SEMESTER AT SEA COURSE SYLLABUS
University of Virginia, Academic Sponsor

Voyage: Spring 2015
Discipline: Public Health
PHS 3559: Medical Ethics in Global Perspective
Division: Upper
Faculty Name: Jim Sabin
Credit Hours: 3; Contact Hours: 38

Pre-requisites: None.

COURSE DESCRIPTION
This course will introduce students to the field of medical ethics as it has been developed and applied in the countries we visit and the US. Classes will focus on questions that include: Is health care a right or a privilege? What is the role of informed consent in different cultures? Is rationing ethical – and if so, how should it be conducted? How do different societies think about and deal with women’s health, family planning and abortion? What values should guide medical care at the end of life? What are the ethical risks for medical research in developing countries? And, throughout the course, how do different societies deal with health and human rights? Class discussion will focus on real life situations in different cultural settings. We will seek to increase skills in ethical reasoning and in formulating the rationale for our views of the right things to do.

COURSE OBJECTIVES
By the end of the course, students will be able to:
● Recognize major issues in medical ethics as they are manifested in different cultures
● Discuss in some detail informed consent, truthfulness, privacy, rationing and other foundational concepts in medical ethics
● Establish their own views on ethical issues in bioethics based on critical examination of the relevant facts and identification of the relevant values
● Apply a thoughtful, systematic approach to deliberating about issues in medical ethics

REQUIRED TEXTBOOKS

TOPICAL OUTLINE OF COURSE
Depart Ensenada- January 7:

A1- January 9:

● Medical ethics: Introduction to the field

A2-January 11:

● Central theoretical approaches to medical ethics:


A3- January 13:

● Universal versus culturally specific values


Hilo: January 14

A4-January 16:

● How much risk to self is fair to expect and allow: the Fukushima nuclear disaster as an example


A5-January 19:

● Is telling the truth always the right thing to do in health care?


Study Day: January 21

A6- January 22:

● Ethical issues in organ transplantation

A7-January 24:

- Culture and ethical reasoning: Preparing to learn from our own observations on country visits.

   Reading: Vaughn, pages 13-17 (“Ethical Relativism”) & 17-18 (“Ethics & Religion”)

FIRST ESSAY DUE. In this first assignment students will choose one case from among three or four choices. The cases will be set in Japan or China and will pose issues of policy and practical action. The students will be asked to take on the role of policy maker or health professional and present their reasoning about the question(s) posed by the case they choose in 3-5 pages, drawing on relevant readings. The essays will (a) contribute to their preparation for visits to Japan and China and (b) give me an early sense of how well they understand basic concepts of medical ethics and the process of moral reasoning.

Yokohama: January 26-27
In-Transit: January 28
Kobe: January 29-31

A8- February 1:

- Individual preferences and community welfare: China’s one child policy


Shanghai: February 3-4
In-Transit: February 5-6
Hong Kong:7-8

A9- February 9:

- Discussion: What did we learn from our time in Japan and China that helps us understand those country’s approaches to medical ethics?
Ho Chi Minh: February 11-16

A10- February 17:

● Singapore’s unique blend of individual & collective responsibility for health care


“Is there a right to health care, and if so, what does it encompass?” Daniels N. In Vaughn, pages 696-702.

Singapore: February 19-20

Study Day: February 21 FIELD LAB RESPONSE DUE In this assignment students will be asked to write 500-750 words to explore an issue associated with the field lab experience. The topics to choose from will include: (a) a question about ethical issues associated with the health of migrant populations; (b) a question about the ways in which the Singapore health system combines individual and collective responsibility; and, (c) a question/questions to be specified at the end of the field lab in accord with suggestions that come from the students, based on their experience.

A11-February 22:

● Politics, Health and Humanitarian Aid: the 2008 cyclone in Myanmar


Rangoon: February 24-March 1

A12-March 2:

● Ethical issues in Reproduction: the example of surrogacy in India

Reading: “Inside India’s Rent-a-Womb Business,” Carney S. Mother Jones April 8,

“Surrogate mothering: exploitation or empowerment?” Purdy LM. In Vaughn, pages 454-463.

A13- March 4:

● The ethics of sex-selective abortion in China and India


Cochin: March 6-11

Study Day: March 12

A14-March 13:

● Discussion: What did we learn from our time in India that helps us understand India’s approach to medical ethics?

A15-March 15:

● Ethical issues in inter-cultural collaboration in health care.


Study Day: March 17 SECOND ESSAY DUE. The second essay will give students choices for which they will write 3-5 page essays: (a) drawing on observations made during the country visits we have made to discuss cultural influences on a major issue in medical ethics, drawn from topics we have addressed or a topic that they have chosen; (b) discussing a question based on the field lab in Singapore to be posed after the visit that goes beyond what was written about in the “Field Lab Response” essay; or, as in the first assignment, (c) cases set in countries we have visited since then (Vietnam, Myanmar or India) that will pose issues of policy and practical action, with the students being asked to take on the role of policy maker or health professional and to present their reasoning about the question(s) posed by the case.
Port Louis: March 18

**A16- March 19:**

- Access to HIV medications in Africa versus PHARMA property rights

  “We all have AIDS”: case for reducing the cost of HIV drugs to zero,” Berwick D. *British Medical Journal* 324 (2002): 215-218.

**A17-March 21:**

- Privacy rights versus protection of others: HIV status as an example

  “Why privacy is important,” Rachels J. In Vaughn, pages 156-164.

**A18- March 23:**

- Resource limits and rationing in developing countries

  “Rights to health care, social justice, and fairness in health care allocations: frustrations in the face of finitude,” Engelhardt HT. In Vaughn, pages 708-716.

Cape Town: March 25-30

Study Day: March 31

**A19-April 1:**

- Discussion: What did we learn from our time in South Africa that helps us (a) understand South Africa’s approach to medical ethics and (b) prepare for the visit to Ghana?

**A20-April 3:**

- The ethics of cultural practices: female genital cutting and male circumcision


A21- April 5:

● The ethics of cultural practices continued: female genital cutting and male circumcision


Tema (Accra): April 7-9
Takoradi: April 10-11

A22-April 12:

● Ethics of doing research in developing countries and with vulnerable populations

  Readings: “Racism and research: the case of the Tuskegee Syphilis Study,” Brandt AM. In Vaughn, pages 266-278.
  “Ethical issues in clinical trials in developing countries.” Brody B. In Vaughn, pages 283-287.

A23: April 14:

● Optional topic – to be chosen during the course

  Reading: TBD in accord with the topic.

A24: April 16

● Review of the main themes discussed in the course and preparation for the final examination.

Study Day: April 18

April 19: Global Lens Exams and Study Day

Casablanca: April 20-24

A25: A Day Finals
April 29: Arrive in Southampton
FIELD WORK
Field lab attendance is mandatory for all students enrolled in this course. Please do not book individual travel plans or a Semester at Sea sponsored trip on the day of your field lab.

FIELD LAB
Possibility # 1: “Living with HIV/AIDS in India.” Via the Cochin branch of the INP+ (Indian Network of People Living with HIV/AIDS) we would meet with HIV activists and visit relevant service sites. The learning opportunities include: deeper understanding of social stigma; interplay of activism and government services; access to essential medications; social/psychological/medical impact of HIV+ status in infected individuals; experiences with the health system. If we are doing this lab I would reverse the order of sessions 13 & 15, as session 15 keys off of my own work with INP+.

Possibility # 2: “Singapore’s unique blend of individual & collective responsibility for health care.” Via my contacts at the National University of Singapore Center of Biomedical Ethics, we would: (a) meet with an official who can help us understand the Singapore system and the values that underlie it in depth; (b) meet with social workers at the HealthServe clinic in Geylang district to learn about the unique challenges faced by migrant workers in Singapore with regard to accessing health care and meeting the individual responsibility expectations; and (c) meet with health professional students to gain a personal sense of how the Singapore system and the values it that guide it appear to young pre-professionals.

METHODS OF EVALUATION / GRADING RUBRIC
Class participation: 15%
Essays: 40% (20% each)
Field Lab: (20%)
Final examination: 25%

RESERVE LIBRARY LIST


ELECTRONIC COURSE MATERIALS


“‘We all have AIDS’: case for reducing the cost of HIV drugs to zero,” Berwick D. *British Medical Journal* 324 (2002): 215-218.


**ADDITIONAL RESOURCES**

**HONOR CODE**

Semester at Sea students enroll in an academic program administered by the University of Virginia, and thus bind themselves to the University’s honor code. The code prohibits all acts of lying, cheating, and stealing. Please consult the Voyager’s Handbook for further explanation of what constitutes an honor offense.
Each written assignment for this course must be pledged by the student as follows: “On my honor as a student, I pledge that I have neither given nor received aid on this assignment.” The pledge must be signed, or, in the case of an electronic file, signed “[signed].”