

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.

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The Program](#)

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/June 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: [Interim Framework for COVID-19 vaccine allocation and distribution in the United States](#)
- ⇒ Seton Hall University: [COVID Ethics Series](#)
- ⇒ UIHC Ethics Rounds (6/17/20): [Life, liberty, and COVID-19: An ethical examination of social distancing](#)
- ⇒ UNC Center for Bioethics: [Pandemic Ethics Resources](#)
- ⇒ 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): [Crisis Standards of Care: A Systems Framework for Catastrophic Disaster 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](#)

PUBLICATION HIGHLIGHT

Discrepancies in Decision Making Preferences between Parents and Surgeons in Pediatric Surgery

Erica M. Carlisle, Caleb J. Klipowicz, Laura A. Shinkunas, Aaron M. Scherer, Lauris C. Kaldjian
[BMC Med Inform Decis Mak](#) (2021)

BACKGROUND: Little data exists regarding decision-making preferences for parents and surgeons in pediatric surgery. Here we investigate whether parents and surgeons have similar decision-making preferences as well as which factors influence those preferences. Specifically, we compare parents' and surgeons' assessments of the urgency and complexity of pediatric surgical scenarios and the impact of their assessments on decision-making preferences.

METHODS: A survey was emailed to parents of patients evaluated in a university-based pediatric surgery clinic and surgeons belonging to the American Pediatric Surgical Association. The survey asked respondents to rate 6 clinical vignettes for urgency, complexity, and desired level of surgeon guidance using the Controlled Preferences Scale (CPS).

RESULTS: Regarding urgency, parents were more likely than surgeons to rate scenarios as emergent when cancer was involved (parents: 68.8% cancer vs. 29.5% non-cancer, $p < .001$; surgeons: 19.2% cancer vs. 25.4% non-cancer, $p = .051$). Parents and surgeons were more likely to rate a scenario as emergent when a baby was involved (parents: 45.2% baby vs. 36.2% child, $p = .001$; surgeons: 28.0% baby vs. 14.0% child, $p < .001$). Regarding decision-making preferences, parents and surgeons had similar CPS scores (2.56 vs. 2.72, respectively). Multivariable analysis showed parents preferred more surgeon guidance when scenarios involved a baby (OR 1.22; 95% CI 1.08-1.37; $p < 0.01$) or a cancer diagnosis (OR 1.29; 95% CI 1.11-1.49; $p < 0.01$), and that both parents and surgeons preferred more surgeon guidance when a scenario was considered emergent (parents: OR 1.81; 95% CI 1.37-2.38, $p < 0.001$; surgeons: OR 2.48 95% CI 1.76-3.49, $p < 0.001$).

CONCLUSIONS: When a pediatric patient is a baby or has cancer, parents are more likely than surgeons to perceive the clinical situation to be emergent, and both parents and surgeons prefer more surgeon guidance in decision-making when a clinical scenario is considered emergent. More research is needed to understand how parents' decision-making preferences depend on clinical context.



Photo Credit: <https://www.physiciansweekly.com/improving-surgical-decision-making/>

BIOETHICS TOPIC OF THE MONTH:

MORAL COMMUNITY

“A moral community is one whose members are bound to each other by a set of commonly held ethical commitments and whose purpose is something other than mere self-interest.”
(Pellegrino)

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“Our findings about physicians’ willingness to welcome patients with disability, confidence in caring for these patients, and problematic perceptions of quality of life were therefore deeply concerning and have important implications for health care delivery in the US.”

(Iezzoni et al.)

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BIOETHICS IN THE NEWS

- ⇒ [Will human germline editing promote equality?](#) BioEdge, February 21, 2021.
- ⇒ [U.K. approves study that will deliberately infect volunteers with coronavirus.](#) The New York Times, February 17, 2021.
- ⇒ [Vaccinating homeless patients against COVID-19: 'All bets are off.'](#) NPR, February 17, 2021.
- ⇒ ['I put my life on hold:' Disability groups plead for vaccine.](#) Associated Press, February 14, 2021.
- ⇒ [Can't get a shot? Thousands of 'vaccine hunters' are crossing state borders to get theirs.](#) The New York Times, February 11, 2021.
- ⇒ [The broken promise that undermines human genome research.](#) Nature, February 10, 2021.
- ⇒ [NYC nursing home gave dozens of Veterans experimental COVID-19 treatments. Some families had no idea.](#) The City, February 8, 2021.
- ⇒ [Whose underlying conditions count for priority in getting the vaccine?](#) Scientific American, February 6, 2021
- ⇒ [The vaccine line is illogical.](#) The Atlantic, February 1, 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](#).

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