

0046
Dr. Peter Dans
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Johns Hopkins University
Baltimore, MD 21205

The Ethics and Medical Care Course

This course was begun in the 1960s by Dr. Louis Lasagna, now Dean of the Sackler School of Graduate Biomedical Science at the Tufts University Medical Center. Entitled "The Doctor and Society", it considered the interrelationship of changes in medicine and society in the 50s and 60s. Baltimore, once a segregated city, was greatly affected by civil rights legislation which altered how health care was delivered. A profusion of biomedical advances also helped to transform medical practice. Increasing concern with equity led to increased federal and state financing for care especially for the poor and the elderly. President Kennedy broadened the geographic vision of Americans with his Peace Corps initiative. U.S. interest in international health, which had been episodic e.g. during wars or the building of the Panama Canal now became a component of economic assistance to developing nations. Dr. Lasagna believed that the medical school curriculum should include some consideration of these important issues.

The course evolved under different directors, but continued to focus primarily on various aspects of domestic and international health, health care financing, and related issues. In the 70s, as a result of the pioneering work by Dr. Henry Beecher at the Massachusetts General Hospital, attention was directed to the importance of an understanding of medical ethics in patient care and research and by extension, medical education. When Dr. Philip Wagley became associated with the course in the mid to late 70s, he added a component on ethics and the course in effect became divided into two parts: one dealing with ethics, and the other, medical care. The content for the latter, as well as the administrative management of the course, became the principal responsibility of Dr. Tony Holtzman. When Dr. Peter Dans replaced Dr. Holtzman as co-director in 1983, the distinction between the two segments was consciously blurred because of the integral relationship of ethics and medical care.

The principal aim of the course is to sensitize students to ethical dilemmas in medicine today. This includes those posed by the conflict between newer technologies and the existing moral codes (e.g. in vitro fertilization) or the tensions between the rights of individual patients and societal needs to advance science through human experimentation. Major principles of ethics, (i.e., autonomy, beneficence, non-maleficence, fidelity, truth-telling, and justice) are discussed. Their relationship to concepts such as informed consent and confidentiality are elucidated. Students gain experience in the use of these ethical principles in the analysis of ethical dilemmas through the use of actual case studies. The use of a framework to identify and resolve ethical dilemmas is also demonstrated.

Another important objective is to help students understand the attributes of a good physician and the traditional medical ethic. They become familiar with the strengths and vulnerabilities of physicians as well as of patients and their families. They are encouraged to analyze their own moral positions as well as their personal strengths and weaknesses. Visits to a physician's office, an emergency room, a nursing home, and an inpatient nursing unit bring them out of their basic science lecture hall and into the medical care settings

in which they will later be working. These rotations allow them to observe the need for compassion, empathy, and a non-judgmental approach in helping patients to resolve their problems. They are also aimed at helping students understand the roles of different health professionals as a basis for developing the mutual respect necessary for the successful care for patients.

Because the health care system is in such a tremendous state of flux, it is essential that they understand the inherent conflict between the open endedness of health care and the finiteness of the resources. The potential for covert or overt rationing, especially for the poor and the elderly make a sound grounding in ethics essential to the delivery of appropriate medical care. How the changes in the health care system are likely to affect their future as physicians is discussed.

The course consists of approximately 55 hours spread over 18 sessions in the 2nd quarter of the first year. There are 14 lectures, 5 videotape presentations, 5 small group discussions, 3 panel discussions, and 4 visits to medical care settings. Faculty of the course are drawn from both Johns Hopkins University and elsewhere. A course syllabus and readings are distributed to the students before the course begins. There is no required textbook although two textbooks are being recommended: Jonsen, A.R., Siegler, M., Winslade, W.J., Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine, New York, MacMillan Publishing Company, Inc., 1982; and Beauchamp, T.L., McCullough, L.B., Medical Ethics - The Moral Responsibility of Physicians, Englewood Cliffs, Prentice-Hall, 1984.

Finally, students are required to complete a 5 page essay on an ethical or medical care issue. A final examination is also given. Letter grades are assigned based on an estimation of their mastery of the subject.

ETHICS AND MEDICAL CARE COURSE
SCHEDULE 1985

Thursday, November 7th

2:00-3:00 p.m. Introduction to Ethics Dr. P. Wagley

3:00-3:30 p.m. Code Gray

3:30-3:45 p.m. Break

3:45-5:00 p.m. Cheating, Lying and Other Important
Issues

Dr. P. Dans

Friday, November 8th

2:00-5:00 p.m. Clinical Ethics Dr. M. Siegler

Thursday, November 14th

2:00-3:00 p.m. Ethical Issues Surrounding Death Dr. P. Wagley

3:00-3:15 p.m. Break

3:15-5:00 p.m. Introduction to Medical Care: Doctor
I Want and Discussion

Dr. P. Dans

Friday, November 15th

2:00-2:45 p.m. Dax's Case I Dr. P. Wagley

2:50-3:50 p.m. Small group discussion

4:00-5:00 p.m. Dax's Case II Dr. A. Munster

Thursday, November 21st

2:30-4:30 p.m. Physician's Office/Nursing Home
Visit

Friday, November 22nd

2:00-3:20 p.m. Doctors' Dilemmas Dr. S. Gorovitz

3:20-3:40 p.m. Break

3:40-5:00 p.m. Informed Consent Dr. R. Faden

ALL CLASSES ARE IN THE PRECLINICAL TEACHING BUILDING (PCTB) LECTURE HALL UNLESS OTHERWISE SPECIFIED. ALL SMALL GROUP DISCUSSIONS WILL BE IN SPECIALLY ASSIGNED ROOMS AS NOTED ON DISCUSSION GROUP HANDOUT.

Thursday, December 5th

2:00-4:00 p.m.	<u>Principles of Bioethics</u>	Dr. E. Pellegrino
4:00-5:00 p.m.	<u>Free</u> - Dr. Dans will be available to discuss questions concerning course	
5:00-6:00 p.m.	<u>Brin Lecture (Hurd Hall)</u> The Physician As Gatekeeper: Ethical Issues	Dr. E. Pellegrino

Friday, December 6th

2:00-3:30 p.m.	<u>Alcoholism Panel</u>	Dr. M. Valaske et al
3:30-3:45 p.m.	<u>Break</u>	
3:45-5:00 p.m.	<u>Small group discussion</u>	

Thursday, December 12th

2:30-4:30 p.m.	<u>Physician's Office/Nursing Home Visit</u>	
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Friday, December 13th

2:00-2:50 p.m.	<u>Justice</u>	Dr. T. Pinkard
3:00-4:10 p.m.	<u>Small group discussion</u>	
4:20-5:00 p.m.	<u>Justice Revisited</u>	Dr. T. Pinkard

Thursday, December 19th

2:00-5:00 p.m.	<u>Physicians and Society</u> Medical Care for Rural Areas and the Disadvantaged, videotape and discussion of other issues including nuclear war, a proper concern of physicians. There will be a 15 minute break at 3:30 p.m.	Dr. J. Geiger
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Friday, December 20th

2:00-4:00 p.m.	<u>Geriatrics/Panel of Elders</u>	Drs. W. Hazzard and J. Burton
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Thursday, January 2nd

2:00-3:15 p.m.

Abortion

Dr. P. Dans

3:15-3:30 p.m.

Break

3:30-5:00 p.m.

Small group discussion

Friday, January 3rd

2:00-3:20 p.m.

Ethics of Research

Dr. J. Fletcher

3:20-3:35 p.m.

Break

3:35-5:00 p.m.

Genetic Screening

Dr. N. Holtzman

Thursday, January 9th

2:00-3:30 p.m.

AIDS and Other Sexually Transmitted
Diseases (STD)

Drs. H. Jaffe,
D. Sencer, and
K. McDonnell

3:45-5:00 p.m.

Small group discussion

Friday, January 10th

2:00-2:40 p.m.

Ethical Decision-Making in
Pediatrics I

Drs. K. McDonnell and
J. Freeman

2:45-3:50 p.m.

Small group discussion

4:00-5:00 p.m.

Ethical Decision-Making in
Pediatrics II

Thursday, January 16th

2:00-4:00 p.m.

Cost of Health Care

Drs. K. Davis, G.
Anderson and T. King

Friday, January 17th

2:00-5:00 p.m.

Final Examination

ETHICS AND MEDICAL CARE COURSE FACULTY 1985-1986

Gerard F. Anderson, Ph.D.
Associate Director for the Center for
Hospital Finance and Management, JHU

John R. Burton, M.D.
Associate Professor of Medicine, JHU
Deputy Director, Department of
Medicine, Francis Scott Key (FSK)
Director Division of Geriatrics, FSK

Peter E. Dans, M.D.
Associate Professor of Medicine, JHU
Director, Office of Medical Practice
Evaluation, JHH

Karen Davis, Ph.D.
Chairman and Professor of the Department
of Health Policy and Management
School of Hygiene & Public Health, JHU

Ruth R. Faden, Ph.D., M.P.H.
Associate Professor, Health Policy &
Management
Senior Research Scholar at the Kennedy
Institute of Ethics
Georgetown University

John C. Fletcher, Ph.D.
Assistant for Bioethics
Warren G. Magnuson Clinical Center, NIH

John M. Freeman, M.D.
Professor, Neurology, JHU

H. Jack Geiger, M.D.
Arthur C. Long Professor of Community
Medicine
City College of New York

Samuel Gorovitz, Ph.D.
Professor of Philosophy
University of Maryland at College Park

William R. Hazzard, M.D.
Director, Division of Internal
Medicine, JHH
David Carver Professor of Medicine, JHU

Neil A. Holtzman, M.D.
Professor, Pediatrics, JHH

Howard W. Jaffe, M.D.
Chief, Epidemiology Section
AIDS Activity
Centers for Disease Control

Theodore M. King, M.D.
Vice President for Medical Affairs, JHH
Professor, Gynecology/Obstetrics

Kevin McDonnell, M.D.
Associate Professor and Chairman
Philosophy Department
St. Mary's College

Andrew M. Munster, M.D.
Associate Professor, Surgery and Plastic
Surgery
Director of Burn Unit, FSK

Edmund D. Pellegrino, M.D.
John Carroll Professor of Medicine &
Medical Humanities
Director of the Kennedy Institute of Ethics
Georgetown University

Terry Pinkard, Ph.D.
Associate Professor of Philosophy
Senior Research Scholar at the Kennedy
Institute of Ethics
Georgetown University

Dr. David Sencer
Commissioner of New York City
Department of Health

Mark Siegler, M.D.
Associate Professor of Health Policy
Pritzker School of Medicine
University of Chicago

Martin J. Valaske, M.D.
Professor of Pathology
George Washington University Medical Center

Philip F. Wagley, M.D.
Associate Professor of Medicine, JHU

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 - a) Fagin C, Diers D: Occasional notes: Nursing as a metaphor. N Engl J Med 1983;309:116-117.
 - b) Prescott PA, Bowen SA: Physician-Nurse Relationships. Ann Intern Med 1985;103:127-133.
 - c) Makadon HJ, Gibbons MP: Nurses and physicians: Prospects for collaboration. Ann Intern Med 1985;103:134-136.
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16. Ethical Principles - Definitions
17. Ethical Problems Occurring In Ambulatory Medicine
18. Declaration of Geneva-World Medical Association Amended, 1983
19. The Hippocratic Oath
20. AMA Code of Ethics
21. The Nuremberg Code
22. Staff Conference Committee Report To The Medical Staff Relative To The Care of Jehovah's Witnesses
23. Sierles F, Hendrickx I, Circle J: Cheating in Medical School. J Med Educ 1980;55:124-125.
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28. Mortality For Leading Causes Of Death In The United States - 1981
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30. Curran WJ: Medical Intelligence. Defining Appropriate Medical Care: Providing Nutrients And Hydration For The Dying. N Engl J Med 1985;313:940-942.
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34. Baron RJ: An introduction to medical phenomenology: I can't hear you while I'm listening. Ann Intern Med 1985;103:606-611.

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41. Levels Of Ethical Decision-Making, Doing Ethics, What is Ethics (Dr. Pellegrino)
42. Ethics And Medical Care Session: Alcohol Issues
43. Resident And Student Well-Being And Impairment
44. Valaske MJ: Nobody knows. Medical Society of District of Columbia January, 1984;17.
45. Clark WD: Alcoholism: Blocks to diagnosis and treatment. 1981;71:275-286.
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49. Thomas L: On medicine and the bomb.
50. Johns Hopkins Center on Aging - Basic Data On Aging
51. Elliot E: "My Name is Mrs. Simon". *Ladies Home Journal* 1984;18, 21, 150.
52. Segers MC: Political discourse and public policy on funding abortion: An analysis.
53. Chervenak FA, Farley MA, Walters, L, Hobbins JC, Mahoney MJ: When is termination of pregnancy during the third trimester morally justifiable? *N Engl J Med* 1984;310:501-504
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ETHICS AND MEDICAL CARE 1985-86

MEDICAL CARE ROTATIONS

The Medical Care Rotations for first year students consist of a physician visit, an Emergency Room (ER) session of 4 hours, a 4 hour visit to an in-patient Nursing Unit, and an afternoon at a Nursing Home. The overall objective is to give you an inside look at some different settings in which medicine is practiced and to observe the perspectives of the parties in the "patient/physician" encounter. These parties may be very visible, e.g. the patient, the physician, the nurse, the social worker, other health care workers such as the receptionist, or the family; they may be less visible, e.g. the payor, the legal system, the employer, or the institution where the care is delivered. Each visit will highlight one or more of these participants.

1. The physician visit will vary depending upon the nature of his or her practice and may occur in an office, a hospital, or other setting. The driver for each group should call the physician's office to verify the meeting place and time as well as to obtain directions.
2. The Emergency Room experience will be at Johns Hopkins Hospital and is designed to give you an understanding of the types of patients and problems encountered in a facility which operates 24 hours a day to meet needs ranging from the very serious to the apparently trivial. The word "apparently" is used advisedly since the patient may not consider the problem to be trivial even if medically it is, and the physician must be responsive. In many such cases, the physician must determine why the patient came now, why here and whether the stated problem is the real problem. Emphasis will be placed on the relationship of social factors to medical care and the role of the social worker (see attachment 1).
3. The visit to the Surgical, Pediatric, Oncologic, or Neurologic nursing units will allow you to learn about the development, implementation, and evaluation of nursing plans; and to observe nurses interacting with patients, families, physicians, and other nursing personnel. (see attachment 2). As physicians you will be writing "orders", many of which will be carried out by nurses. This rotation is designed to give you an appreciation of the critical role nurses play in any successful care of patients.
4. The visit to the Nursing Home should sensitize you to the effect of demographic changes on the practice of medicine. Problems in the care of the aged and the ethical dilemmas confronted by today's practitioners will be illustrated (see attachment 3).

You are expected to attend all the rotations on the days assigned to you or to make arrangements to switch with a classmate if you cannot. The descriptions of the ER and Nursing Rotations designate people to notify in the event that a switch is made. In the case of the Nursing Home rotation or the physician visit, please notify Fran Yates or Karen Jackson at X8510 of any change.

ETHICS AND MEDICAL CARE -- 1985-86

Emergency Department (ER) Component

The ER is under the direction of Dr. Keith Sivertson and provides service for a variety of emergent and non-emergent medical problems to patients from different socio-economic and educational backgrounds. This session is not intended to teach you diagnosis and treatment in emergency medicine but to familiarize you with issues surrounding the utilization of the ER and with how caregivers try to resolve the sometimes conflicting expectations of patients and providers. Issues involving patient/doctor communication and resource allocation are likely to be illustrated. The opportunity to witness how economic, social and emotional factors complicate patient management should give you some insight into the health care system from the patient's perspective.

Objectives

1. To describe the function and utilization of the ER.
2. To show how social, economic, cultural, and emotional factors affect patients' health care expectations and their response to medical management.
3. To provide an understanding of how a variety of professionals assist patients with psychosocial problems related to illness and disability.

Clinical Experience

The ER social work staff (listed below) who will supervise this experience is under the direction of Ms. Fran Lawrance, M.S.W., Director, Social Work Department. A social worker will supervise each group of students and will determine specific assignments for the session, provide instruction and guidance, and lead discussions.

The four hour session will be divided as follows:

1. Tour of the ER;
2. Triage-front desk observation;
3. Discussions with professional staff members about management of ER patients; and
4. Structured observational experience in several areas of the ER.

At the end of the session, you will be asked to complete an evaluation form.

Attendance

You are expected to attend your scheduled session (see the assignment sheet). If you have a conflict, we ask you to reschedule by switching sessions with another student. You should notify Ms. Liz Nichols, Senior Social Worker, Emergency Medicine, ext. 2177 of any change in schedule or special problems. If you cannot appear for a scheduled session because of illness or an unexpected emergency, you will be expected to reschedule within one week. Failure to do so will be considered as constituting a "missed rotation" and the course director will be notified.

Dress

Please wear your student identification badge and dress neatly, in a manner appropriate to patient contact. Blue jeans and tee shirts are not considered appropriate.

Social Work E.R. Staff (ext. 2177)

Liz Nichols, M.S.W., Senior Social Worker

Beth Holley, M.S.W.

Ogden Rogers, M.S.W.

Fronnie Sodipo, M.S.W.

Kathy Read, M.S.W.

Carol Brown, M.S.W.

Renee Carrington-Porter, M.S.W.

ETHICS AND MEDICAL CARE

Nursing Rotation

The Johns Hopkins Department of Nursing is dedicated to delivery of optimum care for the patient and his or her family through service, education and research. You will become familiar with the nurse's role as a health care provider and the expectations that patients and families have of the nurse.

You will observe and participate in nurse-patient interactions which are often complicated by physical, psychosocial and economic factors that make each patient's situation unique. The purpose of the rotation is to increase your awareness of how registered nurses meet the physical, and psychosocial needs of their patients.

Objectives

At the completion of this rotation, you should be able to:

1. Define the activities of the registered nurse in the inpatient setting.
2. Evaluate how well the needs of patients and families are met by nursing staff and the factors which influence this.

Clinical Experience - One 4 hour period will include all or most of the following:

1. Attend evening report.
2. Observe or review the preparation, application and evaluation of the nursing care plan.
3. Observe the interactions and functions of clinical staff nurses.

Attendance

Attendance is mandatory. If you have a schedule conflict, it is your responsibility to arrange a switch with another student and to notify the Nurse Coordinator of the area to which you have been assigned: Linda Rothfield, Assistant Director, Department of Medicine - x5418; Connie Ziegfeld, Assistant Director, Oncology Center - x8845; Sue Culp, Instructor, Pediatrics Department - 6451; Nancy Divestea, Assistant Director, Surgery Department - x5144 of the change.

Dress

You are expected to wear an identification badge and to dress neatly and in a manner appropriate to patient contact.

General Note

The term "nursing home" is nonspecific and can include such facilities as chronic disease hospitals or parts thereof, skilled nursing care facilities (SNF), intermediate care facilities (ICF), comprehensive care facilities (CCF), domiciliary homes, personal care homes and old age homes.

The facility you will visit will be either a chronic disease hospital with a CCF component, or a free-standing CCF. A CCF is a facility providing housing, nutrition, nursing and physician care of varying intensity, organized activities, programs, and services of physical, speech and therapists. This facility provides long term care for significantly impaired adults, and convalescent care for patients recovering from such conditions as a fractured hip, stroke, or an operative procedure. In one or two instances, you may go on a home health visit with a physician or nurse.

Some relevant statistics (estimates for - U.S. in 1980)

1. Number of nursing homes	20,000
2. Number of beds	1,500,000
3. Mean age of residents	82
4. Percent of residents 65+	90%
5. Primary diagnosis of residents	
(1) Cardiovascular conditions	40%
(2) Mental disorders	20%
(3) Diabetes	6%
(4) Arthritis	5%

ETHICS AND MEDICAL CARE

COURSE REQUIREMENTS AND GRADING

As noted in the course description, this is a survey of selected topics in both Ethics and Medical Care. Although the issues are related, some sessions will be devoted more to a consideration of ethics per se and others more to medical care. In the end, however, the reason the course exists is to help build a foundation of knowledge in these areas as you embark on your lifelong journey as a physician.

As with other required courses, there will be a final grade. Some students wonder if a grade can be assigned in ethics "since they think that "ethics" is entirely subjective with no right and wrong answers and with everyone's opinion being equally valid. As noted in the stipulative definitions in the series of handouts, both ethics and medical care involve a series of teachable principles, concepts, and a definite information base. You will be given objective information as well as an approach to defining and resolving ethical dilemmas through the use of an organized framework.

A very important objective of the course is to encourage you to analyze and express clearly and logically your attitudes and beliefs as they affect important medical care issues. You are asked to submit a 5 page double-spaced typewritten essay by Thursday, January 9th, about a life experience which you believe has some implications for you as a prospective physician. It can be an encounter with the health care system as a patient (either you or someone else); or as a health care worker (e.g. if you were a nurse or social worker in your former life); or an interesting episode during one your medical care rotations; or a difficult situation in which you had to reach deep down inside yourself to cope. It should not be a replay of your application essay on "Why I Want to Be a Doctor" but rather one that makes visible at least 1 or 2 principles of ethics such as autonomy or fidelity or 1 or 2 personal attributes that you value most. Attached is a list of commonly-accepted positive values from which you may choose. You may also suggest others such as the ability to laugh at oneself or in the case of your own personal moment of truth when you had to come to terms with one of your negative traits (e.g. greed, hate, selfishness, or arrogance).

The essay will count for 25% of the final grade. We will rate the clarity of your description of the incident or issue and its relevance. We will not grade the position you take (whether controversial or not), but will look for evidence that it follows logically i.e. that your position is well supported. Failure to complete the assignment on time will result in a grade of zero unless there is evidence of illness or other documentable major personal event which prevented you from completing it.

There will be four medical care rotations and six small group discussions. You will be awarded 25 points for attending the medical care rotations and for participating in the discussions. The medical care rotations and their purposes are discussed elsewhere. The discussions are designed to provide an opportunity to explore medical care issues and ethical dilemmas through the use of actual case studies and videotapes. They will give you some insight into the diversity of opinions even in a relatively homogeneous group such as the first year medical school class at Johns Hopkins.

The final examination will count 50 points. You will be given two or three case studies as well as a brief videotape. You will be asked to draw on the ethical principles and a framework for the resolution of ethical dilemmas discussed in class. There may also be some short answer questions based on factual materials from the handouts and the lectures. You will be given more specific information about the final during the last week of the course.

There will be two readers for both the essay and the final. In the event of any substantive disagreement, there will be a third reader. In the case of the final exam, the elements of a "correct answer" will be defined beforehand. This should minimize the possibility of subjectivity in grading.

The above measures, then, will be used to determine your letter grades as follows: 90-100,A; 80-89,B; 79-79,C; 60-69,D; below 60,F. Your grade should reflect your mastery of the course material and not be construed as a reflection on your personal ethic or your capacity to be a good physician.