The program of medical education at Mercer University is essentially an independent study/experiential program. One element of that program is medical ethics. This study guide is provided in order to facilitate the independent study of medical ethics.

In this study guide, the student will find a statement of program goals and study objectives, a list of topics for study, a bibliography, and a correlation of the bibliography and the topics. The bibliography lists only books in medical ethics and these will provide basic information. However, in order to remain current in the field, the student should also consult journals which address issues in medical ethics, (e.g., The Hastings Center Report, the Journal of Medical Ethics, The Journal of Medicine and Philosophy) and be aware of the many articles appearing in medical journals which deal with ethical issues in health care delivery.

A word about the bibliography is in order. The world of philosophy is somewhat different from the world of, say, the basic medical sciences and, although I am told that it is difficult to designate THE textbook in any of the basic sciences, the specification of a single source is inappropriate in ethics. A variety of sources are therefore listed in the bibliography. I regret any confusion this may cause, but an extensive bibliography is required by the nature of the topic.

Each student will receive papers addressing some area of bioethics or humanities (philosophical or theological issues related to the practice of medicine) at monthly intervals during Phases A, B, and C. The majority will address topics on this study guide. The papers are intended to provide basic information and/or analyze specific issues in bioethics or humanities.

Students are encouraged to request resource sessions in ethics or humanities. Individual conferences are also appropriate and encouraged.

GOALS AND OBJECTIVES IN MEDICAL ETHICS

Ethics is the theory of moral decision making. It represents a rational and systematic approach to moral dilemmas; to situations in which one is attempting to find the best course of action in the presence of moral ambiguity and conflicting values. When this moral analysis is undertaken in the context of health care delivery, one typically speaks of medical ethics. Medical ethics, however, also includes issues of professionalism (e.g., physician-physician relationships) in medical practice. The term "bioethics" is frequently used to distinguish purely ethical concerns (e.g., human experimentation) from problems of professionalism.

Humanities/Ethics Goal for Phase A, B, and C:

To recognize support, and develop characteristics in the student which nurture compassionate, humanistic and ethical relationships with patients and colleagues.

Learning Objectives:

Topic 1
A. The student will demonstrate the consistent utilization of a specific ethical theory or position in moral decision making.
B. The student will demonstrate the utilization of a rational and systematic approach to moral decision making.

Topic 2 - 12 (the student would follow these objectives in study of each topic)
A. The student will demonstrate his/her understanding of the nature of the ethical issue(s) as encountered in clinical situations.
B. The student will demonstrate the ability to apply an ethical theory or position and decision making process in an attempt to resolve the issue(s).
C. The student will demonstrate an awareness of the laws, medical codes, social mores and standards, and the personal values which directly impact the issue and its resolution.

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TOPICS IN MEDICAL ETHICS

The following is a list of the broad, general topics typically considered to represent important ethical/moral issues in the practice of medicine. In many cases, related issues have been combined into one category. Where appropriate, definitions are provided for key concepts.

1 Foundational Considerations

In this category, one would be concerned with the contributions of philosophy, religion, ethical theory, culture, law, etc., to medical ethics. Also of concern would be an analysis of the decision-making process.

2 Autonomy (patient competency) - Paternalism - Physician-Patient Relationship

Autonomy - The fullest possible degree of freedom for the individual.

Patient Competency - The ability of the patient to make a rational, responsible decision.

Paternalism - The treatment, by a physician or health team member, of patients or family as less than equals.

3 Veracity

The responsibility of both patient and physician to be completely honest in giving information.

4 Informed Consent - Refusal of Treatment

Informed Consent - The patient's consent to medical treatment based on a reasonably full grasp of the alternatives, risks, costs, and anticipated outcomes of treatment.

Refusal of treatment - The right of a competent patient to refuse all medical attention or treatment.

5 Confidentiality/Privacy - Labeling and Uses of Diagnosis

Confidentiality - The right of a patient to have, and the duty of the physician to safeguard, personal and informational privacy unless waived by informed consent.

Labeling - Issues arising from the use and/or abuse of the power of categorization.

6 Beneficence/Nonmaleficence (Physician Competency)

Beneficence - The responsibility to do only what is good or helpful.

Nonmaleficence - The responsibility to do no harm.

Physician Competency - The decision (by patients, colleagues, society, or self) that a physician is sufficiently capable and responsible to practice medicine.
7 Control of Behavior

Manipulation of another person, without informed consent, by information (or the lack of it), drugs, or coercion.

8 Quality of Life Decisions (limits of extraordinary care)

Decisions regarding the qualities necessary to call life "human" or "nonhuman," by which suffering and death may be prolonged or hastened.

9 Procreative Decisions

Decisions regarding birth control, abortion, population control, artificial insemination, in vitro fertilization, genetic engineering, and other related issues.

10 Conflicts between Patient and Context (justice, the right to health care)

Conflicts ... - Conflicting interests of patients, family, society, institution, moral values, etc., on the physician.

Justice - The fair and equal receipt of what is deserved or owed.

11 Conflicts Between Care and Cost

Issues arising from economic pressures on medical decision making.

12 Conflicts Between Care and Growth in Knowledge/Improved Treatment (human experimentation, use of technology, transplants)

Human Experimentation - The use of humans for research subjects.

Use of Technology - The effect of the use of or abuse of instrumentation and technical capabilities
The first six topics in ethics are intended to correlate broadly with Phases A, B1 and B2. The remaining topics correlate with Phase C as indicated below. The student, however, should not hesitate to apply the topics as they become appropriate for the student's program of study.

C1 Hematology  
    (none)

C2 Neurology  
    Topic 8 - Quality of Life Decisions

C3 Musculoskeletal  
    (none)

C4 Endocrinology  
    Topic 9 - Procreative Decisions

C5 Cardiology  
    Topic 7 - Control of Behavior  
    Topic 12 - Conflicts Between Growth in Knowledge/Improved Treatment

C6 Respirology  
    Topic 10 - Conflicts Between Patient and Context

C7 Renal  
    Topic 11 - Conflicts Between Care and Cost

C8 Gastroenterology  
    (none)
BIOETHICS PAPERS
Schedule of Distribution
Class of 1989

1985

September  Study Guide
October   "Medical Ethics: A Very Brief Background"
November  "Ethical Options"
December  "Ethical Decision Making"

1986

January   "The Anatomy of a Decision"
February  "Moral Conflict"
March     "The Physician-Patient Relationship: Part I II
April     "The Physician-Patient Relationship: Part II"
May       "The "Trinity" of Medical Ethics: Veracity"
June      "The "Trinity" of Medical Ethics: Informed Consent"
September "The "Trinity" of Medical Ethics: Confidentiality"
October   "After the "Trinity": Autonomy"
November  "Quality of Life, Personhood, and Medical Practice"
December  "An Ontology for Medical Practice"

1987

January   "The Bewitchment of Certainty"
February  "Health Care as a Right/Health as a Value: Part I"
March     "Health Care as a Right/Health as a Value: Part II"
April     "Bioethics, Values I and Rural Health Care"
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.01 Foundational Considerations

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Scorer, G., 1979, Ch. 1.
Veatch, R., 1981, Chs. 1, 2, 3, 4, 12, 13.
Veatch, R., and Branson, R., 1976, Chs. 2, 3.

(*These sources will be particularly helpful in understanding the ethical theories.)

.02 Autonomy (patient competency) - Paternalism - Physician-Patient Relationship

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Beauchamp, T., 1979, Chs. 3, 5, 7.
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.03 Veracity

Beauchamp, T., 1979, Ch. 7.
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.04 Informed Consent - Refusal of Treatment

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.05 Confidentiality/Privacy - Labeling and Uses of Diagnosis

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.06 Beneficence / Nonmaleficence

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Kepler, M., 1981, Ch. 6.
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.07 Control of Behavior

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.08 Quality of Life Decisions

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Bandman, E., and Bandran, B., 1978, Topic II
Barnette, H., 1982, Ch. 9, 11.
Beauchamp, J., 1979, Ch. 4.
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.10 Conflicts Between Patient and Context

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.11 Conflicts Between Care and Cost

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.12 Conflicts Between Care and Growth in Knowledge / Improved Treatment

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