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# BIOETHICS & HUMANITIES NEWSLETTER



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## **WELCOME...**

Welcome to the monthly Bioethics and Humanities Newsletter provided by the Program in Bioethics and Humanities at the University of Iowa Carver College of Medicine.

## **Program in Bioethics and Humanities:**

#### **Our Mission**

We are committed to helping healthcare professionals explore and understand the increasingly complex ethical questions that have been brought on by advances in medical technology and the health care system. We achieve this through education, research, and service within the Carver College of Medicine, University of Iowa Health Care, University of Iowa, and the wider Iowa community.

More Details About
The Program

## **PUBLICATION HIGHLIGHT**

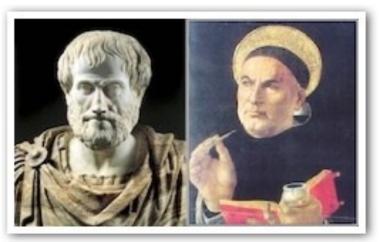
Why Truthfulness is the First of the Virtues

Lauris C. Kaldjian and Bryan C. Pilkington

<u>Am J Bioeth</u> (2021)

In the target article entitled Deception and the Clinical Ethicist, Christopher Meyers (2021) attempts a utilitarian defense of the deception of patients (or families) when the purported harms of truthful disclosure outweigh its benefits. He suggests that honesty is the best policy, except when it is not; that lying to patients is wrong, except when it is justified by greater priorities. He also believes that because careful communication cannot resolve all disagreements with patients (or families), there are times when clinicians and clinical ethicists are ethically justified in intentionally deceiving a patient (or family) for the patient's (and others') good. He maintains that one such instance occurs when a family insists on "futile" CPR for a patient toward the end of life and a clinician intentionally leaves the family with the false impression that CPR will be performed when, in fact, it will not. This deception, he contends, is warranted because it (1) prevents harm to patients, families, staff, and society, and (2) enhances autonomous decision making. Framed as a necessary but lesser evil, deception is portrayed as morally good. But Meyers' attempt to justify intentional deception, whether for clinicians or clinical ethicists, falls short and does so for at least four reasons.

To read the full open peer commentary, click here.



Aristotle and Saint Thomas Aquinas
Photo Credit: https://www.catholiceducation.org/en/religion-and-philosophy/philosophy/aristotle-and-aquinas-the-vital-difference.html

## **BIOETHICS TOPIC OF THE MONTH:**

#### THE UNREPRESENTED PATIENT

#### **Key References**

- ⇒ Chokshi K. The burden of deciding for others: Caring for unrepresented patients with COVID -19. Voices in Bioethics. 2020;6.
- ⇒ Courtwright A, Rubin E. Who should decide for the unrepresented? <u>Bioethics</u>. 2016 Mar; 30: 173-180.
- ⇒ Courtwright AM, Abrams J, Robinson EM. The role of a hospital ethics consultation service in decision-making for unrepresented patients. <u>J Bioeth Inq</u>. 2017 Jun; 14: 241-250.
- ⇒ DeMartino ES, Dudzinski DM, Doyle CK, et al. Who decides when a patient can't? Statutes on alternate decision makers. N Engl J Med. 2017;376(15):1478-1482.
- ⇒ Farrell TW, et al., AGS position statement: Making medical treatment decisions for unbefriended older adults. <u>I Am Geriat Soc</u>. 2017;65(1):14-15 (e1-e5).
- ⇒ Pope TM, et al. Making medical treatment decisions for unrepresented patients in the ICU. An official American Thoracic Society/American Geriatrics Society policy statement. <u>Am J Respir Crit Care Med.</u> 2020;201(10):1182-1192.
- ⇒ Pope TM. Five things clinicians should know when caring for unrepresented patients. <u>AMA J</u> Ethics. 2019; 21: 582-586.
- ⇒ Sperry BP, et al. Decision-making laws for "unrepresented" patients. <u>Annals of the American Thoracic Society</u>. 2020;17(11):1484-1486.

## **Key Resources**

- ⇒ Appelbaum PS. Assessment of patients' competence to consent to treatment. N Eng J Med. 2007;357 (18):1834-1840.
- ⇒ Iowa City Hospice: <u>Honoring Your Wishes</u>
- ⇒ Iowa Department of Public Health: <u>Iowa Physician</u> <u>Orders for Scope of Treatment (IPOST)</u>
- ⇒ University of Iowa Hospitals and Clinics: <u>Advance</u> <u>Directives</u>



## **BIOETHICS IN THE LITERATURE**

- ⇒ Adashi EY, Cohen IG. Industry-sponsored speaker programs-end of the line? <u>IAMA</u>. 2021 May 11; 325: 1835-1836.
- ⇒ Brierley J, Archard D, Cave E. Challenging misconceptions about clinical ethics support during covid-19 and beyond: A legal update and future considerations. <u>J Med Ethics</u>. 2021 Apr 21. [Epub ahead of print]
- ⇒ Cadge W, Lewis M, Bandini J, et al. Intensive care unit nurses living through covid-19: A qualitative study. <u>I Nurs Manag</u>. 2021 Apr 30. [Epub ahead of print]
- ⇒ Chen C, Anderson A. How should health professionalism be redefined to address health equity? <u>AMA J Ethics</u>. 2021 Mar 1; 23: E265-270.
- ⇒ Childs BH, Vearrier L. A journal of the covid-19 (plague) year. HEC Forum. 2021 Jun; 33: 1-6.
- ⇒ Dionne-Odom JN, White DB. Reconceptualizing how to support surrogates making medical decisions for critically ill patients. <u>IAMA</u>. 2021 May 14. [Epub ahead of print]
- ⇒ Dworetz AR, Natarajan G, Langer J, et al. Withholding or withdrawing life-sustaining treatment in extremely low gestational age neonates. <u>Arch Dis Child Fetal Neonatal Ed</u>. 2021 May; 106: 238-243.
- ⇒ Ewuoso C, Hall S, Dierickx K. How do healthcare professionals respond to ethical challenges regarding information management? A review of empirical studies. <u>Glob Bioeth</u>. 2021 Apr 5; 32: 67-84.
- ⇒ Hallquist MLG, Tricou EP, Ormond KE, et al. Application of a framework to guide genetic testing communication across clinical indications. <u>Genome Med</u>. 2021 Apr 29; 13: 71.



## **BIOETHICS IN THE LITERATURE (CONTINUED)**

- ⇒ Keenan AJ, Tsourtos G, Tieman J. The value of applying ethical principles in telehealth practices: Systematic review. <u>I Med Internet Res.</u> 2021 Mar 30; 23: e25698.
- ⇒ Malina A, Roczniewska M, Pooley JA. Contact, moral foundations or knowledge? What predicts attitudes towards women who undergo IVF. <u>BMC Pregnancy Childbirth</u>. 2021 May 1; 21: 346.
- ⇒ McDougall RJ, Gillam L, Ko D, et al. Balancing health worker well-being and duty to care: An ethical approach to staff safety in covid-19 and beyond. <u>J Med Ethics</u>. 2020 Sep 25. [Epub ahead of print]
- ⇒ Montreuil M, Séguin M, C PG, et al. Everyday ethics of suicide care: Survey of mental health care providers' perspectives and support needs. PLoS One. 2021; 16: e0249048.
- ⇒ Pierre K, Rahmanian KP, Rooks BJ, et al. Self-reported physician attitudes and behaviours towards incarcerated patients. <u>I Med Ethics</u>. 2021 May 14. [Epub ahead of print]

"About half of respondents (n=138, 47.6%) are never aware of the crime(s) that resulted in their patient's incarceration, while two-thirds of respondents (n=191, 65.9%) never try to find out the crime(s) that resulted in their patient's incarceration."

(Pierre et al.)

- ⇒ Saddawi-Konefka D, Brown A, Eisenhart I, et al. Consistency between state medical license applications and recommendations regarding physician mental health. <u>JAMA</u>. 2021 May 18; 325: 2017-2018.
- ⇒ Sanghavi K, Feero WG, Mathews DJH, et al. Employees' views and ethical, legal, and social implications assessment of voluntary workplace genomic testing. Front Genet. 2021; 12: 643304.
- ⇒ Viciana H, Hannikainen IR, Rodríguez-Arias D. Absolutely right and relatively good: Consequentialists see bioethical disagreement in a relativist light. <u>AJOB Empir Bioeth.</u> 2021 Apr 26. [Epub ahead of print]

## **BIOETHICS RESOURCES**

#### **COVID-19 ETHICS RESOURCES**

- ⇒ 2020 Survey of America's Physicians: Covid-19 Impact Edition
- ⇒ The Advisory Committee on Immunization Practices' (ACIP): Ethical principles for allocating initial supplies of COVID-19 vaccine—United States, 2020
- ⇒ The AMA Journal of Ethics: Covid-19 Ethics Resource Center
- ⇒ Bioethics.net and the American Journal of Bioethics: Bioethics Toolkit Resources for COVID-19
- ⇒ The Hastings Center: Ethics Resources on the Coronavirus (COVID-19)
- ⇒ The Hastings Center: Ethical challenges in the middle tier of Covid-19 vaccine allocation
- ⇒ The Hasting Center Report May/Jun 2020 Issue (dedicated to COVID-19)
- ⇒ Health Affairs: COVID-19 (Coronavirus Disease) Resource Center
- ⇒ Johns Hopkins University : Coronavirus Ethics and Policy Insights and Resources
- ⇒ John's Hopkins University: An ethical framework for the COVID-19 reopening process
- ⇒ John's Hopkins University Center for Health Security: <u>Interim Framework for COVID-19 vaccine</u> <u>allocation and distribution in the United States</u>
- ⇒ Seton Hall University: COVID Ethics Series and Podcast
- ⇒ UIHC Ethics Rounds (6/17/20): Life, liberty, and COVID-19: An ethical examination of social distancing
- ⇒ UNC Center for Bioethics: <u>Pandemic Ethics Resources</u>
- ⇒ World Health Organization: Ethics and Covid-19: Resource allocation and priority-setting





# RESOURCES ON CRISIS STANDARDS OF CARE, RESOURCE ALLOCATION AND TRIAGE DECISION MAKING

- ⇒ ASPR TRACIE Topic Collection: Crisis Standards of Care
- ⇒ Institute of Medicine (2012): <u>Crisis Standards of Care: A Systems Framework for Catastrophic Disaster</u>
  Response
- ⇒ Minnesota Department of Health (2019): Patient Care Strategies for Scarce Resource Situations
- ⇒ Minnesota Department of Health (2020): Minnesota Crisis Standards of Care Framework
- ⇒ New York State Task Force on Life and the Law, New York State Department of Health (2015): Ventilator Allocation Guidelines
- ⇒ The Pandemic Influenza Ethics Initiative Work Group of the Veteran's Health Administration's National Center for Ethics in Health Care (2010): Meeting the Challenge of Pandemic Influenza: Ethical Guidance for Leaders and Health Care Professionals in the Veterans Health Administration

## **BIOETHICS IN THE NEWS**

- ⇒ <u>Vaccine makers pledge 2.3B doses to less wealthy nations</u>. ABC News, May 25, 2021.
- ⇒ Gov. Greg Abbott signs into law one of nation's strictest abortion measures, banning procedure as early as 6 weeks into a pregnancy. The Texas Tribune, May 19, 2021.
- ⇒ Another go at refuting the "famous violinist" argument for abortion. BioEdge, May 16, 2021.
- ⇒ An Irish doctor fails in attempt to be a conscientious objector to Covid-19 policies. BioEdge, May 15, 2021.
- ⇒ Acknowledging its 'white patriarchy' and racist past, the AMA pledges to dismantle causes of health inequities. STAT News, May 11, 2021.
- ⇒ Ethical challenges in discharge planning. The Hastings Center, May 6, 2021.
- ⇒ A doctor trained nurse practitioners to do colonoscopies. Critics say his research exploited Black patients. STAT News, May 4, 2021.
- ⇒ Psychiatry confronts its racist past, and tries to make amends.

  The New York Times, April 30, 2021.



## **BIOETHICS SERVICES AT THE UIHC**

## ETHICS CONSULT SERVICE

This service is a clinical resource for UI Health Care personnel who would like help addressing an ethical question or problem related to a patient's care. Consults can be ordered through EPIC or by paging the ethics consultant on call. For more information, click here.



#### CLINICAL RESEARCH ETHICS SERVICE

We provide free consultation on ethical issues related to research design, tissue banking, genetic research results, informed consent, and working with vulnerable patient populations. In particular, we assist clinical investigators in identifying and addressing the ethical challenges that frequently arise when designing or conducting research with human subjects. These include ethical challenges in sampling design; randomized and placebo-controlled studies; participant recruitment and informed consent; return of individual-level research results; community engagement processes; and more. For more information, click here.