For better or for worse respect for patient autonomy has become widely recognized as one of main, if not the central principle of biomedical ethics. While the widespread adoption of practices designed to preserve patient autonomy have helped eliminate many of the most severe paternalistic abuses the consequences of the privileged place of autonomy are decidedly mixed.

The fast pace of technological innovation has been a significant complicating factor in the rise of autonomy. The ability to keep unconscious persons alive indefinitely raises the question of how to respect the autonomy of a person unable to speak for herself while the discovery of genetic information, information which has health implications not only for oneself but for one’s family as well, test the very meaning of the term. The aims of this course is to examine how the principle of respect for autonomy is manifest in situations made possible by the medical technology and to evaluate whether its aims would be better served by an alternative approach to medical ethics.

The course will be broken into two segments. During the first four weeks we will examine the place of autonomy in bioethics, including the philosophical traditions from which it was drawn, the justifications made for the principle, and also some of the criticisms that have been made against it. For the remainder of the course we will look in detail at situations, enabled by advances in biotechnology, in which the ideal of respecting patient autonomy is complicated. We will roughly follow the course of a human life, beginning with reproductive technology and the NICU, ending with the question of a hospitalized death, and examining questions surrounding organ donation and genetic testing along the way. The complicated situations enabled by these new technologies present challenges in interpreting how autonomy is to be applied as well as in evaluating the benefits and drawbacks of adopting it as a central principle. We will examine alternatives to the ideal of patient autonomy alongside these cases.

Structure of Course

This course will be conducted as a traditional seminar. Your varied insights and backgrounds constitute some of the most important resources for the entire class. Regular and engaged participation in group discussions are essential for not only your own grade but for the overall quality of the course. In addition, you will each be responsible for at least one in-class presentation, to be described in the first class.

For the writing component of the course you may chose between the traditional 20 page paper or two 10 page papers. Paper requirements will be described in class. I strongly recommend that each of you choose one or two classmates and review each other’s work. Not only will you receive the benefit of excellent suggestions on your own work, but you will learn a great deal about how to improve your own work by casting a critical eye on that of your peers.
Grading Breakdown

25% Presentation
25% Participation

And Either:

25% Paper 1 10-12 pages
25% Paper 2 10-12 pages

Or

50% Final paper 20 pages.

Required Books


Additional readings will be posted on blackboard.

Course Schedule

Section I.
The Principle of Respect for Patient Autonomy: Theory and Critique

Week 1: Introduction to Autonomy
Jan. 28

- Discussion of Autonomy, its history, and its place in Bioethics.

Week 2: Autonomy Analyzed
Feb. 4

- *Principles of Biomedical Ethics 6th ed.*, Tom Beauchamp and James Childress, Chapter 3 “The Principle of Respect for Autonomy”
- *The Perversion of Autonomy*, Chapter 1

Week 3: Challenges to Autonomy
Feb. 11

- *The Perversion of Autonomy*, Jennings & Gaylin Chapters 2-4
Week 4: Challenges and Alternatives to Autonomy  
Feb. 19  
• *The Patient in the Family*, Chapters 1-3  
• *The Perversion of Autonomy*, Chapter 5-7  

Section II.  
Autonomy in Practice—Technological Challenges to the Centrality of Autonomy  

Week 5: Reproductive Technology  
Feb. 25  
• *The Patient in the Family*, Chapters 4, 6  

Weeks 6 & 7: Autonomy and the NICU  
March 3 & March 10  
• *The Lazarus Case: Life-and-Death Issues in Neonatal Intensive Care*  
• *Neonatal Bioethics: The Moral Challenges of Medical Innovation*, John Lantos and William Meadow, Chapters 3-5  

First short paper due.  

Spring Break  March 17  

Weeks 8 & 9: Genetic Testing and Stem Cells  
March 24 & March 31  
• *Selections from Bioethics and the Future of Stem Cell Research*  

Weeks 10 & 11: End of Life Decision Making  
April 7 & 14  
• *The Patient in the Family*, Chapter 5  
• “Two Generations Abandoned,” Hastings Center seminar with Jane Gross:  
  [http://www.youtube.com/watch?v=lRHrVo537xo](http://www.youtube.com/watch?v=lRHrVo537xo)  
• *Perversion of Autonomy* Chapters 11-13  

Weeks 12 & 13: Organ Donation  
April 21 & April 28  
• Organ Donor Conference (TBD)  
• *The Ethics of Transplants: Why Careless Thought Costs Lives*  

Week 14: Current Events/Class Critique/etc.  
May 5  

Final Short paper due & Final 20 page paper due  
May 12 (by Email only)  

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

**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/](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.