HM591-301 Special Problems in Human Medicine: Clinical Ethics Consultation

Syllabus

Seminar

2 credit hours
8 x 3.3-hour sessions over 7 weeks

Grading: Pass-fail with evaluative statements
Basis for evaluation: Class participation; written assignments

Open to: Graduate-level students, medical students, medical practitioners.

Prerequisites: At least one course in bioethics (such as PHL 344, PHL 444, HM 820, HM 546, OST 519, or equivalent)

Sponsor programs: Graduate Program in Bioethics and Humanities
(Center for Ethics and Humanities in the Life Sciences)
College of Human Medicine

Faculty:

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Introduction to the course:

This course responds to:

1. Student interest.

2. Need to help bioethics students, medical students, medical practitioners, and others involved in clinical ethics:

--To understand the purposes and varieties of clinical ethics consultation;
--To understand the kinds of skills and competencies needed in clinical ethics consultation;
--To better function as professionals in circumstances that might or should involve clinical ethics consultation.

3. Lack of availability of courses of this kind.

4. Wide variation in approaches to and organizational and procedural arrangements for clinical ethics consultation.

5. Lack of general agreement that standardization, a specific canon of readings, or specific occupational or educational qualification is desirable for clinical ethics consultation.

6. Consequent need to focus on purposes and competencies, as did the American Society for Bioethics and Humanities Task Force on this topic.

Course design (introductory lectures, assigned readings, discussions, guest participants):

The starting point is with understanding of the purposes of ethical clinical decision-making. Introduce students to ethical, prudential medical decision-making, to organizational settings, and to clinical ethics consultation as a topic.

Briefly review the facts—situations, patient (or proxy) perspectives, and provider perspectives—in some well-documented cases from throughout the life cycle.

Study the ASBH Task Force reasoning and recommendations for core competencies in clinical ethics consultation.

In a series of written and classroom exercises, examine how the recommended core competencies might apply or might not apply in clinical ethics consultation in the various cases summarized earlier, in light of further information on prudential reasoning in those cases, and in more typical and less dramatic cases that might give rise to the need for clinical ethic consultation.

Consider the topic of clinical ethics consultation and its evaluation more broadly.

**Principal readings:**

Required textbook:

Mark P. Aulisio, Robert m. Arnold, & Stuart J. Youngner, eds., *Ethics Consultation from Theory to Practice*, 2003:

Selected materials.

Additional required readings:
American Society for Bioethics and Humanities, Task Force on Standards for Bioethics Consultation, *Core Competencies for Health Care Ethics Consultation*, 1998 (reprinted in Aulisio, et al., eds.):

Part II: Nature and goals of ethics consultation

Defining ethics consultation

Process

Core competencies

Rationale

Core skills

Core knowledge

Character and ethics for ethics consultation

Organizational ethics

Defining organizational ethics

Importance of evaluation

Where is evaluation needed?

Special obligations of ethics consultants and institutions

Problems of abuse of power, conflict of interest.

Institutional obligations to patients, providers, consultants

Judith Andre, *Bioethics as Practice*, 2002:

The Example of Ethics Consultation, pp. 17-19.

Re hospital organization:

Hospital workers, patient perspective, doctors, pp. 121-127.


Note: Most of the cases here are well known. They are used here as illustrations of Devettere’s approach (Situational awareness; perspectives of patients, proxies, providers; prudential reasoning; ethical reflection) rather than because of their content or outcome.

Re prudential reasoning, pp. 7-9, 41-57.

Making Health Care Decisions, pp. 91-126.

Deciding for Others, pp. 127-160.

The Case of Hazel Welch, pp. 119-122.

Life-Sustaining Treatments:

The Case of Karen Quinlan, pp. 201-206.

The Case of Brother Fox, pp. 207-210.

The Case of Helga Wanglie, pp. 215-221.

Cardiopulmonary Resuscitation:

The Case of Maria M., pp. 251-255.

Medical Nutrition and Hydration:

The Case of Elizabeth Bouvia, pp. 284-288.
Prenatal Life:
The Case of Angie, pp. 364-369.
Euthanasia and Physician-Assisted Suicide:
The Case of Diane, pp. 452-459.
Transplantation:
The Case of Jesse Sepulveda, pp. 530-535.


Re prudential question in clinical practice, pp. 132-145.

Additional readings, to include:


Supplementary resources:

National Center for Ethics in Health Care, Veterans Health Administration, U.S. Department of Veterans Affairs:

    Ethics Consultation: Responding to Questions in Health Care, 2007.
    Clinical Ethics Consultation, video, parts 1, 2, 2007.

Gerald S. Schatz, ed., Organizational Differences in Hospital Ethics Committees and Clinical Ethics Consultation: Excerpts from Conversations

Availability of materials:

Readings not in the textbook will be available on ANGEL or on the World Wide Web.

Topics and objectives (based mostly on 1998 Core Competencies report, Part II):

Nature and goals of ethics consultation
    Defining ethics consultation
    Process

Core competencies
    Rationale
    Core skills
    Core knowledge
Character and ethics for ethics consultation
Organizational ethics
    Defining organizational ethics
Importance of evaluation
    Where is evaluation needed?
Special obligations of ethics consultants and institutions
    Problems of abuse of power, conflict of interest.
    Institutional obligations to patients, providers, consultants

Course outline

Class preparation:

Readings and written assignments are to be completed prior to the class session(s) for which they are assigned, as follows:

Week 1a: Complete readings prior to class.
Week 1b: Complete readings and written assignment prior to class.
Week 2: Complete readings and written assignment prior to class.
Week 3: Complete readings prior to class.
Weeks 4, 5, and 6: Complete readings prior to Week 4 class.
                  Complete written assignment prior to Week 6 class.
Week 7: Complete readings and written assignment prior to class.

Written assignments:

Form and citation format: Student should follow the style guide for his/her discipline.
Submit written assignments by e-mail to: schatzg@msu.edu

Unit 1: Medical purposes, medical decision-making, organizational settings, and ethics consultation

Week 1a Clinical decision-making and prudential reasoning
Week 1b  Clinical ethics consultation

ASBH, ch. 1, Nature and goals of ethics consultation:
[In Aulisio, et al.]

Defining ethics consultation.
Process of ethics consultation.

Andre: Bioethics as Practice:
[ANGEL: Andre-Example of Ethics Consultation.pdf]

The Example of Ethics Consultation, pp. 17-19.

Re hospital organization: Hospital workers, patient perspective, doctors, pp. 121-127.


Week 2: Familiarization with cases, using Devettere’s summaries:

Situational awareness
Prudential reasoning
Perspectives of the patient and others associated with the patient
Perspectives of providers
Ethical reflection

Deciding for Others, pp. 127-160.
  The Case of Hazel Welch, pp. 119-122.
[ANGEL: Devettere-pp127-160.pdf]

Life-Sustaining Treatments:
  The Case of Karen Quinlan, pp. 201-206.
  The Case of Brother Fox, pp. 207-210.
  The Case of Helga Wanglie, pp. 215-221.

Cardiopulmonary Resuscitation:
  The Case of Maria M., pp. 251-255.

Medical Nutrition and Hydration:
  The Case of Elizabeth Bouvia, pp. 284-288.

Prenatal Life:
  The Case of Angie, pp. 364-369.

Euthanasia and Physician-Assisted Suicide:
  The Case of Diane, pp. 452-459.

Transplantation:
  The Case of Jesse Sepulveda, pp. 530-535.
[ANGEL: Devettere-cases.pdf]

Written assignment (4-5 pages, double-spaced): Brief essay: What if any ethical quandaries do these cases have in common? Why or why not? Counter views? Prepare to discuss in class.

Week 3: Core competencies

ASBH, ch. 2, Core competencies for health care ethics consultation:

  The rationale.
  Core skills
  Core knowledge
  Character and ethics consultation

[ANGEL: Casarett-Authority of Clinical Ethics.pdf]

[ANGEL: Yoder-Nature of Ethical Expertise.pdf]

Unit 2: Core competencies as applied

Weeks 4, 5: The core competencies as applied:
Using the selected Devettere case summaries (facts; perspectives of the patient and those associated with the patient; perspectives of providers), consider how the recommended core competencies might apply or not in those and similar cases.

Deciding for Others:
- The Case of Hazel Welch, pp. 119-122.

Life-Sustaining Treatments:
- The Case of Karen Quinlan, pp. 201-206.
- The Case of Brother Fox, pp. 207-210.
- The Case of Helga Wanglie, pp. 215-221.

Cardiopulmonary Resuscitation:
- The Case of Maria M., pp. 251-255.

Medical Nutrition and Hydration:
- The Case of Elizabeth Bouvia, pp. 284-288.

Prenatal Life:
- The Case of Angie, pp. 364-369.

Euthanasia and Physician-Assisted Suicide:
- The Case of Diane, pp. 452-459.

Transplantation:
- The Case of Jesse Sepulveda, pp. 530-535.

**Written assignment (4-5 pages, double-spaced):** How might the core competencies have applied to one or more of these cases? Why or why not? Counter views? Prepare to discuss in class.

**Unit 3: Organizations and effectiveness**

Week 6: ASBH, ch. 3, Core competencies for health care ethics consultation:
- Defining organizational ethics
- Preliminary recommendations

ASBH, ch. 5, Special obligations of ethics consultants and institutions
- Abuse of power; conflict of interest
- Institutional obligations to patients, providers, consultants

ASBH, ch. 4, Importance of evaluation

In Aulisio, et al., ch. 9, Organizational Ethics: Promises and Pitfalls

**Written assignment (4-5 pages, double-spaced):** How should a clinical ethics consultation service be organized and evaluated? Counter views? Prepare to discuss in class.

**Supplementary resources (optional):**
- National Center for Ethics in Health Care, Veterans Health Administration, U.S. Department of Veterans Affairs:
Ethics Consultation: Responding to Questions in Health Care, 2007.  
[ANGEL: VA-Ethics_Consultation-Responding_to_Ethics_Questions_in_Health_Care-20070302.pdf]

Clinical Ethics Consultation, video, parts 1, 2, 2007.  
[ANGEL: Ethics_Consultation_Part1.ram or Ethics_Consultation_Part1.asx; Ethics_Consultation_Part2.ram or Ethics_Consultation_Part2.asx]

[ANGEL: VA-IntegratedEthics_Ethics_Consultation_Video_Course_20050701.pdf]

Gerald S. Schatz, ed., Organizational Differences in Hospital Ethics Committees and Clinical Ethics Consultation: Excerpts from Conversations  
[ANGEL: Organizational Differences in Hospital Ethics Committees.doc]

[ANGEL: Schneiderman-Effect of Ethics Consultations.pdf]

[ANGEL: WPAS Ashley report.pdf; WPAS Ashley app A-J.pdf; WPAS Ashley app K-T.pdf, WPAS-Ashley-Diekema response.txt]

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