

BIOETHICS & HUMANITIES NEWSLETTER



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.

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The Program](#)

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PROGRAM HIGHLIGHT

2023 ETHICS IN HEALTHCARE CONFERENCE

On May 19th, the Program in Bioethics and Humanities hosted its 5th annual *Ethics in Healthcare* conference on the campus of the Carver College of Medicine in Iowa City.

We were delighted to host professionals from throughout the state of Iowa, as well as some from Illinois, to this in-person opportunity to hear four excellent presentations and enjoy the collaborative dialogue their topics inspired. Dr. Erica Carlisle guided us through the challenges of triage and the ethical allocation of scarce resources. Dr. Graeme Pitcher examined healthcare burnout through the lens of bioethics. Dr. Aaron Kunz provided an ethical assessment of visitor restrictions in healthcare settings during a pandemic. And to finish out our day, Dr. Rebecca Benson explored the standards, structures,

and strategies of clinical ethics consultation. Participants made the Conference a time of genuine engagement, and we all benefited from the wealth of experience, depth of insight, and range of perspectives they brought to our discussions. A hearty 'Thank you' to all who participated, and we look forward to *Ethics in Healthcare 2024!*



Dr. Erica Carlisle



Dr. Aaron Kunz



Dr. Rebecca Benson



PUBLICATION HIGHLIGHT

Practical Wisdom in Medicine through the Eyes of Medical Students and Physicians

Lauris C. Kaldjian, John Yoon, Tavinder K. Ark, Laura Shinkunas, Fabrice Jotterand

Medical Education

Background: Practical wisdom is considered a multidimensional virtue of enduring relevance to medicine. Though it has received increasing attention in recent years, proposed frameworks for practical wisdom can differ, and little is known about how medical students and physicians describe its dimensions and relevance.

Methods: We used structured interviews, employing open-ended and closed-ended questions, to describe how medical students and physicians understand practical wisdom and identify the kinds of clinical situations they believe require practical wisdom. We interviewed 102 participants at two US medical schools in 2021, comprising a voluntary response sample of 40 pre-clinical medical students and 40 clinical medical students and a purposive sample of 22 nominated physicians. Interviews were conducted by videoconference using a structured interview guide. Open-ended responses were coded using qualitative content analysis (directed and conventional) and tabulated; closed-ended responses were tabulated. Quotations provided qualitative illustrations, and frequencies were used for summative results.

Results: Participants considered practical wisdom clinically meaningful, broadly relevant and multidimensional. Most described it as deliberative, goal-directed, context-sensitive, integrated with ethics and marked by integrity and motivation to act. Many described it as experience-based, person-centred or problem-solving. Participants also selected an average of 15.6 (SD = 4.9) additional virtues as being essential for practical wisdom in medicine and described a broad range of clinical situations that require practical wisdom in medicine.

Conclusions: Participants described practical wisdom as a multidimensional capacity that entails deliberation, depends on a constellation of other virtues and is broadly applicable to medicine. Most agreed it is goal-directed and context-sensitive and involves ethics, integrity and motivation. Efforts to teach practical wisdom in medical education should clarify its dimensions and highlight its relationship to virtue ethics, professionalism, clinical judgement and the individualised care of patients as persons.

To read the full article, [click here](#).



BIOETHICS TOPIC OF THE MONTH:

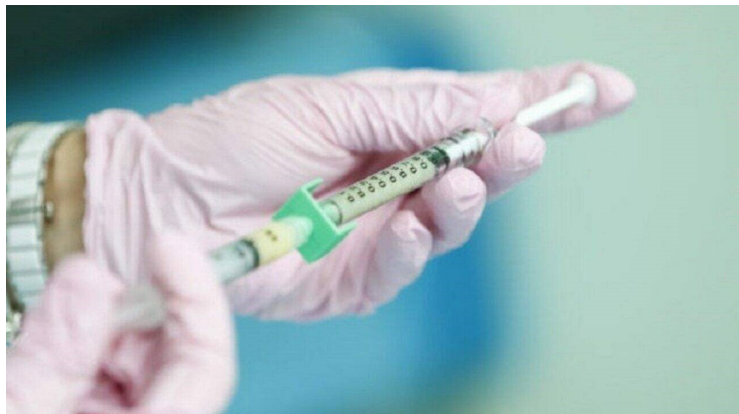
PHYSICIAN ASSISTED SUICIDE

Key Articles

- ⇒ Kelly BJ, Varghese FT, Pelusi D. Countertransference and ethics: A perspective on clinical dilemmas in end-of-life decisions. [Palliat Support Care](#). 2003 Dec; 1(4): 367-375.
- ⇒ Mariner WK. Physician assisted suicide and the Supreme Court: Putting the constitutional claim to rest. [Am J Public Health](#). 1997 Dec; 87(12): 2058-2062.
- ⇒ Perusinghe M, Chen KY, McDermott B. Evidence-based management of depression in palliative care: A systematic review. [J Palliat Med](#). 2021 May; 24(5): 767-781.
- ⇒ Snyder Sulmasy L, Mueller PS; Ethics, Professionalism and Human Rights Committee of the American College of Physicians. Ethics and the legalization of physician-assisted suicide: An American College of Physicians position paper. [Ann Intern Med](#). 2017 Oct; 167(8): 576-578.
- ⇒ Sprung CL, Somerville MA, Radbruch L, et al. Physician-assisted suicide and euthanasia: Emerging issues from a global perspective. [J Palliat Care](#). 2018 Oct; 33(4): 197-203.
- ⇒ Uhlmann RF, Pearlman RA. Perceived quality of life and preferences for life-sustaining treatment in older adults. [Arch Intern Med](#). 1991 Mar; 151(3): 495-497.

Key Resources

- ⇒ [American Clinicians Academy on Medical Aid in Dying](#): Currently recommended aid-in-dying pharmacology
- ⇒ [American Medical Association Code of Medical Ethics Opinion 5.7](#): Physician-assisted suicide
- ⇒ [American Public Health Association](#): Patients' rights to self-determination at the end of life
- ⇒ [Oregon Health Authority](#): Oregon's Death with Dignity Act
- ⇒ [Stanford Encyclopedia of Philosophy](#): Doctrine of double effect
- ⇒ [StatPearls](#): Patient rights and ethics
- ⇒ [University of Missouri School of Medicine Center for Health Ethics](#): Euthanasia
- ⇒ [UpToDate](#): Physician-assisted dying



HUMANITIES CORNER

This month's spotlight is on **John Nelson, a 3rd year medical student**. His creative work is an essay on discouragement and encouragement. He completed this creative work as part of the *Ethics and Humanities Sub-Internship Seminar*. During this Seminar students are asked to complete a written reflection or creative work that responds to a situation they encountered during their sub-internship that illustrated values in ethics, professionalism, or humanism.

Discouragement; Encouragement

I was going to write an essay on why practicing medicine is hard. Certainly, there are days when it is. Some days I come home and could practically collapse. But I don't feel like that all the time. For instance, as I write this I feel pretty good. I enjoyed my day. I enjoyed the people I worked with. I enjoyed solving the problems that presented themselves. I enjoyed the diagnostic challenges.

It turns out that it is hard to write about feeling discouraged when you feel optimistic.

But even if I cannot, at this moment, find it within myself to write the paper I set out to write, perhaps I may write a better one. The same gift of gentle optimism and peace which I am blessed with today allows me to look back with a little clearer perspective on the experiences that have previously left me feeling discouraged. My goal today is to consider what makes me discouraged, what makes me encouraged, and perhaps to reflect on the implications of these revelations.

Discouragement

"I don't know," I say, as my voice grows timid and my mind seems to disassemble itself in search of an answer. I should know. I know I should know. I know I used to know. I was just thinking of it yesterday. But alas, it's not there. I feel discouraged.

My senior resident is staying late to help me. Again. He assures me he's doing no more than he would do if I were an intern. But I only have two patients. Can't I at least work efficiently enough that people don't have to stay late to make up for my failings? I feel discouraged.

Another team member jumps in to help me with a patient. He asks the questions, he does the physical exam, he lists off orders for me to place. I stand back, I watch, I realize that he does so many things I would have forgotten to do if I were alone. He must sense that this was beyond my ability.

HUMANITIES CORNER (CONTINUED)

Why else would he jump in and do what is supposed to be my job? I feel discouraged.

Then some days, I walk back to my computer and sit down to document. My eyes glaze over as I resist. I don't want to type. I'm tired. Is this really necessary? Each keystroke feels like a burden, let alone the mental effort to actually decide what to type. My brain turns to messages I've heard many times about how important it is to be knowledgeable, efficient, punctual, empathetic, kind, resourceful, responsive, and generally a human being above reproach. The combination of weariness and expectation makes me feel especially discouraged.

Discouragement comes from many places. But I hope you see, as I can in moments of clarity, that these discouragements are built from falsehoods of one form or another. I will always be learning, thus "I don't know" can be a perfectly appropriate answer, even an admirable one. People stepping up to help me is a sign of their kindness, not my helplessness. And it is perfectly reasonable to expect to feel tired and to make mistakes. But maybe, if I own up to them in humility there is even good that can come from that. I know that I have seen others adopt these perspectives and good does come of it.

Encouragement

I call a consult. I feel confident in how I'm describing the patient, I don't have all the details memorized but I know where to find them. I hang up the phone feeling like the consulting service respects me for the detail I've provided and the specific nature of the question I am asking. I feel encouraged.

I have a clinical suspicion. I present a plan to work it up in more detail. My attending agrees with my plan. That in and of itself is encouraging. But then, once in a while, my suspicion is correct. I could practically shout for joy. I know I'm growing.

I go a whole conversation without feeling timid or stumbling over the medical terminology. I felt like it was a real conversation with someone who knows what they are talking about. I am encouraged. I finish my notes a little faster than I could a few weeks ago. I feel encouraged.

I find that I'm laughing and talking freely with the residents rather than silently stressing about appearances. I feel like I belong. I feel encouraged.

HUMANITIES CORNER (CONTINUED)

I talk with a patient. I realize they don't understand what's happening. I explain it to them. They express relief to finally understand what's going on. I feel encouraged.

I've been working with a patient for 4 or 5 days in the hospital. They greet me with a smile when I come in to pre-round. I feel encouraged.

The attending wants me to lead the family meeting. Even if I'm nervous, I recognize it's a great expression of trust. I feel encouraged.

I run into a clinical circumstance that I just studied a few days ago. I get to apply what I was studying. I feel encouraged.

My senior compliments me. Sometimes on my notes, sometimes on how I talk with patients. I feel encouraged.

I'm given some feedback and, after applying it, I'm praised for listening. I feel encouraged.

Encouragement is a funny thing. Sure, there are large events that are grand and feel fantastic. But, most of the time, it's small things, small moments, that add up to a general feeling that the day went well. It takes attention to see those small moments and to appreciate them. And often times, they only come after some investment. I wouldn't get that smile from my patient if I didn't take the time to listen to them. I wouldn't have the trust of my attending if I didn't show up prepared. I couldn't make that diagnosis if I hadn't been studying.

Conclusion

There is plenty of opportunity for discouragement and encouragement in medicine. Successes and failures must both exist. Joy and sadness. But perhaps by investing in the ideals we hope for, balanced with expectations based in reality, we can find encouragement and peace a little more frequently. And perhaps discouragement may be a little less potent when it comes. And maybe living this way might allow us to bring a moment of encouragement to someone else's day. I certainly hope so.

BIOETHICS IN THE LITERATURE

- ⇒ Appel JM. Engagement without entanglement: A framework for non-sexual patient–physician boundaries. [J Med Ethics](#). 2023; 49: 383-388.

“By using a more rigorous, principle-based analysis that not only incorporates intent and potential benefit, but also concerns for entanglement and concordance, physicians should be able to navigate non-sexual boundary issues with more consistency and confidence.”

(Appel)

- ⇒ Becker C, Gross S, Gamp M, et al. Patients’ preference for participation in medical decision-making: Secondary analysis of the bedside-outside trial. [J Gen Intern Med](#). 2023 Apr; 38: 1180-1189.
- ⇒ Bevel MS, Tsai M-H, Parham A, et al. Association of food deserts and food swamps with obesity-related cancer mortality in the us. [JAMA Oncol](#). 2023 May 4. [Epub ahead of print]
- ⇒ Brassolotto J, Manduca-Barone A, Zurbrigg P. Medical assistance in dying: A review of related Canadian news media texts. [J Med Humanit](#). 2023 Jun; 44: 167-186.
- ⇒ Braun E, Gaillard AS, Vollmann J, et al. Mental health service users' perspectives on psychiatric advance directives: A systematic review. [Psychiatr Serv](#). 2023 Apr 1; 74: 381-392.
- ⇒ Caraballo C, Massey DS, Ndumele CD, et al. Excess mortality and years of potential life lost among the Black population in the US, 1999-2020. [JAMA](#). 2023; 329: 1662-1670.
- ⇒ Curtis JR, Lee RY, Brumback LC, et al. Intervention to promote communication about goals of care for hospitalized patients with serious illness: A randomized clinical trial. [JAMA](#). 2023 May 21. [Epub ahead of print]
- ⇒ Doshi RH, Bajaj SS, Krumholz HM. Chatgpt: Temptations of progress. [Am J Bioeth](#). 2023 Apr; 23: 6-8.
- ⇒ George LS, Epstein RM, Akincigil A, et al. Psychological determinants of physician variation in end-of-life treatment intensity: A systematic review and meta-synthesis. [J Gen Intern Med](#). 2023 May; 38: 1516-1525.
- ⇒ Ho CY, Lim NA, Rahman NDA, et al. Physician-patient boundaries in palliative care. [BMC Palliat Care](#). 2023 Apr 13; 22: 41.
- ⇒ Liao S-y, Carbonell V. Materialized oppression in medical tools and technologies. [Am J Bioeth](#). 2023 Apr; 23: 9-23.
- ⇒ Morgan M. Matt Morgan: Is medicine no longer a vocation? [BMJ](#). 2023; 381: p974.
- ⇒ Peters AT, Hauser JM. Refusal of representation in advance care planning: A case-inspired ethical analysis. [Hastings Cent Rep](#). 2023 Mar; 53: 3-8.

BIOETHICS IN THE LITERATURE (CONTINUED)

- ⇒ Reid JC, Hoad N, Willison K, et al. Learning needs and perceived barriers and facilitators to end-of-life care: A survey of front-line nurses on acute medical wards. [BMJ Open Qual](#). 2023 Apr; 12: e002219.
- ⇒ Reis-Dennis S. Dignity and the founding myth of bioethics. [Hastings Cent Rep](#). 2023 Mar; 53: 26-35.
- ⇒ Ries NM, Johnston B. Making an advance research directive: An interview study with adults aged 55 and older with interests in dementia research. [Ethics Hum Res](#). 2023 May-Jun; 45: 2-17.
- ⇒ Sedlakova J, Trachsel M. Conversational artificial intelligence in psychotherapy: A new therapeutic tool or agent? [Am J Bioeth](#). 2023 May; 23: 4-13.
- ⇒ Siu AL. 'We'll decide for you': A patient is rushed at hospital discharge. [Health Aff \(Millwood\)](#). 2023 May; 42: 727-730.
- ⇒ Stroud AM, Pacyna JE, Sharp RR. Ethical aspects of machine listening in healthcare. [Am J Bioeth](#). 2023 May; 23: 1-3.
- ⇒ Tate T, Clair J. Love your patient as yourself: On reviving the broken heart of American medical ethics. [Hastings Cent Rep](#). 2023 Mar; 53: 12-25.
- ⇒ Vayena E, Blasimme A, Sugarman J. Decentralised clinical trials: Ethical opportunities and challenges. [Lancet Digit Health](#). 2023 Apr 25. [Epub ahead of print]
- ⇒ Watson KS, Odoms-Young A. A critical need to examine the lack of access to healthy quality foods and its association with cancer mortality—a clarion call for multilevel research and interventions. [JAMA Oncol](#). 2023 May 4. [Epub ahead of print]
- ⇒ Wocial LD, Hannan A. Unmasking grief: Reflections on the complicated relationship between moral distress and grief. [Semin Fetal Neonatal Med](#). 2023 Apr 20. [Epub ahead of print]



BIOETHICS IN THE NEWS

- ⇒ Making sense of AI research in medicine, in one slide. [STAT News](#), May 22, 2023.
- ⇒ More women sue Texas saying the state's anti-abortion laws harmed them. [NPR](#), May 22, 2023.
- ⇒ More states are requiring patients to give consent for medical students performing pelvic exams. [Associated Press](#), May 20, 2023.
- ⇒ MAID's evolving ethical tensions: Does it make dying with dignity easier than living with dignity? [The Conversation](#), May 17, 2023.
- ⇒ WHO warns against bias, misinformation in using AI in healthcare. [Reuters](#), May 16, 2023.
- ⇒ What remains of the constitutional right to refuse treatment? [Hastings Center News](#), May 16, 2023.
- ⇒ The problem with Planned Parenthood. [The New Yorker](#), May 8, 2023.
- ⇒ 'Patients are not hot potatoes': How the fight over dialysis coverage is putting kidney failure patients at risk. [STAT News](#), May 5, 2023.
- ⇒ AI has potential to revolutionise health care—but we must first confront the risk of algorithmic bias. [The Conversation](#), May 3, 2023.
- ⇒ Vermont allows out-of-staters to use assisted suicide law. [Associated Press](#), May 2, 2023.
- ⇒ Anti-LGBTQ legislation takes alarming mental-health toll on queer youth. [STAT News](#), May 1, 2023.
- ⇒ Expansive investigation into Stanford president's past research will be 'substantially complete' by mid-July. [STAT News](#), May 1, 2023.



BIOETHICS OPPORTUNITIES

UPCOMING

- ⇒ The Hastings Center: [Upcoming Webinars and Events](#)
- ⇒ Michigan State University: [2022-2023 Bioethics Public Seminar Series](#)

ONGOING

- ⇒ The Hastings Center: [Recent Webinars and Events](#)
- ⇒ American Journal of Bioethics: [YouTube channel](#) containing previous webinars
- ⇒ The MacLean Center for Clinical Medical Ethics: [YouTube channel](#) containing previous lectures
- ⇒ Children's Mercy Kansas City: [Pediatric Ethics Podcast series](#) and [Webinars and Workshops](#)
- ⇒ Office for Human Research Protections [Luminaries Lecture Series](#)

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](#).