1. Summarize and reflect on the ethical questions and problems that Stillo and McGoldrick bring up in their respective pieces. Are there common threads that come up in both pieces, despite the situations being markedly different?
2. What stood out to you the most -- or stuck with you the most -- in either the Stillo or McGoldrick reading, and why?
3. (optional) What questions were you left with? *Note: these can be actual questions about things you didn’t understand, or questions for further thought/discussion.*

Stillo begins by explaining that his research is unethical. He explores his doing research in a mountaintop tuberculosis treatment center in Romania; telling the stories of the sickly to help those who still live. Some patients are only alive long enough for Stillo to interview them once. Others are desperate for human interaction, whether for medical opinions or sexual propositions. Stillo talks about being unprepared for the morose situation he was thrown into. He struggles between fighting the need to protect his patients and protecting himself from their lives. This very statement underscores the root of many problems we face, or more specifically, problems I face on a daily basis. The idea of helping others and the contrasting ideal of self-preservation is a battle I face every day. Know the right balance between the two is one of the hardest feats I have to face. Knowing how much of yourself you are able to give to others without completely losing yourself requires a healthy balance. It takes practice and a lot of self-control to figure this out.

Stillo reminisces about the most personally impactful ethical review coming from a dying 50-year-old Roma man, suffering from MDR-TB. Stillo explains that after a laudatory remark made by Mr. Gheorghe, other patients willingly talked to him about their illness and their experiences with TB. Unfortunately, Mr. Gheorghe died shortly after. This idea resonated with me as well, as I believe it is the small things in life that surprisingly makes the greatest impact. For instance, the small complements given to us from friends and family are sometimes the gestures and words we remember, in contrast to the grand gestures made on our behalf.

I was surprised by the number of hurdles Stillo has to cross in order to be given permission to live in the Romanian TB sanatorium. Not only did the author have to get permission from is a university (with was expected) and the U.S. National Science Foundation, but also the consent from the patients. I was surprised that the patients’ approval mattered, as Stillo was merely interviewing them and not practicing any clinical research. In the end, however, the patients agreed to be a part of Stillo’s research as long as their identities remained confidential.

What I found troubling about Stillo’s experience, however, was the fact that doctors never took the time to get to know their patients. It was a shock to find out that Stillo had been the only one to sit beside Mr. Gheorghe, as well as many of the other patients. Apparently all that doctors cared about were statistics and charts. I feel that doctors should take a more personal interest in their patients to really understand their struggles, that way the patients feel better cared for and the doctor can take better care of the patients. In addition, this engenders a more welcoming and supportive milieu for patients, doctors, and visitors alike. This ideology should be mandated and enforced in any and all medical practices and clinics.