Clinical ethics is an interdisciplinary activity to identify, analyze, and resolve ethical problems that arise in the care of particular patients. While a theoretical understanding of ethical issues is essential, the details of actual clinical practice are often more complex and contextual than abstract principles would have one believe. Medical considerations, ethical and legal dimensions, comparisons with similar cases (casuistry), cultural factors, psychological conditions, familial circumstances, “stakeholders,” time constraints, heightened emotions, communication barriers, and a host of other dimensions make clinical ethics a matter of getting to plausibly “good” outcomes.

Readings

AR Jonson, M Siegler, WJ Winslade, *Clinical Ethics, 8th Edition: A Practical Approach to Ethical Decisions in Clinical Medicine* (New York: McGraw-Hill, 2015). This is “the” classic manual that is commonly used by clinicians and even fits into the average-sized pocket of a white coat, and the most successful “how to” book in the field.

Otherwise, readings will be forwarded to you weekly via attached pdf’s.

Course Structure

The first several weeks of the course are introductory with regard to the nature and function of ethics committees and clinical ethical consultations, including background and essential documents. The course will then turn to an array of clinical areas and cases.

Students will be invited to attend Schwartz Rounds sessions as well as a meeting of the Hospital Ethics Committee. In addition, if convenient, we ask that you attend the Annual SB Med Hospital Ethics Committee Conference on Friday August 18th.

Week 1 (August 31): Introduction
(McKeefrey, Migdal, Post)
In this week we will discuss the historical development of clinical ethics committees, their composition, and their primary roles (policy, advisory case review, education). We will also introduce the function of providing clinical ethics consultation in small teams. How does this practice work? What are its strengths? How often is this service requested and by whom? What is the relationship of the ethics committee to offices of (a) Legal Risk Management and (b) Patient Advocacy?

Readings

Hoffmann DE, Tarzian AJ. “The Role and Legal Status of Health Care Ethics Committees in the United States.”


Stony Brook Med “Ethics Consultation”

Who’s Who in the Hospital Setting

American Medical Association Opinion 9.11 Ethics Committees in Health Care Institutions


**Week 2 (September 7): Introduction to the Healthcare Setting and the Law of Healthcare Decisions**

(McKeefrey, Migdal, Post)

We will discuss various procedures and forms developed within the healthcare setting that attempt to address common ethical issues in healthcare. We will discuss some of the legal background that underlies healthcare decisions. (This is material that is largely covered by Dr. McCrary in his course *Landmark Cases in Bioethics*).

Readings

Informed Consent (McKeefrey)
Ethics and the Law
New York’s Family Health Care Decisions Act (McKeefrey)
Stony Brook Med - The Patient’s Bill of Rights
Stony Brook Med - Steps in Practical Judgement
The MOLST Form (Medical Orders for Life-Sustaining Treatment” (McKeefrey)
The MOLST Form - Frequently Asked Questions (McKeefrey)
Week 3 (September 14): Introduction to Case Analysis and Some Approaches to Ethical Reasoning
(Migdal, Post)

In this week we will introduce students to the basics of clinical case write-up and clinical case analysis. The ethics chart note is intended to serve multiple purposes, and understanding how to properly structure one is essential to both this course and to the usefulness of any future writing in this area you might do. You will also be provided with a template to model your assignments on. We will discuss approaches to ethics case analysis (inductive details, ethical principles involved, casuistical dimensions, the Jonsen rubric, who decides, framing goals, shared decision making and its basis/limits, etc.).

Readings


Ethics Case Consultation Toolkit Summary Template

Exemplary Clinical Ethics Chart Note

New York State Health Care Proxy


Stony Brook Medicine, Moral Values Important in Clinical Decision Making


Week 4 (September 21): Transplantation
(Brian Papszycki)
In this segment we will discuss details surrounding how donation occurs, including the separation between the procurement team and the treating team, the dead donor rule, the role of OPOs, and how the family is approached. We will talk about frequently encountered scenarios including divided families, differences between donor and family wishes, conflict between the family and the healthcare system, and conflict within the healthcare team, as well as proven strategies for reducing these conflicts and minimizing the harm done.

Readings


Cases

Papszycki’s four cases

**Week 5 (September 28): Bone Marrow Transplant**
(Dawn Crapanzano RMA)
Week 6 (October 5): Oncology
(Bily & Jean Callaghan RN, Gabrielle Gerber RN)

In these sessions, we will examine the ramifications of ethics in the clinical setting. Our readings and discussions will realistically demonstrate the interrelationship between compassionate care, empathy, professional obligations, and the ethical struggles encountered while addressing the desires of patients, families and the requirements of the hospital and government regulations.

Readings


<http://jamanetwork.com/journals/jama/fullarticle/183578>.

<http://jme.bmj.com/content/31/8/437.short>.

<http://jamanetwork.com/journals/jama/fullarticle/197212>.


Cases
Week 7 (October 12): Reproduction  
(McKeefrey)

Reproductive ethics assures that the basic rights of all people to decide freely concerning whether or not to reproduce is independent of discrimination, coercion or violence. In making those choices, the framework of human rights and basic medical ethics principles of autonomy, self-determination, justice, liberty, individual freedom and equitable access to services all apply. In this section we will explore within the field of reproductive ethics the topics of forced cesarean section and assisted reproductive technology with applicable case studies sure to result in an interesting paradigm of discussion.


Cases

Week 8 (October 19): Cardiology  
(Mark Sullivan MD)

Week 9 (October 26): Respiratory/Extubation  
(Bily, Deniese LeBlanc RRT )

In this segment we will discuss withdrawal of mechanical ventilation from patients who are not expected to sustain independent respirations without it. We will discuss withdrawal of life sustaining treatment and the ethical issues surrounding it, including ethical justification, legal issues, conflicts which may arise between medical teams and families.

Readings
An Approach to Decisions About Clinical Interventions


Cases

Week 10 (November 2): Feeding PEGS
(Basile, Post)

One of the complications of later-stage Alzheimer's Disease (AD) and other advanced dementias is the difficulty associated with adequate feeding and nutrition. Early in the course of the disease, this may manifest simply as irregular feeding patterns. As neurologic function becomes increasingly compromised, patients eventually suffer a lack of control over swallowing both solids and liquids. Family and friends are often faced with the unfortunate reality of watching a loved one suffer not only the drawn-out cognitive decline associated with these diseases, but also a terminal stage whereby achieving basic nutrition and hydration becomes an everyday challenge. Through the 1980’s and mid-1990’s, application of the PEG (percutaneous endoscopic gastronomy) tube (invented in 1979) procedure toward patients with advanced dementia became commonplace, and replaced the older practice of assisted oral feeding. The relatively simple procedure, which passes a feeding tube directly through the nearby skin and then directly into the stomach itself, was thought to present a humane method for keeping these patients adequately fed and hydrated by bypassing the compromised swallowing mechanism. It was also hoped that PEG tube placement would reduce associated complications such as bed sores from malnutrition and aspiration pneumonia from poor swallowing. However, by 2000 a number of key articles were published seriously questioning the value and the ethics of PEG use in individuals with end-stage AD. Since then debate has raged over the PEG and its uses among deeply forgetful people.

Our first session will focus on the clinical ethical literature around this topic, which we will discuss in detail. Our second session will examine a number of clinical cases where PEG use is considered. Please read the following 5 articles which will be emailed and that can be found on blackboard.

Readings


**Week 11 (November 9): Feeding PEG Cases**
(Basile, Post)

*Readings*


*Cases*

Basile Four Cases

**Week 12 (November 16): Full Discussion of Jonsen, Siegler, Winslade**
(Post et al.)


**Week 13 (November 30) Week 14 (December 7) Student Presentations**

*Grading*
Students will be asked to turn in 3 ethics chart notes (3 pages) following a specific template that we will discuss early in the course. Each chart note will be worth 10 points (30%)

Students will write up a 5-page review on Clinical Ethics (20%)

Students will turn in two 5-page “position” paper on any topic covered in the course, drawing only on assigned readings. Each will 15% of their grade (30%)

The remaining 20% will be class attendance and participation

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