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 e-mail 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 3rd.
**Week 1 (August 30): 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


(McKeefrey, Migdal)

We will discuss various procedures and forms developed within the healthcare setting that attempt to address common ethical issues in healthcare with an emphasis on consent forms, surrogacy, and agents designated by proxy. Various pitfalls will be addressed.

**Readings**

Stony Brook Medicine Consent to Operation or Procedure and Anesthesia 2017  
(McKeefrey)

Informed Consent Forms

Ch. 16 Ethics and the Law
Week 3 (September 13): Introduction to Case Analysis and Some Approaches to Ethical Reasoning
(Migdal, Post)

We will introduce students to the basics of clinical case write-ups 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

Stony Brook Medicine, Moral Values Important in Clinical Decision Making


Week 4 (September 20): Transplantation
(Brian Papszycki)

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 (select one for your ethics chart note due next week)
**Week 5 (September 27): Bone Marrow Transplant**  
(Jeanine A. Carlson, BS, RN, BMTCN)

Bone marrow transplant raises many clinical ethical issues. For example, does a young brother or sister really want to become a donor, or is it really just family pressure and expectation that is at work? What about parents who bring a child into the world with the intent of using it as a donor?

**Readings**


[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3103481/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3103481/)

Winnie S. Wang et al., “Advance Care Planning and Palliative Care Integration for Patients Undergoing Hematopoietic Stem-Cell Transplantation,” *J of Oncology Practice*, on-line June 2017.


**Cases:** select one for your ethics chart note due next week

DUE: Chart Note 1 on a Case from Week 4

**Week 6 (October 4): Oncology**  
(Linda Bily, Jean Callaghan RN, Gabrielle Gerber RN)

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**

Helft P, Daugherty C. "Are We Taking Without Giving in Return? The Ethics of Research-Related Biopsies and the Benefits of Clinical Trial Participation (editorial),"
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 preimplantation genetic diagnosis (PGD), the deaf
culture, and assisted reproductive technology with applicable case studies sure to result in an interesting paradigm of discussion.

Readings:


Cases

DUE: Chart Note 2 on a Case from Week 5

Week 8 (October 18): Respiratory/Extubation
(Bily, Deniese LeBlanc RRT)

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 (Riley; Hallenbeck)

DUE: Position Paper 1

Week 9 (October 25): Pain
(Kevin Zacharoff, MD)

Pain is one of the most common reasons that people seek medical attention in the United States today, with an estimated 100 million people suffering from a pain-related condition at any given time. In the year 2000, pain was designated as the “fifth vital sign” giving people the right to have their pain assessed and treated by their healthcare providers. A number of ethical dilemmas have surfaced since; including the increased
prescribing of opioid medications for patients with chronic pain, along with abuse, misuse, and addiction related to these medications. The “opioid epidemic” has led to the dilemma of balancing the safe, compassionate and effective treatment of chronic pain and negative outcomes associated with the increased use of medications used to achieve these goals. This session along with reading materials will provide a forum for discussion and analysis of this important situation facing healthcare and society today.

Readings


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**


Cases (Basile)

Week 11 (November 8): Feeding PEG Cases
(Basile, Post)

Readings


Cases


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


DUE: Chart Note 3 on a Case from Week 11

Week 13 (November 30) Student Presentations on Position Papers

DUE: Review of Jonsen, Siegler & Winslade

Week 14 (December 7) Student Presentations on Position Papers

DUE: Position Paper 2
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 critical review of a topic of interest from Clinical Ethics (20%)

Students will turn in two 5-page “position” papers on any topic covered in the course, drawing only on assigned readings from a single week. Students should select a topic from the week that engages them. The first paragraph should begin with a relevant Big Question, followed by some explanation of why the question is important. The second paragraph should pose an answer (thesis) to the Big Question that takes a clear position, followed by some explanation of how you will elaborate on it in the main body of the paper. The main body of the paper should begin with a section that develops your thesis, and one that takes on any arguments against it and rebuts them. The final section should be a conclusion that points toward a further question that you will not address at this time. So:

BIG QUESTION and significance
THESIS (ANSWER) and how you will proceed
THESIS DEVELOPMENT
COUNTERPOSITIONS AND THEIR REBUTTAL
CONCLUSION

You do not need to go beyond the assigned readings, and any weekly topic of the course will do. Re-read the readings for the week, think about some question that floats your boat, and try to respond to it in depth.
Each will contribute 15% of their grade (30%)

Students will write up a two-page reflection on a Schwartz Rounds (5%) or other activity such as a Center Grand Rounds or Ethics Committee meeting, (dates TBD).

The remaining 15% will be class attendance and participation. It is important to be an active and vocal contributor to discussion.

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