(updated 8/5/2021)
HCB 521 Clinical Ethics Practicum

Course Director Phyllis Migdal MD, MA will attend sessions throughout
Core Supplemental Faculty: Robyn McKeefrey RN, MA
Session Faculty: Maria Basile MD, Jules Cohen MD, Kathleen Culver DNP, RN, CPNP, MA, Laureen Diot ANP-C, WCC, ACHPN, Rina Meyer MD, Clare Whitney PhD, MBE, RN, Kevin Zacharoff, MD

Semester: Fall 2021
Schedule: Thursday, 6-8:30 pm

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 – required text (can be purchased on Amazon. AbeBooks, or eBooks)
This is “the” classic manual that is commonly used by clinician and the most successful “how to” book in the field.

Otherwise, articles will be emailed to you weekly.

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, as well as ethical issues that have been raised in response to the Covid-19 pandemic.

Week 1 (August 26): Introduction
(Phyllis Migdal MD, MA)

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:


Stony Brook Med “Ethics Consultation”

Who’s Who in the Hospital Setting


Begin reading:

(Robyn McKeefrey RN, MA)

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


Stony Brook Med - The Patient’s Bill of Rights

The MOLST Form (Medical Orders for Life-Sustaining Treatment” (McKeefrey)
The MOLST Form - Frequently Asked Questions (McKeefrey)

What is a MOLST Form?

New York State Health Care Proxy


**Week 3 (September 9): Introduction to Case Analysis and Some Approaches to Ethical Reasoning**
(Phyllis Migdal MD, MA)

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:**


Exemplary Clinical Ethics Chart Note


Stony Brook Med - Steps in Practical Judgement
Week 4 (September 16): Ethical Case Resolution and Mediation
(Clare Whitney PhD, MBE, RN)

In this week, we will discuss an approach to clinical ethics consultation through mediation. Clinical ethics mediation involves core pillars of neutrality, conflict resolution, and enhancing communication between conflicting parties. Professional mediators seek to manage and find mutually acceptable resolutions to clinical conflicts stemming from conflicting values, perceptions of disrespect, and miscommunications, misunderstandings, or other breakdowns in communication. We will discuss the framework of identifying Positions and Interests, the limitations of Principilism in the context of ethics consultation, and common communication techniques used by ethics mediators.

Readings:


Week 5 (September 23): Reproduction - Zoom Session
(Robyn McKeefrey RN, MA)

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:


https://pdfs.semanticscholar.org/fe98/dd5de7274edcb2cc74e92a407a17d4dad626.pdf

https://www.britannica.com/science/deafness-on-Marthas-Vineyard


https://jme.bmj.com/content/28/5/284


https://journals.lww.com/thehearingjournal/Fulltext/2012/05000/Breaking_News___The_Ethics_of_Designing_a_Deaf2.aspx

**Week 6 (September 30): 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 60 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/over-prescribing of opioid medications for patients with chronic pain, lack of oversight of suspicious dispensing of opioid analgesics by pharmaceutical companies and drug distributors, along with abuse, misuse, and addiction related to these medications. The “opioid overdose epidemic” has led to the dilemma of balancing the safe, compassionate and effective treatment of chronic pain and negative outcomes (including overdose deaths) associated with the increased use of medications used to achieve these goals. Additionally, deadly illicit opioids such as fentanyl mixed with heroin and other illicit substances have further blurred the lines between responsible parties for this increasing epidemic. The emergence of the Coronavirus pandemic in some ways has magnified the societal impact of these phenomena with more people dying of opioid-related overdoses than ever before. This session along with reading materials will provide a forum for discussion and analysis of this important situation facing healthcare and society today.
Readings:


Wamsley, L. Fentanyl Surpasses Heroin as Drug Most Often Involved In Deadly Overdoses. NPR. December 12, 2018.


Week 7 (October 7): Palliative Care
(Laureen Diot ANP-C, WCC, ACHPN)
Palliative care medicine encompasses the care of patients and families during serious, possibly life-threatening illnesses. The goals of ensuring that patient preferences are met along with providing the relief of pain and suffering are important aspects of palliative care. The differences with hospice care will be discussed and how ethical guidelines can be used to help the patient and family make decisions about their care.

**Readings:**


https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1255938/


https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1175946/

**Week 8 (October 14): Ethical Issues in Clinical Trial Research in Oncology (Jules Cohen, MD)***

The practice of oncology requires a deep understanding of clinical trial research, both to apply the results of completed trials to ongoing patient management decisions and to improve future patient care by enrolling new participants in ongoing clinical trials. The ethics of clinical trial research starts with the infamous Tuskegee experiment and evolves through the articulation of the Nuremberg Code, the Belmont Report and the Declaration of Helsinki. In this session, we will discuss the 7 main principles of human subject research (social and clinical value, scientific validity, subject selection, risk/benefit ratio, independent review, informed consent and respect for participants) and consider related issues such as the use of placebos, randomization, and blinding. We will review the high risk/benefit ratio of phase I clinical trials, bias in the reporting of phase III clinical trial results, and the Food and Drug Administration’s use of accelerated approval to bring drugs to market despite limited evidence of efficacy. Finally, we will consider the cost of developing an FDA-approved drug (including the number of clinical trial participants required) and the soaring cost of novel targeted agents and immunotherapies and whether this alarming trend is sustainable in the long run.

**Readings: TBD**

DUE: In class Case Presentations (4-box approach)
Week 9 (October 21): Ethical Issues in Cardiology
(Gregg Cantor MD)

In this session we will discuss ethical issues in cardiology. We will mainly focus on pacemakers/defibrillators and their potential withdrawal in end-of-life situations. These devices can bring much benefit to a patient’s life, however, can also function against a patient’s wishes during end-of-life situations. Students will learn about these benefits and dilemmas and discuss the differences between the discontinuance these devices provide versus other medical therapies. Next, we will discuss impacts the Covid-19 pandemic brought upon cardiac patients and cardiologists regarding patient care and clinical decision making.

Readings:
Pacemakers and Defibrillators. Columbia University Department of Surgery. (A brief overview of pacemakers and defibrillators to be reviewed in class)
https://columbiasurgery.org/conditions-and-treatments/pacemakers-and-defibrillators

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5349811/

https://www.jpsmjournal.com/action/showPdf?pii=S0885-3924%2811%2900202-8

https://www.aafp.org/afp/2008/0801/p398.html


COVID caused major decline in heart attack patients seeking care. (2021). Diagnostic and Interventional Cardiology.
https://www.dicardiology.com/content/covid-caused-major-decline-heart-attack-patients-seeking-care
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 session will focus on the clinical ethical literature around this topic, which we will discuss in detail. We will also examine a number of clinical cases where PEG use is considered.

**Readings:**


**Week 11 (November 4): Ethical Issues in Clinical Pediatrics**

(Kathleen Culver, DNP, RN, CPNP, MA, Rina Meyer, MD)

In this week’s class, we will explore the unique ethical challenges facing pediatric patients and their health care providers. In pediatrics, most decisions are made by surrogate decision-makers, calling into question the concept of “best interest of the child” and requiring us to identify the appropriate decision-makers. We will look at a case that highlights these issues. Additionally, adolescent patients are at the cusp of their ability to make autonomous decisions. We will explore what happens when these decisions differ from the decisions of either their parents or the medical team. Finally, we will look at one of the most vulnerable pediatric populations – developmentally disabled children – and explore the challenges inherent in their care, and the multiple players involved.

**Readings:**


**DUE: Position Paper**

**Week 12 (November 11): Discussion of topics of interest from Jonsen, Siegler, Winslade (Migdal)**

In class presentation of a topic of interest (~10-15 minutes) from your readings in the text. Explore the clinical ethical issue in depth and the key take-aways or learning points as the topic relates to ethical decision making. You can work in groups of 2-3 students if areas of interest are similar. Please inform me of the topic and members of the group the week prior to this session.

**Week 13 (November 18) Student Presentations on Position Papers**
(Migdal)

In class presentation of position paper drawing on any of the topics discussed in the course that interested you. Please discuss your position on the ethical issue and the arguments for and against your position. You should be able to lead ~15-20 minute discussion about this topic that explores your topic in-depth. Consider if you would like to prepare a PPT, show a video or other information to add to the discussion.

**Week 14 (December 2) Student Presentations on Position Papers**

**GRADING**

On all papers include:
- Name on title page
- Page number
- APA or MLA in-text and reference list citations

Absences:
- Must be excused prior to class
- If you miss more than one class or if absence was not excused a 3-5 page write-up is required about the topic of the week you missed.

1. Students will be asked to turn in an ethics chart note following a specific template that we will discuss early in the course. Chart note will be worth 30 points (20%).

2. Students will lead an in-class ~10-minute discussion of a topic of interest from the *Clinical Ethics* text. (10%)

3. Students will turn in a 7-page position paper on any topic covered in the course, drawing from the assigned readings and further research. You may use the topic as a spring board for your thoughts and positions that go beyond the discussion in class. Outside resources may be used to contribute to the strength of your position and should be cited in APA or MLA format. Students should select a topic from the week that engages them. (20%)

Writing a Position Paper: (adapted from Xavier University guide, 2014)

a.) The purpose of a position paper is to generate support on an issue. It describes a position on an issue and the rational for that position.
b.) Choose an issue where there are clearly varying opinions that can be argued and substantiated.
c.) Narrow your topic, define and limit your issue.
d.) Format:

i. **Introduction:** (Identifies the issue and states your position)
   The first section begins with the selection of a topic that has multiple viewpoints and written to capture the reader’s attention. The introductory paragraph includes a statement of your position (thesis), and how the paper will proceed in terms of arguments in favor of your position and the counterarguments that you will elaborate on in the body of your paper.

ii. **The main body:** (Provides background info, supporting evidence, discussion of both sides of the issue)
   Develops the thesis discussed in the introduction. The body of your paper includes supporting information for your position from the class readings or other sources. Further, this section includes why alternative positions are incorrect or not as strong as the position you support.

iii. **Conclusion:**
   Summarizes the main strengths of your position and points toward a further question that you will not address at this time.

Re-cap: Writing a position Paper:

- Re-read the readings for the week you have chosen to write about, think about some question that are of interest to, and try to respond to it in depth.
- Introductory paragraph(s) that include a thesis, a clearly stated position and how you will proceed
- Main body includes support for your position and addresses counter-positions and their rebuttal
- End with a strong conclusion
- Bibliography (APA or MLA)

4. In class presentation your position based on your position paper. (10%)

5. Classic case-presentation – 4-box approach, PowerPoint Presentation and Reflection Paper (25%)
   a. Case analysis using a systematic process to identify and defend an ethical dilemma using ethical principles.
      i. Cases to be distributed in class
   b. Presentation using the Four Topics Chart by Jonsen, et al.
      i. Identify the Issue
         1. Provide an overview of the case
         2. Outline the options
         3. Construct ethical arguments
         4. Evaluate the arguments provided in the classical case
      ii. Make a decision/recommendation
1. Since cases are historical, can provide support for or against the decision
2. Provide recommendations to support your decision

iii. Form 2 reflective questions about the case
1. To stimulate further discussion about the ethical dilemma
2. This will be the basis of your 2-page written reflection

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

a. Please note attendance requirements

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