Global Bioethics
Elective: MA in Bioethics, Stony Brook University Graduate School

Course # HCB 514  Time Tuesdays 6-9  Location HSC 3-067

Spring 2014: January 30-May 8, 2014

Instructor: Carla C. Keirns, MD, PhD, MSc, Carla.keirns@stonybrook.edu, 631-444-2765

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Bioethics is an American invention. Ideas about medicine and morality can be traced to antiquity and are documented as medical ethics in Europe, medical morality in China, and under many other names in cultures around the world, but the field of study and practice we call bioethics started in the US in the 1960s and 1970s and bears the marks of that origin in both the emphases of the field and cultural assumptions such as the primacy placed on individual autonomy. Issues of religion, morality, public policy, disability rights, and health system structure and payment all shape how particular societies decide to manage divisive issues such as medical care at the beginning and end of life and allocation of health care more broadly. Recently, the process of globalization of ideas, medical practices, clinical trials, and migration of patients has led to clashes of cultures around issues such as the appropriate standards and control groups for clinical trials, organ transplantation, brain death, and end-of-life care. This course will draw on a growing literature on global and transnational cases, policies, and traditions in the ethics of health, public health, and health care.

January 30: What would a global bioethics look like?
February 6: US and Global Bioethics: Culture, Governance and Religious Frameworks
February 13: Foundations in International Human Rights
February 20: Maternal and Infant Health & Rights to Health Care
February 27: Infertility and Assisted Reproduction
March 6: Intellectual Property & Essential Medicines
March 13: International Migration of Health Care Providers (Guest: Dr Mike Dorn)

Spring Break March 17-23

March 27: Medical Tourism & the Global Market in Health Services (Guest: Dr. Dorn)
April 3: Epidemics, Pandemics & the Moral Status of Infectious Diseases
April 10: End of Life Care & Advance Directives across Cultures
April 17: Cross-cultural approaches to Brain Death & Organ Transplant
April 24: Transnational Medical Research & Standards of Care
May 1: NGO’s & International Medical Aid
May 8: Global Cooperation, Disasters and Military Medicine (Guest: Katherine Keirns)
**Course Objectives:**
1. At the end of this class, students will be able to analyze the philosophical, religious, economic, policy and medical issues at stake in problems of ethics and health care around the world.

2. They will be able to identify and describe the principles, interests, and moral philosophies at stake in health interventions, the impacts on different stakeholders, and the ways in which these values and principles are integrated into political and technical decisionmaking.

3. Students will have an appreciation for the context and history underlying global health practice.

**Course Requirements:**

This course will be run as a graduate seminar, with formal presentation of background material by the instructor, but the core of each class will be discussion of the readings and the cases for the week, with each week designed to explore a different set of ethical, social, and policy issues. Students are expected to read the assigned articles, chapters, and excerpts come to class prepared to discuss them.

Students will be asked to write three papers over the course of the semester:

- March 5th: An analysis of a controversy or an issue related the first 5 classes (approximately 1000 words)
- April 10th: An analysis of a controversy or an issue related the second 5 classes (approximately 1000 words)
- May 15th: A final paper on an issue of your choice related to the class (at least 2000 words and 10 refs)

Students will be expected to adhere to standard academic conventions for quotation and citation of sources. Any standard reference system, such as the University of Chicago, MLA, AMA or other system of citation is acceptable as long as it allows your readers to trace the origins of your claims to the original publication or source.

**Evaluation:** Students will be graded on class participation (25%) and their 3 papers: 20% for papers 1 and 2; 35% for the final paper.

**Feedback:** The standard evaluation form includes a faculty feedback section. Student papers will receive written comments, and we will assess group dynamics and participation regularly.
Course Readings:

There are two required books for the course which you will need for the March 13\(^{th}\) and March 27\(^{th}\) classes.


Other readings will be posted to the course Blackboard site, available from the Stony Brook Library electronic journals collection, or otherwise distributed. Please advise me immediately if you have any difficulty accessing course readings.

**Recommended Texts (required chapters will be available on reserve and otherwise, but for those with particular interests):**


Essays on how bioethics fits, changes, or challenges existing traditions, medical systems, and political movements in countries around the world


Focused on political theories of justice and their applications to global health


Centered on health problems of poor countries and distribution of resources locally and globally


Focused on international research ethics and issues in global health policy, in particular reproduction and access to pharmaceuticals.


For background, excellent overview of the development of bioethics in the US, history, sociology, and future issues for the field

A sociological analysis of the rise of bioethics in the United States

A sociologist’s analysis of the jurisdictional disputes between bioethics, theology, the medical profession, and various social movements

Explores ethical issues in the development, prescription, pricing, and marketing of pharmaceuticals, chapters on essential medicines will be explored in March 6th.

By the leading US scholar of ethics of health resource allocation, Rawlsian approach

**January 30: Week 1: What would a global bioethics look like?**


**Further Reading:**


**February 6: Week 2: US and Global Bioethics: Culture, Governance and Religious Frameworks**


“Roman Catholic Bioethics,” pp. 1-20;
“Jewish Bioethics,” pp. 131-146;
“Islamic Bioethics,” pp. 153-172;
“Buddhism and Bioethics,” pp. 173-188;
Recommended:


Mark J. Cherry, Coveting an international bioethics: universal aspirations and false promises, pp. 251-279

Further Material on Religious Sources of Moral Diversity


Oswald Schwemmer, Cultural rationality and moral principles, pp. 5-16


February 13: Week 3: Foundations in International Human Rights

2005 UNESCO Universal Declaration on Bioethics & Human Rights


**Further Reading:**

Universal Declaration of Human Rights
(http://www.un.org/Overview/rights.html)

International Covenant on Economic, Social, and Cultural Rights
(http://www.unhchr.ch/html/menu3/b/a_cescr.htm)

International Covenant on Civil and Political Rights
(http://www.unhchr.ch/html/menu3/b/a_ccpr.htm)


February 20: Week 4: Maternal and Infant Health & Rights to Health Care


CIA World Factbook, Maternal Mortality

WHO Global Health Observatory, for information on maternal mortality, women’s life expectancy, disease rates and health status around the world:
In class videos:

Maternal Mortality in Sierra Leone

Why do mothers die in Somaliland?
http://www.halftheskymovement.org/pages/film
http://www.pbs.org/independentlens/half-the-sky/video/

How Racism Impacts Pregnancy Outcomes
http://www.unnaturalcauses.org/video_clips.php
UCLA obstetrician and gynecologist Dr. Michael Lu believes that for many women of color, racism over a life time, not just during the nine months of pregnancy, increases the risk of preterm delivery. To improve birth outcomes, Lu argues, we must address the conditions that impact women’s health not just when they become pregnant but from childhood, adolescence and into adulthood.

Further Reading:

Human Rights Based Approaches to Maternal Mortality Reduction Efforts
http://righttomaternalhealth.org/resource/hr-based-approaches

February 27: Week 5: Infertility and Assisted Reproduction


Ombelet, Willem, False perceptions and common misunderstandings surrounding the subject of infertility in developing countries. Human Reproduction, 2008; Supplement 8-11


Bharadwaj, Aditya, Why adoption is not an option in India: the visibility of infertility, the secrecy of donor insemination, and other cultural complexities. Social Science & Medicine, 2003; 56: 1867-1880.
Further Reading:


Habbema, J. Dik F. Is affordable and cost-effective assisted reproductive technology in low-income countries possible? What should we know to answer the question? Human Reproduction, 2008; 21-24.

March 6: Week 6: Intellectual Property & Essential Medicines


Further Reading:

Chapter 17: AIDS Activism and the Pharmaceutical Industry, by Martin Delaney, pp. 300-325;
Chapter 19: Third World Perspectives on Global Pharmaceutical Access, pp. 336-351

Sarmel Shalev, Access to essential drugs: human rights and global justice, pp. 93-109


Bird RC; Developing nations and the compulsory license: maximizing access to essential medicines while minimizing investment side effects. *Journal of Law, Medicine & Ethics*, 2009 Summer; 37 (2): 209-21

Lybecker KM; Fowler E; Compulsory licensing in Canada and Thailand: comparing regimes to ensure legitimate use of the WTO rules. *Journal of Law, Medicine & Ethics*, 2009 Summer; 37 (2): 222-39

Reichman JH; Comment: compulsory licensing of patented pharmaceutical inventions: evaluating the options. *Journal of Law, Medicine & Ethics*, 2009 Summer; 37 (2): 247-63


**March 13: Week 7: International Migration of Health Care Workers**


**Further Reading:**


March 20: SPRING BREAK

March 27: Week 8: Week 11: Medical tourism & the global market in health services

- Chapter 2: The United States: Destination and departure point, pp. 19-36;
- Chapter 7: Perilous voyages: Travel abroad for organ transplants and stem cell treatments, pp. 138-166;
- Chapter 8: Cross-border assisted reproductive care: Global quests for a child, pp. 167-185.
- Chapter 10: Medical outlaws or medical refugees? An examination of circumvention tourism, pp. 207-229.
- Chapter 12: Medical travel and the global health services marketplace: identifying risks to patients, public health and health systems, pp. 253-278.


Further Reading:


**April 3: Week 9: What’s special about contagion? Epidemics, pandemics, and the moral status of infectious diseases**


Millar, Michael. Can antibiotic use be both just and sustaionable…or only more or less so? *Journal of Medical Ethics*, 2011; 37: 153-157.


*NOVA - Typhoid Mary: The Most Dangerous Woman in America* (2004), Nancy Porter (Director), Studio: PBS, DVD Release Date: January 4, 2005, Run Time: 60 minutes

XDR TB Photographs
http://www.ted.com/talks/james_nachtwey_fights_xdrtb.html

XDR TB
http://www.youtube.com/watch?v=INdBNgOc5ls

HIV-AIDS and TB, A Deadly Synergy
http://www.youtube.com/watch?v=149H13ocPqw

**Further Reading:**


April 10: Week 10: End of life care & advance directives across cultures

Download the advance directive from your state of residence and one other state, read and be prepared to discuss how you or a loved one might use it or choose not to use it and why.

US State-Specific Advance Directives
http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3289

**Everyone read these 4 perspectives on end of life care and advance planning:**


**Read at least 2 of the country studies below and be prepared to discuss how truth-telling about prognosis, orientations to family, aspirations about technology, economics and tradition influence decisionmaking.**


Kim S; Hahm K; Park HW; Kang HH; Sohn M; A Korean perspective on developing a global policy for advance directives. *Bioethics*, 2010 Mar; 24 (3): 113-7


Guven T; Sert G; Advance directives in Turkey's cultural context: examining the potential benefits for the implementation of patient rights. *Bioethics*, 2010 Mar; 24 (3): 127-33.

Shalev C; Reclaiming the patient's voice and spirit in dying: an insight from Israel. *Bioethics*, 2010 Mar; 24 (3): 134-44.


**In-Class Videos:**

Hospice Uganda

http://www.youtube.com/watch?v=Dkz81J39vYw

Hospice Voices from South Africa

http://www.youtube.com/watch?v=omJAg9BPb1k

Ganga Prem Hospice, Inda

http://www.youtube.com/watch?v=fDfCd3jCZsM

**Further Reading:**


April 17: Week 11: Defining Death: Brain Death & Organ Transplant


**Everyone read pp. 3-33, 210-221**

For pp. 223-271, read one of the three chapters on Denmark, Japan or Germany and be prepared to discuss what’s common across cultures based on the overview readings and what may be unique about the country you read about.


Truog RD; Brain death - too flawed to endure, too ingrained to abandon. *Journal of Law, Medicine & Ethics*, 2007 Summer; 35 (2): 273-81

**Further Reading:**


Zeiler K; Deadly pluralism? Why death-concept, death-definition, death-criterion and death-test pluralism should be allowed, even though it creates some problems. *Bioethics*, 2009 Oct; 23 (8): 450-9


April 24: Week 12: Transnational medical research and standards of care


In Class Videos (excerpts):

Pandemic - Facing Aids, New Video Group, DVD Release Date: November 25, 2003


Further Resources on Research on Vulnerable Populations US and International:


See related articles by de Zoysa et al (p 571), Karim (p 564), Wittkowski et al. (p 590), Bayer (p 567), Anns and Grodin (p 560), and Karim et al. (p 637) in the same issue.


May 1: Week 13: NGO’s, Health Care Systems and International Medical Aid


Further Reading:


structure their work to promote peace and end conflicts rather than inadvertently extend them


Hutchinson, John F. *Champions of Charity: War and the Rise of the Red Cross*, Boulder, Colo.: Westview Press, 1996. An outside account of the history of the International Red Cross which raises the concern that its net effect may be “to render war more easy”


**May 8: Week 14: Global Cooperation, Disasters & Military Medicine**


**Further Reading:**

*Disaster Bioethics: Normative Issues When Nothing is Normal*, Edited by Dónal P. O'Mathúna, Bert Gordijn, Mike Clarke, Dordrecht & New York: Springer, 2014


**FURTHER RESOURCES IN GLOBAL BIOETHICS:**

While these books are neither required nor recommended for all students in the course, they may be of interest to those who are seeking a broad overview of the field of global bioethics or who wish to delve deeper in specific areas.


- Population-level bioethics: mapping a new agenda / Daniel Wikler and Dan W. Brock
- What is it like to be a bird? Wikler and Brock on the ethics of population health / Nir Eyal
- The evolving norms of medical ethics / Ezekiel J. Emanuel
- Convergent trends in modern medical ethics: medicine-based ethics and human rights / Johannes J. M. van Delden
- Just research in an unjust world: can harm reduction be an acceptable tool for public health prevention research? / Nancy E. Kass
- Harm reduction research: ethics and compliance / Ana S. Iltis
- Global justice, human rights, and health / Ruth Macklin
- Achieving global justice in health through global research ethics: supplementing Macklin’s "top down" approach with one from the "ground up" / Eric M. Meslin
- Harnessing advanced technologies for global health equity / Peter A. Singer ... [et al.]
- American "medical professionalism": at home and in the world / Robert Martensen
- Professionalism and medical education in the developing world / Kisali Pallangyo
- Physician-assisted death: not just for rich countries / Johannes J. M. van Delden and Margaret P. Battin
Embryo as epiphenomenon: some cultural, social, and economic forces driving the stem cell debate / Ronald M. Green
The role and influence of religions in bioethics / Denis Müller
Global norms, informed consensus, and hypocrisy in bioethics / John Harris
Global norms in bioethics: problems and prospects / Françoise Baylis.

The search for a global morality: bioethics, the culture wars, and moral diversity / H. Tristam Engelhardt, Jr.
Implementing health care rights versus imposing health care cultures: the limits of tolerance, Kant’s rationality, and the moral pitfalls of international bioethics standardization / Corinna Delkeskamp-Hayes
Preserving the possibility for liberty in health care / Mark J. Cherry
Manifesto: moral diversity in health care ethics / Nicholas Capaldi
A Confucian approach to a “shared family decision model” in health care: reflections on moral pluralism / Julia Tao Lai-Po-wah
Lost in translation—bridging gaps through procedural norms: comments on the papers of Capaldi and Tao / Kurt W. Schmidt
Struggling for consensus and living without it: the construction of a common European bioethics / Kurt Bayerts
Perspectives for freedom of choice in bioethics and health care in Europe / Angelo Maria Petroni
Bioethics: globalization, communitization, or localization? Ruiping Fan
The bioethics of global biomedicine: a natural law reflection / Joseph Boyle
Domestic disarray and imperial ambition: contemporary applied ethics and the prospects for global bioethics / David Solomon
Global and particular bioethics / Kevin Wm. Wildes, S.J.

Global bioethics, global dialogue: introduction / Julia Tao Lai Po-Wah
Morality, universality, and particularity: rethinking the role of community in the foundation of bioethics / H. Tristam Engelhardt
Is just caring possible? Challenges to bioethics in the new century / Julia Tao Lai Po-Wah
Living and dying in a post-traditional world / Fr. Thomas Joseph
The tension between biomedical technology and Confucian values / Ren-Zong Qiu
On relational paradigm in bioethics / Hu Xinhe
The ethics of prenatal screening and the search for global bioethics / Gerhold K. Becker
Genetic engineering and social justice: towards a global bioethics? / Ian Holliday
Global biomedicine, human dignity, and the moral justification of political power / Corinna Delkeskamp-Hayes
The reappraisal of the foundations of bioethics: a Confucian perspective / Shui Chuen Lee
Self-ownership and its implications for bioethics / Yu Kam Por
Health inequalities and justice / Sarah Marchand and Daniel Wikler
Managing medical information: the moral dilemmas in postmodern societies / Chan Ho Mun and Anthony Fung
Stabilizing or changing identity? The ethical problem of sex reassignment surgery as a conflict among the individual, community and society / Kurt W. Schmidt
Homosexuality and the use of reproductive technology / Stephen Man-Hung Sze
The domain of parental discretion in treatment of neonates: beyond the impasse between a sanctity-of-life and quality-of-life ethic
Ethics and narrative in evidence-based medicine / Derrick K. S. Au
Local bioethical discourse: implications for understanding disease / Mary Ann G. Cutter
Bioethics and philosophy of bioethics: a new orientation / Chung-Ying Cheng
A new possibility of global bioethics as an intercultural social tuning technology / Hyakudai Sakamoto
Moral theories vs. moral perspective: the need for a new strategy for bioethical exploration / Ruiping Fan

The physician: professional or entrepreneur / Robert M. Veatch
The physician-patient relationship and individualization of treatment from the view of traditional Chinese medical practice / Tangjia Wang
Medical technologies and universal ethics in transcultural perspective / Hans-Martin Sass
Brain death, pregnancy and cultural reluctance toward scientific rationalism / Kurt Bayertz and Kurt W. Schmidt
Bioethics in Italy up to 2002: an overview / Maurizio Mori
Development and identity of Swiss bioethics / Fabrice Jotterand
Death with dignity: cardiopulmonary resuscitation in the United States and Japan / Michael D. Fetters and Marion Danis
Euthanasia, individual choice and the family: a Hong Kong perspective / Ho Mun Chan
Dissensus in the face of a passion for consensus: how the Japanese and the Germans could still understand one another / Corinna Delkeskamp-Hayes
Moral diversity and bioethics consultation / Lisa M. Rasmussen
The challenge of doing international bioethics / David C. Thomasma
Taking moral diversity seriously: a discussion of the foundations of global bioethics / Jonathan Chan
Coveting an international bioethics: universal aspirations and false promises / Mark J. Cherry
Reconstructionist Confucianism and bioethics: a note on moral difference / Ruiping Fan

Introduction / Felix Thiele, Richard Ashcroft
Cultural rationality and moral principles / Oswald Schwemmer
Morality and culture: are ethics culture-dependent? / Godfrey Tangwa
Neither golden nugget nor Frankenstein: the need to re-embed food biotechnologies in sociocultural contexts / Michiel Korthals
Beyond GM foods: genomics, biotechnology and global health equity / Abdallah Daar
Patents on biomaterials: a new colonialism or a means for technology transfer and benefit sharing? / Joseph Straus
From the corporeal to the informational: exploring the scope of benefit sharing agreements and their applicability to sequence databases / Bronwyn Parry
Access to essential drugs: human rights and global justice / Sarmel Shalev
Access to essential drugs: the ethical challenge of allocating obligations / Georg Marckmann
Why is it morally wrong to clone a human being? How to evaluate arguments of biopolitics, biomorality, and bioethics / Edgar Morscher
Bioethics and (public) policy advice / Udo Schüklenk, Jason Lott.


What can be done about the poor state of global health? How are global health challenges intimately linked to the global political economy and to issues of social justice? What are our responsibilities and how can we improve global health? Global Health and Global Health Ethics addresses these questions from the perspective of a range of disciplines, including medicine, philosophy and the social sciences. Topics covered range from infectious diseases, climate change and the environment to trade, foreign aid, food security and biotechnology. Each chapter identifies the ways in which we exacerbate poor global health and discusses what we should do to remedy the factors identified. Together, they contribute to a deeper understanding of the challenges we face, and propose new national and global policies. Offering a wealth of empirical data and both practical and theoretical guidance, this is a key resource for bioethicists, public health practitioners and philosophers. This interdisciplinary text discusses the state of global health and the challenges we face in trying to improve it, and offers innovative proposals for change. Providing a wealth of empirical data and both practical and theoretical guidance, this is a key resource for bioethicists, public health practitioners and philosophers.

Additional Resources: RIGHTS TO HEALTH, HEALTH RESOURCE ALLOCATION & HEALTH CARE SYSTEMS


Alvarez AAA; The cross-cultural importance of satisfying vital needs. Bioethics, November 2009; 23 (9): 486-96.


Susan Dorr Goold & Nancy M Baum. Where are we in the rationing debate? *BMJ* 2008; 337:a2047


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From Official Stony Brook University Policy:

*Statements required to appear in all syllabi on the Stony Brook campus:*

**Americans with Disabilities Act:**

If you have a physical, psychological, medical or learning disability that may impact your course work, please contact Disability Support Services, ECC (Educational Communications Center)
Building, room 128, (631) 632-6748. They will determine with you what accommodations, if any, are necessary and appropriate. All information and documentation is confidential.

**Academic Integrity:**

Each student must pursue his or her academic goals honestly and be personally accountable for all submitted work. Representing another person's work as your own is always wrong. Faculty are required to report and suspected instances of academic dishonesty to the Academic Judiciary. Faculty in the Health Sciences Center (Schools of Health Technology & Management, Nursing, Social Welfare, Dental Medicine) and School of Medicine are required to follow their school-specific procedures. For more comprehensive information on academic integrity, including categories of academic dishonesty, please refer to the academic judiciary website at http://www.stonybrook.edu/uaa/academicjudiciary/

**Critical Incident Management:**

Stony Brook University expects students to respect the rights, privileges, and property of other people. Faculty are required to report to the Office of Judicial Affairs any disruptive behavior that interrupts their ability to teach, compromises the safety of the learning environment, or inhibits students' ability to learn. Faculty in the HSC Schools and School of Medicine are required to follow their school-specific procedures.