

BIOETHICS AND HUMANITIES NEWSLETTER

PROGRAM IN BIOETHICS AND HUMANITIES



February 2015

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

[WELCOME: New Faculty Member, Dr. Laurel Lyckholm](#)



Dr. Lyckholm recently joined the faculty in the Program in Bioethics and Humanities at the University of Iowa Carver College of Medicine, where she is also a professor in the Division of Hematology/Oncology in the Department of Internal Medicine.

Upcoming Events

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

Quotation of the Month

The law in its relationship with medicine has functioned in three chief ways: (1) as an influence on the quality of medical care; (2) as a source of human values to be reflected in the physician-patient relationship; (3) as a boundary of medical decision making.

- Joseph M. Healey, Jr. (1976)

Her research and clinical interests have been directed toward improving cancer and palliative care for the most vulnerable of our citizens, including indigent patients and inmates of correctional facilities. She is also an avid educator and was the fellowship director for Hematology/Oncology for 14 years, and started one of the earliest Palliative Care fellowship programs in the country. She is a Faculty Scholar in the Project on Death in America.

Dr. Lyckholm will practice Hematology/Oncology at both UIHC and the Iowa City VA Medical Center. She will also assist in ongoing educational program development in Hematology/Oncology and Bioethics and Humanities, and serve on the Hospital Ethics Committee and Ethics Consult Service.

Please click [here](#) for more information.

Publication Highlight

[Development of the CASH Assessment Tool to Address Existential Concerns in Patients with Serious Illness](#)

By Erin R. Alesi, MD, Timothy R. Ford, MA, MS, CT, Christina J. Chen, MD, Devon S. Fletcher, MD, Thomas D. Morel, MD, Barton T. Bobb, NP, & **Laurel J. Lyckholm, MD**

Introduction: Existential suffering in patients with serious illness significantly impacts quality of life, yet it remains a challenge to define, assess, and manage adequately. Improving upon understanding and practice in the existential domain is a topic of interest for palliative care providers. **Methods:** As a quality improvement project, our palliative care team created an existential assessment tool utilizing a dialogue-oriented approach with four questions designed to identify sources of existential distress as well as strengths and challenges in coping with this distress. The tool utilized the mnemonic CASH, with each letter representing the core objective of the question. Providers who requested the palliative care consult were asked to evaluate the CASH assessment. On completion of the project, palliative care consultants evaluated the appropriateness of the CASH assessment tool. **Results:** Patient responses to the CASH questions were insightful and reflected their beliefs, priorities, and concerns. Eight of nine providers found that the assessment enabled understanding of their patient. Seven noted a positive impact on their practice, and five reported an improvement in patient care after the assessment. The palliative care consultants who used the tool enjoyed using it, and half of them suggested changes to patient care based on their assessment. The most common reasons for not using the CASH assessment were inappropriateness to the consult, lack of perceived patient/caregiver receptiveness, or consultation service too busy. **Conclusion:** Our quality improvement project demonstrated that the CASH assessment tool is useful in ascertaining existential concerns of patients with serious illness. It enhances patient care by the primary team as well as the palliative care team. As a brief set of questions with an easy-to-remember mnemonic, the CASH assessment tool is feasible for a busy palliative consult service. Furthermore, the positive results of this project merit more rigorous evaluation of the CASH assessment tool in the future.

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](#).

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, [please click here](#).

Resource Highlight

[American Medical Association's \(AMA\) Code of Medical Ethics](#)

The AMA's Code of Medical Ethics articulates the enduring values of medicine as a profession. As a statement of the values to which physicians commit themselves individually and collectively, the Code is a touchstone for medicine as a professional community. It defines medicine's integrity and the source of the profession's authority to self-regulate. At the same time, the Code of Medical Ethics is a living document, evolving as changes in medicine and the delivery of health care raise new questions about how the profession's core values apply in physicians' day to day practice. The Code links theory and practice, ethical principles and real world dilemmas in the care of patients.

[More Details](#)

Bioethics in the Literature

- OHRP and standard-of-care research. [N Engl J Med](#). 2014 Nov; 371: 2125-2126.
 - Boyd K. The impossibility of informed consent? [J Med Ethics](#). 2015 Jan; 41: 44-47.
 - Cuesta-Briand B, Auret K, Johnson P, et al. 'A world of difference': a qualitative study of medical students' views on professionalism and the 'good doctor'. [BMC Med Educ](#). 2014; 14: 77.
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 - Einterz SF, Gilliam R, Lin FC, et al. Development and testing of a decision aid on goals of care for advanced dementia. [J Am Med Dir Assoc](#). 2014 Apr; 15: 251-255.
 - Gillon R. Defending the four principles approach as a good basis for good medical practice and therefore for good medical ethics. [J Med Ethics](#). 2015 Jan; 41: 111-116.
 - Heubel F. The "Soul of Professionalism" in the Hippocratic Oath and today. [Med Health Care Philos](#). 2014 Sep 9. [Epub ahead of print].
 - Rich BA. Prognosis terminal: truth-telling in the context of end-of-life care. [Camb Q Healthc Ethics](#). 2014 Apr; 23: 209-219.
 - Sharma RK, Jain N, Peswani N, et al. Unpacking resident-led code status discussions: results from a mixed methods study. [J Gen Intern Med](#). 2014 May; 29: 750-757.
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