

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*

[Class Schedule](#)

Monday 9-12am

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 (PDF-Canvas)

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 1-3:45 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)

Excerpts from Beauchamp and Childress, *Principles of Bioethics* (Canvas PDF)

Reamer, Chapters 1 and 2

4-5pm

Group exercise-Thought experiment

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

Tuesday 9-11am

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 medicating with specific emphasis on social work roles and functions.

Readings

Reamer, Chapter 3

Fineburg, I.F. (2015). *Family and team conference 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 11:15-12:15pm

Group Activity: Mock family conference (roles to be distributed in class)

Tuesday 1-3:350pm

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)

Tuesday 3:45-5:00pm

Group Exercise: Mock ethics committee (roles to be assigned on Monday: Case of Lia Lee)

Wednesday 9-11:00

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 11:15am-12:15pm

Group exercise/discussion: Mock ethics review board (roles to be distributed) *The Deadly Choices at Memorial*.

Wednesday 1-2:45pm

Informed consent, confidentiality, truth telling and duty to warn

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

Henrietta Lax (view excerpts from film)

“Please don’t tell!” The Hastings Center

The Tuskegee Syphilis Study

Wednesday 3-5:00pm

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, Cragle 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 9-12:30; 1:30-5:00pm

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.* (PDF Canvas)

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"

Mock Mediation: Withdrawal and with holding of care (Roles to be distributed in class).

Other learning tools

Film segments from "Wit," "The Sea Inside," "Steel Magnolias," "The Suicide Tourist," "Me Before You"

Friday 9-12:00PM

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?

Readings

Reamer, Chapters 4 and 6

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 1-4:00pm

Special topics in medical ethics

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.

Reproductive ethics-Case Study: Is it ethically permissible for a woman to forego potentially life-saving treatment for her unborn child?

Organ transplantation (case study led by Jeannie Miller?)

Vaccines-Case study: The HPV Vaccine Controversy

Genetics (case study led by Alison Werner Lin?)

Ethics in pediatric cancer care (case study led by Greg Hedler?)

Friday 4:15-5:00pm

Course wrap up, debrief and evaluation

Grading & Assignments

Bach, C.-SW 737 Course Syllabus Spring 2018

- 1) My values and ethics: an inventory and position paper-Suggested length 2-3 pages (due Tuesday-15% of grade)

- 2) Advanced Care Planning Map (due Thursday-15% of grade)

- 3) Case study (final paper) : Choose a case study from <https://cbhd.org/category/case-studies>
Write a critical review of the case including theoretical applications, intervention strategies and personal/professional values/ethics. (Suggested length 6-8 pages; due Monday after intensive-20% of grade)

- 4) Class participation: As this is an intensive course, class attendance at ALL sessions is expected, as is participation in the case conferences, mock ethics committee, mediation and family conference and other group exercises. This participation constitutes 50% of your grade