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UNIVERSITY OF ADELAIDE

DEPARTMENT OF COMMUNITY MEDICINE

Medicine in the Community, Term II, 1985

STREAM C - ETHICS TUTORIAL READINGS

Week Beginning

11 June: NO TUTORIALS BUT at the normal lecture in the Verco Theatre at 2.10 p.m. on Wednesday 12 June we will discuss the story of Angie & Dr. McVie from A. Campbell and R. Higgs: In That Case (Darton, Longman & Todd).

Reading:
Encyclopedia of Bioethics pp. 115-127. (If you are interested in the ethics of the religious tradition from which you come, the Encyclopedia has articles on Judaism, the various brands of Christianity and Islam, Buddhism, Confucianism, Hinduism, Confucianism and Taoism.)

17 June: MORAL REASONING
How can we be confident that we have the right answer - when the other person is just as confident? What can we do to make ethical argument productive, rather than frustrating? What is the difference between facts and values?

Reading:
Encyclopedia pp. 450-457: AND

24 June: PRINCIPLES: BENEFICENCE & PATERNALISM
“Why do you want to be a doctor?” “I want to help people”. Ah, yes! But how far does our duty to help others extend? Does it matter if, in doing good for one, we harm many - and vice versa? Should we do things to others ‘for their own good’? How can we calculate benefits and costs?

Reading:
Encyclopedia pp. 1194-1201.

1 July: PRINCIPLES: AUTONOMY
Many ethics texts and medico-legal judgements place very heavy emphasis on the autonomy of individuals as a primary good. Others argue that this is a recent, Western emphasis. What are the grounds for asserting autonomy? And where do we set its limits? How powerful is this emphasis in the values guiding health care in Australia?

Reading:

8 July: PRINCIPLES: NON-MALEFICENCE I
The principle of ‘doing no harm’ has been one of the areas of ethics in medicine most affected by the expansion of treatment possibilities in the 20th century: new technologies expand the options; resource limits turn options into dilemmas. What does it mean to do no harm these days? What is ‘harm’ in, say, terminal illness?

Reading:

15 July: VIRTUE
There is beginning to be a movement in ethics to reinstate virtue as a principle of behaviour (e.g. ‘professional virtue’ but also ‘virtues required in the patient’). Given the history of the concept, would you encourage this movement. What virtues do you think should be required in a health practitioner? Does the structure of medical care in Australia impede or promote the practice of those virtues?

Reading:

22 July: PROFESSIONAL CODES
What are the strengths and weaknesses of professional “codes of ethics”? What relative weight do they give to the interests of providers and users of health services, respectively? What principles do they emphasize and how do they resolve dilemmas between principles?
29 July:

5 August: RIGHTS TO HEALTH CARE
Do people have a right to health - or to health care? (Or, defend a list of rights in health care.) Are those rights positive or moral ones? Where does the responsibility lie to meet those rights claims? Where does the “patients’ rights movement” fit into this discussion?

Reading:
Encyclopedia pp. 162-180; 1725-30; AND
Australian Medical Association: Code of Ethics (Sydney 1977) pp. 10-30;

2 September: JUSTICE (1)
“Fair go, mate ...”: the great Australian war cry. But how do we decide what is “fair” in either micro-allocation (Smith v. Jones for the hip replacement) or macro-allocation (funds for aged care v. child health or hip-replacement v. home help for the aged, say)? This week we look at the concept of justice.

Reading:
Beauchamp & Childress: Principles ... pp. 168-198 AND
A.V. Campbell: Medicine, Health & Justice (Churchill Livingstone, Edinburgh 1978) pp. 76-84.

9 September: JUSTICE (2)
And this week we look at some of the attempts to apply the concept.

Reading:
Encyclopedia ... pp. 630-637, AND one of
Encyclopedia ... pp. 811-816 and Caplan on kidneys OR
17(15) 1983 pp. 1061-1074 on primary medical care.

16 September: ETHICS OF BIOMEDICAL RESEARCH (1)
What role does experiment play in modern medicine and is that role continuous with the earlier history of medicine? What are the basic issues and ethical dilemmas to be considered in assessing modern biomedical research? You might take the Powell Bill and the S.A. Select Committee on Reproductive Technologies as cases in point.
Reading:
Encyclopedia ..., pp. 684-702.

23 September: ETHICS OF BIOMEDICAL RESEARCH (2)
Are controls required over biomedical research? What are the main interests to be considered (and values to be weighed) in answering the question?

Reading:
Encyclopedia ..., pp. 702-710, 1644-54.

30 September: CLINICAL ETHICS (1)
Informed consent by the patient or by proxies for the patient, and elaboration of the notion of incompetence or other grounds for reducing the significance of consent, are frequently discussed in current medical ethics literature. Does the emphasis on informed consent give due weight to the other principles and goals which we have considered: what practical difficulties are involved in achieving informed consent?

Reading:
Encyclopedia ..., pp. 762-778 AND

7 October: CLINICAL ETHICS (2)
Jonsen et al say that:
“In general good clinical medicine is ethical medicine. Good clinical medicine consists of technical skill together with its sensitive application to the personal needs of the person asking for help in the care of his/her health. We believe clinical ethics is inextricably linked to the physician’s primary task, deciding on and carrying out the best clinical care for a particular individual in a particular set of circumstances.” After 14 weeks, do you think their position is an adequate one?

Reading:
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CASES

One student will be asked each week to prepare a case according to either the Yezzi protocol or some other systematic scheme (Yezzi, Ch. 4).

All students should read the case each week and form a tentative view of the appropriate response.

Week Beginning:

- 24 June: Veatch, No. 21
- 1 July: Beauchamp & Childress, No. 5
- 8 July: Beauchamp & Childress, No. 18
- 15 July: Benjamin & Curtis, No. 5.1
- 22 July: Beauchamp & Childress, No. 3
- 29 July: To be advised.
- 5 August: Veatch, No. 53
- 2 September: Veatch, No. 75
- 9 September: Mental Health Resources Bill
- 16 September: Veatch, No. 88
- 23 September: Veatch, No. 91
- 30 September: Douglas’ Case
- 8 October: Hicks’ Case

Sources:

- R.M. Veatch: Case Studies in Medical Ethics (Harvard UP 1977)
- T.L. Beauchamp & J.F. Childress: Principles of Biomedical Ethics (OUP NY 1979)
- M. Benjamin & J. Curtis: Ethics in Nursing (OUP NY 1981)
- R. Yezzi: Medical Ethics (Holt Reinhart & Winston NY 1980).