

SEMESTER AT SEA COURSE SYLLABUS

**Discipline: Philosophy**

**Spring 2013**

**PHIL 1510-101: Biomedical Ethics**

**Lower Division**

**Instructor: Louise Harmon**

**Required Texts: Ethical Issues in Modern Medicine (2013)**, ed. by Bonnie Steinbock, Alex John London, and John D. Arras ["Ethical Issues"]<sup>1</sup>

Publisher: McGraw Hill Humanities; ISBN # 0-07-353586-9 (8<sup>th</sup> edition)

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

*Universal Declaration of Human Rights*, [www.un.org/overview/rights](http://www.un.org/overview/rights)

Immanuel Kant, Groundwork for the Metaphysics of Morals, <http://www.earlymoderntexts.com>

John Stuart Mill, Part IV of On Liberty (Of the Limits of Authority of Society over the Individual), <http://www.Bartleby.com>

*Canterbury v. Spence*, 464 F/ 2d 772 (D.C. Cir. 1972)

*Changing Ethics in Medical Practice: A Thai Perspective*, Indian Journal of Medical Ethics, <http://www.ijme.in> (Jan-Mar. 2007)

*Strunk v. Strunk*, 445 S.W. 2d 145 (1969)

*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)

*Washington v. Glucksberg*, 521 U.S. 702 (1997) *Vacco v. Quill*, 117 S.Ct. 2293 (1997)

*Bioethics and Japanese Culture*, by Masahiro Marioka, <http://www.lifestudies.org>

*Bioethics for Clinicians. 20: Chinese Bioethics*, by Kerry W. Bowman and Edwin C. Hui, Canadian Medical Association Journal, <http://www.pubmedcentral.nih.gov>

Euthanasia in Holland, <http://www.euthanasia.cc/dutch>

The World's Abortion Laws, Center for Reproductive Rights, <http://reproductiverights.org>

Discrepancies in the law on identifying foetal sex and Terminating a pregnancy in India, Indian Journal of Medical

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<sup>1</sup> I am still in the process of obtaining a desk copy of the 8<sup>th</sup> edition, so the page numbers in this syllabus are still from the 7<sup>th</sup> edition, and the syllabus will be updated soon. LH.

Ethics, <http://www.ijme.in> (July-Sept. 2007)  
The Impact of China's one-child policy, Indian Journal of  
Medical Ethics, <http://www.ijme.in> (July-Sept. 2006)

**DVDs** (To be provided and shown by instructor:

Wit  
Miss Evers' Boys  
Witnessing Death: A Grandson's Reflections  
Mapping Stem Cell Research: Terra Incognita  
China's Lost Girls

**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 19<sup>th</sup>, and will be due on March 2<sup>nd</sup>

First Multiple Choice exam portion: March 2<sup>nd</sup>

**Take-Home Essay # 2**---Will be assigned on March 31<sup>th</sup>, and will be due on April 11<sup>th</sup>

Second Multiple Choice exam portion: April 23<sup>th</sup>

**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 11<sup>th</sup>. (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 on-line. 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?**

**Assignment:** *Universal Declaration of Human Rights*, [www.un.org/](http://www.un.org/)

**Class # 2: Kantian Ethics/Personhood and the Rational Being Assignment:**

Immanuel Kant, *Groundwork for the Metaphysics of Morals*,

<http://www.earlymoderntexts.com>

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**

**Assignment:** *Canterbury v. Spence*, 464 F. 2d 772 (D.C. Cir. 1972)

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.**  
**Assignment:** *Strunk v. Strunk*, 445 S.W. 2d 145 (1969)  
*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  
*Washington v. Glucksberg*, 521 U.S. 702 (1997)  
*Vacco v. Quill*, 117 S.Ct. 2293 (1997)

**Class # 16: Global Aspects of Death and Dying/Euthanasia/Physician-Assisted Suicide**

**Assignment:** *Bioethics and Japanese Culture*, by Masahiro Marioka,  
<http://www.lifestudies.org>  
*Bioethics for Clinicians. 20: Chinese Bioethics*, by Kerry W. Bowman and Edwin C. Hui, Canadian Medical Association Journal, <http://www.pubmedcentral.nih.gov>  
Euthanasia in Holland, <http://www.euthanasia.cc/dutch>  
*Bioethics for Clinicians. 21: Islamic Bioethics*, by Abdullah S.

## **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>

Discrepancies in the law on identifying foetal sex and Terminating  
a pregnancy in India, Indian Journal of Medical Ethics,  
<http://www.ijme.in> (July-Sept. 2007)

The Impact of China's one-child policy, Indian Journal of  
Medical Ethics, <http://www.ijme.in> (July-Sept. 2006)

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

DVD: China's Lost Girls

**FIELD LAB DESCRIPTION : Theories of Race, Organ Transplantation, and Medical Ethics**

--Cape Town, South Africa, March 25, 2013

--The South African Natural History Museum

--The Heart of Cape Town Museum

**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

During this Field Lab, we will visit two museums in Cape Town, South Africa. The first is the South African Museum, founded in 1825. We will be met by Dr. Sven Ouzman, the Curator of Archaeology, who will be talking to the group about the pseudo-science practiced in imperial and colonial times by ethnologists, anthropologists, and archeologists from the middle of the nineteenth century until today. The racial theories that Dr. Ouzman will discuss directly relate to our unit on human experimentation, and in particular will resonate with the theories that justified the U.S. Public Health Service Syphilis Study at Tuskegee from 1932 to 1972. We will next visit the Heart of Cape Town Museum where we will have a guided tour through this unique museum where students will learn about the first human heart transplant, performed by Professor Christiaan Neethling Barnard in 1967. This dramatic medical event started with a drunk driver running down a 24 year-old young woman; after been declared brain dead, Denise Darvall's heart was transplanted into the recipient, Louis Washkansky. Students will learn about organ transplantation in general, and about the evolving definition of brain death that made this ground-breaking surgery possible. *Attendance is mandatory.*

### **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 on-line, 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.