SEMESTER AT SEA COURSE SYLLABUS

Discipline: Philosophy
Spring 2013
PHIL 1200: Biomedical Ethics
Lower Division
Instructor: Louise Harmon

Required Texts: Ethical Issues in Modern Medicine (2008), ed. by Bonnie Steinbock, Alex John London, and John D. Arras ["Ethical Issues"]


Selected On-Line Articles and Bio-Medical Ethics Cases (All located on Professor Harmon's intranet e-reserve)

In re Quinlan, 355 A. 2d 647 (1976)
Cruzan v. Director, Missouri Dept. of Health, 110 S. Ct. 2841 (1990)
Bouvia v. Superior Court, 225 Cal. Rptr. 297 (Cal.App.2d 1986)
Euthanasia in Holland, http://www.euthanasia.cc/dutch
Discrepancies in the law on identifying foetal sex and

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1 A new edition of this book is coming out, but is not yet available. By Spring 2013, I will probably be altering the syllabus to include the new material, and the new edition. This syllabus is based upon the 7th edition, however.
Terminating a pregnancy in India, Indian Journal of Medical Ethics, [http://www.ijme.in](http://www.ijme.in) (July-Sept. 2006)
The Impact of China's one-child policy, Indian Journal of Medical Ethics, [http://www.ijme.in](http://www.ijme.in) (July-Sept. 2006)

**Course Description:** This course will explore a number of philosophical issues bearing on life and death. Topics will include the meaning of life, the significance of death, the meaning of the dying process, the notion of personhood, the ethics of surrogate decision-making on issues of life and death, the various definitions of death, suicide, the morality of euthanasia and physician-assisted suicide, the issues regarding withholding and withdrawing life-sustaining treatment, the ethics of surrogate decision-making on issues of life and death, the rights of the terminally ill, abortion, stem-cell research, cloning, and human experimentation. Throughout the semester, the course will take a cross-cultural perspective, departing from classical liberal thought and western values that tend to emphasize individual patient autonomy to an exploration of nonwestern world views that operate out of radically different philosophical premises, resulting in radically different biomedical ethics.

**Suggested Prerequisite:** Introduction to Philosophy or some equivalent course.

**Course Objectives:**

1) To familiarize students with the philosophical foundations for informed consent and respect for persons, notions of personhood, forms of surrogate decision-making for incompetent patients, the evolving definition of death, the ethics and history of human experimentation, issues regarding withholding and withdrawing life-sustaining treatment, the morality of physician-assisted suicide, abortion, sex-selection, and stem-cell research.

2) To teach students how to recognize a moral issue, and how to effectively and respectfully define and argue for (and against) a moral stance;

3) To teach students how to distinguish between a moral issue and a legal issue, and how to navigate between their complex interconnections;

4) To give students writing opportunities to think critically and to write with clarity, precision, and persuasiveness.

**Course Requirements:** The student will be required to take two exams. Each exam will
test for knowledge of the readings, lectures and class discussions, as well as the field labs
covered prior to the exam. (You may expect to see some of the questions raised at the
end of the field lab descriptions, for example.) Each exam will have a take-home and in-
class component. The take-home essay component will consist of an 8-10 page
(typewritten; double-spaced; 12 pt. font, one inch margins) essay about an assigned
topic. (You will have at least a week to complete each take-home essay.) See the
schedule below for the two take-home exams and the multiple choice portions.
Unexcused late assignments will have points deducted from the grade; only extenuating
circumstances will justify turning in a late paper. Rules concerning plagiarism apply. The
in-class midterm and final will consist of multiple choice questions designed to task your
basic knowledge of the course materials. The midterm multiple choice will be held in
class, and the final multiple choice will be administered during the time regularly
scheduled for the final exam.

As a third writing assignment, each student must write individual reflective journals,
up to 8-10 pages ((typewritten; double-spaced; 12 pt. font, one inch margins) on the
Field Lab, as well as on individualized learning experiences that each student will
engage in when we are “in port.” A list of sample individualized learning experiences
follows the description of the required Field Lab, but students may develop their own
as well.

Each take-home essay will count for 25% of your grade, for a total of 50%. The two multiple
choice exams will each count for 15% of your grade, for a total of 30%, and your reflective
journals on the required Field Lab and the other “in port” individualized learning experiences
will count for 20% of your grade.

Here is the schedule for your essays and multiple choice portions (Assuming this is an
“A” class; if not the dates will be adjusted to accommodate a “B” schedule.):

Take-Home Essay # 1—Will be assigned on February 20th, and will be due on March 2nd

First Multiple Choice exam portion: March 2nd

Take-Home Essay # 2---Will be assigned on March 29th, and will be due on April 11th

Second Multiple Choice exam portion: April 22th

Your reflective journals may be turned in at any time during the voyage, although the
last date for submission is on the date that the last take-home essay is due, April 12th.
(It is obviously to your advantage to get these journals done before the end of the
semester.) I will leave the format of the reflective journals up to you, although you will
see at the end of the syllabus, I have given you some suggested topics for discussion---
both after the required Field Lab, as well as some of individualized learning
experiences that you might develop when you are in various ports.

Your three writing assignments will be evaluated on the basis of two criteria: Form and
Content. Matters of form include grammar, spelling, punctuation, clarity and organization. Matters of content include understanding of the material, use of texts to support positions, thoroughness, originality, and overall quality of thought.

A number of judicial decisions have been assigned as course materials, most of them online. I do not expect undergraduate students to undergo a metamorphosis and turn into law students. However, judicial decisions are rich primary source materials in bioethics, and also present students with concrete medical and legal contexts in which to examine the philosophical issues. Many of the discussions that go on within judicial decisions regarding medical issues will be echoed not only in our other course materials, but in our classroom discussions. The student is therefore urged to try reading the cases, and then in class I will analyze the decisions, and make sense of them for the lay person.

Unit One: Notions of Personhood//The Rational Agent, Patient Autonomy, and the Doctrine of Informed Consent

Class # 1: Introduction to the Course/What does it mean to be a member of the human family?

Class # 2: Kantian Ethics/Personhood and the Rational Being
Ethical Issues, pp. 1-20

Class # 3: Individual Liberty/John Stuart Mill
Assignment: John Stuart Mill, Part IV of On Liberty (Of the Limits of Authority of Society over the Individual), http://www. Bartleby.com
Ethical Issues, pp. 20-41

Class # 4: Autonomy, Paternalism, and Medical Models
Assignment: Ethical Issues, pp. 43-86

Class # 5: The Doctrine of Informed Consent
Ethical Issues, pp. 87-116
Changing Ethics in Medical Practice: A Thai Perspective,
Indian Journal of Medical Ethics, http://www.ijme.in
(Jan-Mar. 2007)

Unit Two: Experimentation on Human Subjects

Class # 6: Origins of U.S. Research Ethics
Assignment: Ethical Issues, pp. 739-753
Class # 7: Tuskegee
Assignment: Ethical Issues, pp. 753-770
DVD: Miss Evers' Boys

Unit Three: Death/Decisional Capacity/Right to Refuse Treatment/
Proxy Decisionmaking/Euthanasia/Withholding and Withdrawing Life-Sustaining Treatment/Physician-Assisted Suicide

Class # 8: Death and its Meaning/Definitions of Death
Assignment: Ethical Issues, pp. 339-360

Class #9: Decisional Capacity and the Right to Refuse Treatment
Assignment: Ethical Issues, pp. 361-385
Bouvia v. Superior Court, 225 Cal. Rptr. 297 (Cal.App.2d 1986)

Class # 10: DVD: Wit Class # 11: Midterm/Lecture on Proxy Decisionmaking

Class # 11: Choosing for Others/Proxy Decisionmaking for Incompetent Patients
Assignment: Ethical Issues, pp. 405-428

Class # 12 and 13: Proxy Decisionmaking for Incompetent Patients, cont.
In re Quinlan, 355 A. 2d 647 (1976)
Cruzan v. Director, Missouri Dept. of Health, 110 S. Ct. 2841 (1990)
Ethical Issues, pp. 428-447
DVD: Witnessing Death: A Grandson's Reflections

Class # 14: Euthanasia/Physician-Assisted Suicide
Assignment: Ethical Issues pp. 473-509

Class # 15: Euthanasia/Physician-Assisted Suicide cont.
Assignment: Ethical Issues, pp. 509-529

Class # 16: Global Aspects of Death and Dying/Euthanasia/Physician-Assisted Suicide
Assignment: Bioethics and Japanese Culture, by Masahiro Marioka,
http://www.lifestudies.org
Euthanasia in Holland, http://www.euthanasia.cc/dutch
Bioethics for Clinicians. 21: Islamic Bioethics, by Abdullah S.
Daar and A. Khitamy, Canadian

Unit Four: Abortion/Obligations to the Not-Yet-Born/Stem Cell Research/Cloning

Class # 17-18: Arguments in Favor and Against Abortion
Assignment: Ethical Issues, pp. 545-566, 585-594
**Class # 19: Assisted Reproduction Assignment:**
Ethical Issues, pp. 618-636

**Class # 20: Reproductive/Therapeutic Cloning Assignment:**
Ethical Issues, pp. 636-650, 707-723

**Class # 21: Therapeutic Cloning cont.**
DVD: Mapping Stem Cell Research: Terra Incognita

**Class # 22: Global Aspects of Abortion/Family Planning**
Assignment: The World's Abortion Laws, Center for Reproductive Rights, [http://reproductiverights.org](http://reproductiverights.org)
Discrepancies in the law on identifying foetal sex and Terminating a pregnancy in India, Indian Journal of Medical Ethics, [http://www.ijme.in](http://www.ijme.in) (July-Sept. 2007)
The Impact of China's one-child policy, Indian Journal of Medical Ethics, [http://www.ijme.in](http://www.ijme.in) (July-Sept. 2006)

**Class # 23: China's One-Child Policy**
DVD: China's Lost Girls

**FIELD LAB DESCRIPTIONS**

**Field Lab # 1: Traditional Asian Medicine**
--Hilo, Hawaii, January 15, 2013
--Hawaii College of Oriental Medicine (Hilo, Hawaii)

**Academic Objectives**

1) To expose students to various forms of traditional Asian medicine, as well as to the theories of illness and health that underlie them.
2) To allow students to interact with health care providers who operate in a different system of metaphysics, and to observe how different foundational beliefs can dictate different treatment modalities and goals.
3) To sensitize students to the philosophical foundations of western medicine, and to help them appreciate how those philosophical foundations are imbedded not only in our medical ethics, but in the laws relating to medical practice.
4) To give students some background in Asian traditional medicine so that they will have a better conceptual understanding for some of the comparative and international readings later in the course.

**Description of Field Lab # 1**

Students will first meet on the ship for breakfast, and an orientation. We will then take a bus to the Hawaii College of Oriental Medicine in Hilo. There we will tour the college and
students will learn about traditional Asian medicine, including acupuncture, moxibustion, Japanese body alignment systems, Chinese herbal medicine, tai chi, qi gong, and many other treatment modalities. Students will learn how Asian traditional medicine differs from allopathic medicine. While these treatment modalities are often referred to as “alternative” treatments, the World Health Organization estimates that 65 to 89% of the world’s population relies on this type of medical care. While allopathic medicine has been practiced for a few hundred years, Chinese traditional medicine, for example, has been around for over 2,000 years. Medicine in the West is based on the scientific method, and excels in technology, diagnosis, and the management of acute illness. However, it is also limited to the alleviation of the patient’s symptoms, and often does not address the root causes of disease. Asian medicine seeks to restore the patient’s balance and harmony and spiritual well-being; it detects and treats the imbalances that lead to the illness instead of merely managing the patient’s symptoms. Since most of our course in Biomedical Ethics will be based on western medicine, the purpose of this Field Trip is to alert students to the notion that there are competing medical models in the world. Some of our later readings in the course are about medical ethics in Asian countries, and students will have a deeper understanding of how those ethical systems differ, and how those differences might flow from a different medical model, as well as a different concept of “health.” After lunch at the College, students will tour some of the clinics.

Students should take notes and reflect upon some of these questions in their journals. How do the practitioners that you have met conceive of the “healer to patient” relationship? What is the goal of the treatments that you have observed, and what part does the patient play in achieving that goal? That function does the “healer serve?” Is there any analogy to the doctrine of informed consent in traditional Asian medicine? If not, why not? In our culture, we place a high value on the individual, and his autonomy? Does this value exist in Asian traditions? If not, what value replaces it? How do those differences in value dictate not only medical treatments, but also how doctors and patients negotiate the terms of medical care? In western medicine, one of the goals is to prolong life, and to “beat” death. Is that the case in traditional Asian medicine, and if not, why not? Do religious and philosophical views about death shape medical care and medical ethics? How has our western system of medicine incorporated “alternative” or “complimentary” medicine?

Field Lab # 2: Contrasts in Medical Care
   --Cochin, India, March 4, 2013
   --Specialists’ Hospital (Cochin)
   Missionaries of Charity Orphanage (Cochin)

Academic Objectives

1. To expose students to medical care for the upper echelon of society, and also to medical tourism for cosmetic surgery, and to compare the standard of medical care to that in place for the children in the Missions of Charities orphanage.
2. To have students view two models of informed consent, one based on autonomy, and the other on paternalism;
3. To have students consider what model of surrogate decisionmaking is in place for handicapped children;
4. To have students reflect upon how the standard and nature of medical care is often determined by the class and economic power of the patients.

Description of Field Lab # 2

Students will first meet on the ship for breakfast, and an orientation. We will then take a bus to take a tour of the Specialists Hospital in Cochin where students will learn about the various cosmetic surgery procedures that can be performed, including breast reduction, facial rejuvenation, chin reduction, hair transplantation, lip augmentation and reduction, breast lifts, and liposuction, among others. Students will be able to ask questions of physicians about how respect for patients is maintained, and how the doctrine of informed consent works in India. After a break for lunch, we will spend the afternoon at the Missionaries of Charity in Cochin, an orphanage for mentally handicapped children. There students will tour the orphanage, and interact with some of the children. We will also be able to ask questions of the nuns who care for these children about their medical care. The real purpose of the field lab is for students to experience a sharp contrast. First, students will be exposed to the upper echelons of society, patients who can afford to use medical science to make themselves more physically attractive. Second, students will visit, and interact with, some of the poorest patients in the city of Cochin, severely handicapped children who were abandoned by their families, and who have ended up in the compassionate care of the sisters of the Missionaries of Charity. The field lab will raise serious issues of resources: how societies decide what values matter and who matters, and how the medical profession’s ethics are dictated by answers to those questions.

Students should take notes and reflect upon some of these questions in their journals. How would you compare the standards of medical care that you observed in the two facilities? In the Specialists’ Hospital, did the physicians understand the doctrine of informed consent, and how was it obtained from their patients? How did the physicians regard their roles in the Specialists’ Hospital, e.g., as healers (and if so, how so), as technicians, or as artists? How were the medical needs of the children at the orphanage attended to? Did you see any evidence of the doctrine of informed consent, and if not, what model substituted for patient autonomy? Were the patients in the orphanage capable of giving consent? What model of surrogate decisionmaking was in effect? What lessons did you learn about the relationship between the patient’s class and economic status and his medical care? The Cosmetic Surgery Department of the Specialists’ Hospital is devoted to the creation/restoration of physical beauty. Did you see any other kind of beauty at the orphanage in the Missionaries of Charity? Medical care is one place where society mediates societal values. What lessons of value did you learn from visiting these two facilities back-to-back?

Field Lab # 3: Matters of Race and Heart Transplantation in South Africa
Academic Objectives:

1) To learn about the racial theories that justified Apartheid in order to compare them with the racial theories that justified the human experimentation in the Tuskegee Syphilis Experiments by the United States Public Health Service;

2) To learn how changes in the definition of brain death made organ transplantation possible;

3) To familiarize students with the history of organ transplantation;

4) To sensitize students to hidden racial issues in medical ethics.

5) To stimulate thought and discussion on selection criteria for organs

Description of Field Lab # 3

Students will first meet on the ship for breakfast, and an orientation. We will then take a bus to The South African Natural History Museum. After a presentation on races in South Africa and how they have been classified and portrayed, we will look at the ethnographic and archaeological exhibits in the museum. We will then walk through the Company Gardens to the Cultural History Museum (about a 15-minute walk) where we will contrast the way in which South African peoples are displayed in this more politically engaged institution. Assuming that he is available, Professor Alan G. Morris, from the University of Cape Town, will give a presentation on the old classification laws and how they controlled every aspect of life for every citizen. In particular, he will discuss the category "coloured", which is not the same as the American usage and continues to be a contentious issue of identity in modern South Africa. Professor Morris will also consider the current times by talking about racial redress and the problem of using race to give differential access to University systems. We will then stop for lunch, and proceed to The Heart of Cape Town Museum, located within the walls of the Charles Saint Theatre at Groote Schuur Hospital. It was here that the drama of the world’s first heart transplant, led by Professor Christian Barnard, was first played out in December of 1967. In this museum, students will learn about the drunk driving accident that befell 24-year-old Denise Darvali who was declared brain dead on arrival at the hospital, and how her heart was removed and transplanted into the body of Louis Washkansky. (Students will learn that this transplant was made possible by South Africa’s more progressive definition of death which focused on the absence of brain function, rather than heart function.) All of this played out during the stark period of Grand Apartheid, at time when South African was considered a pariah in world politics. The National Party government later manipulated the “rock star” of heart transplants, Christian Barnard, to shore up South Africa’s international reputation. Further questions about racial segregation were raised when Dr. Barnard’s second heart transplant involved a transplantation of a donor heart from a “coloured” man into a white recipient. We will spend the afternoon at the museum, and then return to the ship.
Students should take notes and reflect upon some of the following questions in their journals: How do the racial theories that supported Apartheid in South Africa compare to the racial theories that justified the Tuskegee experiments by the United State Public Health on poor black men suffering from syphilis from 1932 to 1972? What issues are raised by the transplantation of a “coloured” heart into a white body? Are there any implications for the racial theory that supported Apartheid? How did South’s Africa’s change in the definition of death have an impact on the development of organ transplantation? Why would the museum ask observers to refrain from taking photographs of the actual hearts that were transplanted? What interests are being protected there? Now that you understand how involved a heart transplant is, and how scarce organs are, how should a society decide who should receive a donor heart? At present, there are approximately 3000 Americans on the list for a donor heart; only about 2000 hearts are available each year. The resource is scarce, and without it, many will die. What selection criteria would you choose? Finally, consider how many other physicians were in the “race” to accomplish the first heart transplant. How do you think such a “race” might affect a researcher’s medical ethics?

Sample Individualized Learning Experiences for Reflective Journals

The following are samples of possible “in port” individualized learning experiences for reflective journals. They are suggestions, only. If the student would like to come up with something more creative, I am open to innovation.

1) "It is the prerogative of the patient, not the physician, to determine for himself the direction in which his interests seem to lie. [Canterbury v. Spence (1972)] The doctrine of informed consent and patient autonomy are firmly entrenched philosophical/legal principles in western medical ethics. However, the balance of power between the physician and the patient may differ in other cultures; these principles may not be adhered to. In a port of call, interview an individual who has been a patient, and from his/her experiences analyze whether patient autonomy and informed consent formed the basis of medical decision making in these cultures. If a different model of medical decision-making had been employed, what about the cultures dictated that difference?
2) Under the doctrine of informed consent in our country, the physician must inform "the patient of his or her disease state, the nature of possible diagnostic and therapeutic interventions, the nature and probability of risks and benefits associated with the interventions, and any uncertainties of knowledge. (Four Models of the Physician-Patient Relationship, by Ezekiel J. Emanuel and Linda L. Emanuel) At one of our ports of call, find a physician and interview him/her about how he obtains informed consent from his patients in his country. What must in theory the patient be informed of, and what are the practical constraints on the giving of informed consent in this country? How does the information given to the patient in this country differ from our own doctrine of informed consent? Does it matter if the patient is frail and elderly? How does the physician you interviewed regard his/her role in the doctor/patient relationship, and how does that perception coincide with our own culture's views about physicians?

3) In our medical culture, the notion of whole brain death has overtaken the earlier scientific view that the cessation of heart/lung function constituted "death. Almost everyone in the United States is at least familiar with the idea of an individual being "brain dead. Interview three individuals in one of our ports of call, and ask him/her to define his/her concept of death. Are these concepts of death grounded in a religious view---and they may well be---how do those concepts differ from our more "scientific medical models? What is there about our own culture that makes a more religiously based concept of death problematic? Are there any underlying metaphysical assumptions about their concepts of death that differ from the dominant metaphysical models in our own country? Interview someone in a port of call and discuss these issues with him/her.

4) Visit a university and find out how organ donation policies are formulated in one of our ports of call. If you were suffering from end-stage renal disease and needed a kidney, how would you go about getting on a donation list? How would this medical culture decide who gets a kidney? What are the principles of selection? Does the age or medical condition of the patient matter? Who makes the selection? How do those principles of selection and procedures differ from those in your own culture? Reflect on the differences.

5) In the debate on physician-assisted suicide, some people believe that a person who chooses to die---regardless of his or her circumstance---is behaving irrationally and hence is incapable of giving his informed consent to the administration of a lethal dose of drugs or a lethal injection. Similarly, many people believe that "committing suicide is a moral wrong. In one of our ports of call, investigate the prevailing attitudes towards suicide, and inquire into whether the concept of a "rational suicide or a morally acceptable suicide would be accepted in these societies. Why or why not? Under what circumstances could an individual be forgiven for departing from the proscription against suicide?

6) In some cultures, having a male child is highly desirable. There are medical
techniques available that can determine the gender of a fetus at a fairly early point in a pregnancy. In two of our ports of call, investigate whether the use of such techniques is legal, or if not legal, if the use is widespread regardless. Find out whether abortions based on the gender of the child are morally acceptable in these societies. Interview men---and women---to see what cultural attitudes and social conditions might explain the desire for male children. Do you see any parallels in your own culture?

7) In a port of call, investigate how the elderly are cared for in their respective cultures. How does that care differ from how the elderly are treated in our own country? What are the cultural attitudes about the value of old people in each country? How do they compare with our own attitudes about the elderly? If the elderly are cared for within the extended family in these cultures, how does that affect their medical care and treatment? Who qualifies as "old in these cultures? Does it matter whether we are talking about an "old man or an "old woman? Is it more enviable to be an old man or woman in these cultures, or in your own? Are the medical decision-making models different if the patient is an old man or an old woman? In what way?

8) In one of our ports of call, investigate (in whatever way you can) how the mentally retarded are cared for in this culture. Who cares for them? What are the standard explanations for how mental retardation occurs? How is their medical care administered? Who gives informed consent? Is there sterilization of the mentally retarded? Education or vocational training? What are the prevailing religious views about the causes of mental retardation, as well as about the moral standards regarding their care and treatment? How do these views and practices differ from your own culture?

9) In a port of call, visit a university and learn how drugs are regulated in this country. Collect advertisements for drugs from magazines, newspapers, or online, and analyze how the advertisements reflect the regulation of pharmaceutical products. Are drugs easily accessible to the public at a low cost (and possibly without a prescription)? How is this possible? Reflect upon how the deregulation of pharmacological products may affect the medical care of individuals in this country. What role does the pharmacist play, and how does it differ from his/her role in the United States? How does he/she differ from a doctor?

9) In a port of call, interview a person with either religious training or vocation, and interview him/her about his/her religion's concept of the "soul. Compare this notion of "the soul with our modern western concept of "personhood, and discuss whether the differences give rise to a different medical ethic---any why.