Phil 10  Applied Ethics:  
Introduction to Bio-Medical Ethics  
*Crosslisted as BIET 10*

**Syllabus: Fall, 2000**

2:50 MWF  MH 202

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[Link to Web Site for Interdisciplinary Area in Biomedical Ethics](#)

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**NOTE** concerning THE ACADEMIC YEAR, 2000-1:

**BIET 65  Advanced Seminar in Bioethics [syllabus]**

*Term II, 9 Tu Th in Briggs Hall 224*

one of the core courses **required** for the *Interdisciplinary Area in Biomedical Ethics*

Will be taught in the Winter Term of 2000-2001 at 9 Tu Th in Briggs Hall 224.

Taught jointly by Dr. David Hathaway and Professor Boardman

(Professor Johnson, originally scheduled as co-instructor, withdrew owing to scheduling conflicts.)

Phil 10—Applied Ethics: Introduction to Bio-Medical Ethics—will satisfy the prerequisite for this seminar.
text:


Some terms and acronyms used in the text are defined. In connection with Part 2, read also *The Appleton International Conference: DEVELOPING GUIDELINES FOR DECISIONS TO FORGO LIFE-PROLONGING MEDICAL TREATMENT*

In connection with HMOs, read also *An in-depth study of HMOs by The Post-Crescent, Aug. 20, 2000.*

**LINK to Wisconsin Department of Health Services: Advance Directives (Last Revised: May 22, 2008)**

On this page, you can download the official Wisconsin Advance Directives forms in PDF: Living Will, Power of Attorney Forms, Authorization for Final Disposition

**American Medical Association: help on Advance Directives**

**Partnership for Caring: Advance Directives for a variety of states.**

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### Rough Outline of Course:

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For the last two weeks of the term, the following articles are assigned:

John Harris, "QALYfying the Value of Life," p. 706
James F. Childress, "Fairness in the Allocation and Delivery of Health Care ...," p. 724
Allen M. Brandt, "Racism and Research: The Case of the Tuskegee Syphilis Study," p. 547
Alan Donagan, "Informed Consent in Experimentation," p. 560
World Medical Association, "Declaration of Helsinki," p. 566
Maurie Markman, "Ethical Difficulties with Randomized Clinical Trials Involving ...," p. 569
Samuel Hellman and Deborah S. Hellman, "Of Mice but Not Men" Problems of ...," p. 572
Benjamin Freeman, "A Response to a Purported Ethical Difficulty ...," p. 577
Study Questions for Final Exam:

1. Discuss in connection with the suggestion made by Buchanan & Brock that distinct and different levels of competency should be required for different sorts of issue: if a physician discloses information to a patient but the patient does not understand it, informed consent cannot be said to have taken place.

2. (a.) Discuss the following proposal: there are a million little risks for any treatment. Informed consent requires that the physician explain each in detail. (b.) If you argue that some risks though not all should be disclosed, explain how the line should be drawn between those which need to be disclosed and those which need not be disclosed.

3. Discuss the background use of a physician's professional judgment concerning the advisability of treatment options based on their sets of risks and benefits when one is determining which sets to discuss in detail and whether a patient understands the sets sufficiently to be deemed "informed" about the risks.

4. Since 1950, many significant changes have taken place--changes in medical science and technology, in the typical relationship between physician and patient, in the greater longevity of people, and in the replacement of medical insurance with managed health care, to list a few instances. Discuss how such changes have produced the problems we have discussed throughout the term.

5. What are the reasons behind requiring informed consent for medical treatment? Explain whether this is simply a legalistic-bureaucratic requirement, or whether such a requirement is morally significant and, if so, how it is significant.

6. Social justice in medical care is a perennial worry: explain how might one defend the standard of "equal opportunity," and discuss the difficulties and trade-offs in trying to follow such a standard.

7. Discuss some of the important issues concerning research on human subjects, and some of the procedures which are used to prevent ethical problems from arising.

8. Discuss some of the problems encountered when one is trying to allocate scarce resources; give some examples to illustrate your discussion.

9. In various circumstances, scarce resources--donated organs or scarce therapeutic drugs or money--must somehow be rationed; since the patient's physician knows best the details of his needs and prognosis, shouldn't rationing be administered by the patient's physician? (Discuss.)

10. The elderly who are dying consume a disproportionate amount of the health care dollar: what are the pros and cons of recognizing a natural limit to life and using that as a means to cap expensive procedures?

11. Supposing that a physician is capable and serious about his duty to his patient, why shouldn't autonomy be considered superfluous and paternalism be encouraged?

12. Discuss the various issues behind disagreements on how to define death: traditional, whole-brain, higher brain. Why would anyone want to abandon the traditional criteria of death?

13. Explain the difference between the public health perspective and the individual patient perspective; why should a conflict between these perspectives not be surprising? (Cf. Eddy's essay.) Which perspective should a health organization take and why? Which perspective should a physician take and why?

14. Given that every state makes it legal for a patient to refuse medical treatment even when that refusal is likely to hasten his death, discuss the reasons why it might nevertheless decline to legalize physician assisted suicide? Discuss the arguments which might be offered in favor of PAS.

15. Explain the differing incentives created by a fee for service health plan and by a "capitated" health plan, and how such incentives become important to ethical issues.

16. Discuss the issue, whether a physician must always follow a patient's advance directive.

17. Discuss whether it is simply greed which leads HMOs not to provide state-of-the-art medical care to each of its members.

18. Discuss the changes which have occurred in the last fifty years which have produced many of the problems and issues which Bio-Ethics is now concerned with--issues such as: how and when to inform patients about the risks and benefits in alternative therapies, concerns about the rules governing withdrawing or withholding medical care, concerns about physician assisted suicide, concerns about setting priorities in health care expenditures, concerns about medical experimentation.

Classes will be focused on discussion of the readings. Each student will be expected to have read each assigned article carefully and critically before coming to class; class attendance is required.
At least three brief papers (about 4 pages) on topics which will be assigned; and a three hour final exam at **8:30 a.m. on Thursday, December 14**.

Each of the three papers will count as 20% of the course grade, while the final examination will count as 40% of the grade in the course.