

## **305 Syllabus, Spring 2016**

### **PHI 305 HealthCare Ethics**

**Instructor:** Keith Buhler

**Email:** keith.buhler@uky.edu

**Twitter:** keith\_buhler

**Office Hours:** Wed 11am-12pm, before/after class, and by appointment.

**Office:** Patterson Office Tower, 14th floor.

### **Course Description:**

Health care decisions are some of the hardest we will ever make. Professional physicians, dietitians, nurses, etc. will make such decisions every day. But us laymen will face hard choices about the health of parents, children, relatives, friends, and our own health. This course attempts to help us to think deeply about the issues of life, death, health, and health care. The aim is that we can act well when those hard decisions come.

Philosophy in general asks questions about foundations of the world and our knowledge of it: what is real, how do we know what we know, what is the meaning of life? In health care, we ask about foundations: what is life? Death? What is the proper allocation of limited resources? Are there moral constraints on research? Is it ever more loving to lie to a patient about the hard truth? Is it ever more compassionate to euthanize an elderly person? Is it worth the emotional and psychological cost to avoid pregnancy by abortion? Is government-provided healthcare a right?

These questions and more we will attempt to answer by clarifying terms, establishing secure ethical principles, being sensitive to contextual details, identifying reasonable answers, evaluating arguments for and against each reasonable answer, and coming to our own conclusions. Though we will consider arguments from Kantian, consequentialist, and religious standpoints, our official approach to these questions will be from the standpoint of traditional virtue ethics.

Each of us belongs to a tradition and a community. Our goal is to understand our own tradition and understand rival traditions, and why they disagree. We will disagree, but do so peaceably and with understanding.

The bottom line is always to think hard about hard questions, to discard wrong answers and discover and prove right answers to these questions. The hard questions will revolve around life, death, health, and sickness, but may branch out to related tangents including logic, public policy, anthropology, religion, law, and more.

## Course Goals:

In short, our goals are:

- to understand health care as part of life;
- to understand health care as part of applied medicine, public policy, and as a part of life, a sub-discipline of ethical philosophy.
- to become familiar with major bioethical theories, especially: virtue ethics, utilitarianism, deontology, principlism.
- to grow intellectually by critically analyzing articles, books, studies, and news articles about health and sickness,
- to understand our own ethical tradition better and make clear plans for how to make hard decisions
- Also to understand the tradition of others (religious ethics, deontology, utilitarianism, virtue ethics) in approaching ethical issues;
- and thereby to become more virtuous people capable of handling difficult life circumstances.

To accomplish these goals, our study will unfold in 8 units of 1-2 weeks each. Each Unit consists of (a) readings and quizzes, (b) lectures, (c) discussions, and (d) a unit paper. The readings and lectures offer analysis, the discussions and papers synthesis.

## Course Outline

*The online version is always up to date. Any paper version is subject to minor changes due to weather, illness, etc. Each date tells you the reading due and the topic. Each date also includes detailed lecture notes because students asked for them to help prepare.*

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**W Jan 13 Syllabus:** Today, we get to know each other. We identify expectations. We form Critical Reading Groups. Please buy your book.

**F Jan-15 *Bioethics* 1-25, Health Care, Bioethics, and Philosophy:** Study this long introduction. Take this (very long!) quiz. What is the purpose of health care? Philosophy and critical thinking can help.

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**M Jan-18 MLK Jr. Day. No class.**

**W Jan-20 Plato's *Apology* handout.:** Socrates' death is upon him. He teaches we should care more for our soul than our body. *The Apology* is a dramatic introduction to the importance of philosophy, and a persuasive defense of "soul care". Health care ethics is about caring for the body but also involves psychology, politics, and religion. 'Devouring time' is the condition of our life.

**F Jan-22 "Truth" and "Goodness" handouts:** These handouts are in "disputation" format which can be confusing. Peter Kreeft's thesis is that truth and morality is real and objective. However, he *begins* with "objections" which argue the opposite of his thesis. So consider these arguments. The problem of disagreement arises when we notice that people disagree about what is true, real, good, or beautiful. Is there any right answer? What is truth? Even though people disagree, is it objective? Is morality relative to culture? To tradition? To perspective? Not unless all truth is. We'll examine arguments for and against. Since we are seeking truth all semester, we must consider the best arguments for and against the existence of objective truth. For this semester, our hypothesis is that some moral laws are binding and objective.

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**M Jan-25 *Bioethics* 29-49 Howard Markel, the Hippocratic Oath** (Sample Group Presentation): Critical Reading assignments. The Hippocratic Oath has been and still is an importance piece of the medical profession. How do the old and the new versions relate? What rules should be discarded and what retained?

**W Jan-27 *Bioethics* 49-63 (Group 1 presents) Matthew Wynia, Medical Professionalism:** In the doctor-patient relationship, what are the doctor's obligations? The patient's obligations? Does a doctor have "power" and if so how should it be wielded? Is cosmetic surgery within the purview of medicine?

**F Jan-29 Unit Paper 1 Due: Health Care Code. Also *Bioethics* case studies Discussion:** Read the "case studies 1, 2, and 4" at the end of the *Bioethics* chapter.

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**M Feb-1 *Bioethics* 87-94 (Group 2) Groopman, the Patient's Work:** Also, the patient's responsibility is equally important but different. What is a patient's responsibility?

**W Feb-3 *Bioethics* 94-101 (Group 3) Confucian Truth-telling.** Are there any circumstances in which part of the truth, a falsehood, or a mix of true and false are the best way to use speech?

**F Feb-5 Unit Paper 2 due: Deception. *Bioethics* AMA Fundamentals, discussion of Patient Responsibility:** Do we bear partial or complete responsibility for our own health? How do patient responsibilities derive from autonomy? Are any of the AMA's list of responsibilities too much? Cases 5-6: What might be the main objections to Ashley's treatment? Should Dr. Beckwith write the prescription?

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**M Feb-8 *Bioethics* 130-137 (Group 4) Bernat, Whole Brain Concept of Death:** Read Introduction 115-130. Lecture. What is death? Separation of soul and body? Heart failure? The absence of brain functioning? Non-existence, annihilation? How does Bernat define death? Distinguish the whole-brain, higher-brain, and brain-stem criteria of death. Do you find Bernat's support for the whole-brain formulation over the other two criteria persuasive? In the final analysis, Bernat's support for the whole-brain formulation rests on its public policy success, in spite of its biological and philosophical shortcomings. Is Bernat's position ethically justified?

**W Feb-10 *Bioethics* 147-163 (Group 5) Leon Kass, the Case for Mortality:** How much longer life is an unqualified good for people? Kass outlines several possible problems for an increased life span. How serious are these problems? Can they be addressed? Is our finitude good for us?

**F Feb-12 *Bioethics* Discussion of Cryogenic freezing:** Cryogenic freezing, permanent vegetative states, and life support, oh my! When is a person dead? When did Terri die? Is cryogenic freezing ethical?

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**M Feb-15 *Bioethics* 191-213 (Group 6) Assisted Nutrition/Hydration and the Catholic Tradition:** How do you understand the term "revisionist"? Do you consider it to be an appropriate term to describe the new Catholic position on ANH? How does the meaning of the term "ordinary" impact the ANH debate? Should there be a presumption in favor of ANH before considering particular patients?

**W Feb-17 *Bioethics* 227-237 (Group 7) A Moral Defense of Oregon's PAS:** Should the rule against killing apply to the competent person who determines that it would be better to die? Who gets the upper hand, Kass or Gill?

**F Feb-19 *Bioethics* Discussion of Isreal's health care, Patients rights:** Anybody in there? — In writing your own living will, how would Owen's findings influence your instructions to others regarding your treatment should you be diagnosed with PVS? Did Katie's parents do well by her? Do you think it can ever be in a newborn's best interests to discontinue treatment and be allowed to die? Does the Groningen Protocol provide an ethical procedure? Is Dr. Irwin unfit to practice medicine? Should you ever mess with Texas?

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**M Feb-22 *Bioethics* 247-263, Abortion and the beginning of life:** Read this excellent introduction to a difficult topic. I will lead a lecture and discussion through some of the legal and moral issues, including the history of abortion law, the definition of "soul", and the concept of human personhood.

**W Feb-24 *Bioethics* 265-290 (Group 8) Thomson, Defense of Abortion:** Many pro-lifers assume that if a fetus is a human being, then abortion is wrong. Thomson assumes a fetus is a human and argues that abortion can still be acceptable. Would it be morally acceptable to unplug yourself from the violinist? Does the duration of time matter? Are Tomson's analogies really analogous to pregnancy?

**F Feb-26 Unit Paper 3 Euthanasia due. Discussion of sex-selective abortion, and fetal pain.**

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**M Feb-29 *Bioethics* 317-321 (Group 9), Murray, What are families for?; Kaczor, Artificial Wombs?**

**W Mar-2 *Bioethics* 341-51 (Group 10), Leon Kass, Preventing a Brave New World**

**F Mar-4 *Bioethics* 367-9, Discussion of personhood, human nature, cloning:** Read cases "Person No Matter How Small?" and "Free to be me again"

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**M Mar-7 *Bioethics* 371-382, Introduction to "Getting Health Care" unit:** Access to health care, rationing, medical justice, organizational ethics, and organ transplant. How much

should individual health care cost, and can it be free? Who should pay for it — individuals, insurance, government, charities?

**W Mar-9 No reading –Midwifery:** Today I'll share what I learned about “the business of being born” when my wife and I started having kids.

**F Mar-11 Midterm (online), No class**

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**M Mar-14 Spring Break**

**W Mar-16 Spring Break**

**F Mar-18 Spring Break**

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**M Mar-21 *Bioethics* 386-395 (Group 2), Daniels, Justice, Health, and Health Care:** If healthcare is “special,” what makes it so? Should efforts to ensure justice in health outcomes focus on social conditions in addition to access to health care? Will following Daniel’s four conditions ensure justice in the allocating of health care resources?

**W Mar-23 *Bioethics* 396-404 (Group 3), Engelhardt, Rights to Health Care Allocations:** Is Engelhardt correct that humans do not share a common view of justice and beneficence? Are the natural and social lotteries as readily distinguishable as Engelhardt claims? Should the unfortunate also have a right to health care? Should the unfortunate also have a right to receive health care? What are the advantages and disadvantages of Engelhardt’s “Proposed diverse health care packages”? Engelhardt lauds “open democratic dialogue” as a way to “fashion a basic package of healthcare for all citizens.” How does this notion compare with Daniels for procedural justice conditions for distributing healthcare?

**F Mar-25 *Bioethics* 477-482, Discussion on getting health care:** Case 1, Health of Nations. Based upon these comparisons, does the U. S. healthcare system seem unjust? Case 2, the “Commonwealth” of MA. Do you think MA’s healthcare plan is just? Case 3, Should Illegal Immigrants Have Access to Care? Do illegal immigrants (ii) have a right to health care? Do health care facilities have a duty to provide it? or is providing such care praiseworthy but not required? Case 4, Blue Cross Seeks Physician information 1. Bluecross was asking physicians to be gatekeepers of medical resources. Is it appropriate for doctors to take on that role? Case 5, Age-Based Rationing. 1. do you think it is just to ration healthcare on the basis of age rather than relative need? And more!

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**M Mar-28 *Bioethics* 412-419 (Group 4), James Dwyer, Illegal Immigrants, Social Responsibility:** Dwyer argues that our attitude toward and treatment of illegal or undocumented immigrants should not be viewed through the lense of desert nor professional ethics, but “social responsibility”. Is desert the appropriate material criterion of justice for access to healthcare? Would California’s proposition 187 justly or unjustly denied healthcare to illegal immigrants? Is social ethics easily distinguishable from bioethics? What is the social responsibility of United States regarding illegal immigrants?

**W Mar-30 *Bioethics* 460-464 (Group 5), Barbro Bjorkman, Donate but not sell?:** Barbro Bjorkman observes that we intuitively judge it to be wrong to sell our organs, but right to donate them. She offers an explanation based on reflection of what the virtuous person would do — the person who is courageous and generous. 1. Do the arguments supporting organ sales correlate with your moral intuitions? 2. Is it possible to be a virtuous person and not being organ donor? 3. Are there any situations where virtuous person might sell rather than donate organs? 4. What can be done to increase your society’s sense of virtue? What is the probability that such projects will be successful?

**F Apr-1 Unit Paper 4 Universal Health Care due. Discussion of getting health care and allocation:** Discussion of Living the Mission, Early Harvest, Removing Organs.

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**M Apr-4 *Bioethics* 487-504, Clinical Research Introduction:** Clinical research is a key part of biomedical advances to cure or prevent diseases and improve people’s quality of life. The “cost” of such research is more than dollars. People, animals, stem cells are the objects of most controversial clinical research. Today, we explore the landscape of clinical research and the bioethical boundaries. We research on (1) humans, (2) human stem cells, and (3) animals. What are the limits on research and the benefits?

**W Apr-6 *Bioethics* 507-515, Nuremberg Code, Belmont Report:** The Nuremberg Code came out of the Nuremberg trials of Nazi doctors. It is like the Belmont Report, which initiated a new era of biomedical or health care ethics. Is this document on the right track? Completely right? In need of correction? Completely off? How does the report distinguish between practice and research? Why is the first principle formulated as “respect for persons” and not “respect for autonomy”? What two moral rules are embedded in the principle of beneficence? 4. How would you describe the methodological framework of the Report (refer to chapter 1 in this text for help)?

**F Apr-8 *Bioethics* 572-576, Discussion of medical research:** Is Medicare coercive? Can animals feel and express empathy? Do pharmaceutical companies have moral obligations to research some diseases? We’ll discuss the first 3 or 4 cases on these pages.

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**M Apr-11 *Bioethics* 537-544 (Group 6) Stem Cell Research:** Presidential Council on Bioethics. What are embryonic stem cells, and what is their potential scientific and medical value? What broader moral issues underlie the debate about stem cell research? Why is the term “embryo” problematic? Why is “moral status” problematic? What are the core moral issues in embryonic stem cell research?

**W Apr-13 *Bioethics* 556-564 (Group 7) Animal Research:** What is your view on the moral status of animals? How would you characterize DeGrazia’s own view? How does your view compare with DeGrazia’s? How is the debate about animal research similar to and different from the debate about stem cell research?

**F Apr-15 Unit Paper 5 Medical Research due. Discussion of ethical issues in Stem Cell Research:** Consider these Jewish, Muslim, Christian, and other testimonies on stem cell research. Where do the various religions agree? Where do they disagree? Which (if any) of these considerations are applicable to public policy?

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**M Apr-18 *Bioethics* 581-596, intro, and 619-625, Bostrom, Transhumanist values:** What might dissuade us from genetic intervention? What might attract us? What is a posthuman? A transhuman? How does Bostrom characterize the posthuman project? What might a transhumanist say about the distinction between theory and enhancement?

**W Apr-20 *Bioethics* 598-606 (Group 8), Sandel, the Case Against Perfection:** What is wrong with designer children, bionic athletes? What is the notion of “giftedness”? How valuable is it? Sandel argues that humility, openness, reverence, beholding are values at stake in our “intoxicated” drive for total mastery over ourselves and our children. What is the value of these things, and how do they balance against the values of mastery, dominion, and molding?

**F Apr-22 *Bioethics* 652-660, Discussion of biotechnology and transhumanism:** Discussion: Is there human nature? Will technology help us transcend it? Is technology evolving now the way biology has been evolving before? Do cultural differences make a big deal?

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**M Apr-25 *Bioethics* 661-667 (Group 9), Wendell Berry, Health is membership:** Barry argues that health is not a possession of individuals but of communities. And not just communities. The health of soil, animal, and human is inextricably bound together in one whole. He



argues against the mechanistic analogy of the heart as “a pump” and the mind as “a computer”, and shows how the false assumption harms patients in hospitals. Food and rest are essential to health yet are ignored in hospital settings. Berry ends with a series of questions. Try your best to think about the answers.

**W Apr-27 *Bioethics* 681-690 (Group 10), Pierce, New Ways of thinking about Bioethics:**

Today we discuss some of the deeper ecological ethics of climate change, green energy, and communitarian values.

**F Apr-29 Unit Paper 6 — Revised Health Care Cord Workshop. Discussion of transhumanism.** World population control, the scope of physicians’ care, Asthma inhalers — oh my! Our last discussion ranges over some important and broad-reaching issues.

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**M May-2 No class. Unit Paper 6 — Revised Health Care Code due.**

**W May-4 No class. Reflection Paper Due**

**F May-6 Final Exam** (Date and time TBA)

## I. Grading

Your grade for the class will depend on your performance in each component, plus tests and applicable extra credit. Your best bet for getting an ‘A’ is to (a) read carefully every week, (b) attend and participate in class through talking and/or writing, (c) study hard for the tests, and (d) write the Unit Papers according to the given instructions.

Assessment category	Percent of semester grade
Readings (quizzes)	20%
Participation (talk, write, present)	20%
Tests (midterm, final)	30%
Unit Papers (pass/fail)	30%

## Readings

**Required Textbook:** Pierce and Randels, *Contemporary Bioethics*. Oxford, 2010. First Edition. (Should be less than \$100 new, \$60 used, \$20 rent).

**Handouts:** (All posted online)

1. Plato, Apology.
2. Peter Kreeft, Truth.
3. Peter Kreeft, Goodness.
4. Midwifery in the US.

## Reading Tips

- Read ahead.
- Read carefully. You will get faster, but start slow and careful.
- Try to read *and understand* the book. What is the main thesis? Is it true?
- Read actively: Take notes. Talk with each other before class.
- More tips available online.

## Quizzes

Short reading quizzes will assess whether your eyeballs hit the page and whether you comprehended what you read. Primarily, your goal is not just to read but to *understand*. Reflect on what you've read. Bring to class a question from the reading –focus on what confuses you.

## Attendance

We need you here! Attendance is mandatory. Roll will be taken each class. (Being repeatedly or egregiously late will count as an absence.) 1 to 5 unexcused absences are freebies — no credit lost. 6 or more unexcused absences cause bigger and bigger deductions from your participation grade. (8 is a letter grade) You are paying for this education including this class, so why wouldn't you make the most of it?

## Participation through dialogue/writing:

This is a dialogue-oriented class. Every person is responsible to participate. You are expected to participate once per week at minimum, either by writing or speaking or both.

*Writing Emphasis:* “Internal processors” emphasize writing. To earn participation points, you will post class reflections online every week. You may elect to speak in class as well, and may be called upon.

*Speaking Emphasis:* “External processors” emphasize talking. You will be on my “go to” team to talk in class (instead of posting reflections after class).

Everyone starts at an 80% for the discussion grade; you can move up from there or down, depending on whether you speak or write once per week, pay attention, and offer helpful contributions.

Come *prepared*. Read, take notes, reflect, and come ready to share your viewpoint, defend it, listen to others' viewpoints, and critique theirs.

## Critical Reading and Group Presentation

Every student will present do two “critical readings.” These are days when your group summarizes the assigned article and presents your analysis. You then present your reading as a group to the class. Instructions are posted online.

### Tests:

There is a midterm and final. The Study Guide with all the questions is posted online. The tests will assess (a) your knowledge definitions of key philosophical terms, (b) knowledge of historical facts relevant to health care ethics, (c) your familiarity with major health care theories and (d) your mastery of the arguments for and against these theories.

### Unit Papers:

Every student will write 5-6 Unit Papers. These Unit Papers help you synthesize your own views after doing the readings and listening to lectures and participating in the discussions. This assignment is pass/fail, so follow the instructions closely. Be careful to cite your sources correctly. I will not tolerate plagiarism — unintentional or intentional. If I detect plagiarism, I will contact you. The assignment will receive a zero, and disciplinary action may follow. The instructions are posted online.

### Extra Credit:

Those who opt for extra credit may do so. Instructions are posted online.

### Miscellany:

1. **Bring your** textbook every day.
2. **Participate.** Challenge yourself to talk.
3. **No smartphones.** If you need to take a text message or phone call, step out, respond, and come back.

4. **Laptop/tablet users must sit in the front row.**
5. **Be respectful of others:** no teasing, and pay attention when a neighbor is talking. Don't pack up early. Don't come late. Don't talk while your neighbor is talking.
6. **Contact me.** Best method is to chat after class. I read every email but may not respond to every email. If I don't respond within three (3) business days, email again with the subject "nudge".
7. For short, quick questions, use Twitter (keith\_buhler)
8. Disabilities can be accommodated if you are registered with the Disability Resource Center. See <http://www.uky.edu/StudentAffairs/DisabilityResourceCenter/>
9. Plagiarism has been an issue. Even unintentional plagiarism earns a zero for the assignment and, in intentional or egregious cases, failing the course and receiving a permanent mark on your academic record. You'll submit your papers to SafeAssign on Blackboard to help avoid accidental plagiarism. Don't even think about stealing someone else's thought/work.
10. **Enjoy philosophy.** We are not merely solving abstract puzzles here, but digging deeply into human thinking in a way that could change your life forever. The more you and your fellows allow yourselves to acquire a "taste" for the material, the more inclined you will be to give it the real effort required to master it.

## Links to Readings of Interest

- How Government Killed Health Care The author describes how "coding" diseases and diagnoses in order to submit reimbursements for medicare lead to a distortion of diagnosis. "One of my colleagues, a noted pulmonologist with over 30 years' experience, fears that teaching young physicians to follow guidelines and practice protocols discourages creative medical thinking and may lead to a decrease in diagnostic and therapeutic excellence. He laments that "□ 'evidence-based' means you are not interested in listening to anyone."
- Live for ever: scientists aim to extend life "well beyond" 100 Google's CA Life Company is working actively on transhumanism.
- Midwives in America
- Friends are good for your health