

Bioethics and Social Work in Diverse Healthcare Settings

Course Description

As medical technology develops and evolves, ethical dilemmas are occurring more frequently in many diverse healthcare settings. Social workers play an integral and unique role in bioethics: primarily as patient advocates but also as guardians of autonomy and dignity. This can come into direct conflict with decisions patients, families and healthcare teams are asked to make on a daily basis in healthcare settings.

This course will explore many of the major ethical challenges confronting medicine, social work and biomedical sciences. We will examine legal, institutional and personal positions, beliefs and values as we consider and debate opposing arguments. You will be challenged to think and write critically, utilizing philosophical, bioethical and social work frameworks to structure your arguments and ethical decision making.

This course will prepare students to actively participate in ethics committees, mediation, patient/family conferences with diverse populations and interdisciplinary collaborative discussions regarding ethical issues in medical settings.

Learning Goals

By the end of this course, students will be able to:

- Demonstrate an understanding of major ethical concepts, principles and theories and how to apply them in diverse healthcare settings
- Identify and assess various ethical challenges that arise in the delivery of healthcare
- Critically analyze the ethical considerations in public policy and research in healthcare and emerging issues in biomedical technology
- Apply an understanding of various methods of ethical intervention and decision making to diverse healthcare settings.
- Employ evidence based intervention techniques to ethical dilemmas in healthcare settings

Texts

Reamer, *Social Work Values and Ethics*

Fadiman, *The Spirit Catches You and You Fall Down*

Films: "Wit" and "The Immortal Life of Henrietta Lax" available via multiple streaming services. Please view before class. If you need DVD's please contact instructor.

All other readings will be available via Canvas or hyperlinks embedded in the syllabus

Grading & Assignments

- 1) Reflective writing/journal. 1-2 pages per day after class. Prompts will be given at end of class each day.
- 2) Advanced Care Planning Map (option A)

Think back to the genogram you did in 702. We will do something similar with exploring who in our families and/or circles of friends have advanced directives, or who you have discussed medical decision-making preferences with. You will create a map—you can use a genogram/family tree format or even family/friends circles. There is no right or wrong way to construct this map.

What does your map say about your family, friends and yourself in terms of talking about medical decision making? Will this exercise and class influence you to begin talking about your own wishes or the wishes of your family members or friends. Do you feel comfortable bringing up the subjects? React, thinking critically and write.

OR

- 2b) Informed Consent Form for YOUR private practice (Option B)

You are starting your own private practice. Construct your informed consent form.

Include the following elements:

- Professional disclosure at the individual/group/family, community organization levels of practice
 - Name of your practice, general explanation of mission/goals/treatment modalities.
 - Include information about access, diversity and equal opportunity for services.
- Rights and responsibilities of clients
 - To participate, plan, receive, refuse care, understand treatment processes, ask questions or withdraw from treatment.
 - To participate in process of assessment, goal setting, intervention, termination, evaluation
- Credentials, competence and complaints
 - Licensure, education, area(s) of expertise
 - Supervisor/licensing board information
 - Grievance procedures
- Logistics of practice, content, benefits/risks and alternatives to treatment
 - Who, what, when, where, emergency contact
 - Who is being treated (individual, family/group)

- Risks and benefits of treatment
- Alternatives
- Confidentiality rights and limits
- Records
 - Client access
 - How they are kept, for how long, disposal
- Fees/costs/billing/non payment rules
- Disclaimer (client has read form, had time for questions, understands information and processes)
- Signature and date

Be sure to include a 1-2 page reflection on why you included or left out what you did in your informed consent form as well as how it was to work on this process in thinking about yourself and your own future practice.

- 3) Class participation: As this is an intensive course, class attendance at ALL sessions is expected, as is robust participation in class discussion and exercises. Participation constitutes 50% of your grade

Statement of Academic Integrity

Students are expected to conduct themselves consistent with the University of Pennsylvania's Code of Academic Integrity, which presents standard regarding plagiarism, multiple submissions and other actions. Student are expert to be familiar with the Code which can be found at <https://next.catalog.upenn.edu/pennbook/code-of-academic-integrity/>.

Class Schedule

Monday AM

Introductions, ice breaker, class overview

Defining values, morals, beliefs and ethics: what does our "person" tell us and what does our profession tell us these things mean.

In laying a foundation for our learning this week, we will begin with where we are. Through the use of values inventory exercises, and examination of the NASW code of ethics and other codes governing practice in health care, we will attempt to identify our own "pain points" in ethical challenges. What do our values help us to understand about our practice? Where do they conflict? Where are they in concert? We will also examine some of the historical issues in medical ethics and how these helped to shape where we are today.

Readings

NASW Code of Ethics <https://www.socialworkers.org/pubs/code/default.asp>

National Association of Black Social Workers Code of Ethics

<http://nabsw.org/?page=CodeofEthics>

International Federation of Social Workers Statement of Ethical Principles

<http://ifsw.org/policies/statement-of-ethical-principles/>

AMA Code of Ethics <https://www.ama-assn.org/delivering-care/ama-code-medical-ethics>

Nursing Code of Ethics <http://nursingworld.org/DocumentVault/Ethics-1/Code-of-Ethics-for-Nurses.html>

The Belmont Report <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html>

Group Activity: Values Inventory

Monday PM

Theory: philosophical pillars of morality

We will explore the philosophical theories that provide framework to modern day bioethics namely, consequentialism/utilitarianism (Mill, Bentham), deontology (Kant and Locke), casuistry, narrative bioethics, feminist ethics, principlism (Beauchamp and Childress), and paternalism. These will be highlighted with case studies. We will then explore the intersection (at times) and divergence (at other times) of social work values and ethics with biomedical values and ethics and how social workers can help to bridge these, at times, muddy waters.

Readings

Consequentialism, Stanford Encyclopedia of Philosophy

<https://plato.stanford.edu/entries/consequentialism/#Aca>

Deontological Ethics

<https://plato.stanford.edu/entries/ethics-deontological/>

Moral Reasoning

<https://plato.stanford.edu/entries/reasoning-moral/>

Virtue Ethics

<https://plato.stanford.edu/entries/ethics-virtue/>

Dworkin, *Autonomy and Behavior Control* (Canvas PDF)

Reamer, Chapters 1 and 2

Group exercise-Thought experiment

Excerpts from "The Good Place"

The Trolley Car <http://www.trolleydilemma.com/>

Tuesday AM

Intervention Models-Family Conferencing, Ethics Consultation and Mediation: Social Work Roles and Functions

Conflict resolution, challenging communication and ethical dilemmas almost always call for interdisciplinary collaboration. This can be challenged by our differing goals, values and processes. During this session, we will explore the nuances of interdisciplinary work in three settings, family conferencing, ethics consultation and ethics mediating with specific emphasis on social work roles and functions.

Readings

Reamer, Chapter 3

Fineburg, I.F. (2015). *Family and team conferencing in Oncology*. (Canvas PDF)

Hansen, P., Cornish, P., and Kayser, K. (1998). *Family conferences as forums for decision making in hospital settings*. (Canvas PDF)

Celie and Prager. (2016). *Health care ethics consultation in the United States*
<http://journalofethics.ama-assn.org/2016/05/fred1-1605.html>

Fiester, A. (2015). *Neglected ends: Clinical ethics consultation and the prospects for closure*. (Canvas PDF)

Tarzian, A. J., & Force, A. C. C. U. T. (2013). *Health care ethics consultation: An update on core competencies and emerging standards from the American Society for Bioethics and Humanities' Core Competencies Update Task Force*. (Canvas PDF)

Tuesday PM

Culture, suffering, context and narrative

In this session, we will examine the impact of culture on the delivery and receipt of medical care. How do cultural beliefs, practices and norms interact with bioethical theory and practice? What happens when cultures collide? How do bioethical issues impact disparities in healthcare? How is the experience of suffering interpreted by patients, families, and health care providers? And how much of the experience of suffering contributes to our communication and ethical challenges in the medical setting?

Readings

Fadiman, *The Spirit Catches You and You Fall Down*

Cassel, *The Nature of Suffering* (Canvas PDF)

Chattopadhyay, S. & De Vries, R. (2013). *Respect for cultural diversity in bioethics is an ethical imperative*. (Canvas/PDF)

Wednesday AM

Is healthcare a human right?

We will examine healthcare delivery systems in the United States and debate the receipt of healthcare services as right, privilege and/or entitlement. We will explore the following questions:

- Who gets healthcare?
- Is healthcare a right, privilege or entitlement?
- Why are there such disparities in who receives healthcare and where they receive it?
- Is it necessary for us to triage and/or ration care?
- How did (does) healthcare reform in the United States attempt to address some of these challenges and disparities?
- Is this an ethical issue, an access issue—both?
- What about in cases of natural disaster, terrorism or mass casualty?

Readings

Barlow, (1999). Healthcare is not a human right. (Canvas PDF)

Scheunemann, L.P & White, D. (2011). The Ethics and Reality of Rationing in Medicine. (Canvas PDF)

Jones, G.H. & Kantarjian (2015). Health care in the United States-basic human right or entitlement? (Canvas PDF)

Reamer, Chapter 5

The Deadly Choices at Memorial

http://www.nytimes.com/2009/08/30/magazine/30doctors.html?pagewanted=all&_r=0

Wednesday PM

Informed consent, confidentiality, truth telling & duty to warn in clinical practice and research

The ethical delivery of healthcare gives great weight to the concepts of informed consent, confidentiality, truth telling and duty to warn. We will utilize case examples to highlight some of the application challenges associated with these concepts and how social workers can model ethical practice for other healthcare providers.

Readings

Zahedi, F. (2011). *The challenge of truth telling across cultures: a case study*. (Canvas PDF)

Allen, A.L (2009). *Confidentiality: An expectation in healthcare*. (Canvas PDF)

Beauchamp, T. L. (2011). *Informed consent: its history, meaning, and present challenges*. (Canvas PDF)

Rhodes (2010). *Rethinking research ethics*.

<http://www.tandfonline.com/doi/pdf/10.1080/15265161.2010.519233?needAccess=true>

Case studies/discussion

“Please don’t tell!” The Hastings Center,

<http://faculty.polytechnic.org/gfeldmeth/confidentiality.pdf>

Brandt (1978) *Racism and Research The Tuskegee Syphilis Study (PDF Canvas)*

Medical decision making, competence and capacity

Who gets to decide what medical treatment should be offered, provided, withheld or withdrawn? Ideally, the patient (individual) has capacity to understand their medical condition and treatment proposed. But capacity is difficult to assess, and can wax/wane. In the absence of a health care proxy/power of attorney, who gets to make decisions? Does this influence/impact the potential for more conflict between families and healthcare providers?

Readings

Kaplan, R. (2016). *Religion and advance medical directives: formulations and enforcement implications*. (Canvas PDF)

Meisel, Snyder and Quill (2000). *Seven legal barriers to end of life care: myths, realities and grains of truth*. (Canvas PDF)

Palmer and Harmell (2016). *Assessment of healthcare decision making capacity*. (Canvas PDF)

Stein, Cagle and Christ (2017). *Social work Involvement in Advance Care Planning: Findings from a Large Survey of Social Workers in Hospice and Palliative Care Settings*. (Canvas PDF)

Group exercise: Completing our own advanced directives; having conversations with our families (Advanced care planning map)

Thursday

End of Life Care

End of life care dominates much of the bioethics paradigm in medical practice. During this session we will explore some of the challenging issues for interdisciplinary teams in health care settings with specific emphasis on how and where social workers intervene, counsel, advocate and educate patients, caregivers and healthcare teams. Topics to be discussed include:

- Physician assisted death
- Withdrawal/with-holding of care
- Euthanasia
- Medical futility
- Moral distress

Readings

Physician Assisted Death, Hastings Center Report,
<http://www.thehastingscenter.org/briefingbook/physician-assisted-death/>

End of Life Care, Hastings Center Report
<http://www.thehastingscenter.org/briefingbook/end-of-life-care/>

Olmstead and Dahnke (2016). *The need for an effective process to resolve conflicts over medical futility: a case study and analysis*. (Canvas PDF)

Quill, T.(1991). *Death and dignity: A case for individual decision making*. (Canvas PDF)

Lamiani, Borgi & Argentero (2015). *When healthcare professional cannot do the right thing: a systemic review of moral distress and its correlates*. (Canvas PDF).

Group Exercises

Precedent setting cases in end of life care delivery
 Cruzan, Quinlan, Maynard, Schiavo, “Debbie”

Other learning tools

Film segments from “The Sea Inside,” “Steel Magnolias,” “The Suicide Tourist,” “Me Before You”

Friday AM

Moral Distress

In this session, we will unpack the weight of moral distress. We will examine how our own moral lens is woven into both our personal values and our professional ethics. Our goal: improve our ability to navigate morally challenging situations, the limited resources we have to offer patients, and our professional and personal resilience to continue our important work. Moral distress falls under the compassion fatigue umbrella; but traditional models of self-care may not be enough to help us navigate the impact of moral decision making on ourselves as persons and professionals. We will explore the importance of moral resilience and the roles social workers can play as leaders in interprofessional teams struggling with the weight of moral decision making.

Readings:

Epstein, E. G., & Hamric, A. B. (2009). Moral distress, moral residue, and the crescendo effect. *The Journal of Clinical Ethics*, 20(4), 330.

Mänttari-van der Kulp, M. (2016). Moral distress among social workers: The role of insufficient resources. *International Journal of Social Welfare*, 25(1), 86-97.

Rushton, C.H. (2016). Moral resilience: A capacity for navigating moral distress in critical care. *AACN Advanced Clinical Care*, 27(1), 111-119.

Rushton, C. H. (2013.) Principled moral outrage: an antidote to moral distress. *AACN Advanced Critical Care*, 24 (1), 82-89.

Rushton, C.H. & Carse, A.(2016). Towards a new narrative of moral distress: Realizing the potential of resilience. *The Journal of Clinical Ethics*, 27(3), 214-218.

Traudt, T., Liaschenko, J., & Peden-McAlpine, C. (2016). Moral agency, moral imagination, and moral community: antidotes to moral distress. *The Journal of Clinical Ethics*, 27(3), 201-213.

Weinberg, M. (2009). Moral Distress: A missing but relevant concept for ethics in social work. *Canadian Social Work Review*, 26(2), 139-151.

Practice and Professional issues

The personal and the professional can often conflict in the ethical practice of the medical social worker. In this session, we will discuss how challenges to modern day social work delivery of care can impact our ethics. We will explore the necessity of boundaries, use of supervision, self disclosure and social media usage in healthcare environments. Has the social work code of ethics kept up with technology? How do we practice ethically in the era of online “friends?” How can social workers model behaviors for other health care professions?

Case studies/discussion

Giving a patient a home

Happy Holidays: Giving and receiving gifts

Fundraising-The Go Fund Me! Phenomenon

“Will you be my friend?”

Friday PM

Special topics in medical ethics: Guest Panel

Through case studies and guest speakers we will explore other prominent areas of discourse in bioethics and how social workers may be involved in these spaces. They span both micro and macro practice and also have great potential to influence policy.

Course wrap up, debrief and evaluation

