Program in Bioethics and Humanities
Carver College of Medicine

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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

# PROGRAM HIGHLIGHT

## ETHICS SUMMER RESEARCH FELLOWSHIP FOR CCOM MEDICAL STUDENTS

Sponsored by the Carver College of Medicine's (CCOM) Program in Bioethics and Humanities, the **Ethics Summer Research Fellowship (ESRF)** is a research and learning opportunity designed for 1 or 2 CCOM medical students each year who have a significant interest in medical ethics.

The Fellowship lasts 10 weeks during the summer between the M1 and M2 years and is supported by a $5000 stipend. The **primary goal** of the Fellowship is to offer students the opportunity to work on campus with a faculty mentor at the University of Iowa to investigate a medical ethical question; **secondary goals** of the Fellowship are to allow students to learn from bioethics faculty members and observe clinical ethics activities at UIHC.

For more information, click here.

# PUBLICATION HIGHLIGHT

## "Reading the Room:" A Qualitative Analysis of Pediatric Surgeons' Approach to Clinical Counseling

Erica M. Carlisle, Laura A. Shinkunas, Maxwell T. Lieberman, Richard M. Hoffman, Heather Schacht Reisinger

Journal of Pediatric Surgery

**Background:** In our prior analysis of parental preferences for discussions with pediatric surgeons, we identified that parents prefer more guidance from surgeons when discussing cancer surgery, emergency surgery, or surgery for infants, and they prefer to engage surgeons by asking questions. In this study, we investigate surgeon preferences for decision making discussions in pediatric surgery.

**Methods:** We conducted a thematic content analysis of interviews of pediatric surgeons regarding their preferences for discussing surgery with parents. Board certified/board eligible pediatric surgeons who had been in practice for at least one year and spoke English were eligible. Fifteen surgeons were invited, and twelve 30-minute semi-structured interviews were completed (80%). Interviews were recorded and transcribed. Thematic content analysis was performed using deductive and inductive methods.

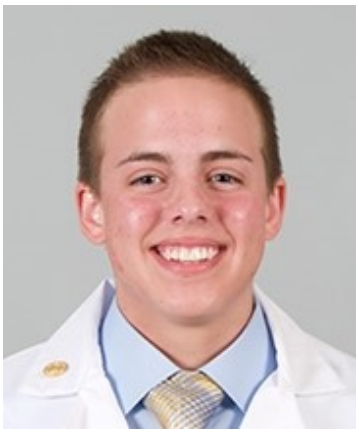
**Results:** Data saturation was achieved after 12 interviews [6 women (50%), median years in practice 6.25, 10 in academic practice (83%), 8 from Midwest (67%)]. 5 themes emerged: (1) Collaboration to promote parental engagement; (2) "Cancer is distinct but not unique;" (3) "Read the room:" tailoring discussions to specific parental needs; (4) Perceived role of the surgeon; (5) Limited experience with decision support tools in pediatric surgery.

**Conclusions:** Pediatric surgeons prefer a collaborative approach to counseling that engages parents through education. They prioritize tailoring discussions to meet parental needs. Few have utilized decision support tools, however most expressed interest. Insight gained from our work will guide development of a decision support tool that empowers parental participation in counseling for pediatric surgery.

To read the article, click here.

# HUMANITIES CORNER

This month's spotlight is on **Elliot Burghardt, an MD/PhD student**. His creative work is a written reflection on what he has aptly dubbed "the Murray method." He completed this creative work as part of the *Ethics and Humanities Sub-Internship Seminar*. During this Seminar students are asked to complete a reflective written or creative work that responds to a situation they encountered during their sub-internship that illustrated values in ethics, professionalism, or humanism.



*The Murray Method*

*Surgery is scary. I have been on the OR table four times. Despite trusting my surgeon and wanting the operation, I was frightened every time. Induction of anesthesia is especially frightening to me—in those last lucid moments, I think about how I am about to trust every part of myself to a group of acquaintances and strangers without being able to decide for or defend myself or even know what is happening for whatever duration they deem appropriate. I must believe that they will act in my best interests and will perform their jobs very well. While the surgical staff whirls around me to get everything ready for the operation, I often feel alone with my fears. One surgeon made a big difference for me. Dr. Murray held my hand as I went under, and that simple act made me feel safe and less afraid. It was such a compassionate and natural gesture, letting me know that I was not alone and that I was literally in good, caring hands. She later told me that she offers her hand to every patient, and her hand has never been rejected. Because of the impact of that experience, I promised myself that as I would practice the Murray method of holding the patient's hand during induction whenever it was appropriate.*

*As I am getting comfortable with my role as a (very junior) surgeon, I have the privilege of enjoying my time in the OR. However, while my team and I are in the OR daily and many of us even look forward to it, it is important for us to keep in mind that each surgery is a huge deal to the patient and their loved ones, typically a stressful one. Patient centered care goes beyond excellent surgical techniques and post-operative cares. Making the patient as comfortable and safe as possible*

# HUMANITIES CORNER (CONTINUED)

*throughout the surgical experience is essential. I believe the Murray method can be a key component of this.*

*Yet as a junior student, I was reluctant to practice the Murray method. Why would a patient want to hold my hand? I was just a naïve medical student, not the trusted surgical hands patients consented to have operate on them. Even when I could sense fear from patients, I hesitated. What if the offer of my hand felt inappropriate or intrusive? What if I was rejected? Those moments of failing to be the support I promised myself I would be for patients in favor of maintaining my own comfort were disappointing. I saw suffering and despite knowing I likely had the power to help, I just stood by and watched.*

*I have only seen others perform the Murray method very rarely. Those were special situations where the patient was crying—a frightened child unsure if she would ever have use of her hand again, a distraught pregnant woman about to undergo a D&C—and a kind team member provided some needed comfort. Without obvious patient distress, it can be difficult to remember to step away from the busyness of the OR to make sure a patient feels as unafraid and comfortable as one can immediately before an operation. However, I wish the Murray method was offered to everyone because I know humans often mask our emotions, including fear. Compassion should not require tears.*

*At this point, I have offered and performed the Murray method several times, and each patient seemed grateful to have a hand to hold. I hope to provide the same unspoken communication with which Dr. Murray provided me: you are not alone, you are in good hands. While I do not yet offer to hold the hand of every patient—just those who appear anxious—I believe offering the Murray method to every patient will be more reasonable once I know my patients better (vs. having just met very briefly pre-op). By knowing each other better, I suspect patients will be more comfortable expressing feelings of vulnerability if they have them. Little actions can have a big impact, even the comfort of a hand to hold.*

# BIOETHICS IN THE LITERATURE


⇒ Amalraj J, Arora KS. Ethics of a mandatory waiting period for female sterilization. Hastings Cent Rep. 2022 Jul; 52: 17-25.

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⇒ Crico C, Sanchini V, Casali PG, et al. Ethical issues in oncology practice: A qualitative study of stakeholders' experiences and expectations. BMC Med Ethics. 2022 Jun 30; 23: 67.

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⇒ Du J, Huang S, Lu Q, et al. Influence of empathy and professional values on ethical decision-making of emergency nurses: A cross sectional study. Int Emerg Nurs. 2022 Jul; 63: 101186.

⇒ Erler KS, Robinson EM, Bandini JI, et al. Clinical ethics consultation during the first covid-19 pandemic surge at an academic medical center: A mixed methods analysis. HEC Forum. 2022 Mar 15. [Epub ahead of print]

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# BIOETHICS IN THE LITERATURE (CONTINUED)

⇒ Johnson LSM. Existing ethical tensions in xenotransplantation. Camb Q Healthc Ethics. 2022 Jul; 31: 355-367.

⇒ Lam K, Haddock L, Yukawa M. More POLST forms are being completed in nursing homes, but is this meaningful? J Am Geriatr Soc. 2022 Jul; 70: 1950-1953.

> ***"It is one thing to talk about whether you would want to be transferred to a hospital in broad terms and sign a form recording those preferences before anything happens; it is quite another to get sick and then discuss your preferences with your provider in concert with their thoughts on what could be happening."***
>
> (Lam et al.)

⇒ Martins CS, Sousa I, Barros C, et al. Do surrogates predict patient preferences more accurately after a physician-led discussion about advance directives? A randomized controlled trial. BMC Palliat Care. 2022 Jul 12; 21: 122.

⇒ Moorlock G, Draper H. Proposal to support making decisions about the organ donation process. J Med Ethics. 2022 Aug 11. [Epub ahead of print]

⇒ Sisk B, Dubois JM. The microethics of communication in health care: A new framework for the fast thinking of everyday clinical encounters. Hastings Cent Rep. 2022 Jul; 52: 34-43.

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⇒ van Rijssel TI, de Jong AJ, Santa-Ana-Tellez Y, et al. Ethics review of decentralized clinical trials (dcts): Results of a mock ethics review. Drug Discov Today. 2022 Jul 20. [Epub ahead of print]

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# BIOETHICS IN THE NEWS

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⇒ Organ transplantation is at a crossroads. Major reform is needed. STAT News, August 18, 2022.
⇒ Medical error: An epidemic compounded by gag laws. STAT News, August 17, 2022.
⇒ Jekyll and Hyde: A tale of doubles, disguises, and our warring desires. The Conversation, August 16, 2022.
⇒ 'Is an abortion medically necessary?' is not a question for ethicists to answer. STAT News, August 15, 2022.
⇒ Serving patients through a screen. How I went from telemedicine skeptic to advocate. The Atlantic, August 15, 2022.
⇒ What do people who work in genetics think about *Gattaca* 25 years after its release. Slate, August 15, 2022.
⇒ 70 deaths, many wasted organs are blamed on transplant system errors. The Washington Post, August 3, 2022.
⇒ Every new disease triggers a search for someone to blame. The Atlantic, July 31, 2022.

# BIOETHICS OPPORTUNITIES

**UPCOMING**

⇒ Examined Life Conference, hosted by the University of Iowa Carver College of Medicine. October 20-22, 2022. For more information, click here.
⇒ The Hastings Center: Upcoming Webinars and Events

**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

# 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.