

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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HUMANITIES CORNER

This month's spotlight is on **Jessie Chu, a 4th year medical student**. Her creative work is a written 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.

I helped to care for a patient who had recently underwent bowel surgery for treatment of a bowel condition that had been refractory to medical management. In addition to his bowel condition, this patient also had severe anxiety and a great deal of worry over having a colostomy. While our team was taking care of this patient, I was able to experience the importance of humanism in medicine and the role it plays in driving professionalism. As discussed in "Linking Professionalism to Humanism: What it Means, Why it Matters" by Jordan Cohen, professionalism is a way of acting. It revolves around the professional's role in society and how a healthcare provider is able to fulfill their duty to their patient and to the public. Humanism, on the other hand, is a way of being rather than acting. It involves attributes that are more personal, such as compassion, altruism, respect, and integrity. Humanism and professionalism are tightly linked, with humanism being a crucial factor in driving professionalism. Without humanism, professionalism can be perceived as unnatural or insincere, which can easily interfere with a healthcare provider's dedication to their patients.

For this particular patient, it was the residents' words of empathy, validation, and compassion that became the basis of their professional duty. One day, during afternoon rounds, this patient expressed to the team that he was in pain and was feeling incredibly overwhelmed by the stream of doctors and nurses coming in and out of his room and giving him a seemingly endless number of tasks for him to complete (such as drinking more water, eating more food, getting out of bed, and walking more). He was tired and anxious, and because of this, felt like he was losing motivation. From a professionalism standpoint, it was the residents' responsibility to ensure that this patient was doing everything that he could to ensure an uncomplicated post operative recovery. This would involve emphasizing the importance of continuing these daily tasks such that the patient does not develop pneumonia or blood clots, regains his strength by walking every day, and does not develop post operative ileus from his pain medications. But had the residents only said this to the patient, it is unlikely that that much progress would have been made. The patient would likely feel that he was being lectured at, and that he was being dismissed and was simply being told to "deal with it" or "suck it up." If anything, the patient would likely have felt even more frustrated and even less motivated.

However, this was not the approach that the residents took. Instead, the residents spent a great deal of time talking to the patient and just acknowledging his difficult experience, pain, and frustrations. They talked about how they understood that the patient has gone through so much,

HUMANITIES CORNER (CONTINUED)

and how they understood that anyone in his position would be overwhelmed. They explicitly recognized that the patient was still in pain, and explained how when it came to his pain medication it was a delicate balance between lessening his pain and avoiding complications such as ileus. They asked for his opinion on adding other means of pain management, such as lidocaine patches, and then brought up the importance of getting out of bed and walking so that he can regain his strength. The residents also explicitly recognized that from his perspective it may seem like the nurses and doctors were “the bad guys” who were just adding to his stress and anxiety, but at the end of the day the patient and the healthcare team shared the common goal of helping him recover as efficiently as possible such that he can return to his normal life.

Upon hearing this, the patient, although still somewhat reluctant, acknowledged that he understood that everything the nurses and doctors were doing were with his best interests in mind. And while he still let out a small sigh when he was then informed that he would have to walk 6 times a day tomorrow (rather than 4), I imagine that he would have been far more reluctant had the residents simply told him to follow their instructions without having this sincerely compassionate and validating conversation with him. And even if the patient continues to struggle in the upcoming days, he will at least know that the team that has been “pushing him” is not doing so because they don’t care about him or because they don’t understand what he is going through, but rather because they genuinely want him to get better as quickly as possible. For me, this particular patient interaction was a great example of how humanism is the basis for professionalism. Without humanism, the residents would have been far less likely to achieve their professional goal of helping this patient on his path of recovery.

In the future when I am practicing medicine, I will ensure that I take a similar approach to the patients that I take care of and never lose sight of the importance of humanism of medicine. While it may be easy to become desensitized given the number of patients a single provider sees throughout their career, it is important to remember that for the individual patient it may be the most frightening or life-changing day of their life. Medicine is rooted in helping others during some of their weakest, most vulnerable moments. And for that reason, humanism and professionalism go hand-in-hand. To abandon humanism would be to abandon one’s professional obligation as a healthcare provider.

Particular details of the story have been changed to protect the identity of the patient.

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"The decline of the profession of geriatric medicine matters, and all too soon we will all realize why."

(Gurwitz)

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BIOETHICS IN THE NEWS

- ⇒ Pediatric cancer drugs in shortage as drug supply crisis drags on. [NBC News](#), September 25, 2023.
- ⇒ Black people are more likely to be physically restrained in emergency rooms, study finds. [STAT News](#), September 25, 2023.
- ⇒ Value-based payments are making it harder to see your primary care doctor on short notice. [STAT News](#), September 20, 2023.
- ⇒ Chatbots for medical advice: Three ways to avoid misleading information. [The Conversation](#), September 19, 2023.
- ⇒ More than 3.5 million patients given pelvic exams without consent, study estimates. [NBC News](#), September 19, 2023.
- ⇒ Rising number of ‘predatory’ academic journals undermines research and public trust in scholarship. [The Conversation](#), September 19, 2023.
- ⇒ The morally ground-shifting legacy of Ian Wilmut and Dolly the sheep. [STAT News](#), September 15, 2023.
- ⇒ The shrinking number of primary care physicians is reaching a tipping point. [KFF Health News](#), September 8, 2023.
- ⇒ The question list is a simple way to help patients prepare for appointments. [STAT News](#), September 5, 2023.
- ⇒ The transformative, alarming power of gene editing. [The New Yorker](#), September 2, 2023.
- ⇒ Emotional dry cleaning: A writer helps doctors share their stories—and their pain. [STAT News](#), August 30, 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](#).