward a Virtue-Based Normative Ethics for the Health Professions. *Kennedy Institute of Ethics Journal* 1995;5:253-277.
- Kaldjian LC. Teaching practical wisdom in medicine through clinical judgment, goals of care, and ethical reasoning. *Journal of Medical Ethics* 2010;36:558-562.
- Larkin GL et al. Virtue in Emergency Medicine. *Acad Emerg Med* 2009; 16:51–55.
- Kinghorn WA et al. Professionalism in modern medicine: does the emperor have any clothes? *Acad Med* 2007;82:40-45.

Week 9: Narrative Ethics

- Jones AH. Literature and medicine: narrative ethics. *Lancet* 1997;349:1243-6.
- Frank AW. Truth telling, companionship, and witness: An agenda for narrative ethics. *Hastings Center Report* 2016;46:17-21.
- Tolstoy, Leo. *Death of Ivan Ilych* (approximately 60 pages)

Week 10: Compassion, Empathy, Emotivism

- Vachon, Dominic O. *How Doctors Care: The Science of Compassionate and Balanced Caring in Medicine*. 1st ed. San Diego, CA: Cognella, 2020.
 - Ch. 2. What is Compassionate Caring in Health Care? (pp. 31-57)
- Neumann M et al. Analyzing the “nature” and “specific effectiveness” of clinical empathy: A theoretical overview and contribution towards a theory-based research agenda. *Patient Education and Counseling* 2009;74:339-346.
- Hume, David. *A Treatise of Human Nature*. L. A. Selby-Bigge, ed.(2nd ed). Oxford, England: Oxford University Press, 1978.
 - Book III (Of Morals). Part I (Of Virtue and Vice in General).
 - Section I. Moral distinctions not derived from reason (pp. 455-470)
 - Section II. Moral distinctions derived from a moral sense (pp. 470-476)

Week 11: Ethical Egoism and Altruism

- Hobbes, T., *Leviathan*. London, UK, 1651.
 - Ch. XIII. Of the Natural Condition of Mankind, as Concerning their Felicity and Misery (pp. 76-79)
 - Ch. XIV. Of the First and Second Natural Laws, and of Contracts (pp. 79-88)
 - Ch. XV. Of Other Laws of Nature (pp. 88-98)
- Frankena, William. *Ethics*. Englewood Cliffs, NJ: Prentice Hall, 1973.
 - Ch. 2. Egoistic theories (pp. 17-23)
- Nagel, Thomas. *The Possibility of Altruism*. Princeton, NJ: Princeton Univ Press, 1970.
 - Ch. 14: Conclusion (pp. 143-146).
- Jonsen A. Watching the doctor. *New England Journal of Medicine* 1983;308:1531-5.

Week 12: Religious Ethics

- Engelhardt, H. Tristram. *The Foundations of Bioethics*, 2nd ed. New York, NY: Oxford University Press, 1996.
 - Ch. 9. Reshaping Human Nature: Virtue with Moral Strangers and Responsibility without Moral Content (pp. 411-422)
- Reeder J. What is a religious ethic? *Journal of Religious Ethics* 1997;25:157-181.
- MacIntyre, Alasdair. *After Virtue*. Notre Dame, IN: University of Notre Dame Press, 1984.
 - Ch. 15. The Virtues, the Unity of a Human Life and the Concept of a Tradition (pp. 204-225)
- Fitzpatrick S et al. Religious perspectives on human suffering: Implications for medicine and bioethics. *Journal of Religion and Health* 2016;55:159-173.
- Camosy C. No view from nowhere: the challenge of grounding dignity without theology. *J Med Ethics* 2015;41:938-939.

Week 13: Moral Relativism, Subjectivity, and Power

- Plato. *The Republic*. Translated by B. Jowett.
 - Book I (pp. 1-37)
- Machiavelli. *The Prince*. Translated by H.C. Mansfield. Chicago, IL: University of Chicago Press, 1998.
 - Ch. XV. Of Those Things for Which Men and Especially Princes Are Praised or Blamed (pp. 61-62)
 - Ch. XVI. Of Liberality and parsimony (pp. 62-65)
 - Ch. XVII. Of Cruelty and Mercy; and Whether It Is Better to Be Loved Than Feared, or the Contrary (pp. 65-68)
 - Ch. XVIII. In What Mode Faith Should Be Kept by Princes (pp. 68-71)
- Friedrich Nietzsche: *On the Genealogy of Morality*. Edited by K. Ansell-Pearson, translated by C. Diethe. Cambridge, UK: Cambridge University Press, 2006.
 - First essay: 'Good and Evil', 'Good and Bad' (pp. 10-34).
- Frankena, William. *Ethics*. Englewood Cliffs, NJ: Prentice Hall, 1973.
 - Ch. 6. Meaning and justification (pp. 109-116)

Week 14: Identity, Individualism, Conscience, and Integrity

- Taylor, Charles. *Sources of the Self*. Cambridge, MA: Harvard University Press, 1989.
 - Ch. 1. Inescapable Frameworks [1.3-1.5] (pp. 11-24)
 - Ch. 2. The Self in Moral Space [2.1] (pp. 25-40)
 - Ch. 4 Moral Sources [4.1] (91-98)
- Broad CD. Conscience and conscientious action. *Philosophy* 1940;15:131-146.

- Kaldjian LC. Understanding conscience as integrity: Why some physicians will not refer patients for ethically controversial practices. *Perspectives in Biology and Medicine* 2019;62(3):383-400.

Week 15: Concepts of Health

- Nordenfelt L. The concepts of health and illness revisited. *Med Health Care Philos* 2007;10:5-10.
- Kass LR. Regarding the end of medicine and the pursuit of health. *Public Interest* 1975;40:11-42.
- Kaldjian LC. Concepts of health, ethics, and communication in shared decision making. *Communication & Medicine* 2017;14:83-95.

Communication with the Course Director and Course Coordinator

Students should feel free to contact the Course Director or Course Coordinator as needed by email. As needed, phone or Zoom meetings can also be arranged to discuss any questions or concerns.

Academic Integrity

Absolute academic and professional integrity must be the hallmark of all health care professionals. The profession demands that medical personnel monitor themselves and each other in order to produce quality individuals whom the public can trust and who are competent in their chosen field.

The **Honor Code** of the Carver College of Medicine states: “The Honor Code demands that community members tell the truth, live honestly, advance on individual merit, and demonstrate respect for others in the academic, clinical and research communities.” Defined infractions of the Honor Code include cheating, plagiarism (conscious and unintentional), and fabrication.

The Student Policies section of the Carver College of Medicine **Medical Student Handbook** says this about plagiarism: “Students are expected to do their own work at all times. In no instance should the work or words of another individual be represented as one’s own. All quoted material, regardless of source, must be properly cited and full attribution given to the author. Information obtained from the Web must give the full URL of the actual page accessed and the date accessed.”

Plagiarism of ideas can occur when the work of others is paraphrased (as opposed to a direct quotation). Ideas are as important as the literal statements that express them. When you appropriate ideas or statements from other people, their authorship must be acknowledged.

In this course, these academic standards will be upheld. Any behavior suggesting deviation from the spirit or letter of these standards will be investigated and, if confirmed, treated appropriately. A student who is found guilty of cheating, plagiarism, or fabrication will fail the Course.

Expectations for academic integrity will be inclusive of other policies at the University of Iowa, such as found in the College of Liberal Arts and Science’s Code of Academic Honesty: <https://clas.uiowa.edu/students/handbook/academic-fraud-honor-code>.

Remember that plagiarism is the unacknowledged use of another person’s ideas expressed in either the author’s original words or in a manner similar to the original form. It is the student’s responsibility to seek clarification of any situation in which he/she is uncertain whether plagiarism may be involved. Writing assignments for the course will be evaluated for originality by enabling the Turnitin Plagiarism Framework in ICON (<https://teach.uiowa.edu/plagiarism-turnitin>).

Procedures for Student Complaints

It is the policy of The University of Iowa that each student shall be guaranteed certain rights and freedoms (<https://dos.uiowa.edu/policies/student-bill-of-rights/>), and the University provides

procedures for complaints against faculty, if needed (<https://dos.uiowa.edu/policies/student-complaints-concerning-faculty-action/>).

Policies for Students with Disabilities

Requests by medical students for special accommodations for any course requirements must be addressed through a specific protocol coordinated centrally by the Carver College of Medicine's Medical Student Counseling Center. The College's *Policies for Students with Disabilities* provides that students who seek the modification of seating, testing, or other course requirements must contact the Medical Student Counseling Center at the beginning of the academic year to implement the process for determining appropriate accommodations. Any medical student who believes that he or she may qualify for special accommodations should contact the Counseling Center immediately.

The Course Director would like to hear from any other (non-medical) student who has a disability which may require modifications or accommodations so that appropriate arrangements may be made. Please contact the Course Director by email.