SCHOOL OF PHARMACY
AND ALLIED HEALTH PROFESSIONS

OCCUPATIONAL THERAPY DOCTORAL PROGRAM
OTD 562

ADVANCED CLINICAL ETHICS

FALL 1998

Linda S. Scheirton, Ph.D.
COURSE TITLE: ADVANCED CLINICAL ETHICS (Fall 1998)

DEPARTMENT: OCCUPATIONAL THERAPY

COURSE NUMBER: OTD 562

CREDIT HOURS: THREE

CLOCK HOURS: TWO

REQUIRED: YES

PREREQUISITES: NONE

BULLETIN DESCRIPTION: This course focuses on ethical reflection, negotiation, and decision-making in Occupational Therapy. Theoretical frameworks, concepts, and applied analytical strategies are examined critically in light of their usefulness for practice.

JUSTIFICATION: This course provides students with the conceptual, factual, and communication tools needed for pro-active response to the ethical issues presented in contemporary Occupational Therapy (OT) practice. These tools will enable the student to approach moral dilemmas objectively and with a thorough understanding of professional moral responsibility.

COURSE OBJECTIVES: At the conclusion of this course, students will be able to:

1. define and apply ethics terms, major ethical theories, principles, as well as, caring and virtue theories and decision making frameworks.
2. analyze methods of moral deliberation by applying the preceding theories, principles, and frameworks to OT health care issues.
3. discuss the applicability and limitations of health-related Codes of Ethics and more specifically the AOTA Code of Ethics for clinical practice and research.
4. discuss major concerns and apply moral reasoning to select ethical issues/dilemmas in contemporary OT practice and research.
5. analyze and evaluate the prevailing approaches and solutions to ethical and socio-cultural problems and complexities of specific issues in OT practice and research.
6. formulate strategies for identifying and negotiating culturally and personally diverse ethical positions in health care.
7. articulate a personal and professional ethic for professional responsibility especially regarding OT services to under-served populations.
8. anticipate developments in standards of care and related emerging social and ethical trends that may influence health care providers and organizations.

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9. gain skills in teaching and publishing in ethics through analysis and
discussion of ethics narratives, cases, and commentaries

INSTRUCTIONAL METHOD: Seminar format: lecture, class discussion, problem-based group
interaction, structured analyses of cases and narrative, reflective writing, student presentations, assigned readings, audiovisuals/videos, and guest speakers.

TEACHING/LEARNING EXPERIENCE: Students are expected to complete assigned reading prior to class, participate in class discussions and activities. Each student will complete the following:

a. **Student Directed Lab (15 points)** — in small groups, students will construct a theory overview and case for illustrating the usefulness and limitations of the ethical theory teleology (utilitarianism) or deontology or virtue ethics, principles of biomedical ethics or the ethics of care and feminist ethics. Each small group will meet with the instructor prior to class to think of a case and how it can best illustrate the theory's utility.

b. **Student Directed Seminar (25 points)** — each student will facilitate discussion and learning on selected bioethics topics (Appendix A). The presentation/discussion will be no more than 20 minutes in length. Each student will meet with me to plan, research, and organize their seminar. A brief outline and handouts or visual aids are suggested. Evaluation criteria are listed in Appendix B.

c. **Reflective Essays (50 points)** — students will write two (25 point) essays detailing personal reflections on assigned events they will observe, including the annual Women and Health Lecture and a meeting of a Hospital Ethics Committee.

d. **Insight Notes (26 points)** — students will prepare rough notes in response to specific questions about the assigned readings.

e. **Articles on Ethical Topics (5 points)** — collect academic articles or lay references, newspapers or news magazines, and cartoons related to ethical issues in health care. You may also use video recordings of television or news broadcasts. Bring items to class for discussion or circulate around the seminar room. Keep a scrapbook or ledger for future reference.

f. **Case Analysis Manuscript (70)** — research and write a 12 page double-spaced (11 or 12 font-size) paper suitable for publication (with bibliography). The paper will provide ethical commentary on a specific ethics case relevant to OT practice. Evaluation criteria are listed in Appendix C.
g. Participation (26 points) — students will receive one pt. per session.

EVALUATION:

Points:  
15    Student Directed Lab on Theory  
25    Student Directed Seminar  
50    Reflective Essays (both required, 25 points each)  
26    Insight Notes on Readings (1.5 each)  
05    Articles/Videorecordings on Ethical Topics  
70    Case Analysis Manuscript  
26    Participation (1 point each session)  
217   Total Points

GRADING:

The student will be graded using the following scale:
A = 92-100  
B+ = 87-91  
B = 83-86  
C+ = 78-82  
C = 73-77  
D = 68-72  
F = below 68

ATTENDANCE:

Regular and active attendance is especially important in this course since the course intends to develop student's skills in moral reasoning, sharpen analytical skills vis-a-vis difficult clinical cases, and provoke personal ethical reflections. These objectives cannot be met by passive reliance on class notes or literature alone. Participation points can be earned only if you are present or in the event of an excused absence. Excused absences must be requested prior to the beginning of the class period and must be validated with the instructor. Valid excuses will include doctor's excuse, etc. Class meets Wednesday and Thursday (8:30-10:20 a.m.).

INSTRUCTOR:

Linda S. Scheirton, Ph.D.  
Associate Professor

Phone: 280-3108 W  
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553-2925 H  
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Room: primary office, B63 Criss III  
secondary office, Boyne 114A  
(share Dr. Brown's office while she is on sabbatical)

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Office Hours: Tuesday, 8:00 - 9:00 a.m., other times by appointment.  
Ms. Jeanne Riha, Secretary in the Office of Academic and Student Affairs schedules my appointments. You may schedule an appointment by calling her at 280-1147.

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TEXT:

REFERENCE TEXTS:


SELECTED READINGS/LAB MATERIALS:
Journal articles, newspaper articles, poems, case studies and cartoons on selected course topics will be available at the beginning of class.

SPECIAL NEEDS:
The School of Pharmacy and Allied Health Professions is committed to assisting students with disabilities in accomplishing the academic mission to our programs. Students who believe themselves eligible for accommodations under the Americans with Disabilities Act should contact Dr. Victoria Roche, Associate Dean for Academic Affairs, or Dr. Linda Scheirton, Assistant Dean for Student Affairs, for assistance in accessing allowed accommodations. The Office of Academic and Student Affairs is located in Room B67 Criss III. The phone number of the office is (402) 280-1147.

MISCONDUCT:
The School of Pharmacy and Allied Health Professions recognizes its duty to prepare students who are not only knowledgeable in their disciplines, but who also possess a character sufficiently moral and ethical to be deserving of the public trust. With this responsibility in mind, the student is advised that academic and non-academic misconduct will be dealt with swiftly and fairly in accordance with the policy. This policy is in harmony with the Code of Conduct outlined in the Creighton University Student Handbook, however, the School and University reserve the right to modify, deviate from, or make exceptions to the policy statements found in either document, and to make any such deviation or exception applicable to any student without regard to date of admission, application or enrollment.
FORM AND STYLE
GUIDELINES:

For manuscript development, students should follow form and style
guidelines as outlined in the Publication Manual of the American
Psychological Association, fourth edition.

BIOETHICSLINE:

BIOETHICSLINE is a computer database produced by the Kennedy
Institute of Ethics for the National Library of Medicine. The database
covers relevant literature in medicine, law, religion, philosophy, and the
social sciences. Students are able to directly access the database via the
Creighton University Health Sciences Library Winspirs/Webspirs
database system. In addition, the Kennedy Institute of Ethics and the
National Reference Center for Bioethics Literature at Georgetown
University has agreed to provide BIOETHICSLINE hardcopy searches
upon request and at no charge to the student. To initiate a search, simply
dial 1-800-MED ETHX (1-800-633-3849) for assistance. Hours of
operation are: Monday 9:00-5:00, Tuesday 9:00 - 9:00; Wednesday,
Thursday, Friday 9:00-5:00; Saturday 10:00-3:00. The Kennedy
Institute of Ethics staff are very knowledgeable, helpful and friendly.
The librarian will take your name and address. Within 3 or 5 working
days, the computer printout will be mailed to your home. Please note
that it should take the U.S. Mail Service several additional days for
delivery. The search usually arrives within 8 days.

Prior to calling the toll free number for initiating a search, develop a
short statement of the topic issue, problem, or question on which a
BIOETHICSLINE search will be made. Try and formulate a search
strategy including the choice of search terms. Remember to indicate that
you would like the search to include Occupational Therapy-specific
literature as well as a broader emphasis.
ADVANCED CLINICAL ETHICS
PROPOSED COURSE SCHEDULE

I. COURSE OVERVIEW

August 19, 1998  Topic:  Course Overview, Introductions
                  Media:  Slide Presentation, Overview of Ethical Issues

II. CORE VALUES FOR PROFESSIONAL PRACTICE

August 20, 1998  Topic:  Clinical Ethics: History, Content, and Resources
                  Text:  Introduction to Clinical Ethics, Chapter 1, pg. 1-20.
                  Readings:  American Occupational Therapy Association (AOTA) (1) Core
                             Values and Attitudes of Occupational Therapy Practice, 2 pg.
                             (2) Occupational Therapy Code of Ethics, 4 pg. (3) Guidelines to
                             the Occupational Therapy Code of Ethics, 8 pg. (4) Enforcement
                             Procedure for Occupational Therapy Code of Ethics, 5 pg.
                  Lab:  Case analysis
                  Due Date:  Insight Notes, Theory Overview Topic (each student will
                             prepare a 15-to-20 minute presentation) and Case Selection
                  Objectives:  (1) Define ethics and clinical ethics
                              (2) Explore sources of ethical values
                              (3) Discuss the historical aspects of professional codes
                              (4) Identify the functions and limits of any professional code of
                                   ethics.
                              (5) Examine the AOTA Code of Ethics

II. TEACHING ETHICAL THEORY

August 26, 1998  Topic:  Utilitarianism
                  Reading:  Mappes & DeGrazia, General introduction. Biomedical Ethics, pg.
                           1-16.
                  Case Study:  “A Case of Entrapment” or new case distributed in class
                  Overview:  Student lab
                  Due Date:  Insight Notes
                  Objectives:  (1) Describe and utilize two main consequentialist theories,
                               ethical egoism and utilitarianism
                              (2) Distinguish between act-utilitarianism and rule utilitarianism
                              (3) Determine the rightness or wrongness of an action in terms of
                                   consequences
                              (4) Describe the cost-benefit analysis, or end-justifies-the-means,
                                   approach to morality and why it is a problem for both forms
                                   of utilitarianism
August 27, 1998  
**Topic:** Deontology: Kant  
**Readings:** Mappes & DeGarza, General introduction. *Biomedical Ethics*, pg. 17-21.  
**Case Study:** Distributed in class  
**Overview:** Student lab  
**Due Date:** Insight Notes  
**Objectives:**  
1. Describe how our thinking can take a decidedly non-utilitarian turn  
2. Explain why utilitarianism and Kantianism are monistic theories and not pluralistic theories such as principlism  
3. Distinguish Kantian deontology as an ethics of respect for persons  
4. Analyze Kant's categorical imperative  
5. Explain the difference between duties and inclinations according to Kant  
6. Explain the famous Kantian phrase “treat human beings as ends rather than means”  
7. Determine rightness or wrongness of an action by analyzing certain formal properties of the statement of action  
8. Discuss the meaning of absolute moral truths and universalizability  
9. Critically assess Kantian deontology  

September 2, 1998  
**Topic:** Principles of Ethics: Ross, Beauchamp and Childress  
**Readings:** Mappes & DeGarza, General introduction. *Biomedical Ethics*, pg. 21-35.  
**Overview:** Student lab  
**Due Date:** Insight Notes  
**Objectives:**  
1. List Ross' prima facie duties: fidelity, reparation, beneficence, and justice  
2. Describe principles of ethics outlined by Beauchamp and Childress.  
   a. autonomy  
   b. non-maleficence  
   c. beneficence  
   d. justice  
3. Discuss the particular socio-political and culture-specific theories underlying the contemporary significance of the notion of patient autonomy  
4. Analyze some common criticisms of Ross' theory and the more recent theory of principlism espoused by Beauchamp and Childress  

September 3, 1998  
**Topic:** Virtue Ethics, Ethics of Care and Feminist Ethics  
**Readings:** Mappes & DeGarza, General introduction. *Biomedical Ethics*, pg. 36-41 and 41-50.  
**Textbook:** *Introduction to Clinical Ethics*, Chapter 1, pg. 13-17.  

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Overview: Student lab

Due Date: Insight Notes

Objectives:
(1) Compare and contrast key elements in feminism and masculinity theories as they apply to the health professions
(2) Discuss the argument that women's moral experience has generally been discounted in the construction of ethical theories and principles.
(3) Discuss the role of an ethic of care in practice
(4) Evaluate Carol Gilligan's study of gender differences in ethical thinking and how it has brought the ethics of care into the mainstream of philosophical discussion
(5) Relate virtue ethics (character-based) theory and perspectives to your practice
(6) Define virtue
(7) Explain the emphasis on the good or virtuous character of human beings themselves, rather than on their acts, consequences, feelings or rules
(8) List character traits or virtues that are morally valued: courage, compassion, sincerity and truthfulness
(9) List the advantages and disadvantages of Virtue Ethics

September 9, 1998  Topic: Concept of Health and Disease
Conceptual Differences?:
* Disease vs. illness vs. sickness
* Disorder vs. disability vs. handicap
* Aging: Disease, disorder, or normality?
* Chronicity, genetics, and other changes in the medical paradigm.
* Physical illness and mental illness: Qualitatively different or two varieties of the same thing?


Handouts: Black and white paper copies of Concept of Health and Disease color transparencies shown in class, 4 pgs.

Media: BBC Interview with Thomas Szasz

Due Dates: Insight Notes

Objectives:
(1) Recognize that the conceptions of health and disease held by individuals and society vary widely and are often ambiguous
(2) Describe the philosophical, anthropological, sociological and biological perspective of disease.
(3) Define health from an individual, professional and community approach and explain how the definitions differ

September 10, 1998  Topic: S. Kay Toombs, Ph.D. “Where would she like to sit?” “The personal and societal challenge of chronic illness and disability”.

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Ninth annual Women and Health Care lecture, Creighton Skutt Student Center, 7:00 p.m. - 9:00 p.m., reception at 6:30 p.m.

Due Dates: Insight Notes
Objectives: (1) Relate previous discussion on concept of health, disease, disability, chronicity to Dr. Toombs phenomenological approach to the challenges of chronic illness and disability
(2) Take notes and ask questions in order to prepare for a reflective essay on the presentation by Dr. Toombs

II. PROVIDER-PATIENT RELATIONSHIP:

September 16, 1998

Topic: Ethical Decision-Making Models Revisited
Handout: Ethical Decision-Making Models, 12 pgs.
Media: Slides on various models with accompanying cases
Vignette, scene 5 from "Everyday Ethics: Common Concepts in Occupational Therapy", videotape
Lab: Case analysis
Due Date: Women and Health Reflective Essay
Insight Notes

Objectives: (1) Discuss the nature of bioethical reflection and analysis.
(2) Compare and contrast several ethical decision making models/frameworks used in the decision making process for moral deliberation.
(3) Apply ethical theories and perspectives to practical problems identified in the ethics literature.
(4) Recognize the inevitability of moral decision in all of occupational therapy practice, from life-sustaining treatment to daily routine
(5) Identify the difference between personal opinion and reasoned argument and the difference between correct reasoning and fallacious reasoning
(6) Analyze the complementary differences between a faith-based theological approach to morality and an ethical approach

September 17, 1998

Topic: Respecting Privacy and Confidentiality
Text: Introduction to Clinical Ethics, Chapter 3, pg. 41-53.
Media: Vignette, scene 2 from "Everyday Ethics: Common Concepts in Occupational Therapy", videotape
Lab: Case analysis
Due Date: Insight Notes
Objectives: (1) Define confidentiality
(2) Compare and contrast different philosophical views on confidentiality including respect for the patient's privacy.
(3) Explain how confidentiality serves the interest of the patient and society

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(4) Describe three justifications for violating the principles of confidentiality
   a. conflict with rights of patients (best interests of individual patient)
   b. conflict with rights of third party
   c. conflict with interests of society
(5) Evaluate the legal requirements for violating confidentiality

September 23, 1998

Topic: Truth telling
Text: Introduction to Clinical Ethics, Chapter 4, pg. 56-70
Lab: Roleplaying
Due Date: Insight Notes
Objectives:
   (1) Define truth telling
   (2) Delineate arguments about truth telling
   (5) Discuss the consequentialist case for withholding the truth and for always telling the truth
   (6) Describe the possible exceptions to the truth telling rule.
      a. withholding the truth from a patient at the family’s request
      b. withholding the truth at the patients’ own request
      c. deceiving patients for the good of others
      d. withholding the truth to avoid disastrous consequences
   (7) Discuss forms of patient deception, omission, and evasion
   (8) Explain the merits of disclosing uncertainty
   (9) Apply strategies to approach truthful disclosure of medical mistakes when doing so may not be to the clinician’s advantage

September 24, 1998

Topic: Determining Patient’s Capacity to Share in Decision Making
Text: Introduction to Clinical Ethics, Chapter 5, pg. 71-88
Lab: Case analysis
Due Date: Insight Notes
Objectives:
   (1) Examine the process of making treatment decisions for patients who lack decision making capacity.
   (2) Define the use of the word “proxy” in a health care context
   (3) Discuss ways in which a person can become a proxy and make health care decisions for an incapacitated patient.
   (4) Compare and contrast the two widely recognized standards for making proxy decisions.
      a. substituted judgment standard
      b. best interests standard
   (5) Describe two situations in which a third standard - reasonable treatment standard - for making proxy procedures can be used when neither the substituted judgment nor the best interests standard is applicable.

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(6) Explain the difficulty in making health care decisions for neonates and young children as well as older children.

(7) Discuss the process for determining the minimum age/capacity for minors to make care decisions.

(8) Evaluate situations in which parents no longer have authority to make health care decisions for the older minor children.

(9) Discuss legal and moral issues in making decisions for the mentally ill.
   a. misconception that all mentally ill people are incapacitated
   b. determining when a mentally ill person is a danger to others or to self
   c. forcing treatment on the incapacitated patient
   d. manipulating the patient with capacity

Text: Introduction to Clinical Ethics, Chapter 6, pg. 89-105.
Lab: Case analysis, consent form analysis of good and bad components
Due Date: Insight Notes
Objectives: (1) List four major ways a patient’s role in making effective health care decisions can be limited or lost.
(2) State three aspects that must be present for us to say that the patient has decision making capacity.
   a. ability to understand and communicate.
   b. ability to deliberate and reason about alternative courses of action.
   c. ability to evaluate what is good.
(3) Discuss why it is difficult to have clinical, legal, philosophical or ethical consensus about capacity criteria.
(4) Discuss the historical perspective for informed consent
(5) List guidelines for consent, referral and refusal of treatment.
   a. valid consent
   b. competence
   c. deception
   d. rationality
   e. moral justification
(6) List elements of informed consent.
   a. disclosure of information: completeness
   b. comprehension and capacity
   c. voluntariness: without duress (forced), manipulation, and coercion vs. persuasion
(7) State functions of informed consent
   a. promotion of individual autonomy
   b. protection of patients and subjects
   c. avoidance of fraud and duress

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d. encouragement of professional self-scrutiny
e. promotion of rational decisions
f. involvement of public in promoting autonomy as social
   good and limits to biomedical research
(8) Recognize the pros and cons of paternalism in informed
    consent.
(9) Assess the functions of informed consent.
(10) Compare arguments for/against the patient's "right to
    know".
(11) Discuss the "right to privacy".
(12) Identify the good and bad components in the distributed
    Consent Form.
(13) List exceptions to informed consent requirements.
    a. legal requirements
    b. emergencies
    c. waivers
    d. therapeutic privilege

October 1, 1998

Topic: Treatment Refusals by Patients and Clinicians
Text: Introduction to Clinical Ethics, Chapter 12. Pg. 228-237.
Handout: Scheirton, L (1998), "Refusal of Life-Sustaining Treatment", 3
         pgs.
Media: "Please Let Me Die", videotape
Lab: Convene student conference to address questions on handout.
Due Date: Insight Notes
Objectives: (1) Refer to September 4, objectives on capacity
(2) Identify three reasons for patients to refuse life-sustaining
    treatment.
    a. refusal of terminally ill person in order to shorten
       agony of dying
    b. refusal of lifesaving treatment simply because this
       possibility presented itself as a convenient way of
       terminating an unsatisfying life (or no longer see life as
       a benefit)
    c. refusal of certain treatments for religious reasons
(3) Compare contrasting philosophical viewpoints on refusal of
    life-sustaining treatment
    a. self-determination versus paternalism
    b. self-determination versus third party interests
(4) Recognize the need for a systematic approach to the moral
    aspects of occupational therapy care, notably when ethical
    dilemmas become very complex and involve many different
    people (such as the "Please Let Me Die" case).
(5) Identify unresolved conflicts between patient rights and
    professional duties that is elicited in the "Please Let Me
    Die", case

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(6) Analyze the boundaries of individual freedom and social responsibility
(7) Describe the difference between life-supporting treatment and death-postponing treatment
(8) Predict whether patient preferences will change over time

October 7, 1998
Topic: Patient Competency and Treatment Refusal Continued
Readings: Introduction to Clinical Ethics, Chapter 7, pg. 110-125.
Media: "Dux's Case", videotape
Lab: Concluding student observations

Due Date: Insight Notes
Objectives: Objectives continued from October 1

III. INSTITUTIONAL ETHICS, REGULATION OF HUMAN SUBJECT RESEARCH, AND DEATH AND DYING:

October 8, 1998
Topic: Organizational and Clinical Ethics, Hospital Ethics Committees, Case Consultations
Text: Introduction to Clinical Ethics, Chapter 14, pg. 257-285
Lab: Case analysis: Placebo treatment (distributed in class)
Experiential Activity: Students attend and observe a HEC "in action".

Due Date: Insight Notes
Objectives: (1) Describe the history and evolution of Hospital Ethics Committees (HEC) and organizational ethics mechanisms
(2) Attend and observe a HEC meeting (UNMC or Children’s)
(3) Explain the need for and function of a Hospital Ethics Committee and/or ethics consultants
(4) Understand the HEC’s decision making approach and apply this approach to cases presented in class and in practice
(5) Analyze some of the assets and pitfalls of HEC’s and the ethics consultant's role

October 14, 1998
Topic: Forgoing Life-Sustaining Treatment
Text: Introduction to Clinical Ethics, Chapter 9. The decision to forgo life-sustaining treatment when the patient is incapacitated, pg 156-179.
Lab: Case study distributed in class

Due Date: Insight Notes

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Objectives: (1) Identify three reasons for patients to refuse life-sustaining treatment.
(2) Compare contrasting philosophical viewpoints on refusal of life-sustaining treatment.
(3) Analyze current practices and precedents regarding advanced directives/living wills, proxy decision making and substituted judgment in terms of the principle of autonomy.
(4) Describe a variety of life-sustaining or life-prolonging treatments such as ventilators, dialysis and surgery.
(5) Analyze specific well-known case studies regarding the stopping of life-sustaining treatments.
(6) Examine the relevance of quality of life in the termination of life-sustaining treatments.

October 15, 1998

Topic: Cardiopulmonary Resuscitation
Lab: Case study, Texas Hospice Patient, Distributed in class
Due Date: Insight Notes
Objectives: (1) Critique common rationales for not withdrawing/withholding minimally effective or disproportionately burdensome therapies.
(2) Differentiate between decisions not to resuscitate and other decisions to limit treatment.
(3) Describe the relatively low success rate of cardiopulmonary resuscitation attempts in hospitals.
(4) Identify important elements for a DNR (do-not-resuscitate) order.
(5) Analyze reasons why the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research in considering the relative merits of a decision to resuscitate, determined that "well being" and "equity" were secondary to the most important ethical consideration of "self-determination".
(6) Identify three rationales for DNR orders.
   a. no medical benefit
   b. poor quality of life after CPR
   c. poor quality of life before CPR
(7) Evaluate the assets and liabilities of CPR policy formation in the area of elderly rehabilitation.

October 21, 1998 Fall recess
October 22, 1998 Fall recess
October 28, 1998 Topic: Death and Dying

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Text: Introduction to Clinical Ethics, Chapter 8, pg. 128-153

Media: "The Last Rite", 60 Minutes' episode on Euthanasia in The Netherlands, 15 minutes in length

Lab: Women in wheelchair case (as viewed in videotape), ramifications of decision?

Due Date: Insight Notes

Objectives:
1. Describe the doctrine of double effect
2. Critique the slippery slope arguments used as a deterrent to the practice of euthanasia
3. Evaluate AOTA and other health care codes of professional conduct to determine their applicability to euthanasia and assisted-suicide
4. Evaluate the situation in the Netherlands regarding euthanasia and assisted suicide
5. List guidelines used in the Netherlands for assisted-suicide
   a. that the patient's request be voluntary
   b. that the patient be undergoing intolerable suffering
   c. that all alternatives acceptable to the patient for relieving the suffering have been tried
   d. that the patient has full information
   e. that the physician has consulted with a second physician whose judgment can be expected to be independent
6. Discuss whether the list of guidelines used in assisted-suicide in the Netherlands would be applicable in other countries/cultures
7. Compare and contrast the aforementioned criteria to the method of assisted-suicide utilized in this country by Dr. Kevorkian
8. Critically analyze and evaluate moral aspects of allowing someone to die, euthanasia, and assisted-suicide in light of the hospice approach to care for the dying
9. Evaluate the question "Is euthanasia and assisted-suicide morally justified?"

October 29, 1998 Topic: Euthanasia and Assisted-Suicide: The Dutch Experience
Speaker: Jos V.M. Welie, M.Med., J.D., Ph.D., Center for Health Policy and Ethics
Readings: Stephany, T., Narrative: Death by Choice, 2 pgs.
Lab: Discussion with Dr. Welie
Due Date: Insight Notes
Objectives: Objectives continued from October 28

November 4, 1998 Topic: Human Subject Research

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Media/Lab: “The Deadly Deception” (Tuskegee Study), case analysis

Due Date: Insight Notes

Objectives: (1) List several goals for the use of human beings for experimental purposes.
   a. For own therapy
   b. For the good of humanity
   c. To advance scientific discovery

(2) Explain philosopher Immanual Kant’s Practical Imperative as it relates to human experimentation.

(3) Differentiate research abuses on human subjects in the first half of the century with research abuses in the second half of the century.

(4) List notorious examples of questionable ethics in human experimentation.
   a. the Tuskegee Syphilis Study (1932-1972)
   b. experiments in Nazi Germany (1942-1945)
   c. hepatitis at the Willowbrook State School (1956-1970)
   d. cancer research at the Jewish Chronic Disease Hospital (1963)
   e. obedience tests at Yale University (1960-1963)

(5) List mechanisms used for controlling and regulating human subject research since 1947.
   a. Nuremberg Code
   b. Declaration of Helsinki
   c. Belmont Report
   d. DHHS Regulations for the Protection of Human Subjects
   e. The President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research (1980-1983)

(6) Identify, analyze and explain principles that are accepted requirements for the ethical conduct of human subject research today
   a. respect for persons
   b. beneficence
   c. justice

(7) Identify and analyze systematic injustices and dangers of utilizing certain populations for human experimentation.
   a. institutionalized children
   b. seriously ill and sometimes comatose patients
   c. prisoners
d. disenfranchised or disadvantaged populations (African-Americans, Jews, poor, etc.)

(8) Describe the ethical implications of conducting human subject research with infants or children, and/or adults lacking decision making capacity

(9) Analyze international, national and institutional policies and procedures for use of human subjects in research from the perspective of ethical principles

(10) Describe and discuss the conflict between the advancement of biomedical science on the one hand and the principles of ethics on the other

(11) Identify the biomedical and societal inducements and pressures on health care provides to advance science and the bias towards research that is likely to emerge as a consequence of such inducements and pressures

November 5, 1998

Topic: Research Abuses, Regulation of Human Subject Research, IRB's
Media: Slide presentation, "Research Abuses: Nazi and American Notorious Examples".
Lab: Confronting emotions elicited, review of DHHS regulations

Due Date: Insight Notes
Objectives: Objectives continued from November 5

IV: SOCIAL JUSTICE AND ALLOCATION OF HEALTHCARE RESOURCES

November 11, 1998

Topic: Distribution of Goods and Services in Healthcare
Lab: Student facilitated

Due Date: Insight Notes
Objectives: (1) Define distributive justice
(2) Examine current challenges to justice in healthcare

November 12, 1998

Topic: Economics and Managed Care
Text: Introduction to Clinical Ethics, Chapter 13, pg. 239-254.
Introduction to Clinical Ethics, Chapter 12, pg. 227-237 (optional)

Due Date: Insight Notes

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Objectives:

(1) Discuss the U.S. healthcare system today from the perspective of its historical past.
(2) List three ethical assumptions about managed health care organizations that may or may not be true:
   a. Equality of access
   b. Provider-patient relationships will be trusting and covenental
   c. Quality assurance activities and utilization management will be educational and confidential and will be used to promote quality care rather than to punish patient or provider
(3) Evaluate incentive packages and non disclosure policies for clinicians aimed at decreasing the use of a managed care organization's resources
(4) Describe how managed care raises concerns as the old ethics of patient autonomy and fiduciary responsibility mix with business ethics and competing responsibilities

November 18, 1998  Topic:  Rationing Access
Lab:  Case Analysis, Just criteria — “Mother Decide”
Due Date:  Insight Notes
Objectives:

(1) Identify the ethical conflicts that arise in health care and health policy as a result of the inevitable scarcity of economic resources and the ever-more urgent need to ration health care
(2) Identify and defend just criteria for rationing
(3) Define the concept of microallocation in individual and institutional rationing
(4) Compare and contrast Daniels' and Callahan's view on justice and rationing of healthcare
(5) Analyze the Oregon healthcare rationing plan or similar plans

November 19, 1998  No Class; time traded for attending Hospital Ethics Committee Meeting

November 25, 1998  Thanksgiving Holiday

November 26, 1998  Thanksgiving Holiday

V. ETHICS IN A MULTICULTURAL PERSPECTIVE:

December 2, 1998  Topic:  Cross-Cultural Health Care

Approved 8/11/98  18
“Disabled Segregated In Japan”, Omaha World Herald, 1 pg.

Due Date: Hospital Ethics Committee Reflective Essay
Insight Notes
Objectives: (1) Examine the impact of cultural diversity on health care ethics
(2) Evaluate the effects that limits to ethical tolerance have on the care for people living with disability
(3) Discuss the relevance of cultural diversity in the area of informed consent

VI. PROFESSIONAL RESPONSIBILITY AND MORAL COURAGE

December 3, 1998
Topic: Self-Regulation, Peer Review, Whistleblowing

Due Date: Insight Notes
Objectives: (1) Discuss the concept of whistleblowing
(2) Use an example to justify a situation where it is appropriate to “blow the whistle” on an incompetent or impaired colleague
(3) Evaluate the role of peer review when bad practice outcomes or mistakes occur

December 9, 1998
Topic: Separating Sickness: Stigma, Fear and Social Attitudes (A native population shunned through isolation and disease affliction.)
Media: “Simple Courage”. Banishment of thousands to Kalaupapa Peninsula
Readings: Chant: “Song of Chanter Ka'ehu”(last known composition), 1 pg.

Lab: Plenary session to contemplate questions posed in videotape.
Due Dates: Insight Notes
Objectives: (1) Define the meaning of “simple courage” — yesterday and today
(2) Discuss how “simple courage can be found in your own life as an individual and a professional.
(3) Identify problems that arise when a society attempts to protect individual rights while preserving the public good.
(4) Analyze parallels and differences between society's treatment of leprosy patients and people living with AIDS and HIV today.
(5) Examine ways to sustain a commitment to professional responsibility, i.e., whistleblowing, power relations, collective action and policy change.

Approved 8/11/98
(6) Identify characteristics of professionally responsible role models.

December 10, 1998  Topic: Last Class/Lab
Objective: (1) Review and reflect on course content
            (2) Pre-write a summative insight note.

December 16, 1998  Due Date: Manuscripts

Approved 8/11/98  20
# Appendix A

## Student Directed Seminar

<table>
<thead>
<tr>
<th>Student</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructions: Select 5 topics that interest you. Prioritize from 1 to 5 (1 being your most favorite) for section A and B.</td>
<td></td>
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### I. Group Directed

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 26</td>
<td>1. Utilitarianism</td>
</tr>
<tr>
<td>August 27</td>
<td>2. Deontology: Kant</td>
</tr>
<tr>
<td>September 2</td>
<td>3. Principles of Ethics: Ross, Beauchamp and Childress</td>
</tr>
<tr>
<td>September 3</td>
<td>4. a. Virtue Ethics</td>
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<td></td>
<td>b. Ethics of Care and Feminist Ethics</td>
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### II. Individual Directed

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>September 9</td>
<td>5. Concept of Health and Disease</td>
</tr>
<tr>
<td>September 17</td>
<td>6. Respecting Privacy and Confidentiality</td>
</tr>
<tr>
<td>September 23</td>
<td>7. Truth-telling/Deception/Disclosure</td>
</tr>
<tr>
<td>September 24</td>
<td>8. Determining Patient’s Capacity to Share in Decisionmaking</td>
</tr>
<tr>
<td>September 30</td>
<td>9. The Process of Informed Consent</td>
</tr>
<tr>
<td>October 14</td>
<td>10. Forgoing Life-Sustaining Treatment</td>
</tr>
<tr>
<td>October 15</td>
<td>11. Cardiopulmonary Resuscitation</td>
</tr>
<tr>
<td>October 28</td>
<td>12. Death and Dying</td>
</tr>
<tr>
<td>November 11</td>
<td>13. Ethics of Distribution</td>
</tr>
<tr>
<td>November 12</td>
<td>14. Economic and Managed Care</td>
</tr>
<tr>
<td>November 18</td>
<td>15. Rationing Access</td>
</tr>
<tr>
<td>December 2</td>
<td>16. Cross-Cultural Health Care</td>
</tr>
<tr>
<td>December 3</td>
<td>17. Self-Regulation</td>
</tr>
</tbody>
</table>

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APPENDIX B

STUDENT DIRECTED SEMINAR PRESENTATION EVALUATION

Student ___________________________  Date ___________________________

I. Organization
   A. Logical development of ideas demonstrated (13) ______
   B. Handouts and/or visual aids are of high quality (12) ______

II. Level of Scholarship
   A. Presentation accurate; generalizations supported (15) ______
   B. Presentation included relevant content related to
      ethical issue(s) as well as morally justified resolutions (15) ______
   C. Discussed application of the ethical issue and its
      resolution in practice (15) ______
   D. Critical thinking demonstrated in presentation and
      critique (15) ______

III. Presentation Style
   A. Appropriately used time and adhered to time limit (3) ______
   B. Clearly presented ideas (3) ______
   C. Solicited and responded accurately to questions from peers (3) ______
   D. Demonstrated originality and creativity (6) ______

TOTAL POINTS (100) ______

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APPENDIX C

ETHICS CASE ANALYSIS MANUSCRIPT
GRADING CRITERIA/EVALUATION FORM

Student ___________________________ Date ___________________________

A. **Objectives/Criteria for Manuscript**

1. Describe a specific ethical dilemma. (5) ____

2. Select a position of the above dilemma to defend. (5) ____

3. Defend your position with reasoned arguments using (30) ____
   a. ethical theories, principles, AOTA Code, etc. (15)
   b. facts (5)
   c. research studies (5)
   d. case examples (5)

4. Examine critically potential objections to your position (20) ____
based on opposing commentary in the literature (counter arguments and defense).
   a. Identification of counter argument (5)
   b. Counter arguments (15)

5. Based on the preceding two positions, state the implications for (20) ____
   a. Society as a whole or your practice (occupational therapy) (10) and for
   b. health care policy. (10)

6. Follows appropriate format, language, or style. (20) ____
   a. Grammar (5)
   b. Spelling (5)
   c. Structure (presentation of subject to be discussed, line of thoughts, conclusions, overall consistency) (5)
   d. Fourth edition of APA Manual followed *(5)

**TOTAL POINTS** (100)

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APPENDIX D

GUIDELINES FOR ASSIGNMENTS

a. Student Directed Lab

On the first day of school you will choose to be in a group of your peers. Each group will be responsible for teaching a 30 - 40 minute segment on an ethical theory. Reference materials on ethical theory will be available in the Health Sciences Library, in my office, as well as, on reserve. If you so desire, you may also write or find a case which illustrates the usefulness and limitations of the ethical theory. Your group will meet with me prior to class to review the theoretical perspective and to brainstorm possible directions for the you to take. Your group will facilitate discussion of the theory in class.

Evaluation Criteria: -attendance in the planning meeting with me prior to class

-presentation evaluation criteria is located in Appendix B of your course syllabus

Due Dates: August 26, Utilitarianism
August 27, Deontology
September 2, Principles
September 3, Virtue Ethics
September 3, Ethics of Care

b. Student Directed Seminar

Due to a small class size, each student be able to facilitate discussion and learning on a selected bioethics topic listed in Appendix A. The presentation/discussion will be no more than 20 minutes in length. Each student will meet with me to plan research and organize the seminar. Evaluation criteria is listed in Appendix B.

c. Reflective Essays

These written essays (minimum of two type-written, 11 or 12 font size pages) allow you an opportunity to think-on-paper about a particular focus relevant to your future career as an ethical occupational therapist with an expertise in ethics. Whether your are writing about a lecture or a committee discussion, the writing you do for these assignments is to come from your head and your heart: both are essential to ethics!

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Each essay will be structured to address a particular focus, but overall these writings have the purpose of integrating your personal commitments with critical analytical perspectives about specific issues in ethics.

Evaluation Criteria: Credit will be given in relation to the degree your essays thoughtfully and creatively address specific guidelines.

(1) "Where would you like to sit? The personal and societal challenge of chronic illness and disease", S. Kay Toombs, Ph.D.

-Focus your essay on the content of this lecture. If possible, relate previous discussion on concept of health, disease, disability and chronicity to Dr. Toombs phenomenological approach to the challenges of chronic illness and disability. Critically analyze her arguments or points of view.

Due Date: September 16, 1998

(2) Hospital Ethics Committee Observation

You have been invited to observe an on-going hospital ethics committee at the University of Nebraska Medical Center. The committee meeting will be announced. It will most likely be a noon meeting. Remember that issues discussed at the meeting must remain confidential and cannot be discussed beyond the confines of this course. Focus your essay on the following:

-identify the functions that you observed this committee fulfilling (education, policy making, consultation, other).
-describe the ethical issues (if any) that were discussed by the committee.
-explain whether (and if so, how) the topic(s) of discussion had relevance for OT.
-take the opportunity to voice your opinion about or use your experience with an issue that was discussed by the committee.

Due Date: December 2, 1998

d. Insight Notes

Your insight notes correspond with reading assignments. Come to the seminar having jotted down your ideas, opinions, reflections, and recollections in response to the questions included in your "Book of Readings" for each assigned textbook chapter, article or poem. The purpose of the assignment is to assist your comprehension and retention of the readings and to prepare for class discussions so we can better understand the relevance of the author's perspective to generic health care practice or to OT practice.
Evaluation Criteria: - completed responses to all the questions
           - thoughtfulness, accuracy, depth of responses

Due Dates: - written responses are due in class on the day that we will discuss the assigned readings

e. Case Analysis Manuscript

Acknowledgment: I would like to thank Dr. Kate Brown (the faculty of record - who is currently on sabbatical) for sharing notes, handouts, and journal articles from last year's course materials. These materials have been invaluable in the preparation of the 1998 course.