In this course we will consider a number of the difficult moral problems which arise in the medical care of the elderly:

Confidentiality and Truth Telling in Medical Practice:

Does the patient have a moral right to be told the whole truth about his illness and the risks of treatment? Is this right fundamental or is it derived from the belief that telling the whole truth will usually lead to better care? What should a physician do if he believes a fully informed patient will resist treatment or suffer anguish or depression? Should physicians make judgments about the emotional impact of medical information at all?

Competency, Informed Consent and the Elderly:

What constitutes informed consent to treatment? How is it to be determined when an elderly patient is competent or incompetent to give informed consent? What procedural safeguards should be put into place to ensure that the autonomy of patients is respected?

Death and Dignity:

Is there a right to "die with dignity"? What makes a death dignified? Choosing to die is tantamount to suicide: is suicide morally right or wrong? If suicide is ever morally right, what about cases in which the patient wishes to die, but is unable to take the necessary steps himself: is it ever right to assist a suicide?

Killing and Letting Die:

Is it ever morally permissible to kill a patient or to let a patient die? Is killing always morally worse than letting die, especially if dying will be painful and lingering? Is it true as some claim that permitting some active euthanasia will seriously weaken respect for human life in other contexts of medical treatment? Does the distinction between "ordinary" and "extraordinary" treatment presuppose judgments about the value of the life in danger? If euthanasia is ever desirable, who should make the decision when the patient cannot — the physician, family, courts, trustees?

Social Justice and the Health Care of the Elderly:

Is there a basic moral right to health care? If so, where should the minimum level be set? Is it a right to a certain level of treatment, of prevention, to an environment free of health hazards? Should markets play a significant role in the allocation of medical resources? If so, what should be the balance of market and plan? Should health care planners emphasize treatment or prevention, and in what ratio? Where does preventative medicine stop and personal decision about lifestyle begin?
Aging, Disease and Death:

An elderly character in the film, Citizen Kane, remarks that "old age is the only disease you don't want to be cured of." Is this right: is old age a disease? What makes a condition a disease at all? Is this concept value-laden, or is a value-free concept of disease available in medical practice? What are the implications of these questions for the allocation of social resources to the care and treatment of the elderly?

REQUIRED READING:

Reading on these topics will be drawn from Moral Problems in Medicine, Gorovitz, et al., editors. There will also be source material on the care and treatment of the elderly (to be xeroxed and distributed for a nominal fee to cover costs).

COURSE REQUIREMENTS:

Students will be expected to write four short papers (5-7 pp.). There will be a final (essay) examination. There may be a midterm.