

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.

[More Details About
The Program](#)

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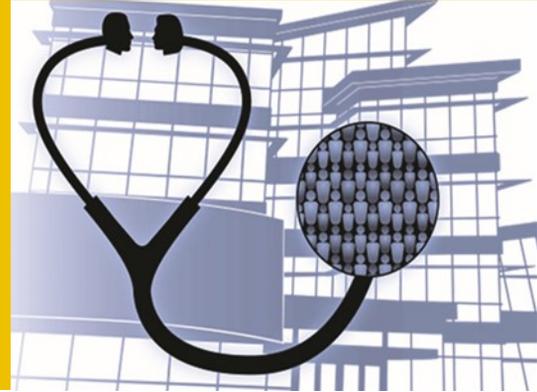
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ETHICS IN HEALTHCARE CONFERENCE

Friday, May 31, 2024 | 8:00 a.m. – 4:00 p.m.

[CLICK HERE TO REGISTER](#)



SESSION ONE:

Four Components of a Moral Event: A Primer on Normative Ethics

Speaker: Aaron Kunz, DO, MA, MME



SESSION TWO:

Real-world Ethics for Artificial Intelligence in Health Care

Speaker: Matthew DeCamp, MD, PhD



SESSION THREE:

My Injured Adolescent Patient Has a Positive Toxicology Screen—What Should I Do about That? Balancing Health, Privacy, and the Public Good

Speaker: Graeme Pitcher, MBBCh



SESSION FOUR:

Moral Resilience of Healthcare Professionals

Speaker: Lisa Anderson-Shaw, DrPh, MA, MSN (APRN-C, HEC-C)

Please see the attached brochure and [our website](#) for full details and information about continuing education accreditation.

Intended Audience: Administrators, Advanced Practice Providers, Attorneys, Chaplains, Nurses, Physicians, Social Workers, Students, Trainees, and Others

Registration Fee: \$100 (includes continuing education credits)

PUBLICATION HIGHLIGHT

The Aging Surgeon: Planning for Retirement Across All Stages of One's Surgical Career

Erica M. Carlisle, Baddr A. Shakhsheer, Kenneth W. Gow, Charles E. Bagwell
[Journal of Pediatric Surgery](#)

The article begins:

Most surgeons view their work as their persona: “what and who I am.” What could be more rewarding, or more challenging, than a career in surgery? It is no surprise that many surgeons are reluctant to “walk away” from the satisfaction, the comradery, and the respect accumulated over many years in practice. Over half of the surgeons in practice today in the US are older than 55 [1] (one in seven beyond 70 years) [2]. Furthermore, the number of aging physicians and surgeons is increasing over time, having quadrupled over the past 40 years [3]. Given the projected shortage in surgical workforce in future years and concern for decline of cognitive function and psychomotor performance with age [4], the question of how and when a given surgeon should consider retirement is relevant and significant to the individual surgeon and the community overall [4]. We suggest that one should consider and plan for when to leave practice at each stage of their surgical career: Early, Middle, and Late, to promote a more intentional transition to retirement that balances the needs of the individual surgeon with other external factors, including the needs of the community. In this paper, we explore the key issues surgeons face during the Early, Middle, and Late stages of a surgical career and suggest how one may plan for eventual retirement during each of these stages.

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



BIOETHICS TOPIC OF THE MONTH:

VOLUNTARILY STOPPING EATING AND DRINKING

Key Articles and Resources

- ⇒ Batzler YN, Schallenburger M, Maletzki P, et al. Caring for patients during voluntarily stopping of eating and drinking (VSED): Experiences of a palliative care team in Germany. [BMC Palliat Care](#). 2023; 22: 185.
- ⇒ Corbett M. VSED: Death with dignity or without? [Narrat Inq Bioeth](#). 2016; 6: 109-113.
- ⇒ Gruenewald DA, Vandekieft G. Options of last resort: Palliative sedation, physician aid in dying, and voluntary cessation of eating and drinking. [Med Clin North Am](#). 2020; 104: 539-560.
- ⇒ Horowitz R, Sussman B, Quill T. VSED narratives: Exploring complexity. [Narrat Inq Bioeth](#). 2016; 6: 115-120.
- ⇒ LiPuma SH, DeMarco JP. Palliative care and patient autonomy: Moving beyond prohibitions against hastening death. [Health Serv Insights](#). 2016; 9: 37-42.
- ⇒ Lowers J, Hughes S, Preston NJ. Overview of voluntarily stopping eating and drinking to hasten death. [Ann Palliat Med](#). 2021; 10: 3611-3616.
- ⇒ Mueller PS, Strand JJ, Tilburt JC. Voluntarily stopping eating and drinking among patients with serious advanced illness—a label in search of a problem? [JAMA Intern Med](#). 2018; 178: 726-727.
- ⇒ Quill TE, Ganzini L, Truog RD, et al. Voluntarily stopping eating and drinking among patients with serious advanced illness—clinical, ethical, and legal aspects. [JAMA Intern Med](#). 2018; 178: 123-127.
- ⇒ Schwarz J. Exploring the option of voluntarily stopping eating and drinking within the context of a suffering patient's request for a hastened death. [J Palliat Med](#). 2007; 10: 1288-1297.
- ⇒ Wechkin H, Macauley R, Menzel PT, et al. Clinical guidelines for voluntarily stopping eating and drinking (VSED). [J Pain Symptom Manage](#). 2023; 66: e625-e631.



HUMANITIES CORNER

This month's spotlight is on **Daniel Conway, a third year medical student**. His creative work is a painting and a reflection. 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.



“Better on This Side” - Daniel Conway

Inspired by the physician's journey. It is easy to look forward to the next step and think the grass is greener (or sky more colorful) on the other side. “Residency will be better,” “when I’m an attending I’ll finally be able to...” However, I have found great comfort in taking a step back to enjoy the journey itself, as learning is part of the fun of medicine. I accentuated the detail on the trees to bring your attention to the trees right in front of you rather than trying to look for the colorful sky that awaits at the end of your journey.

BIOETHICS IN THE LITERATURE

- ⇒ Abdollahi R, Ghasemianrad M, Hosseinian-Far A, et al. Nurses' moral courage and related factors: A systematic review. [Appl Nurs Res](#). 2024; 75: 151768.
- ⇒ Adams L, Fontaine E, Lin S, et al., editors. Artificial intelligence in health, health care, and biomedical science: An AI code of conduct principles and commitments discussion draft, commentary. [NAM Perspectives](#). National Academy of Medicine: Washington, DC; 2024.
- ⇒ Adler-Milstein J, Redelmeier DA, Wachter RM. The limits of clinician vigilance as an AI safety bulwark. [JAMA](#). 2024; 331: 1173-1174.

“As AI supports a broadening set of clinical tasks, it will evolve from a distinct, novel input into something more pervasive, customary, and subtle. This evolution is appealing because we want reliable technology to quietly work in the background to empower human endeavors. In practice, however, this evolution should give clinicians, patients, and health care leaders pause because of 2 pitfalls: (1) AI is far from perfect in its outputs and (2) humans are far from perfect when tasked with double-checking the outputs of generally trusted technologies.”

(Adler-Milstein et al.)

- ⇒ Appelbaum PS. Informed consent to psychedelic treatment—a work in progress. [JAMA Psychiatry](#). 2024 April 10. [Epub ahead of print].
- ⇒ Bosompim Y, Aultman J, Pope J. Specific trends in pediatric ethical decision-making: An 18-year review of ethics consultation cases in a pediatric hospital. [HEC Forum](#). 2024 Feb 28. [Epub ahead of print].
- ⇒ Edtstadler K. Storytelling & the unspeakable: Narratives in/about palliative care. [Ann Palliat Med](#). 2024; 13: 452-457.
- ⇒ Engelsma C. Sharing a medical decision. [Med Health Care Philos](#). 2024; 27: 3-14.
- ⇒ Fernandez SB, Ahmad A, Beach MC, et al. How patients experience respect in healthcare: Findings from a qualitative study among multicultural women living with HIV. [BMC Med Ethics](#). 2024; 25: 39.
- ⇒ Fins JJ, Merner AR, Wright MS, et al. Identity theft, deep brain stimulation, and the primacy of post-trial obligations. [Hastings Cent Rep](#). 2024; 54: 34-41.
- ⇒ Foo KF, Lin YP, Lin CP, et al. Fostering relational autonomy in end-of-life care: A procedural approach and three-dimensional decision-making model. [J Med Ethics](#). 2024 Mar 25. [Epub ahead of print].
- ⇒ Geng S, Zhang L, Zhang Q, et al. Ethical dilemmas for palliative care nurses: Systematic review. [BMJ Support Palliat Care](#). 2024 Mar 27. [Epub ahead of print].
- ⇒ Hagan G, Okut H, Badgett RG. A systematic review of the single-item burnout question: Its reliability depends on your purpose. [J Gen Intern Med](#). 2024; 39: 818-828.

BIOETHICS IN THE LITERATURE

- ⇒ Jaschke J, Schnakenberg R, Silies K, et al. Measuring patients' medical treatment preferences in advance care planning: Development and validation of the Treat-Me-ACP instrument - a secondary analysis of a cluster-randomized controlled trial. [BMC Palliat Care](#). 2024; 23: 77.
- ⇒ Lilley EJ, Farber ON, Cooper Z. Palliative surgery: State of the science and future directions. [Br J Surg](#). 2024; 111.
- ⇒ Lutomski JE, Manders P. From opt-out to opt-in consent for secondary use of medical data and residual biomaterial: An evaluation using the re-aim framework. [PLoS One](#). 2024; 19: e0299430.
- ⇒ Muir KJ, Porat-Dahlerbruch J, Nikpour J, et al. Top factors in nurses ending health care employment between 2018 and 2021. [JAMA Netw Open](#). 2024; 7: e244121.
- ⇒ Palmer Kelly E, Rush LJ, Eramo JL, et al. Gaps in patient-centered decision-making related to complex surgery: A mixed-methods study. [J Surg Res](#). 2024; 295: 740-745.
- ⇒ Patel B, Gheihman G, Katz JT, et al. Navigating uncertainty in clinical practice: A structured approach. [J Gen Intern Med](#). 2024; 39: 829-836.
- ⇒ Penner JC, Schuwirth L, Durning SJ. From noise to music: Reframing the role of context in clinical reasoning. [J Gen Intern Med](#). 2024; 39: 851-857.
- ⇒ Sayed A, Ross JS, Mandrola J, et al. Industry payments to us physicians by specialty and product type. [JAMA](#). 2024 Mar 28. [Epub ahead of print].
- ⇒ Spitale G, Germani F, Biller-Andorno N. The PHERCC matrix. An ethical framework for planning, governing, and evaluating risk and crisis communication in the context of public health emergencies. [Am J Bioeth](#). 2024; 24: 67-82.
- ⇒ Tendler C, Hong PS, Kane C, et al. Academic and private partnership to improve informed consent forms using a data driven approach. [Am J Bioeth](#). 2024; 24: 8-10.
- ⇒ Tierney AP, Milnes S, Phillips A, et al. Effect of a person-centred goals-of-care form and clinical communication training on shared decision-making and outcomes in an acute hospital: A prospective longitudinal interventional study. [Intern Med J](#). 2024 Mar 24. [Epub ahead of print].
- ⇒ Tracy BA, Rhodes R, Goldstein NE. "But I have a pacemaker...there is no point in engaging in hypothetical scenarios": A non-imminently dying patient's request for pacemaker deactivation. [Camb Q Healthc Ethics](#). 2024 Feb 8. [Epub ahead of print].
- ⇒ Uveges MK, Milliken A. Nurses' ethical obligations when caring for patients with limited English proficiency. [AACN Adv Crit Care](#). 2024; 35: 66-74.
- ⇒ Vidua RK, Dubey N, Budholia T, et al. Ethical considerations in post-mortem sperm retrieval: A comprehensive review. [JBRA Assist Reprod](#). 2024 Mar 26. [Epub ahead of print].
- ⇒ Weber V, Hübner A, Pflock S, et al. Advance directives in the emergency department-a systematic review of the status quo. [BMC Health Serv Res](#). 2024; 24: 426.

BIOETHICS IN THE NEWS

- ⇒ Lessons to psychiatrists-in-training from the CIA's mind-control projects. [STAT News](#), April 23, 2024.
- ⇒ How corporate involvement in psychedelic research could threaten public safety. [The Conversation](#), April 22, 2024.
- ⇒ New race-neutral kidney evaluation moves thousands of Black patients up transplant waitlist. [ABC News](#), April 22, 2024.
- ⇒ The ethical dilemma of involuntary mental health treatment. [WBUR Radio](#), April 17, 2024.
- ⇒ Lawmaker withdraws sweeping California bill to expand assisted dying. [Politico](#), April 17, 2024.
- ⇒ Native Americans have shorter life spans. Health care isn't the only answer. KFF Health News, April 17, 2024.
- ⇒ FDA faces backlash over approval of genetic test for opioid addiction risk. [NBC News](#), April 4, 2024.
- ⇒ New HHS guidance requires consent for pelvic, breast, and other sensitive examinations. [STAT News](#), April 1, 2024. To read the CMS guidance document, [click here](#).
- ⇒ Eliminate the waiting period for sterilization covered by Medicaid. [STAT News](#), March 26, 2024.



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](#).