SCHOOL OF PHARMACY
AND ALLIED HEALTH PROFESSIONS

OCCUPATIONAL THERAPY
OTH 362

ETHICS IN THE
HEALTH PROFESSIONS

SPRING 1999

Linda S. Scheirton, Ph.D.
COURSE TITLE: ETHICS IN THE HEALTH PROFESSIONS (SPRING 1999)
DEPARTMENT: OCCUPATIONAL THERAPY
COURSE NUMBER: OTH 362
SCHEDULE/ROOM: WEDNESDAY, 8:00 a.m. to 10:50 a.m., CRIS S B58
CREDIT HOURS: THREE
CLOCK HOURS: THREE
REQUIRED: YES
PREREQUISITES: NONE

BULLETIN DESCRIPTION: Examination of the ethical dimensions of the role of occupational therapists in contemporary society. Emphasis on the therapist’s obligations to recipients and society. Specific ethical problems and decision-making strategies are highlighted.

JUSTIFICATION: Occupational therapists encounter a variety of problems which may compromise quality care, patient rights, and professional integrity. This course is designed to enable students to approach moral dilemmas with a thorough understanding of professional ethical responsibility in the context of delivering OT services to a culturally diverse population. Students will learn skills in ethical reflection and reasoning necessary to promote the dignity and well being of recipients of their services.

COURSE OBJECTIVES: At the conclusion of this course, students will be able to:
1. define and use basic ethics terms, theories, and frames of analysis;
2. identify personal and professional responses to ethical problems in occupational therapy practice;
3. gain familiarity and skill with ethical reflection, problem-solving, and decision-making;
4. demonstrate ability to work collaboratively in the resolution of ethics problems;
5. present and defend your general views concerning the moral responsibilities of occupational therapists.

INSTRUCTIONAL METHOD: Information will be provided through lectures, assigned readings, roleplaying, small group discussion, case analysis and problem solving, audiovisuals/videos, and guest speakers. Students will be tested at midterm and are required to complete application of course content through written assignments. The grade will be based on class participation, completion of insight notes, mid-term examination,
reflective essay, scrapbook of articles on ethical topics, and a special project; either a written position paper, a literature round-robin, or a case study presentation.

TEACHING/LEARNING: EXPERIENCE:

Students are expected to complete assigned readings prior to class, participate in class discussions and activities. Each student will complete the following:

a. Mid-term Examination (25%) — the mid-term examination will be composed of objective type questions such as multiple choice, true/false, matching, etc. or short answer. The mid-term examination will cover material from the class sessions and assigned readings from the preceding weeks January 13 - March 3. The mid-term examination is scheduled for March 3, 1999.

b. Reflective Essay (15%) — students will read two library electronic reserve articles: “A Conversation with My Mother” and “Frayed Edges” and write an essay about his or her own ethical position regarding end-of-life decisions. See Appendix A for essay assignment guidelines and grading criteria. The essay is due on April 7, 1999.

c. Insight Notes on Readings (15%) — students will prepare rough notes in response to specific questions about the assigned readings. These questions will be handed out one week in advance. Students will come to the seminar having jotted down their ideas, opinions, reflections, and recollections in response to the questions distributed during class. These questions will correspond to assigned textbook chapters, articles or handouts listed for each class session. 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
- written responses are due weekly in class on the day that we discuss the assigned readings

d. Scrapbook of Articles on Ethical Topics (10%) — 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 to other students. Affix articles to a standard sheet of paper. Assignment is due on May 5, 1999. Please do not place in fancy cover or binder; staples will suffice. Keep a photocopy of the articles, the scrapbook will not be returned.

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e. **Three Option Special Project (25%)** — students have the option of choosing from three special projects; a policy action letter, round robin literature response or a case analysis. See Appendix B for special project options, assignment guidelines and grading criteria. Photocopies of literature used for round robin responses are on **Hardcopy Reserve** in the Health Sciences Library. Class time will be allotted for research, development or round robin sessions depending upon project option chosen.

**Project Due Dates:**
- April 21 - Policy Letters, Case Studies
- April 28 - Responses to Policy Letters, Case Studies
- April 28 - Round Robins and Responses

f. **Class Participation (10%)** — students must participate and be present to receive credit.

**EVALUATION:**

Percentages used in computing overall course grade:

- Mid-term Examination 25%
- Reflective Essay 15%
- Insight Notes on Readings 15%
- Scrapbook of Articles on Ethical Topics 10%
- Special Project 25%
- Class Participation 10%
- Total 100%

**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

**EARLY EXAMS:**

The mid-term examination will not be given prior to the scheduled date and time unless a valid excuse (examples: scheduled surgeries, funerals) is submitted to and approved by the instructor.

**MAKE-UP EXAMS:**

All examinations taken after the date designated will carry a 10% reduction of the total points achieved. Arrangements to make up the examination must be made with the course instructor prior to the absence, as consent to make up the examination is at the instructor's discretion (based upon a valid excuse such as a documented illness). The student shall reschedule an examination with the instructor within 24 hours.

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ATTENDANCE: Regular and active attendance is especially important in this course since the course intends to develop students' 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. Excused absences must be requested prior to the beginning of the class period and must be validated with the instructor. Class meets on Wednesday (8:00-10:50 a.m.). Class will be dismissed at 9:50 on days when time is allotted for special project research, development, and round robin sessions with fellow students.

INSTRUCTOR: Linda S. Scheirton, Ph.D.
Associate Professor
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553-2925 H
Room: primary office, B63 Criss III
secondary office, Boyne 114A
(share Dr. Brown's office while she is on sabbatical)
E-mail: scheirtl@creighton.edu
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.


SELECTED READINGS: Journal articles, newspaper articles, poems, case studies and cartoons on selected course topics will be available at the beginning of each class session or prior to the class session via library electronic reserve.

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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: 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 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.

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 1999 course.

Approved 1/5/99
ETHICS IN THE HEALTH PROFESSIONS
PROPOSED COURSE SCHEDULE

I. COURSE OVERVIEW

January 13, 1999  Topic:  Course Overview, Introductions
                     Media:  Slide Presentation, Overview of Ethical Issues

II. CORE VALUES FOR PROFESSIONAL PRACTICE

January 20, 1999  Topic:  Ethics: History, Content, and Resources
                     Professional Codes
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.
Text:  Ethics of Health Care, Introduction, pg 1-6; Chapter 1, pg 7-17;
       Appendix A: "Professional Codes of Ethics", pg 84-85; "The
       Hippocratic Oath", pg 279-280; American Occupational Therapy
       Code of Ethics, pg 274-276; AMA "Principles of Medical Ethics",
       pg 281; "American Hospital Association, A Patient's Bill of
       Rights", pg 277-279; also "Patient-Physician Covenant"
       (transparency displayed in class)
Objectives:  (1) Define ethics, ethical dilemma, and health care ethics
             (2) Explore sources of ethical values
             (3) Compare the value-development positions of Massey,
                 Kohlberg, Gilligan, and Piaget
             (4) Discuss the historical aspects of professional codes
             (5) Formulate a rationale for a profession to create a code of
                 ethics
             (6) Identify the functions and limits of any professional code of
                 ethics
             (7) Review and critique the AOTA Code of Ethics
             (8) Identify and prioritize our professional responsibilities to
                 self, patients, and community.

III. TRADITIONAL FRAMEWORKS FOR ETHICAL DECISION MAKING

January 27, 1999  Topic:  Types of Ethical Theory and Ethical Principles
Text:  Ethics of Health Care, Chapter 2, "Decision Making in Value
       Issues", pg. 19-38
Case Studies: Distributed in class

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Objectives: (1) Describe and utilize several types of ethical theory such as act and rule utilitarianism (teleological, consequence-based theories), Kantian theories (deontological, duty-based), virtue ethics (character-based), divine command, and the ethics of care (relationship-based)
(2) Compare the classical origins of the theory of utilitarianism as formulated by Bentham and Mill
(3) Explain the famous Kantian phrase “treat human beings as ends rather than as means only”
(4) Describe how our thinking can take a decidedly non-utilitarian turn
(5) Describe the cost-benefit analysis, or end-justifies-the-means, approach to morality and why it is a problem for utilitarians
(6) Discuss the meaning of absolute moral truths and universalizability
(7) Formulate responses to text author’s criticisms of Kantian deontology, teleology (utilitarianism), and virtue ethics
(8) Explain the famous Kantian phrase “treat human beings as ends rather than means”
(9) Relate the classical Greek Aristotelian definition of virtue to the present day definition of virtue
(10) Explain the emphasis on the good or virtuous character of human beings themselves, rather than on their acts, consequences, feelings or rules
(11) List character traits or virtues that are morally valued: courage, compassion, sincerity, reliability, and truthfulness
(12) List the advantages and disadvantages of virtue ethics and their emphasis on moral motives
(13) Compare and contrast key elements in feminist and masculinist theories as they apply to the health professions
(14) Discuss the argument that women’s moral experience has generally been discounted in the construction of ethical theories and principles.
(15) Discuss the role of an ethic of care in practice
(16) 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
(17) Critically assess and relate ethical theories to OT practice.
a. autonomy  
b. non-maleficence  
c. beneficence  
d. justice  

(2) Describe additional "universal principles" such as veracity, fidelity, and confidentiality  

(3) Define paternalism and show how in the best sense it is a conflict between the principles of autonomy and beneficence  

(4) Explain why utilitarianism and Kantianism are monistic theories and not pluralistic theories such as principlism  

(5) Outline the nature of the special fiduciary relationship (if there is one) between the OT and the patient  

(6) Differentiate between compensatory, retributive, procedural, and distributive justice  

(7) Outline the ethical problem associated with side effects and the duty of nonmaleficence, and show how the principle of double effect is an attempt to resolve the issue  

(8) Identify the advantage/disadvantage of using one ethical theory or set of principles exclusively to resolve ethical dilemmas  

(9) Critically assess and relate ethical principles to OT practice  

February 10, 1999  

Topic: Principle 1 (Beneficence) Concern for the Well-being of the Recipients of their Services, 1A. Equitable Service for all Individuals  

Readings:  

Media: Videotape, "The Deadly Deception" (Tuskegee Study), case analysis  

Case Study: The Tuskegee Syphilis Trials  

Due Date: Insight Note 2  

Objectives:  
1. Interpret ethical practice in the context of triage and the principle of justice  
2. Discuss OT obligations to patients in need, especially the underserved  
3. Define and differentiate between the theoretical positions of utilitarianism, egalitarianism, and libertarianism as they relate to health care  

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(4) Identify challenges/opportunities involved in upholding a commitment to this principle of the OT Code of Ethics
(5) Analyze how medical and social utility are used in the micro allocation of scarce resources
(6) Formulate examples of how one’s gender or ethnicity and socio-economic status influences one’s health care of patients who are different from oneself
(7) Describe how managed care raises concerns as the old ethics of patient autonomy and fiduciary responsibility mix with business ethics and competing responsibilities
(8) Review ethical practice for billing and challenges in the context of cost containment
(9) List the mechanisms used (by managed care) to contain costs that appear to interfere in the patient/provider relationship and cause ethical concerns
(10) Analyze the Oregon healthcare rationing plan or similar plans

February 17, 1999

Topic: Principle 1. (Beneficence) Concern for the Well-being of the Recipients of their Services, 1C. Nonmaleficence (avoiding harm)

Media: Videotape, “Selling Murder: The Killing Films of the Third Reich”, Health Sciences Library videotape, (propaganda films made by the Nazis to “justify” the murder of mentally and physically disabled people under the so-called “euthanasia” program)

Due Date: Insight Note 3

Objectives:
1. Recognize fallacious argumentation used by the Nazis to justify mass murder of mentally and physically disabled people during World War II
2. Describe situations where people with disabilities are most likely to be affected negatively by our present health care system
3. Evaluate the effects that limits to ethical tolerance have on the care for people living with disability

February 24, 1999

Topic: Principle 1. (Beneficence) Concern for Well-being of the Recipients of their Services,
1A. Equitable Service for all Individuals cont.
1D. Fair, Reasonable, Commensurate Fees

Text: Ethics of Health Care, Chapter 8, “Justice and the Allocation of Scare Resources”, pg 117-140

Reading: Lohman, H. and Brown, K. (1997), “Ethical Issues Related to Managed Care: An In-Depth Discussion of an Occupational Therapy Case Study”, Electronic Reserve

Due Date: Insight Note 4

Objectives: Continued, same as February 10th session

March 3, 1999

Mid-term Examination

Approved 1/5/99
March 10, 1999  

Spring Break

March 17, 1999  

Topic:  Principle 1. (Beneficence) Concern for Well-being of the Recipients of their Services, 1 C. Nonmaleficence (Avoiding Harm) Continued, Ethical Decision-Making Models

Text:  Ethics of Health Care, “Ethics Framework” pg 36(bottom) -37 and Chapter 12, “AIDS and Health Care Practice”, pg 203-220

Handout:  Decision-Making Models

Media:  Slides on various models with accompanying AIDS case

Due Date:  Insight Note 5

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.
(4) Apply ethical theories and perspectives to practical problems identified in the ethics literature.
(5) Recognize the inevitability of moral decision in all of occupational therapy practice, from life-sustaining treatment to daily routine
(6) Identify the difference between personal opinion and reasoned argument and the difference between correct reasoning and fallacious reasoning
(7) Analyze complementary differences between a faith-based theological approach to morality and an ethical approach
(8) Write a rationale for the “duty to treat” AIDS patients
(9) Judge conditions under which the moral duty to treat AIDS patients would cease to be a duty but only a moral option
(10) List the reasons why confidentiality is particularly important for AIDS patients
(11) Justify rationales for the decisions both to tell and not tell health care providers the HIV status for the patients they treat

March 24, 1999  

Topic:  Principle 1. (Beneficence) Concern for Well-being of the Recipients of their Service, 1 C. Nonmaleficence (Avoiding Harm) cont.

Text:  Ethics of Health Care, Ordinary and Extraordinary Care, pg 147

Readings:  Purtilo, R. (1993), “Special Challenges for Patients with Terminal Illness”, in Ethical Dimensions in the Health Professions, pg 154-169; either on Electronic Reserve or Regular (photocopy) Reserve in the Health Sciences Library (to be announced)

Media:  Videotape, “Letting Go” (HBO documentary on hospice care)

Due Date:  Insight Note 6

Objectives:  
(1) Identify some basic ethical concepts that have special importance in the treatment of patients with terminal illness

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(2) Recognize and give examples of general ways in which harm can be done to patients with terminal illness
(3) Discuss two types of “abandonment” and how each affects people with life-threatening illness
(4) Identify how the standard of “usual” and “customary” treatment can help or hinder appropriate amounts and types of treatment
(5) Distinguish between “ordinary” and “heroic” or “ordinary” and “extraordinary” as viewed from medical and ethical perspectives
(6) Identify some practical means by which a terminally ill patient’s trust can be fostered and reasonable expectations can be met by health professionals

March 31, 1999


Cases: William Bartling, text, pg 153; Karen Ann Quinlan, text pg 146; Nancy Cruzan, pg 149; Elizabeth Bouvia, text pg 154

Media: Dax’s Case, Health Sciences Library videotape, VC 3919 (considers a patient’s right to refuse treatment and die)

Due Date: Insight Note 7

Objectives: (1) Describe how paternalism is, in its best sense, a result of practitioner beneficence
(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
(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
(9) Define therapeutic privilege, list the situations where it is used, and explain the problems of benevolent deception
(10) State common factors used in decisions regarding patient competence (determining competence)
(11) Explain the difficulty in making health care decisions for neonates and young children as well as older children.
(12) Discuss the process for determining the minimum age/capacity for minors to make care decisions.
(13) Evaluate situations in which parents no longer have authority to make health care decisions for the older minor children

April 7, 1999

Readings: (1) Owen, M.J., “Frayed Edges: The Intertwined Threads of Life and Disability”, Electronic Reserve

Media: Videotape, “Last Rites Euthanasia”, 60-Minutes Episode
Due Date: Insight Note 8 and Reflective Essay
Objectives: (1) Understand ethical practice and challenges when withholding and/or withdrawing OT treatments
(2) Identify ethical issues regarding OT treatment decisions in the context of terminal care
(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
(7) Differentiate between “best interest” and substituted judgment” standards as they relate to proxy decisions
(8) Define the concept and criteria of brain death
(9) Differentiate between decisions not to resuscitate and other decisions to limit treatment
(10) Describe the relatively low success rate of cardiopulmonary resuscitation attempts in hospitals

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(11) Identify important elements for a DNR (do-not-resuscitate) order

(12) 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"

(13) Identify three rationales for DNR orders
   a. no medical benefit
   b. poor quality of life after CPR
   c. poor quality of life before CPR

(14) Evaluate the assets and liabilities of CPR policy formation in the area of elderly rehabilitation

(15) Explain the difference between the two types of "Advance Directives" -- "Living Wills" and "Durable Power of Attorney"

April 14, 1999

Topic: Principle 1. (Beneficence) Concern for the Well-being of the Recipients of their Services

1A. Equitable Service for all Individuals
1C. Take all Reasonable Precautions to Avoid Harm (Nonmaleficence)


Guest: Dr. Jos V.M. Welie, Center for Health Policy and Ethics, Creighton University

Due Date: Insight Note 9

Objectives:

(1) Describe the principle/doctrine of double effect (test, pg 46-47 and 187-188)

(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 euthanasia
   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

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(6) Discuss whether the list of guidelines used in euthanasia 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 “Are euthanasia and assisted-suicide morally justified?

April 21, 1999

Topic: Principle 2. (Autonomy, Privacy, Confidentiality) Respect Service Recipients’ Rights (i.e., informed consent)

Text: Ethics of Health Care, Chapter 7, reread or review pg 104-108 only, “Informed Consent” and “Standards of Disclosure”

Readings:


Media: Slides on “Abuses of Human Research Subjects”

Due Date: Insight Note 10; Policy Letters, Case Studies

Objectives:
1. Describe historical events leading up to the doctrine of informed consent (voluntary consent) and guidelines put forth to avoid coerced human subject experimentation.

2. Differentiate research abuses on human subjects in the first half of the century with research abuses in the second half of the century.

3. 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)

4. List mechanisms used for controlling and regulating human subject research and informed consent 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)
(5) 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

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

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

(8) List guidelines for consent, referral and refusal of treatment.
   a. valid consent
   b. competence
   c. deception
   d. rationality
   e. moral justification

(9) List elements of informed consent.
   a. disclosure of information: completeness
   b. comprehension and competence
   c. voluntariness: without duress (forced), manipulation, and coercion vs. persuasion

(10) Assess functions of informed consent
     a. promotion of individual autonomy
     b. protection of patients and subjects
     c. avoidance of fraud and duress
     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

(11) Identify ethical practice and challenges for informed consent in OT research and practice

(12) Compare arguments for/against the patient's "right to know".

(13) Identify the good and bad components in the distributed Consent Form.

(14) List exceptions to informed consent requirements.
     a. legal requirements
     b. emergencies
     c. waivers
     d. therapeutic privilege

(15) Discuss the relevance of cultural diversity in the area of informed consent
April 28, 1999  Topic:  Principle 2. (Autonomy, Privacy, Confidentiality) Respect Service Recipients’ Rights; and
Principle 4. (Justice) 4D. Accurately Record and Report all Information Related to Professional Activities
Malpractice Law
Text:  Ethics of Health Care, Chapter 5, “Confidentiality and the Management of Health Care Information”, pg 70-82
Media:  (1) Videotape, Patient Confidentiality: It’s Everybody’s Job, Not Everybody’s Business”, VC 3896
(2) Videotape Vignette, scene 2 from “Everyday Ethics: Common Concepts in Occupational Therapy”
Due Date:  Insight Note 11; Policy Letters Responses, Case Study Responses, Round Robins and Responses
Objectives:  (1) Define confidentiality
(2) Discuss the “right to privacy”
(3) Compare and contrast different philosophical views on confidentiality including respect for the patient’s privacy
(4) Explain how confidentiality serves the interests of the patient and society
(5) 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
(6) Evaluate the legal requirements for violating confidentiality
(7) Explain the rationale for “the harm principle” as it relates to the Tarasoff case
(8) List five groups, not involved in patient care, who have a legitimate interest in the medical record
(9) List six safeguards that should be considered in regard to allowing access to confidential patient information
(10) Identify ethical practice and challenges for documentation in OT Practice
(11) Understand the legal definition of malpractice and the legal process for responding to malpractice

May 5, 1999  Topic:  Principle 5 (Veracity) Provide Accurate Information About OT Services
Principle 6. (Fidelity, Veracity) Treat Colleagues with Fairness, Discretion, and Integrity; 6C. Report Unethical Conduct
Principle 1. (Beneficence) 1C. Nonmalleficence (Avoiding Harm)
Text:  Ethics of Health Care, Chapter 6, “Professional Gatekeeping as a Function of Role Fidelity”, pg 83-99
Media:  Videotape Vignette, scene 3 from “Everyday Ethics: Common Concepts in Occupational Therapy”

Approved 1/5/99
Videotape, "Code Gray", Case 2, Eastwood Pines Nursing Home, VC 4180 (autonomy and the use of chemical and physical restraints)

Due Date: Insight Note 12; Scrapbook of Articles on Ethical Topics
(please no fancy covers or binders - stapled pages will suffice)

Objectives:
(1) Define truth telling
(2) Delineate arguments about truth telling
(2) Discuss the consequentialist case for withholding the truth and for always telling the truth
(3) 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 patient's own request
   c. deceiving patients for the good of others
   d. withholding the truth to avoid disastrous consequences
(4) Discuss forms of patient deception, omission, and evasion
(5) Explain the merits of disclosing uncertainty
(6) Apply strategies to approach truthful disclosure of medical mistakes when doing so may not be to the clinician's advantage
(7) Discuss several "reasonable expectations" a health professional can have of his or her professional peers
(10) Analyze several options open to an OT who is confronted with role conflicts related to professional relationships
(2) Define "peer review" and its usefulness
(3) Evaluate the role of peer review when bad practice outcomes or mistakes occur
(4) Discuss some general guidelines on how to gather relevant information regarding an alleged incidence of incompetent or unethical professional conduct
(5) Describe the American Occupational Therapy Association's (AOTA) "Enforcement Procedure for Occupational Therapy Code of Ethics" violations and the role of the AOTA's ethics program manager (Penny Kyler-Hutchison)
(15) Develop several alternative strategies for "blowing the whistle" on an incompetent or impaired colleague and at the same time identify probable outcomes of taking each line of action
(16) Explain the need for and function of a Institutional Ethics Committee (Hospital Ethics Committee) and/or ethics consultants in assisting in the resolution of ethical dilemmas faced by OT's and other health professionals when treating patients
(17) List regulatory mechanisms for restraints such:
   a. Nursing Home Reform Act
   b. Food and Drug Act Regulations

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c. Guidelines from the Joint Commission on Accreditation of Health Care Organizations (JCAHO)
d. 1997 proposed amendments from the Health Care Financing Administration (HCFA)
e. A Patients’ Bill of Rights
f. Localized institutional policies on restraint use

(18) Recognize the ethical dilemma of using restraints which arises from the conflict between duties of beneficence and respect for autonomy

(19) Identify ethical practice and challenges when working with restraints

(20) Analyze studies to determine if restraint use really prevents injury to patients or it just substitutes one form of harm for another

(21) Critically review an actual hospital policy on the “Guidelines For Use of Restraints”

(22) Outline components of a successful restraint reduction program
APPENDIX A
REFLECTIVE ESSAY

(Assignment Guidelines)

1. Read the two articles assigned for this date, "A Conversation with My Mother" and "Frayed Edges." Both authors write about the decision to withdraw life supports, but each takes a different perspective. "A Conversation" is a narrative written about the author's personal experience with his mother's death; "Frayed Edges" is an editorial told from the perspective of religious convictions. In a sense, these two authors represent different ends of a spectrum regarding end-of-life decisions.

2. Write an essay (no more than 5, no less than 3 typed-written pages) about your own ethical position regarding end-of-life decisions. Include the following in your essay:
   a. A clear statement of your position, using ethical principle(s), theories, and/or the AOTA Code of Ethics to explain your reasoning. (7 points)
   b. Reference to the author's positions in relation to your own. (4 points)
   c. Examples to illustrate your points (4 points)
      (You may use hypothetical cases and/or your personal/clinical experience).

Don't focus on grammar or your writing style during the first draft; concentrate on expressing your opinions and values. The goal of the assignment is an opportunity for you to explore and formulate your feelings and reasoning about an important, but confusing subject in bioethics. Remember that there is room for disagreement on this issue among us and that we are not seeking to find a "right" or "wrong" answer. If you find that you can not say definitively one-way-or-the-other how you stand on this issue, make sure you explain your reasoning and what contingencies make it difficult for you to take a position.

3. Protect confidentiality by changing the names of real people or places in your essay.

4. Turn-in your essay on April 2nd in class.
APPENDIX B
THREE OPTION SPECIAL PROJECT

Three options include: (1) a policy letter, (2) round robin literature response, or (3) case analysis

1. POLICY ACTION LETTER (Assignment Guidelines)

Description: This assignment structures an opportunity for you to express your individual opinions in writing about a particular ethical issue affecting occupational therapy. You will also read and respond to another's letter.

Purpose: To express your position regarding specific ethical issue in a form that would be suitable for a letter to a representative or a letter-to-the-editor of a professional journal/newsletter.

Schedule: Letter due: April 21
Response due: April 28

Logistics:

a. Choose a topic of interest and relevance to the assignment. In deciding which issue (or how best to approach the issue), choose something you really do care about, and think about how the issue affects OT practice and/or your commitment to professional obligations and responsibilities.

Please do not hesitate to consult your friends, relatives, and/or me if you need suggestions for topics. You can focus on clinical decisions such as:

- Withdrawing/withholding treatments
- Dubious billing procedures
- Assisted suicide
- Rehabilitation team relations
- Allocation of scarce resources
- Ethical use of "quality of life" for people living with disabilities
- Treating patients with HIV, TBI, or some other diagnosis
- Decision-making in the context of family-oriented care
- Goal setting
- Do not resuscitate orders
- Decisionmaking competency or capacity
- Using restraints
- Use of human subjects in research
- Futility
- Refusal of treatments
- Informed consent
- Rationing of health care
- Whistleblowing on incompetent colleagues
- Managed care, etc.

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Or perhaps you are interested in making an ethical argument pro/con a current issue under consideration by the Nebraska Unicameral such as funding cuts for special education or education loans for rural practitioners?

b. **Research the issue.** The Reference Librarians at the Biomedical Sciences Library are alerted to your needs for this assignment. I have always found them to be of inestimable assistance. They can show you how to use the computerized data bases, CINAHL, MedLine, and BIOETHICSLINE, which allow you to track all the publications you need about your topic--more than you will need! You may want to scan the titles and abstracts of articles the computer churns up to choose which will be most likely to be helpful. Then, the Librarians can help you locate the journals where the articles appear. The Library at UNMC often carries journals that we don’t have here, so ask the Librarian before despairing.

You will need at least two citations from different journal articles or books in your letter.

c. Write your paper in the form of a letter (at least 5, but no more than 10 typed pages). The letter is to be addressed and handed in to Dr. Scheirton, but I encourage you to address versions of your letter to your Senators and Congrespersons, AOTA, the newspaper, professional organizations, or AJOT, OT Week, or JOTS, etc. I know your opinions will be valued. Letters of this type are important vehicles for informing policy and/or standards of ethical practice. Let yourself be heard!

**FORMAT:** Although you need not present these items in a rigid order, your letter must include the following:

<table>
<thead>
<tr>
<th>Possible points</th>
<th>a. Date and &quot;Dear Dr. Scheirton&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 points</td>
<td>b. A description of the ethical issue/problem</td>
</tr>
<tr>
<td>5 points</td>
<td>c. A statement of your position regarding the issue/problem</td>
</tr>
<tr>
<td>8 points</td>
<td>d. An analysis of your reasoning. For instance:</td>
</tr>
<tr>
<td></td>
<td>1. What ethical theories support your position?</td>
</tr>
<tr>
<td></td>
<td>2. To what ethical principles and/or AOTA guidelines do you appeal?</td>
</tr>
<tr>
<td>5 points</td>
<td>e. Composition: Your discussion should demonstrate a depth of understanding of the nature of the issue/problem and current information about the issue/problem. Your ideas, description, and arguments should be presented in a clear, well-organized, and coherent manner. Your letter is supposed be informative and persuasive, so write with conviction and passion, articulating a clear opinion with pizzazz. Drawing references to your own circumstances can often enhance the persuasiveness of such letters.</td>
</tr>
</tbody>
</table>

Letter total: 22 points

DO NOT write your NAME on the letter. PLEASE attach a separate piece of paper with your name and social security # so that I can distribute your letters anonymously to your peers for response.

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Try "free writing" your first draft. Here are some guidelines for writing that author/teacher Nathalie Goldberg developed:

-TRUST YOUR MIND- this writing project has no "right answers" up its sleeve. The idea is to stretch your thinking about all the stuff we are covering in class about ethics in OT practice and to write toward personal meaning.

-Just let it fly. Remember:
  - Keep your hand moving
  - Lose control
  - Be specific
  - Don't think
  - Go for the jugular

Then, you can get it into shape with correct grammar and spelling and organizational flow, etc. before "sending" it to me.

d. The Response: I will redistribute your letters among other students who also wrote letters. As a reader of another's letter, "talk" supportively in writing with the author on a separate sheet of paper about his/her opinions and insights in light of your own.

Only provide the kind of positive feedback that you would appreciate if someone were to be reading your own letter. Focus on your responses to the content, not grammar. Find something you can relate to in the letter, something that raised your curiosity, enriched you, made you appreciate a different point of view.

a. Minimum requirements for response: 1 typed page
b. Identify the response with your social security # only, NOT YOUR NAME.

Response total: 3 points
2. ROUND ROBIN LITERATURE RESPONSE (Assignment Guidelines)

Description:
This assignment structures an opportunity for you to interpret four of six pieces of literature that raise a variety of ethical issues relevant to occupational therapy practice. You will be working with 3 others in a round robin group (groups of 4).

Purposes:
To use literature as a source of reflection about your ethical commitments and aspirations regarding occupational therapy practice.

Schedule:
Four Round Robins (including responses) due April 28th

Selected Literature: (available on RESERVE in Bio-Information Library in the file marked "OTH-362--Round Robin")

"Maggie Jones" -- V. Masson
"David's Story" -- R. Purtilo
"Neurology Rounds "--W. Hoskin
"Belle" -- C. Runyon
"The Boy with the Unimportant Finger" -- R. Solomon
"Bedtime Story" -- M. Maynard

Logistics:
This project is designed to facilitate a kind of written "conversation" among the members of your Round Robin group. I have chosen six pieces of literature for you to read and interpret. Each of you will read four pieces. However, I want you to choose a different person each time to initiate the round robin of commentary; each of you should initiate one round. I would also suggest changing the order of the people who comment on these initial comments.

a. I suggest a meeting of the group to decide who will initiate each piece and in what order will you pass around the comments for each piece. Also, you will need to agree on a schedule so that you meet the deadline. Decide if you will use names or Social Security #’s to identify each entry in the round and how you will assure that everyone has completed each round.

Thereafter, you do not need to meet together; you can use your mailboxes to send around each round of comments between yourselves. Or, you can get together to talk about each piece to "prime the pump" for each person initiating the round. Let me know if you need any assistance with your process.

b. Initiating a round of commentary:
1. Read the piece carefully, making margin notes and underlining throughout where you find yourself relating to the writing. Maybe you like the turn of a phrase, maybe you find the character distasteful for some reason, maybe the author has captured your feelings, experience, opinion exactly—maybe not. Find your way into the material somehow. Sometimes reading a poem several times out loud helps, try it.

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2. Ask yourself: what are the ethical dimensions raised by the circumstances, feelings, or events described in the piece? Then ask: what, if anything does this have to do with OT practice? Since few of the characters are OT's, you will have to use your imagination to make the connection to OT practice. (You should know that these particular pieces of literature were selected because they seemed relevant to your field. If you are having trouble discerning any relevance at all, please consult the other members of your group or me before you start writing.)

3. Write about what this piece conveys to you about a similar circumstance, feeling, or event you are likely to experience in OT practice. Think about how the depictions conveyed by the author compare with your own aspirations and commitments for OT practice. Minimum 3-typewritten pages.

Format:
Your comments can be lyrical and personal, but there are some required inclusions. Although you need not present these items in a rigid order or in a rigid style, your commentary must include the following:

Possible points
4 points a. explanation of an ethical issue brought out in the piece of literature
4 points b. identification of how the circumstance, feelings, or events relate to OT practice and theory
3 points c. a statement of your position/feelings regarding this issue
4 points d. an analysis of your reasoning. For instance:
(1) What ethical theories support your position?
(2) To what ethical principles and/or AOTA guidelines do you appeal
4 points e. composition. Your discussion should demonstrate a depth of identification with the issue or problem raised in the piece. Your ideas, description, and arguments should be presented in a clear, well-organized, and coherent manner. Your commentary is supposed be informative and entertaining, so write with conviction and passion, articulating a clear opinion and rationale with pizzazz.

Total: 19 points

Try "free writing" your first draft. Here are some guidelines for writing that author/teacher Nathalie Goldberg developed.

-TRUST YOUR MIND- this writing project has no "right answers" up its sleeve. The idea is to stretch your thinking about all the stuff we are covering in class about ethics in OT practice and to write toward personal meaning. Use these pages to explore, expand, engage, ruminate, and cogitate creatively toward reflective self-awareness and expression.

-Let it fly. Remember:
Keep your hand moving
Lose control
Be specific
Don't think
Go for the jugular

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Then you can get it into shape with correct grammar and spelling and organizational flow, etc. before sending it around for comments from your group members.

b. Commenting on the initial comments: As a reader of another's comments, "talk" supportively in writing to one another. Write about the others' interpretations and insights in light of your own. Only provide the kind of positive feedback that you would appreciate if someone were to be reading your own essay. Focus on your responses to the content, not grammar. Find something you can relate to in the literature or what as already been said by the previous commentaries. Write about what raised your curiosity, enriched you, made you appreciate a different point of view, etc.

Minimum requirements for comments: 2 typed pages.

6 points (2 each) for completing three commentaries (not counting the one you initiate).
3. **CASE ANALYSIS** (Assignment Guidelines)

**Description:**
This assignment structures an opportunity for you to express your position about a particular ethics case drawn from the literature. You will also read and respond to another's case analysis.

**Purposes:**
To write an analysis of an ethical issue raised in a specific case relevant to occupational therapy practice.

**Schedule:**
- Case Analysis due: **April 21**
- Response due: **April 28**

**Cases:** (Available on RESERVE in the Bio-information Library in the file marked "OTH 362-Case Analysis")
- "Eliminate Services?" (School-based) – J. Shepherd
- "Ethical Perspectives on School-based Practice" – K. Brown & L. Gabriel
- "Let My Person's go!" (Restrains) – A. Jameton
- "Letting Her Go" (withdrawing life support) – E. Olson & A. Bowles
- "Ethical Considerations in Brain Injury Rehabilitation" – J. Plummer
- "The Problem of (Non-) Compliance" – G. Scofield
- "Suicide by Persons with Disabilities" – V. Michel

**Logistics:**
- a. The articles describing these cases are filed on Reserve in the Bio-Information Center in the file marked "OTH 362—Case Analysis." Each case is presented in the context of an article providing an author's analysis of the issues s/he thinks are relevant to the case. After skimming through them, **choose one** article for the assignment.

- b. **Read** the article carefully so that you understand the case and the author's perspective on the case. In the event that several cases are presented, choose one for your focus.

- c. **Research** the background and ethical commentary that refers to the issue(s) brought up in the case. The Reference Librarians at the Biomedical Sciences Library are alerted to your needs for this assignment. I have always found them to be of inestimable assistance. They can show you how to use the computerized data bases, CINAHL, MedLine, and BIOETHICSLINE, which allow you to track all the publications you need about your topic—more than you will need!

You may want to scan the titles and abstracts of articles the computer churns up to choose which will be most likely to be helpful. Then, the Librarians can help you locate the journals where the articles appear. The Library at UNMC often carries journals that we don't have here, so ask the Librarian before despairing.

You will need to mention at least **two citations** of relevant references (journal articles or books) in addition to the original article containing your case.

- d. **Write** your analysis (at least 5, but no more than 10 typed pages long)

**Format:**

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Although you need not present these items in a rigid order, your written analysis must include the following:
Possible points
4 points  a. an overview of the case: give the clinical circumstances and other relevant situational facts (e.g. patient's background, who's involved, what's going on, ability to pay for treatment, etc.)
5 points  b. a description of the ethical issue(s)
4 points  c. your recommendations for how to respond ethically to the case
5 points  d. an analysis of your reasoning. For instance:
   1. What ethical theories support your recommendations?
   2. To what ethical principles and/or AOTA guidelines do you appeal?
4 points  e. quality of your composition. Your discussion should demonstrate a depth of understanding of the issue or problem raised in the case. Your ideas, description, and arguments should be presented in a clear, well-organized, and coherent manner. Your commentary is supposed be informative and engaging, so write with conviction and passion, articulating a clear opinion and rationale with pizzazz.

Case analysis total: 22 points

DO NOT write your NAME on the analysis. PLEASE attach a separate piece of paper with your name and social security # so that I can distribute your analyses anonymously to your peers for response.

Try "free writing" your first draft. Here are some guidelines for writing that author/teacher Nathalie Goldberg developed:
-TRUST YOUR MIND- this writing project has no "right answers" up its sleeve. The idea is to stretch your thinking about all the stuff we are covering in class about ethics in OT practice and to write toward personal meaning.
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   Don't think
   Go for the jugular

Then you can get it into shape with correct grammar and spelling and organizational flow, etc. before handing it to me.

f. Response: I will distribute your analyses among other students who also wrote case analyses. As a reader of another's case analysis, "talk" supportively in writing to the author. Write about the others' position and reasoning in light of your own. Only provide the kind of positive feedback that you would appreciate if someone were to be reading your own case analysis. Focus on your responses to the content, not grammar. Write about what raised your curiosity, enriched you, made you appreciate a different point of view, etc. Minimum requirements for comments I typed page. Identify the response with your social security # only. Do not use your name. Response total = 3 points

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