



Bioethics Research Library

The Joseph and Rose Kennedy Institute of Ethics
Box 571212, Georgetown University
Washington, DC 20057-1212
202-687-3885; fax: 202-687-8089
bioethics@georgetown.edu
<http://bioethics.georgetown.edu>

Teaching Ethics in the Health Care Setting

Mary Carrington Coutts
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Part I: Survey of the Literature

The last twenty years have brought important changes to health care and health care education, and students alike face an enormous number of new fields of study and new medical technologies. Health care professionals and institutions are also facing new challenges in the form of shrinking economic resources, and the AIDS epidemic. They must also respond to increased patient participation in health care decisions, and public concern about abortion and euthanasia. These challenges to the health care professional have compelled educators to accommodate ethics within their already overcrowded curriculum. Those same dilemmas have influenced health care institutions to become active in health care ethics education.

Medical ethics education gained a foothold in the United States during the late 1960s, when the medical schools of Pennsylvania State University, the University of Florida, and the State University of New York at Stonybrook established programs in the humanities (74). In 1978 Robert Veatch noted that formal teaching in medical ethics was rare; most institutions that taught medical ethics used “informal instruction in the apprenticeship mode” (27). However, by 1982 a survey by the American Medical Association (AMA) revealed that all but one of the 127 medical schools had courses that included medical ethics. Thirty eight of these had medical ethics as a required course (30); and by 1989, 43 of the 127 medical schools had separate courses in medical ethics, while 100 covered medical ethics within required courses. Medical ethics is now an accepted part of the medical curriculum, though it is not fully mature, and its future remains somewhat unclear (21).

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The evolution of ethics in the nursing curriculum has essentially mirrored that of the medical curriculum. A 1977 survey of baccalaureate nursing programs revealed that only 7 percent of nursing programs required courses in ethics (58). A decade later a second survey of undergraduate programs identified 85 percent of responding nursing schools as teaching nursing ethics either in separate ethics courses or within other required courses (11).

Though the precise future of health care ethics may be unpredictable, there is little thought that the role of ethics will diminish in importance as the 21st century approaches. Ethics is seen as part of a larger plan to develop and enhance the health professional's human values, social conscience, and interpersonal skills. "This broader effort derives from concerns about the personal attributes and humanistic sensitivity of physicians, the recent overly 'scientized' trend in premedical education, the selection of medical students, and the socialization and cynicism engendered by medical education" (21, p. 705).

While nearly every medical and nursing school in the United States now teaches ethics in one form or another, the degree to which ethics is integrated into the curriculum varies from school to school. Some ethics courses are required elements of the students' education; some institutions require

attendance at seminars and ethics grand rounds. Other schools offer an array of elective courses in topics that relate to ethics in medicine and nursing (including medical humanities, medicine and the law, literature and medicine, history of medicine, patient advocacy, and human values in nursing.) "Brown bag" seminars and journal clubs are also common.

There is much debate over how health care ethics should be taught. Some argue that medical professionals should be conversant with theories of ethics and principles of biomedical ethics. Others think that a theoretical approach will alienate already overworked medical or nursing students, and that instruction in ethical theory should be kept to a minimum. Case studies are frequently cited as a way to involve students in medical decision making, forcing them to analyze problems that they can relate to their own experiences.

Additional concerns center around who should teach health care ethics. Frequently, physicians and nurses interested in ethics teach courses. Some commentators see this as the most desirable arrangement, asserting that practicing health care professionals best understand the conflicts faced by physicians and nurses-in-training. However, there is a growing pool of professionals who are undergoing training as medical ethicists. These individuals study ethical theory and bioethical principles in depth at the graduate level with the goal of cooperating with medical and nursing faculty in teaching students to solve ethical dilemmas. The rationale behind training specialists in ethics is that they bring a different expertise and perspective to the care of patients that can be very valuable in training health care professionals. Other professionals who are also teaching health care ethics include philosophers, theologians, biologists, attorneys, public health administrators, psychologists, and sociologists.

Teaching styles vary. Some instructors rely heavily on lectures, while others prefer to base instruction on case studies. Some courses are taught using a prescribed set of readings, and topics for discussion; some even use computer-assisted instruction. There are teachers who integrate ethics into clinical rounds, so that ethics are taught at the bedside, not in the classroom. Other courses are student-directed, in

which topics of discussion are chosen by the students, and case studies come from the students' own experiences.

In surveying the teaching of medical and nursing ethics, it is evident that every instructor and program has his or her own method of imparting information and engaging students. Many of them report successful experiences with very different methodologies. While evaluation of the effectiveness of medical ethics education is rather underdeveloped, it seems clear that programs can learn from one another.

Presented below is a selection of references pertaining to the teaching of ethics in the health care setting. It is not intended to be comprehensive, but is offered as a sample of the literature.

ORGANIZATIONAL STATEMENTS

1. American Association of Dental Schools. **Curriculum Guidelines on Ethics and Professionalism in Dentistry.** *Journal of Dental Education* 53(2): 144-148, February 1989.

The American Association of Dental Schools expects dentists to be committed to the "moral principles that are the basis of a profession's contract with society," and stresses that dental students need to develop an attitude that ethical decisionmaking is a process requiring lifelong learning and commitment. To this end, guidelines are presented for the teaching of clinically-oriented dental ethics education.

2. American Association of Colleges of Nursing. **ESSENTIALS OF COLLEGE AND UNIVERSITY EDUCATION FOR PROFESSIONAL NURSING.** Washington, DC: American Association of Colleges of Nursing, 1986.

The American Association of Colleges of Nursing identifies seven essential values for the professional nurse: altruism, equality, esthetics, freedom, human dignity, justice, and truth. These values constitute an integral portion of the curriculum in many courses in nursing ethics and demonstrate the need for nursing ethics education.

3. American Board of Internal Medicine.

Subcommittee on Evaluation of the Humanistic Qualities of the Internist. **Evaluation of Humanistic Qualities in the Internist.** *Annals of Internal Medicine* 99(5): 720-724, November 1983.

The American Board of Internal Medicine affirms the importance of humanistic traits in physicians, and outlines the methods to instill and evaluate these qualities. Specifically, the Board will continue to include questions that address cognitive aspects of medical ethics in its written examinations, and those who fail to meet the Board's humanistic standards will be excluded from admission to a certifying examination.

4. American Board of Pediatrics. Medical Ethics Subcommittee. **Teaching and Evaluation of Interpersonal Skills and Ethical Decision Making in Pediatrics.** *Pediatrics* 79(5): 829-833, May 1987.

Beginning in 1982, the American Board of Pediatrics (ABP) has required that pediatric program directors attest to each ABP applicant's "ethical and moral behavior as it affected his or her professional performance." After listing desirable traits, suggestions are made for education and evaluation through the use of positive role models, conferences, review of patient care, role-plays, counseling and feedback from patients, families and peers.

5. American Medical Association. House of Delegates. **Teaching Clinical Medical Ethics in Medical Schools (Resolution Number 126).** *Proceedings of the House of Delegates*: 388, June 1986.

In a very brief statement, the House of Delegates adopted a resolution stating that the AMA supported required medical ethics instruction in medical schools.

6. Association of American Medical Colleges. **INTEGRATING HUMAN VALUES TEACHING PROGRAMS INTO MEDICAL STUDENTS' CLINICAL EDUCATION.** Washington, DC: The Association, November 1986.

The most fulfilled physician is one with a strongly developed sense of professional responsibility and commitment to patients, and one who has lifted his or her practice above the

business realm, according to the Association of American Medical Colleges (AAMC). Furthermore, only those with ethical decision-making abilities and good interpersonal skills will be perceived as clinically competent. With this introduction, the AAMC presents an overview of medical ethics programs in 1986.

7. Institute of Medical Ethics. Working Party on the Teaching of Medical Ethics. **THE POND REPORT: THE TEACHING OF MEDICAL ETHICS** (Desmond Pond, Chairman). London: Institute of Medical Ethics, (BMA House, Tavistock Square, WC1 H9JR) 1987.

While The Pond Report stresses the importance of teaching biomedical ethics, it goes further than others in outlining topics to be covered, and emphasizes planning and scheduling. It also reports physician and student reactions to current methods of teaching medical ethics.

BACKGROUND ARTICLES

8. Barlotta, Flora M.; and Scheirton, Linda S. **The Role of the Hospital Ethics Committee in Educating Members of the Medical Staff.** *HEC (Hospital Ethics Committee) Forum* 1(3): 151-158, 1989.

In a brief survey on the importance of teaching biomedical ethics, the authors stress the role that hospital ethics committees should play in the ongoing education of hospital staff. Barlotta and Scheirton provide suggestions for modes of education, including formal courses, seminars, in-service education to explain new policies or guidelines relevant to bioethics, ethics grand rounds, clinical clerkships, "brown bag" lunches, and audiovisual films.

9. Bickel, Janet. **Human Values Teaching Programs in the Clinical Education of Medical Students.** *Journal of Medical Education* 62(5): 369-378, May 1987.

Bickel presents the results of a survey of medical schools and their medical ethics education in 1984-85. Eighty-four percent of medical schools required one human values course during the first two years; 34 percent required courses during the third or fourth years. Also included are the characteristics of instructors of medical ethics, faculty

development efforts, barriers against further integration into the medical curriculum, and the evaluation of courses.

10. **Bioethics Education: Diversity and Critique.** Edited by Laurence B. McCullough and Albert R. Jonsen. *Journal of Medicine and Philosophy* 16(1): February 1991.

The entire issue of this journal includes commentaries on how we teach medical ethics, and what we should be teaching. Alisa Carse discusses principle-based approaches to ethics and advocates an alternate "care orientation". John Arras evaluates recent work on casuistry and advocates the use of case studies in medical ethics education with a "theory-modest" curriculum. Stephen Wear notes some hazards of the "new ethos" of patient autonomy. Richard Wright analyzes the dichotomy between bioethics as a field of philosophy and the field of medicine. Lachian Forrow, *et al.* provide an outline of what a resident should learn during his medical ethics training. Finally, in his cultural critique of bioethics, Albert R. Jonsen challenges the current emphasis on ethical principles and the tendency toward moral relativism while calling for a more multi-faceted approach to bioethics.

11. Cassells, Judith M.; and Redman, Barbara K. **Preparing Students to Be Moral Agents in Clinical Nursing Practice: Report of a National Study.** *Nursing Clinics of North America* 24(2): 463-473, June 1989.

Drs. Cassells and Redman report the results of a survey of undergraduate nursing students from 1984 to 1987. The survey reports that ethics is regularly included in the baccalaureate nursing curriculum and that students experience a sense of growth from ethics education. The authors conclude that different educational strategies are successful in teaching nursing ethics and that a systematic approach to analyzing ethical dilemmas can and should be taught to undergraduate nursing students.

12. Clouser, K. Danner. **TEACHING BIOETHICS: STRATEGIES, PROBLEMS AND RESOURCES.** Hastings-on-Hudson, NY: Hastings Center, 1980.

As part of the Hastings Center Project on the Teaching of Ethics in the late 1970s and early

1980s Professor Clouser provides an introduction to the teaching of bioethics — in medical and nursing schools, in undergraduate institutions, and in various allied health schools. Clouser presents subject matter, outlines goals, surveys teaching methods, and identifies some obstacles to overcome. Although some of the bibliographic materials are now dated, it provides a valuable foundation upon which to build.

13. Cragg, Catherine E. **Nursing Ethics: Essential Component of Continuing Education.** *Journal of Continuing Education in Nursing* 19(6): 266-269, December 1988.

Cragg points out that while many younger nurses were exposed to ethics in their undergraduate studies, most nurses working today completed their formal education before bioethics was considered an important element of biomedical education. The author draws attention to the nursing literature that substantiates the theory that better ethical decision making reduces stress and burnout among nurses and improves patient care.

14. Culver, Charles M., et al. **Basic Curricular Goals in Medical Ethics.** *New England Journal of Medicine* 312(4): 253-256, 24 January 1985.

Goals and content of a basic medical ethics curriculum are presented. Specifically, it should teach medical students to identify the moral aspects of medical practice; how to obtain a valid consent to or refusal of treatment; how to proceed if a patient is only partially competent or incompetent to decide, or if a patient refuses treatment; how to decide when it is morally justifiable to withhold information or to breach confidentiality, and how to deal with the moral aspects of caring for patients with a poor prognosis.

15. Fletcher, John C. **Who Should Teach Medical Ethics?** *Hastings Center Report* 3(6): 4-6, December 1973.

Professor Fletcher asked a question in 1973 that is still being asked in 1991. He argues that “no one discipline, field or profession owns the property rights to medical ethics”. He uses a schema adopted by H.D. Aiken to measure the abilities of his ideal teacher of medical ethics.

16. Farrow, Lachlan; Arnold, Robert M.; and Frader, Joel. **Teaching Clinical Ethics in the Residency Years: Preparing Competent Professionals.** *Journal of Philosophy and Medicine* 16(1): 93-112, February 1991.

Clinicians and ethics educators Farrow, Arnold and Frader promote the teaching of ethics to medical residents with a modest emphasis on theory. Ethically competent physicians should be able to: recognize ethical issues as they arise in clinical care; identify hidden values and acknowledge conflicts; develop and implement an ethically justifiable course of action; and judge when additional expertise and consultation is warranted.

17. Fry, Sara T. **Teaching Ethics in Nursing Curricula: Traditional and Contemporary Models.** *Nursing Clinics of North America* 24(2): 485-497, June 1989.

Dr. Fry presents the ultimate goal of teaching nursing ethics: to produce morally accountable practitioners who are skilled in ethical decision making. Fry outlines historical developments in nursing education, describes the current landscape, and discusses three models for instruction: (1) the Scientific Model, (2) the Moral Issues Model, and (3) the Ethics Inquiry Model. A variety of strategies for teaching are described, including clinical conferences, case studies, and ethics rounds.

18. Gaul, Alice LeVeille. **Ethics Content in Baccalaureate Degree Curricula: Clarifying the Issues.** *Nursing Clinics of North America* 24(2): 475-483, June 1989.

Dr. Gaul provides an overview of nursing ethics education — prevalence in nursing schools, rationale for teaching ethics, methodologies, and the influence of ethics education on nurses’ ethical choices and ethical actions.

19. Huth, Edward J. **The Humanities, Science, and the Medical Curriculum.** *Annals of Internal Medicine* 101(6): 864-865, December 1984.

Huth critiques two documents on American medical education, both calling for more attention to the humanistic qualities of future doctors, PHYSICIANS FOR THE TWENTY-FIRST CENTURY REPORT published by the AAMC, and Eric Cassell’s THE PLACE OF THE HUMANITIES IN

MEDICINE.

20. Kass, Leon R. **Practicing Ethics: Where's the Action?** *Hastings Center Report* 20(1): 5-12, January/February 1990.

Leon Kass describes what he terms seven "dominant fashions" in modern bioethics that he believes have resulted in a theoretical and rationalistic approach with grave weaknesses. He raises questions about the relationship between moral theory and moral action, and about the nature and formation of a moral life. Kass calls for less thinking about doctrine and principles and more thinking about education and institutions, particularly medical institutions.

21. Miles, Steven H.; Lane, Laura Weiss; Bickel, Janet; Walker, Robert M.; and Cassell, Christine K. **Medical Ethics Education: Coming of Age.** *Academic Medicine* 64(12): 705-714, December 1989.

A review of medical ethics education is presented. Included in the wide-ranging article are: objectives for designing programs, teaching methods, course content, and program evaluation. The authors note that the future of medical ethics education is unclear; while it is an accepted part of most medical schools, it is not fully mature.

22. Odom, John G. **The Status of Ethics Instruction in the Health Education Curriculum.** *Health Education* 19(4): 9-12, August/September 1988.

Dental educator Odom reports the results of a survey of health educators and ethics education in their institutions (both graduate and undergraduate). The academic specialties of instructors and course materials are summarized, as are the qualifications for ethics teachers and basic requirements for health education ethics courses.

23. Pellegrino, Edmund D.; Siegler, Mark; Singer, Peter A. **Teaching Clinical Ethics.** *Journal of Clinical Ethics* 1(3): 175-180, Fall 1990.

Three physicians outline their view of the development of "clinical ethics" (as a field related to, but not synonymous with medical ethics), the rationale for teaching ethics, course content, methodology, timing, personnel

requirements, evaluation and the obstacles facing clinical ethics education.

24. Pellegrino, Edmund D. **Teaching Medical Ethics: Some Persistent Questions and Some Responses.** *Academic Medicine* 64(12): 701-703, December 1989.

Pellegrino responds to a number of questions about the value and effect of ethics education. Does teaching medical ethics make a difference? Should ethics be taught in medical school? Can ethics be taught? Whose ethics are being taught? What does the professional ethicist contribute? Why teach the humanities and social sciences in addition to ethics?

25. Robinson, Jean. **Are We Teaching Students That Patients Don't Matter?** *Journal of Medical Ethics* 11(1): 19-21, 26, March 1985.

Robinson questions what ethical values British medical students are being taught. She is concerned about the emphasis on technology-based intervention, the relegation of ethics to a minor place in the curriculum, and the lack of interest on the part of medical educators in teaching consideration for patients and awareness of their rights. She concludes that physicians who welcome ethical debate and shared decision making are the best instructors of medical students.

26. Siegler, Mark. **A Legacy of Osler Teaching Clinical Ethics at the Bedside.** *Journal of the American Medical Association* 239(10): 951-956, 6 March 1978.

Dr. Siegler promotes the teaching of ethics during undergraduate and medical school. This teaching should be performed by clinicians and by ethicist-philosophers who are clinically adept. Integrating ethics education into the bedside curriculum allows learning to occur at the point of greatest impact; this encourages students to include ethics into their basic medical decision making.

27. Veatch, Robert M. **Medical Ethics Education.** In: **ENCYCLOPEDIA OF BIOETHICS.** Edited by Warren T. Reich. New York: Free Press, 1978, pp. 870-875.

Veatch provides a look at the evolution of medical ethics education, from Socrates to 1978. An international overview of medical

ethics education is presented and various issues regarding course structure and teaching methodologies are surveyed.

EVALUATIVE ARTICLES

28. Gaul, Alice LeVeille. **The Effect of a Course in Nursing Ethics on the Relationship Between Ethical Choice and Ethical Action in Baccalaureate Nursing Students.** *Journal of Nursing Education* 26(3): 113-117, March 1987.

Dr. Gaul examines the effect of a course in nursing ethics on undergraduate nursing students. Students enrolled in an ethics course and a control group were evaluated using ethical choice and ethical action as guidelines. Professor Gaul concludes that nursing students are highly responsive to education in moral reasoning and that formal courses in nursing ethics should be part of the curriculum.

29. Jacobson, Jay A.; Toile, Susan W.; Stocking, Carol; and Seigler, Mark. **Internal Medicine Residents' Preferences Regarding Medical Ethics Education.** *Academic Medicine* 64(12): 760-764, December 1989.

Findings from a survey of medical residents who had recently undergone medical ethics education are reported. Both course content and the usefulness of teaching methodology were included in the study.

30. Pellegrino, Edmund D.; Hart, Richard J.; Henderson, Sharon R.; Loeb, Stephen E.; and Edwards, Gary. **Relevance and Utility of Courses in Medical Ethics: A Survey of Physicians' Perceptions.** *Journal of the American Medical Association* 253(1): 49-53, 4 January 1985.

Results are reported of a 1982 survey by the American Medical Association to ascertain how physicians rated their education in preparing them to deal with the ethical issues they encountered in practice. The study indicates that physicians who had had courses in medical ethics perceived them to be of substantial practical value and recommended that their content be expanded. Statistics are presented on the frequency of specific topics encountered in practice and on the relative influence of home life, personal values, medical education, medical practice, and ethics courses on

respondents' approaches to ethical issues.

31. Self, Donnie J.; Wolinsky, Frederic D.; and Baldwin, Dewitt C. **Effect of Teaching Medical Ethics on Medical Students' Moral Reasoning.** *Academic Medicine* 64(12): 755-759, December 1989.

The effect of incorporating medical ethics into the medical curriculum and the relative effectiveness of two teaching methods (lecture and case study) are evaluated. The study demonstrates that: (1) teaching medical ethics produces significant development of moral reasoning, and (2) there is not a statistically significant difference in the effectiveness of either teaching method.

TECHNIQUE ARTICLES

32. Carson, Ronald A.; and Higgs, Roger. **Case Method.** *Journal of Medical Ethics* 12(1): 36-39, March 1986.

Carson and Higgs advocate the use of case studies, maintaining that cases convey the drama of physician-patient interaction to students and teach them to identify, analyze, interpret, and resolve moral issues. He also points out the pitfalls in teaching by the case method, a prominent one being entanglement in clinical details and in the fine points of moral philosophy and theology. Higgs expands upon Carson's thesis and examines the role of case studies in helping health professionals to identify where their professed ideals are not reflected in their practices, in providing surrogates for life experience, and in defining divergent and paradoxical concepts and attitudes.

33. Francoeur, Robert T. **A Structured Approach to Teaching Decision-Making Skills in Biomedical Ethics.** *Journal of Bioethics* 5(2): 145-154, Fall/Winter 1984.

Francoeur has found that the prevailing case study approach to teaching bioethics does not work well in the allied health sciences with college students who have not been trained in problem analysis and decision making. He describes a different type of course designed specifically to develop such analytic and decision-making skills.

34. Loewy, Erich H. **Teaching Medical Ethics to Medical Students.** *Journal of Medical Education* 61(8): 661-665, August 1986.

Dr. Loewy stresses that medical ethics education must deal with problems to which medical students can relate. Cases with which the student is actually involved and in which ethical dilemmas can be illustrated are essential to effective learning experiences.

35. Radwany, Steven M.; and Adelson, Bernard H. **The Use of Literary Classics in Teaching Medical Ethics to Physicians.** *Journal of the American Medical Association* 257(12): 1629-1631, 27 March 1987.

A "Great Books Course in Medical Ethics" is described. The course, a series of monthly seminars for attending staff and medical house staff, is intended as a forum in which great works of literature serve as the springboard for exploring issues of clinical medical ethics. Participants in the seminars have found them beneficial in enhancing their analytical skills for addressing ethical problems.

36. Ryden, Muriel B.; Duckett, Laura; Crisham, Patricia; Caplan, Arthur; and Schmitz, Kathy. **Multi-Course Sequential Learning as a Model for Content Integration: Ethics as a Prototype.** *Journal of Nursing Education* 28(3): 102-106, March 1989.

The authors describe the design of a new ethics curriculum using a multi-course sequential learning plan. This helps to enhance organization of course content and accountability for course material, to avoid duplication of material, and to build upon one another's teaching.

37. Self, Donnie J. **The Pedagogy of Two Different Approaches to Humanistic Medical Education: Cognitive v. Affective.** *Theoretical Medicine* 9(2): 227-236, June 1988.

Professor Self compares and contrasts two different approaches to clinical ethics education, what he calls the classical humanities approach, and the humanistic psychology approach. While both approaches have basically the same goal of developing clinical competence, they employ very different tactics. In the classical humanities approach, emphasis is placed on critical reasoning and analysis, thereby influencing a

student's moral maturity. In the humanistic psychology mode, emphasis is placed on keeping the health professional physically, emotionally, and mentally healthy so that he or she will be best able to help others.

38. Southgate, U.; Heard, S.R.; Toon, P.D.; and Salkind, M.R. **A Student-Led Approach to Teaching.** *Journal of Medical Ethics* 13(3): 139-143, September 1987.

The authors describe their evolution from a teacher-centered to a student-centered approach. Students are free to choose which ethical issues to explore within a provided framework. The types of topics chosen by students are discussed.

39. Waithe, Mary Ellen; Duckett, Laura; Schmitz, Kathy; Crisham, Patricia; and Ryden, Muriel B. **Developing Case Situations for Ethics Education in Nursing.** *Journal of Nursing Education* 28(4): 175-180, April 1989.

Nursing professors from the University of Minnesota present a method for developing realistic and ethically challenging case studies employing the Crawford Slip Method. A collection of cases created using this technique is provided.

40. White, Gladys; and Davis, Anne J. **Teaching Ethics Using Games.** *Journal of Advanced Nursing* 12(5): 621-624, September 1987.

The authors describe using games to overcome difficulties experienced by students in their first course focusing on ethics in nursing. Many students find ethical analysis difficult because of the high levels of ambiguity and uncertainty. White and Davis describe the employment of a game called "Rights: Helter Skelter" to alleviate student anxiety.

PROGRAM DESCRIPTIONS

41. Arnold, Robert M.; Forrow, Lachlan; Wartman, Steven A.; and Teno, Joan. **Teaching Clinical Medical Ethics: A Model Programme for Primary Care Residency.** *Journal of Medical Ethics* 14(2): 91-96, June 1988.

The General Internal Medicine Residency Training Program at Rhode Island Hospital is one of a few residency training programs to require substantive exposure to issues in

medical ethics. The authors argue that residency training is the ideal time to establish the critical link between basic philosophical principles and clinical medicine, and to enhance patterns of communication with patients.

42. Bicknell, D.J. **Current Arrangements for Teaching Medical Ethics to Undergraduate Medical Students.** *Journal of Medical Ethics* 11(1): 25-26, March 1985.

The approach taken by London's St. George's Hospital Medical School in introducing the teaching of medical ethics is presented. The goals are to promote students' understanding of the role that the values of religion, law, and society play in the formation of ethical codes of medical practice. The course focuses on ethical aspects of the doctor's personal conduct and on his or her relationship with patients, the medical profession, and society.

43. Carson, Ronald A.; and Curry, R. Whit. **Ethics Teaching on Ward Rounds.** *Journal of Family Practice* 11(1): 59-63, 1980.

The authors describe the residency program at a general medical inpatient facility associated with the University of Florida College of Medicine. In an attempt to "elucidate the ethical content and moral implications of medical decisions", ethics teaching has been built into the clinical grand rounds. Case reports accompany the article.

44. Elkins, Thomas E. **Introductory Course in Biomedical Ethics in the Obstetrics-Gynecology Residency.** *Journal of Medical Education* 63(4): 294-300, April 1988.

The author provides an outline of a brief lecture given to obstetrics and gynecology residents at the University of Tennessee Medical Center. Elkins touches upon theories of philosophic ethics and principles of biomedical ethics such as honesty, contract-keeping, nonmaleficence, justice, autonomy, beneficence, and virtue.

45. Fine, Mark A.; and Ulrich, Lawrence P. **Integrating Psychology and Philosophy in Teaching a Graduate Course in Ethics.** *Professional Psychology: Research and Practice* 19(5): 542-546, October 1988.

A course for second-year graduate students in clinical psychology at the University of Dayton

is summarized. Course content is briefly outlined and evaluation of the course is described.

46. Goldman, Jonathon D. **An Elective Seminar to Teach First-Year Students the Social and Medical Aspects of AIDS.** *Journal of Medical Education* 62(7): 557-561, July 1987.

Goldman reports on an elective course for first-year medical students on AIDS. The course includes films and roundtable discussions with patients, families, and health care professionals caring for AIDS patients. Evaluation of the course is mentioned briefly.

47. Gordon, Geoffrey H.; and Tolle, Susan W. **Discussing Life-Sustaining Treatment; A Teaching Program for Residents.** *Archives of Internal Medicine* 151(3): 567-570, March 1991.

Physicians Gordon and Tolle describe a program designed for two health centers in Portland, Oregon. The goal was to help residents feel more at ease speaking with their patients about life sustaining treatment and advance directives. Residents were allowed to practice their interview techniques on "simulated patients" (volunteer physicians). Their technical knowledge of advance directives was enhanced as was their skill in eliciting and understanding patients' values and feelings about life threatening illnesses.

48. Howe, Kenneth R.; Holmes, Margaret; and Elstein, Arthur S. **Teaching Clinical Decision Making.** *Journal of Medicine and Philosophy* 9(2): 215-228, May 1984.

The authors report their approach, problems, and results in conducting a preclinical medical decision-making course at Michigan State University. This course sequence incorporates the strategies of decision analysis, ethical analysis, and health economics in evaluating information and applying basic science principles to cases involving commonly encountered conditions. Specific ethical issues considered in case discussions are discussed.

49. Puckett, Andrew C.; Graham, Doyle G.; Pounds, Lois A.; and Nash, Florence T. **The Duke University Program for Integrating Ethics and Human Values into Medical Education.** *Academic Medicine* 64(5): 231-235, May 1989.

Dr. Puckett describes Duke University's approach to teaching medical ethics. Based on small group discussions that span the four years of medical school, the program includes clerkships, electives, career counseling, and cultural enrichment.

50. Quinby, Patricia; and Kurfees, James F. **Integrating Human Values in Medical Education: A Physician Preceptor Program.** *Family Medicine* 21(3): 220-221, May-June 1989.

Drs. Quinby and Kurfees present the Physician Preceptor Program at the University of Louisville School of Medicine. Students enrolled in the eighteen-week course are paired with a volunteer physician who meets with the student three hours per week; the student follows the physician through the daily routine. Home visits, journal keeping, and roundtable discussions are also part of the program.

51. Redmon, Robert B. **A Medical Ethics Project for Third-Year Medical Students.** *Academic Medicine* 64(5): 266-270, May 1989.

In an effort to teach students at a time when they have enough clinical experience to appreciate medical ethics, Redmon developed a case-based instructional experience for third-year medical students at the Virginia Commonwealth University Medical College. Students submit case studies to be evaluated and discussed at a later roundtable discussion.

52. Sledge, William H.; Lieberman, Paul B.; and Reiser, Lynn Whisnant. **Teaching about the Doctor-Patient Relationship in the First Post-Graduate Year.** *Journal of Medical Education* 62(3): 187-190, March 1987.

The Yale University School of Medicine's psychiatric residency program in medical ethics is described. Topics of discussion are outlined, as well as concerns the authors have regarding the timing of the course.

53. **Teaching Medical Ethics: Special Issue.** *Academic Medicine* 64(12): 699-788, December 1989.

The entire issue of this journal is dedicated to teaching medical ethics. Descriptions of programs at the following medical schools are included: Baylor College of Medicine; University of California, San Francisco;

University of Washington; University of Chicago; East Carolina University; Loyola University of Chicago; Northwestern University; Pennsylvania State University; University of Pittsburgh; and Brown University.

54. Wolstenholme, Gordon. **Teaching Medical Ethics in Other Countries.** *Journal of Medical Ethics* 11(1): 22-24, March 1985.

There has been an explosion in the formal teaching of medical ethics in North America and Western Europe during the past twenty years, with the United States taking the lead in establishing interdisciplinary programs of education. Canada, The Netherlands, West Germany, France, Italy, Yugoslavia, Sweden, and Denmark are also discussed as having introduced courses in ethics into their medical curricula, most often at the graduate and continuing education levels.

ADDITIONAL READINGS

55. American Heart Association. Committee on Ethics. **A Perspective on Teaching Medical Ethics.** *Circulation* 61(3): 669A-677A, March 1980.

56. American Board of Internal Medicine. Subcommittee on Evaluation of the Humanistic Qualities of the Internist. **A GUIDE TO THE AWARENESS AND EVALUATION OF HUMANISTIC QUALITIES IN THE INTERNIST.** Portland, OR: The Board, 1985.

57. Aroskar, Mila Ann. **Curriculum Revolution: A Bioethical Mandate for Change.** In: **CURRICULUM REVOLUTION: MANDATE FOR CHANGE.** New York: National League for Nursing, 1988, pp. 123-135.

58. Aroskar, Mila Ann. **Ethics in the Nursing Curriculum.** *Nursing Outlook* 25(4): 260-264, April 1977.

59. Association of American Medical Colleges. Panel on the General Professional Education of the Physician and College Preparation for Medicine. **PHYSICIANS FOR THE TWENTY-FIRST CENTURY.** Washington, DC: Association of American Medical Colleges, 1984.

60. Baylis, Françoise; and Downie, Jocelyn. **UNDERGRADUATE MEDICAL ETHICS EDUCATION: A SURVEY OF CANADIAN MEDICAL SCHOOL.** London, Ontario: Westminster Institute for Ethics and Human Values, 1990.
61. Boyce, Eric G.; Montague, Michael; Reinsmith, William A.; Hennessy, Sean; and Knowlton, Calvin H. **Cross-Sectional Study of the Ethics of Pharmacy Students.** *DICP: Annals of Pharmacotherapy* 23(7/8): 590-592, July/August 1989.
62. Branch, William T.; Arky, Ronald A.; Woo, Beverly; Stoeckle, John D., *et al.* **Teaching Medicine as a Human Experience: A Patient-Doctor Relationship Course for Faculty and First-Year Medical Students.** *Annals of Internal Medicine* 114(5): 482-489, 15 March 1991.
63. Callahan, Daniel; and Bok, Sissela. **ETHICS TEACHING IN HIGHER EDUCATION.** New York: Plenum Press, 1990.
64. Christensen, Kate T. **Self-Education for Hospital Ethics Committees.** *HEC (Hospital Ethics Committee) Forum* 1(6): 333-339, 1989.
65. Commission on the Teaching of Bioethics. **THE TEACHING OF BIOETHICS.** Hastings-on-Hudson, NY: Institute of Society, Ethics and the Life Sciences, 1976.
66. **Ethics in Dentistry: Special Issue.** *Journal of Dental Education* 49(4): 198-250, April 1985.
67. Fletcher, John C.; White, Margo L.; and Foubert, Philip J. **Biomedical Ethics and an Ethics Consultation Service at the University of Virginia.** *HEC (Hospital Ethics Committee) Forum* 2(2): 89-99, 1990.
68. Hebert, Philip; Meslin, Eric M.; Dunn, Earl V.; Byrne, Niall; Reid, S. Ross. **Evaluating Ethical Sensitivity in Medical Students: Using Vignettes as an Instrument.** *Journal of Medical Ethics* 16(3): 141-145, September 1990.
69. Howe, Kenneth Ross. **EVALUATING MEDICAL ETHICS TEACHING.** Ann Arbor, MI: University Microfilms International, 1985.
70. **LITERATURE AND BIOETHICS.** Edited by D. Heyward Brock and Richard M. Ratzan. Baltimore, MD: Johns Hopkins University Press, 1988.
71. **MEDICAL ETHICS FOR UNDERGRADUATE MEDICAL STUDENTS.** London, Ontario: Westminster Institute for Ethics and Human Values, 1990.
72. Moskop, John C.; Mitchell, Joyce M.; and Ray, V. Gail. **An Ethics Curriculum for Teaching Emergency Medicine Residents.** *Annals of Emergency Medicine* 19(2): 187-192, February 1990.
73. Pellegrino, Edmund D. **Can Ethics Be Taught?: An Essay.** *Mount Sinai Journal of Medicine* 56(6): 490-494, November 1989.
74. Pellegrino, Edmund D.; and McElhinney, Thomas K. **TEACHING ETHICS, THE HUMANITIES, AND HUMAN VALUES IN MEDICAL SCHOOLS: A TEN YEAR OVERVIEW.** Washington, DC: Institute on Human Values in Medicine, Society for Health and Human Values, 1982.
75. Perkins, Henry S. **Teaching Medical Ethics During Residency.** *Academic Medicine* 64(5): 262-266, May 1989.
76. Society for Health and Human Values. **THE TEACHING OF HUMANITIES AND HUMAN VALUES IN PRIMARY CARE RESIDENCY.** McLean, VA: The Society, 1984.
77. Sulmasy, Daniel P.; Geller, Gail; Levine, David M.; Faden, Ruth. **Medical House Officers' Knowledge, Attitudes, and Confidence Regarding Medical Ethics.** *Archives of Internal Medicine* 150(12): 2509-2513, December 1990.
78. **THE TEACHING OF MEDICAL ETHICS.** Edited by Robert M. Veatch, Willard Gaylin and Councilman Morgan. Hastings-on-Hudson, NY: The Institute of Society, Ethics and the Life Science, 1973.
79. Thompson, Anne. **Conflict and**

Covenant—Ethics in the Midwifery Curriculum. *MIDWIVES CHRONICLE AND NURSING NOTES* 102(1217): 191-197, June 1989.

80. Vang, Johannes. **Medical Ethics and Economics in Medical Education—Why and How?** *In: MEDICAL ETHICS AND ECONOMICS IN HEALTH CARE.* Edited by Gavin Mooney and Alistair McGuire. New York: Oxford University Press, 1988, pp. 135-148.

81. Veatch, Robert M.; and Sollitto, Sharmon. **Medical Ethics Teaching: Report of a National Medical School Survey.** *Journal of the American Medical Association* 235(10): 1030-1033, 8 March 1976.

82. Waldron, E. E. **Using Literature to Teach**

Ethical Principles in Medicine: Of Mice and Men and the Concept of Duty. *Literature and Medicine* 7: 170-176, 1988.

83. Warren, Kenneth S. **The Humanities in Medical Education.** *Annals of Internal Medicine* 101(5): 697-701, November 1984.

84. Williams, John R. **BIOMEDICAL ETHICS IN CANADA.** Lewiston, NY: Edwin Mellen Press, 1986.

85. Wilson, Cindy C.; Netting, F. Ellen; and Henderson, Sherry K. **Gaming as a Method for Learning to Resolve Ethical Dilemmas in Long Term Care.** *Health Education* 19(1): 42-44, February/March 1988.

Part II: Sample Syllabus

The National Reference Center for Bioethics Literature at the Kennedy Institute of Ethics receives many inquiries from instructors at institutions that are just beginning to teach medical ethics. In an effort to assist those individuals, we have devised a syllabus that could be adapted for many uses. This is intended to be an introductory level syllabus, perhaps one that would be appropriate for continuing staff education in a hospital or for an undergraduate college course. Of course, every instructor has his or her own style and preference for course content. This is merely offered as a place to start.

Recognizing that different participants bring a variety of backgrounds to a course, we have selected four possible text books, and two casebooks that might be useful in teaching medical ethics. There are a number of other texts that also could have been selected. Some of these are listed in **Scope Note 15: Basic Resources in Bioethics** (published in the *Kennedy Institute of Ethics Journal* 1(1): 75-90, March 1991). Other video selections are listed in **Scope Note 9: Bioethics Audiovisuals: 1982-Present** (1988); (available directly from the National Reference Center for Bioethics Literature). Additional recommendations for works that provide cross-cultural views of medical ethics appear in the supplemental readings list at the end of this syllabus.

TEXTBOOKS

BIOMEDICAL ETHICS. Edited by Thomas A. Mappes and Jane S. Zembaty. 3rd ed. New York: McGraw-Hill, 1990. 641 pp. Cited: (M&Z).

This text is well-suited for undergraduate education, with selected readings by philosophers, lawyers, and physicians. Includes brief case studies to compliment each section.

CONTEMPORARY ISSUES IN BIOETHICS. Edited by Tom L. Beauchamp and LeRoy

Walters. 3rd ed. Belmont, CA: Wadsworth Pub. Co., 1989. 655 pp. Cited: (B&W).

Appropriate for upper-level undergraduate or graduate education, this text includes selected readings by important philosophers, lawyers, physicians and organizations. Includes the abridged texts of many significant court cases and government or organizational documents. Does not include case studies.

ETHICAL ISSUES IN MODERN MEDICINE. Compiled by John Arras and Nancy K Rhoden. 3rd ed. Mountain View, CA: Mayfield, 1989. 585 pp. Cited: (A&R).

This text is suitable for upper-level undergraduate or graduate studies. It includes selections from well-respected lawyers, philosophers, and a few physicians. Includes excerpts from important court cases and policy documents. Provides case studies to accompany the readings.

TAKING SIDES: CLASHING VIEWS ON CONTROVERSIAL BIOETHICAL ISSUES.

Edited by Carol Levine. 3rd ed. Guilford, CT: Dushkin Pub. Group, 1989. 370 pp. Cited: (L).

A compilation of contrasting readings from the popular Hastings Center Report this book is appropriate for undergraduate or continuing health care education. It does not include an introduction to basic biomedical ethical theory.

CASES IN BIOETHICS: SELECTIONS FROM THE HASTINGS CENTER REPORT.

Edited by Carol Levine. Rev. and updated ed. New York: St. Martin's Press, 1989. 291 pp. Cited: (HCR).

This text includes case studies taken from the well-known *Hastings Center Report*. Two or three commentaries usually accompany each case.

Pence, Gregory E. **CLASSIC CASES IN MEDICAL ETHICS: ACCOUNTS OF THE CASES THAT HAVE SHAPED MEDICAL ETHICS, WITH PHILOSOPHICAL, LEGAL, AND HISTORICAL BACKGROUNDS.** New York: McGraw-Hill, 1990. 398 pp. Cited: (CC).

This book describes a collection of famous (and infamous) cases from the history of biomedical ethics. The accounts here are much more detailed than in other texts selected here.

CASEBOOKS

Course Outline

Below are possible topics for discussion, listed with the relevant portions for each book. We anticipate that one textbook and one casebook would be chosen for a course.

Session 1: INTRODUCTION TO ETHICAL THEORY

Texts

- 1) **M&Z:** Biomedical Ethics and Ethical Theory, pp. 1-44.
- 2) **B&W:** Ethical Theory and Bioethics, pp. 1-43.
- 3) **A&R:** Ethical Theory in the Medical Context, pp. 1-34.
- 4) **L:** (No introductory essay; see the first two chapters of *Medical Ethics*. Edited by Robert M. Veatch. Boston: Jones and Bartlett Pubs., 1989, pp. 1-48.

Video

The Belmont Report: Basic Ethical Principles and their Application. 1986, VHS, Beta or 3/4", 34 min., color. Available at no cost from the Office for Protection from Research Risks VIDEO, National Institutes of Health, Bldg. 31, Room 4B09, 9000 Rockville Pike, Bethesda, MD 20892, telephone 301-496-7005.

One of three films in the series **Protecting**

Society's Mandates that discusses the rights and well-being of biomedical or behavioral research volunteers, this film on the Belmont Report identifies three basic ethical principles: respect for persons, beneficence, and justice.

Session 2: PHYSICIAN-PATIENT RELATIONSHIP

Texts

- 1) **M&Z:** Physicians' Obligations and Patients' Rights, pp. 45-87, 113-27.
- 2) **B&W:** Patients' Rights and Professional Responsibilities, pp. 307-70.
- 3) **A&R:** Foundations of the Health Professional-Patient Relationship, pp. 35-71.
- 4) **L:** Is it Ethical to Withhold the Truth from Dying Patients?, pp. 52-75.

Cases

- 1) **M&Z:** The Patient's Role in Determining Therapy; The Physician's Abandonment of a Patient; Voluntary Sterilization and a Young Un-

married Man; The Dentist and Patient Autonomy, A Nurse's Obligations and a Patient's Living Will; Who Communicates with the Patient?; Hospitals, Surgeons and Economic Incentives, pp. 623-28.

2) **HCR**: I Want to See My Mother's Picture; Using a Cadaver to Practice and Teach; When the Doctor and the Minister Disagree; The Nurse's Appeal to Conscience; Sex in the MD's Office, pp. 3-20.

Video

Deception. 1986, VHS, 34 min., color. Purchase: \$240; rental: \$50/100. Fanlight Productions, 47 Halifax St., Boston, MA 02130, telephone 617-524-0980.

Produced for Dartmouth College's Institute for the Study of Applied and Professional Ethics, the video discusses what a patient must be told about a treatment the physician deems necessary.

Session 3: INFORMED CONSENT

Texts

- 1) **M&Z**: Informed Consent, pp. 88-112.
- 2) **B&W**: The Management of Medical Information, pp. 371-98.
- 3) **A&R**: Informed Consent, pp. 72-110.
- 4) **L**: Is Involuntary Commitment Wrong?, pp. 148-67.

Cases

- 1) **M&Z**: Withholding Information About Risks; The Nurse and Informed Consent; The Office Nurse and Informed Consent; Alzheimer's Disease, Memory Continuity, and Autonomy, pp. 624-28.
- 2) **CC**: Mayor Koch, Joyce Brown, and Involuntary Psychiatric Commitment, pp. 265-85.
- 3) **HCR**: The "Student Doctor" and the Wary Patient; Proxy Consent for a Medical Gamble; Faith Healing for Childhood Leukemia; Who Speaks for the Patient with the Locked-In Syndrome?, pp. 21-38.

Videos

Between a Rock and a Hard Place: Values, Ethics and the Physician-in-Training. 1987, VHS or 3/4", 20 min., color. Purchase: \$100;

rental: \$40. American Medical Student Association (AMSA), 1890 Preston White Drive, Reston, VA 22091, telephone 703-620-6600.

Four situations involving medical students are dramatized including presentations concerned with informed consent, honesty, and death and dying.

Dax's Case. 1984, VHS, Beta, or 16 mm film, 58 min., color. Purchase: \$650 (VHS or Beta), \$700 (16 mm); rental \$75 (16 mm). Concern for Dying, 250 West 57th St., New York, NY 10107, telephone 212-246-6962.

A follow-up of the 1974 film, **Please Let Me Die: The Wish of a Blind Severely Maimed Burn Patient**, which discussed a patient's right to refuse treatment and die. Ten years later, the patient, now a lawyer and married, maintains that he should have been allowed to die.

Session 4: PROFESSIONAL RESPONSIBILITY

Texts

- 1) **M&Z**: Professionals' Obligations, Institutions and Patients' Rights, pp. 131-84.
- 2) **B&W**: Medical Confidentiality, pp. 399-413.
- 3) **A&R**: Professional Responsibilities, pp. 110-30.
- 4) **L**: Are There Limits to Confidentiality?, pp. 126-47.

Cases

- 1) **M&Z**: An HIV Infected Surgeon and a Duty to Disclose; Liberty and the Elderly Patient, pp. 627, 629.
- 2) **CC**: Mandatory Testing for AIDS, pp. 320-47.
- 3) **HCR**: AIDS and a Duty to Protect; When X-Rays Show, Must a Prison Doctor Tell?; My Husband Won't Tell the Children, pp. 39-54.

Video

Managing our Miracles: Truth and Confidences. 1986, VHS or 3/4", 60 min., color. Purchase: \$85 (VHS), \$125 (3/4"). Columbia University Seminars on Medicine & Society, 204 Journalism, Columbia University, New York, NY 10027, telephone 212-280-3839.

One of a 10-part television series where well-known panelists debated ethical, legal and social questions. The physician-patient relationship is examined in the light of the physician's responsibilities to the patient and to society.

Session 5: EUTHANASIA, KILLING AND LETTING DIE

Texts

- 1) **M&Z**: Euthanasia and the Definition of Death, pp. 361-407.
- 2) **B&W**: Life, Death and Personhood, pp. 142-53; Euthanasia and Prolongation of Life, pp. 240-55.
- 3) **A&R**: The Definition of Death, pp. 138-57; From 'Letting Die' to Active Killing, pp. 241-250.
- 4) **L**: Is "Killing" the Same as "Letting Die"? pp. 76-93.

Cases

- 1) **M&Z**: Discriminating Among Life-Sustaining Therapies; Is Nutrition Expendable?; A Brain-Dead Mother Gives Birth, pp. 631-35.
- 2) **CC**: Karen Quinlan, pp. 3-42; Mercy Killing in Holland, pp. 45-65.
- 3) **HCR**: A Cardiac Arrest and a Second-Hand Report; Does "Doing Everything" Include CPR?; Surgical Risks and Advance Directives?; Suicide Attempts and Emergency Room Ethics?, pp. 97-118.

Videos

MICU. 1985, VHS, 58 min., color. Purchase: \$235; rental: \$50 (1 day) or \$100 (1 week). Fanlight Productions, 47 Halifax St., Boston, MA 02130, telephone 617-524-0980.

Host Richard Kahn of WGBH Boston visits the medical intensive care unit of Beth Israel Hospital and shows three extremely ill patients in the unit. Family, staff and physicians discuss the patients and their care. One says that practicing physicians do not really know what "do everything" means. The film points out that patients can change their mind about treatment even after a DNR order is written, and the health care provider must decide which direction to follow.

The Right to Die...The Choice is Yours. 1987, VHS or Beta, 14 min., color. Purchase: \$31.50. Society for the Right To Die, 250 West 57th St., New York, NY 10107, telephone 212-246-6973.

Discusses the Society's views on living wills, proxy appointments for health care decisions and two 'allowing to die' situations.

Session 6: RIGHT TO REFUSE LIFE-SUSTAINING TREATMENT

Texts

- 1) **M&Z**: Suicide and the Refusal of Life-Sustaining Treatment, pp. 310-60.
- 2) **B&W**: Euthanasia and Prolongation of Life: Issues Involving Adults, pp. 256-74.
- 3) **A&R**: The Right to Refuse Treatment, pp. 157-84; Proxy Consent for Adults, pp. 185-220.
- 4) **L**: Must Fluids and Nutrition Always Be Given to Dying Patients?, pp. 94-111.

Cases

- 1) **M&Z**: Refusal of Life-Sustaining Treatment by a Minor; Depression and Autonomy; Suicide and Pain Control; Physician Disagreement Regarding a Patient's Wishes; Honoring the Living Will; Refusing Life-Sustaining Treatment, pp. 631-34.
- 2) **CC**: Elizabeth Bouvia and Voluntary Death, pp. 25-44.
- 3) **HCR**: A Demand to Die; Family Wishes and Patient Autonomy; If I Have AIDS, Then Let Me Die Now!; No Feeding Tubes for Me!; Active Euthanasia with Parental Consent; When the Doctor Gives a Deadly Dose, pp. 119-50.

Videos

Discussions in Bioethics: The Courage of One's Convictions. 1986, VHS or 3/4", 16 mm film, eight different 12-15 min. segments (one tape), color. Purchase: \$295 (VHS), \$395 (3/4"); rental \$75/3 days (\$60 to non-profit groups). Pyramid Film and Video, P.O. Box 1048, Santa Monica, CA 90406, telephone 213-828-7577.

Dramatizes the right to refuse treatment in the context of a young woman who is a Jehovah's Witness member. (Part of a series produced by the National Film Board of Canada, all eight vignettes are extremely well presented open-ended dramas based on actual cases prepared to stimulate discussion of ethical

dilemmas.)

No Heroic Measures. 1986, VHS, Beta, or 3/4", 16 mm film, 23 min., color. Purchase: \$385; rental: (no Beta) \$65/3 days or \$100/5 days. Carle Medical Communications, 110 West Main St., Urbana, IL 61801-2700, telephone 217-384-4838.

The film portrays a niece's efforts to have a feeding tube removed from an elderly incompetent patient.

Session 7: REPRODUCTIVE ISSUES: ABORTION AND THE REPRODUCTIVE TECHNOLOGIES

Texts

- 1) **M&Z:** Abortion, pp. 427-62; Surrogate Motherhood and Reproductive Technologies, pp. 507-38.
- 2) **B&W:** Abortion, pp. 181-239; Technologies and Arrangements in Reproduction, pp. 495-513.
- 3) **A&R:** The Morality of Abortion, pp. 261-92; In Vitro Fertilization, pp. 343-367; Surrogate Motherhood, pp. 368-83.
- 4) **L:** Is Abortion Immoral?, pp. 2-15; Is It Wrong to Create Test-Tube Babies?, pp. 16-31; Should Women Be Allowed to Bear Babies for a Fee?, pp. 32-50.

Cases

- 1) **M&Z:** RU-486 and Social Policy, pp. 635-36; A Feminist Sperm Bank, p.638; Justice and Abortion Funding, p. 640.
- 2) **CC:** Abortion and the Trial of Kenneth Edelin, pp. 114-35; Baby Louise Brown's In Vitro Fertilization, pp. 67-88; The Baby M Case, pp.89-113.
- 3) **HCR:** When Baby's Mother is Also Grandma — and Sister; AID and the Single Welfare Mother; The Unwanted Child: Caring for the Fetus Alive After an Abortion; When a Mentally Ill Woman Refuses an Abortion; The Hospital's Duty and Rape Victims; Selective Termination of Pregnancy, pp. 57-91.

Video

High Tech Babies: Technology and Ethics of In Vitro Fertilization. 1986, VHS or 3/4", 58 min., color. Purchase: \$250; rental: \$125/3 days. Coronet Film and Video, 108 Wilmot Road,

Deerfield, IL 60015, telephone 800-621-2131.

Part of the NOVA television series, the new reproductive technologies are depicted and ethical and legal issues are discussed.

Session 8: HUMAN EXPERIMENTATION

Texts

- 1) **M&Z:** Ethical Issues in Human and Medical Experimentation, pp. 204-46.
- 2) **B&W:** Codes of Research Ethics; Issues in Human Research, pp. 415-47; Ethical Review of Research, pp. 473-90.
- 3) **A&R:** Experimentation on Human Subjects, pp. 417-83.
- 4) **L:** Can Deception in Research Be Justified?; Is It Ethical to Implant Animal Hearts into Humans?; Should Research with Aborted Fetal Tissue Be Banned?, pp. 180-235.

Cases

- 1) **M&Z:** Randomized Clinical Trial and a Physician's Responsibility to a Patient; Enrolling Ineligible Patients in a Clinical Trial; A Teenager's Consent to Participate in Research, pp. 628-29.
- 2) **CC:** The Tuskegee Syphilis Study, Christiaan Barnard's First Heart Transplant; Barney Clark's Artificial Heart; Baby Fae, pp. 184-262.
- 3) **HCR:** Studying Grief Without Consent; Parental Consent and a Teenage Sex Survey, Can a Subject Consent to a "Ulysses Contract"?; Informed Consent in a Developing World; When Research Is the Best Therapy, The Last Patient in a Drug Trial; Mrs. X and the Bone Marrow Transplant; Can a Research Subject Be Too Eager to Consent; Can a Healthy Subject Volunteer to Be Injured in Research?; Transplanting a Chimpanzee Heart, pp.153-98.

Videos

Balancing Society's Mandates: Criteria for Review. 1986, VHS, Beta, or 3/4", 38 min., Office for Protection from Research Risks (see above, session 1 for order information).

This video depicts an institutional review board in action. Research protocols are clearly

explained by Edmund D. Pellegrino.

Evolving Concern: Protection for Research Subjects. 1986, VHS, Beta, or 3/4", 23 min., color, Office for Protection from Research Risks (see above, session 1 for order information).

This National Institutes of Health film stresses the importance of voluntary informed consent.

Session 9: GENETICS

Texts

- 1) **M&Z:** Genetics, pp. 481-507.
- 2) **B&W:** Genetic Technologies, pp. 513-35.
- 3) **A&R:** Genetic Screening and Prenatal Diagnosis, pp. 311-21; Human Genetics, pp.383-421.
- 4) **L:** Is Genetic Engineering a Threat to Future Generations?, pp. 340-58.

Cases

- 1) **M&Z:** Sickle-Cell Disease and a Question of Paternity; Children at Risk for Huntington's Chorea, pp.637-38.
- 2) **CC:** Nancy Wexler and Genetic Markers, pp. 303-19.
- 3) **HCR:** Risk Taking and a Minor Birth Defect, pp. 91-95.

Videos

The Genetic Gamble. 1985, VHS, 16 mm film, 58 min., color. Purchase: \$250 (VHS) or \$800 (16 mm); rental: \$125/3 days. Coronet Film and Video, 108 Wilmot Road, Deerfield, IL 60015, telephone 800-621-2131.

Another in the NOVA series, this work presents cases showing how genetic research has moved from the laboratory to the clinical setting, and discusses the ethical problems of gene splicing treatment.

Life Revolution: The Human Genome. 1990, VHS, 26 min., color. Purchase: \$149 (VHS or Beta); rental: \$75. Films for the Humanities and Sciences., Inc. P.O. Box 2053, Princeton, NJ 08543, telephone 609-452-1128.

The film opens with identical twins whose lives are remarkably similar even though they grew up apart. Other genetic similarities are presented and cystic fibrosis is discussed as the

most common of the inherited diseases. The human genome mapping project is illustrated and explained.

Prenatal Diagnosis: To Be or Not To Be? 1981, VHS, 55 min., color. Purchase: \$395 (VHS), \$650 (16mm); rental: \$65. Filmmakers' Library (see session 3 for order information).

David Suzuki hosts this documentary about prenatal diagnosis and counseling in Canada. Several Toronto hospitals participate and various health professionals talk about amniocentesis, fetoscopy, and ultrasound studies of pregnant women to discover abnormalities in the fetus. Down's syndrome, Tay Sachs disease and spina bifida are among the problems discussed, as well as other questions concerning use of such testing for sex determination or minor disabilities and differences.

Session 10: RESOURCE ALLOCATION

Texts

- 1) **M&Z:** Social Justice and Health Care Policy, pp. 545-622.
- 2) **B&W:** The Allocation of Medical Resources, pp. 553-99.
- 3) **A&R:** Allocation, Social Justice, Health Policy, pp.485-571.
- 4) **L:** Should Health Care for the Aged Be Limited? pp.326-39.

Cases

- 1) **M&Z:** Patient Responsibility; Justice, Mental Retardation and Public Policy; Justice, Kidney Dialysis and a Mentally Retarded Boy, Justice, Age and Personal Responsibility Justice, Health Care and Poverty; Justice, Financial Incentives and Organ Donations, pp. 638-41.
- 2) **HCR:** Forced Transfer to Custodial Care; The Last Bed in the ICU; Refusing an Amputation: Who Should Pay for the Extra Care?; Two Cardiac Arrests, One Medical Team; The Doctor, The Patient and the DRG; The HMO Physician's Duty to Cut Costs; In Organ Transplants, Americans First?, pp. 223-53.

Videos

Who Lives, Who Dies, Who Decides. Part 2: Resource Allocation. 1986, VHS, three 60 min. parts, color. Purchase: \$160; rental: \$50. California Pacific Medical Center, P.O. Box 7999, San Francisco, CA 94120, telephone 415-923-3440.

Ted Koppel moderates a nationwide video teleconference which begins with a brief illustrative drama followed by a panel discussion with Joseph Califano, Barbara Sklar, Samuel Thier and James Todd which includes telephoned questions.

Discussions in Bioethics: Critical Choice: Allocation of Scarce Resources. 1986, VHS, 3/4" or 16 mm, approx. 15 min., color. Pyramid Films, (see session 6 for order information).

A hospital's monetary quandary is dramatized; if funds are allocated for a possible liver transplant, what is the impact on other services requested by staff?

Who Pays for AIDS? 1989, VHS, Beta, 58 min., color. Purchase: \$300; rental: \$95. (PBS Frontline Series). PBS Video, 1320 Braddock Place, VA 22314, telephone 703-739-5380.

AIDS patients in different American cities are interviewed. Their plight is looked at, highlighting the difficulty each has in receiving health care and obtaining the funds to pay for it.

SUPPLEMENTAL READINGS

Various religions and culture have different perspectives on bioethical problems that impact health care decisions. The following books provide summaries that may be useful supplements to basic texts in health care ethics.

CARING AND CURING: HEALTH AND MEDICINE IN THE WESTERN RELIGIOUS TRADITIONS. Edited by Ronald L. Numbers and Darrel W. Amundsen. New York: Macmillan Pub. Co., 1986.

A compilation of essays on 20 western religions and their perspectives on the nature of wellbeing, sexuality, passages, morality, dignity, madness, healing, caring, suffering, and death from the Park Ridge Center for the Study of Health, Faith and Ethics in Chicago.

CROSS CULTURAL PERSPECTIVES IN

MEDICAL ETHICS: READINGS. Edited by Robert M. Veatch. Boston: Jones and Bartlett Pubs., 1989.

A collection of codes of ethics and various authors' views on important problems in medical ethics. Provides a broad variety of viewpoints and some brief readings on principles of medical ethics.

Frankena, William K. **ETHICS.** 2nd ed. Englewood Cliffs, NJ: Prentice-Hall, 1973.

Provides a foundation for ethical analysis of medical ethical problems by introducing the basic theories of ethics.

HEALTH POLICY: ETHICS AND HUMAN VALUES—AN INTERNATIONAL DIALOGUE. Edited by John H. Bryant and Zbigniew Bankowski. Geneva, Switzerland: Council for International Organizations of Medical Sciences, 1985.

The highlights of the 28th CIOMS Round Table Conference held in Athens, Greece are reported. Five case studies are presented to compare and contrast the international and cultural responses to important ethical dilemmas. Comparisons are also made to the different faiths and their concepts of the meaning of life, suffering and death.

SYLLABUS EXCHANGE PROJECT

In 1985 the National Reference Center for Bioethics Literature at Georgetown University's Kennedy Institute of Ethics established the Syllabus Exchange Project. The goal of the project is to encourage the exchange of ideas regarding curriculum, course materials, and teaching methods for bioethical education. Because the field of bioethics is so interdisciplinary and so few teachers have their formal training in bioethics, many instructors find themselves branching out into unfamiliar literature in diverse fields. As many new courses in biomedical ethics are developed each year, we hope to facilitate the use of bioethical literature by exchanging syllabi. The Syllabus Exchange collection consists of syllabi from a variety of programs ranging from medical, law, and nursing schools and philosophy and religion courses in community and undergraduate colleges to full-fledged graduate bioethics programs. Some

syllabi are simply one-page synopses of classes; others are detailed reading lists including exams, methods of evaluation, and course reading material. A current **SYLLABUS EXCHANGE CATALOG** maybe obtained free of charge by calling 800-MED-ETHX (or 687-3885 in Washington DC). A fee of \$2.00 per syllabus is charged to cover photocopying and handling costs. We welcome additional syllabi to be included in future updates to the catalog.

ADDITIONAL READINGS

The literature of medical ethics is vast, and an entire course could be designed around any one of

these sessions. The National Reference Center for Bioethics Literature (NRCBL) collects literature on all of the topics above, among others. The NRCBL is open to the public and provides reference service for those designing courses, and for students enrolled in such courses. Searches of the BIOETHICSLINE database are available upon request. Please feel free to contact the NRCBL at 800-MED-ETHX (or 202-687-3885 in Washington, DC).

Scope Note 16 was prepared by Mary Carrington Coutts, a reference librarian at the National Reference Center for Bioethics Literature.