# Foundations in Healthcare Ethics – Fall, 2024

*An elective course for medical and graduate students at the University of Iowa*

**Course numbers:** MED:8416:0400 (medical students)
MED:5416:0100 (graduate students)

**Eligible students:** medical and graduate students (undergraduates by special permission)

**Prerequisites:** none

**Course credits:** 3 semester hours

**Duration:** Fall Semester (15 weeks)

**Class meeting times:** Tuesdays from 4:30 PM - 6:30 PM

**Class location:** *on-line*

**Director & Instructor:** Lauris C. Kaldjian, MD, PhD
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**Coordinator:** Suzanne Streitz, BA
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**Target audience:** This course is designed for highly motivated students who are interested in a reading-intensive, seminar-style course focused on the application of ethical foundations to clinical practice in healthcare.

**Brief course description:** In this 15-week, reading-intensive course, students review major ethical traditions, frameworks, and ideas that have shaped contemporary approaches to healthcare ethics in morally pluralistic Western cultures. Topics include four prominent frameworks in healthcare ethics (virtue-based, principle-based, circumstance-based, and consequence-based) which emphasize four aspects of ethical decision making (agent, action, context, outcome). Through written reflections, weekly class discussions, and a final paper, students engage ethical concepts, translating from ethical theory to ethical practice by applying foundational beliefs and values to concrete challenges in clinical practice.

## Course Structure and Time Requirements

- **Class meetings:** 2 hrs/week (4:30 PM – 6:30 PM on Tuesdays)
  - Students will attend class on-line and be prepared to discuss the assigned readings.

- **Reading assignments:** 3-4 hrs/week
  - See below for weekly schedule of readings.

- **Weekly written reflections (300-400 words) on reading assignments:** 1 hr/week
  - Writing prompts will encourage 'translational' thinking from ethical theory to healthcare practice.
  - Reflections for each week are due on Monday at 12:00 noon the day before each Tuesday class meeting.
  - A written reflection is *not* required for Week 1.

- **Final paper (8-10 pages):** 1.5-2.5 hrs/week (spread over 15 weeks)
  - Each student will work with the Course Director to select a topic that integrates ethical theory and practice by demonstrating a 'translational' understanding of the impact of foundational beliefs and values on the ethics of clinical practice or policy in healthcare.

## Course Objectives

By taking this course, students will be able to:

1. Describe major ethical traditions and ideas that have shaped contemporary approaches to healthcare ethics in Western cultures.

2. Compare four common frameworks in healthcare ethics (virtue-based, principle-based, circumstance-based, and consequence-based).

3. Assess prospects for moral consensus in the health professions amidst the realities of moral pluralism in society.

4. Identify ethical frameworks and foundations that support the primacy of patient welfare in medical professionalism.

5. Practice translating from theory to practice by applying foundational beliefs and values to concrete ethical challenges and controversies in clinical practice.

6. Demonstrate awareness of the inseparable relationship between foundational beliefs and values, ethical reasoning, and moral integrity in pursuit of conscientious practice.

## Background

Ethics requires moral reasoning, and it depends on foundations built on fundamental beliefs and values. Whether described as philosophical or religious, these foundational beliefs and values reflect the moral starting points that structure our ethical theories or frameworks. They signify what we accept to be 'real' and 'good' in the world. They anchor and guide our moral reasoning about what we believe is right or wrong, better or worse, as we think about how we should treat each other as human beings. In healthcare ethics, these grounding beliefs and values support the frameworks which determine the perspectives, priorities, and positions we take regarding how we should treat patients and craft health policies. To be prepared to articulate justifiable reasons for our positions, it is important to be clear about the foundations on which our conclusions rest.

But these foundational beliefs and values may be neglected in discussions about healthcare ethics or left undisclosed under the surface of such discussions. This happens when discussions only include 'mid-level' ethical principles, or isolated moral virtues, and assume (rather than demonstrate) a shared understanding of deeper and broader moral convictions that define, justify, and prioritize the application of principles and virtues in specific contexts. These deeper and broader convictions represent our foundational beliefs and values which are always active – whether acknowledged or not. The more we can articulate these foundations and understand their influence on our moral conclusions, the more likely we will think clearly and speak helpfully when communicating our moral reasoning in dialogue and deliberation about ethical issues in healthcare.

## Purpose

This course helps students understand and apply foundational beliefs and values as they think and reason about healthcare ethics. It does this by describing major ethical traditions and ideas that have shaped our approaches to healthcare ethics in Western cultures, and by comparing four common frameworks in healthcare ethics (virtue-based, principle-based, circumstance-based, and consequence-based) that emphasize four aspects of ethical decision making (agent, action, context, outcome). This course situates the foundations of healthcare ethics against a background of moral pluralism in society and the health professions to encourage candid assessments of prospects for moral consensus amidst prevalent moral diversity. It pays special attention to ethical frameworks that support the primacy of patient welfare, which is at the center of enduring moral traditions that promote the patient's good. By tracing the arc of deliberation that runs from foundational beliefs and values to analyses of real-life ethical challenges in clinical practice, the course promotes 'translational' thinking through moral reasoning that moves from 'theory' to 'practice' (deliberation) and from 'practice' back to 'theory' (reflection). Throughout the course, students will be encouraged to consider the inseparable relationship between their foundational beliefs and values, ethical reasoning, and moral integrity in the pursuit of conscientious practice. By fulfilling these objectives, this course allows students to understand how foundational beliefs and values form our moral backgrounds and guide our ethical deliberations.

Such ethical deliberation is needed in healthcare, because the ability to communicate moral reasoning allows us not only to clarify our own moral thinking, but it is part of the way we show respect for each other, and for our patients, by offering clear moral reasons for ethically

challenging decisions and policies. This moral communication should be part of collaboration in healthcare: it helps professionals work together toward consensus in ethically demanding situations, or at least toward more understanding and toleration when ethical disagreements persist. And for each professional, deliberation of this kind is also deeply personal, because in healthcare we face ethical challenges and tensions that are permeated with the yearnings, limitations, and suffering of the human condition. It is hoped that this course will help students engage these realities honestly and thereby contribute to their growth in moral knowledge, their confidence in moral dialogue, and their integrity in moral agency by sharpening their moral vision and increasing their desire for harmony between what they believe, say, and do.

## Attendance and Participation

Consistent class attendance, preparation, and participation are needed to get the most out of this course. Preparation is demonstrated by reading each week's assigned readings and contributing knowledgeably about the content of the readings during class discussions.

Students are expected to:

(1) Be familiar with the content of the assigned readings;
(2) Assess arguments and positions from the readings;
(3) Ask clarifying questions about issues and controversies;
(4) Engage respectfully with other students' ideas and arguments;
(5) Offer insights from clinical experience and illustrative examples.

*Class discussions will not cover all aspects of every assigned reading*, but we will engage key points from the readings along with points and issues raised in students' weekly written reflections, during discussion, and by the Course Director.

## Co-Leading Seminar Discussions

Students will take turns leading and co-leading class discussions, with additional facilitation from the Course Director. Students will be assigned to co-lead two sessions throughout the semester. In addition to the participation expectations listed above, students assigned to lead a class discussion will come to class with specific questions for discussion based on issues or controversies they find important. They will facilitate discussion by asking opening and clarifying questions and offering their own insights.

*Again, please note that class discussions <u>cannot</u> cover every aspect of every assigned reading.* Rather, discussions will engage questions and issues which the student leaders, the Course Director, and the rest of the class think are most meaningful.

At the first class meeting, students will sign up to lead or co-lead specific class sessions (2-3 sessions assigned per student, depending on class size, with 1-2 students assigned to each session).

## SCHEDULE OF STUDENT CO-LEADERS FOR CLASS SESSIONS

| Session Dates | Topic | Session Leader(s) |
|---|---|---|
| **Week 1 August 27** | **Introduction, Frameworks, Pluralism** | **Dr. Kaldjian** |
| **Week 2 September 3** | **Hippocratic Ethics & Internal Morality** | |
| **Week 3 September 10** | **Kantian Ethics** | |
| **Week 4 September 17** | **Principle-based Ethics** | |
| **Week 5 September 24** | **Utilitarian Ethics** | |
| **Week 6 October 1** | **Rights & Justice** | |
| **Week 7 October 8** | **Virtue Ethics** | |
| **Week 8 October 15** | **Virtue Ethics in Medicine** | |
| **Week 9 October 22** | **Narrative Ethics** | |
| **Week 10 October 29** | **Compassion & Empathy** | |
| **Week 11 November 5** | **Ethical Egoism & Altruism** | |
| **Week 12 November 12** | **Religious Ethics** | |
| **Week 13 November 19** | **Moral Relativism & Power** | |
| **Nov 25-29** | **Thanksgiving week (no class)** | |
| **Week 14 December 3** | **Moral Identity, Conscience, Integrity** | |
| **Week 15 December 10** | **Concepts of Health** | |

## Absences

It is the student's responsibility to communicate with the Course Director by email about any unavoidable absences from class, with an explanation of the reason for the absence. Students should communicate promptly about absences (as soon as they learn about anticipated absences, and as soon as it is feasible when absences are unanticipated or due to illness or emergency).

*Make-Up Work*: When a student misses a class session, the student will still need to submit the Written Reflection for that week. *In addition to this* the student will be assigned an additional reading and then submit a Written Reflection on that additional reading (300-400 words).

*Note:* If a student misses *more than two* class sessions, 1 point will be deducted from his or her Participation/Discussion grade for each additional class session missed (e.g., a student who misses 4 class sessions will lose 2 points).

## Weekly Written Reflections

Each week (except for Week 1) students have a question prompt to write a reflection (300-400 words) in response to the week's readings. Reflections should demonstrate thinking that is 'translational' by drawing from the readings' ethical concepts, theories, frameworks or foundational beliefs and values for application to the real world of healthcare practices.

Reflections for each week are **due in the ICON course dropbox on Monday at 12:00 noon** the day before each Tuesday class meeting.

## Final Paper

Each student will work with the Course Director to select a topic for a final paper that integrates ethical theory and practice by demonstrating a 'translational' understanding of the impact of foundational beliefs and values on the ethics of clinical practice or policy in some area or aspect of healthcare. Papers will be **8-10 pages, double-spaced.**

**Due dates for preparation and submission:**

- Tuesday, October 1 (week 6) — Topic statement via ICON
- Tuesday, October 29 (week 10) — 1-page outline via ICON
- Monday, December 16 (week 16) — Final paper submitted via ICON

In preparing their final papers, students are encouraged to review key topics and suggestions found on the Purdue Online Writing Lab website, including the section on Expository Essays that provides helpful guidance for organizing an essay, guidance that encourages the following suggested structure for the Final Paper in this course:

- **Introduction (1-2 pages)**
  Including a defined thesis statement.

- **Body (6 pages)**
  Divide the body into labelled sections, as needed.
  Consider the merits of different kinds of supporting evidence, whether (as the Purdue writers say) it is factual, logical, statistical, or anecdotal; and consider how the supporting evidence helps guide our understanding of the way foundational beliefs and values should influence the healthcare practice or policy being discussed.

- **Conclusion (1-2 pages)**
  In light of the argument provided, restate the thesis and emphasize its implications.

## Grading and Feedback

Grades will be calculated on the basis of a total of 100 possible points:

- **Weekly class participation and discussion co-leading** (40 points)
- **Weekly written reflections** (30 points)
- **Final paper** (30 points)

Final grades will be determined as follows:

*For medical students*:
90-100 (Honors), 85-89 (Near Honors), 70-84 (Pass), less than 70 (fail).

*For graduate students*:
90-100 (A), 80-89 (B), 70-79 (C), 60-69 (D), less than 60 (fail).

The Course Director will provide written feedback at the end of the course and, if needed, will provide mid-course feedback for any student not meeting course expectations.

## Access to Assigned Readings

The assigned readings for each week are posted as URL links or PDF files on the ICON course website (http://icon.uiowa.edu/). If for some reason a URL link does not function properly, please email the Course Coordinator, Suzanne Streitz, at suzanne-streitz@uiowa.edu.

## Meeting Schedule for Fall 2024

Tuesdays, 4:30 PM – 6:30 PM (on-line)
Aug 27
Sept 3, 10, 17, 24
Oct 1, 8, 15, 22, 29
Nov 5, 12, 19 [no class on Nov 26]
Dec 3, 10

## WEEKLY READINGS

### Week 1: Conceptual Frameworks and Moral Pluralism

- Pellegrino ED. The metamorphosis of medical ethics: A 30-year retrospective. *JAMA* 1993;269:1158-1162.

*[There is no writing assignment for Week 1, but in light of the reading, think about the following: (1) Which ethical framework or source(s) of value do you think is(are) most compelling? (2) How much does it matter for healthcare ethics that people in our society, and in our health professions, have different frameworks?]*

### Week 2: Hippocratic Ethics and Medicine's 'Internal' Morality

- Edelstein L. The professional ethics of the Greek physician. *Bulletin of the History of Medicine* 1956;5:391-419.
- Veatch RM. The Hippocratic ethic is dead. *The New Physician* 1984(Sept):41,42,48.
- Kass L. Professing ethically: on the place of ethics in defining medicine. *JAMA* 1983;249:1305-1310.
- Pellegrino ED. The internal morality of clinical medicine: a paradigm for the ethics of the helping and healing professions. *Journal of Medicine and Philosophy* 2001;26(6):559-579.

**Question prompt:** Edelstein describes Galen's ancient belief that a physician's morality is incidental (not essential) to a physician's work, and Veatch claims the Hippocratic ethic is dead. By contrast, Kass emphasizes the inseparability of ethics and medicine, and Pellegrino argues that medicine has an 'internal morality' directed toward the patient's good. Who do you think is right? In your reflection, consider how medicine may be viewed as a scientific discipline, a technical art, and/or a morally grounded profession.

### Week 3: Kantian Ethics

- Frankena, William. *Ethics*. Englewood Cliffs, NJ: Prentice Hall, 1973.
    - Ch. 2. Deontological theories (pp. 16-17, 23-33)
- Campbell L. Kant, autonomy and bioethics. *Ethics, Medicine and Public Health* 2017; http://dx.doi.org/10.1016/j.jemep.2017.05.008
- Byers P. Dependence and a Kantian conception of dignity as a value. *Theor Med Bioeth* 2016;37(1):61-9.

**Question prompt:** Louise Campbell argues that we should have a 'high' view of autonomy in healthcare that distinguishes between (1) relatively 'routine choices' guided by the standards of informed consent, and (2) more serious 'autonomous decisions' that require deliberation and reflective understanding that lead to actions which are consciously

consistent with – since they arise from – a person's deep-seated values, beliefs, and commitments. Do you agree with her assessment? Use one or two clinical examples to illustrate your answer.

## Week 4: Principle-based Ethics

- Beauchamp, Tom L and James F. Childress: *Principles of Biomedical Ethics*. 8th ed. New York, NY: Oxford University Press, 2019.
    - Ch. 1. Moral Norms (pp. 1-25)
    - Ch. 10. Method and Moral Justification (pp. 425-458).
- Gillon R. Ethics needs principles – four can encompass the rest – and respect for autonomy should be "first among equals". *J Med Ethics* 2003;29:307-312.

**Question prompt:** In a reading not assigned for this course, the bioethicist H. Tristram Engelhardt argues that (1) "A content-full morality provides substantive guidance regarding what is right or wrong, good or bad, beyond the very sparse requirement that one may not use persons without their authorization", and (2) that "There is no content-full bioethics outside of a particular moral perspective" (*The Foundations of Bioethics*, pp. 7, 9). [You can think of 'content-full' morality along the lines of the different moral traditions Veatch describes in his *Lancet* essay assigned for Week 12.] By contrast, in this week's reading from *Principles of Biomedical Ethics*, Beauchamp & Childress argue (1) there is a "common morality" that is not merely a particular moral perspective and "is applicable to all persons in all places, and we appropriately judge all human conduct by its standards", and (2) this common morality is specific enough to provide practical guidance based on the following kinds of universally shared norms: not killing, not causing pain or suffering to others, preventing evil or harm from occurring, rescuing persons in danger, telling the truth, nurturing the young and dependent, keeping promises, not stealing, not punishing the innocent, and obeying just laws. Whose assessment of morality in society is more compelling, Engelhardt's or that of Beauchamp & Childress?

## Week 5: Utilitarian Ethics

- Mill, John. *Utilitarianism*. Kitchener, Ontario: Batoche Books, 2001.
    - Ch. 2. What Utilitarianism Is (pp. 9-27)
- Frankena, William. *Ethics*. Englewood Cliffs, NJ: Prentice Hall, 1973.
    - Ch. 3. Utilitarianism, justice, and love (pp. 34-60)
- Garbutt G, Davies P. Should the practice of medicine be a deontological or utilitarian enterprise? *Journal of Medical Ethics*, 2011;37(5): 267-270.

**Question prompt:** What do you think about utilitarianism and its core idea of maximizing 'the greatest good of the greatest number'? Do you find it compelling? Does it raise any concerns? In your reflection, describe two clinical scenarios or issues: one illustrating the appeal of utilitarian reasoning, and one illustrating what you find concerning about it.

## Week 6: Rights and Justice

- Freeden, Michael. *Rights.* Minneapolis, MN: University of Minnesota Press, 1991.
    - Ch. 1. The Concept of Rights (pp. 1-11)
- Outka G. Social justice and equal access to health care. *Perspectives in Biology and Medicine* 1975;18(2):185-203.
- Sekalala S, Forman L, Habibi R, Meier BM. Health and human rights are inextricably linked in the COVID-19 response. *BMJ Glob Health* 2020 Sep;5(9):e003359.

**Question prompt:** The preamble to the Constitution of the World Health Organization leads with the following two principles: (1) "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;" and (2) "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." (https://www.who.int/about/governance/constitution)
Do you agree that "The enjoyment of the highest attainable standard of health" is a fundamental right? In your reflection, clarify what you mean by a 'right' and consider the implications for healthcare professionals of choosing to frame (or not frame) society's obligations and professionals' duties in the language of patients' rights.

## Week 7: Virtue Ethics

- Frankena, William. *Ethics*. Englewood Cliffs, NJ: Prentice Hall, 1973.
    - Ch. 4. Moral Value (pp. 61-71)
- MacIntyre, Alasdair. *After Virtue.* Notre Dame, IN: Univ. of Notre Dame Press, 1984.
    - Ch. 14. The Nature of the Virtues (pp. 181-203)
- Gauthier CC. Teaching the virtues: justifications and recommendations. *Camb Q Healthc Ethics*. 1997;6(3):339-346.

**Question prompt:** In *After Virtue,* MacIntyre offers a lengthy definition of *a practice* (p. 187). Key to this definition is a distinction between *internal* goods and *external* goods. This distinction explains a further distinction, between a *practice* and the *institution* that maintains it (p. 194). Do you think MacIntyre's distinction between a *practice* and an *institution* is true? On his view, what are some of the manifestations of this distinction regarding the difference between the *practice* of **medicine** and the *institution* of a **hospital**, as well as the *practice* of **medical education** and the *institution* of a **medical school**? What internal goods are at stake, what external goods are involved, what virtues are needed to sustain the practices of medicine and medical education?

## Week 8: Virtue Ethics in Medicine

- Pellegrino ED. Toward a Virtue-Based Normative Ethics for the Health Professions. *Kennedy Institute of Ethics Journal* 1995;5:253-277.

- Kaldjian LC. Teaching practical wisdom in medicine through clinical judgment, goals of care, and ethical reasoning. *Journal of Medical Ethics* 2010;36:558-562.
- Larkin GL et al. Virtue in Emergency Medicine. *Acad Emerg Med* 2009; 16:51–55.

**Question prompt:** Should virtue ethics be taught in medical school? If no, why not? If yes, *how* should it be taught? In your reflection, indicate what you think virtue ethics contributes to our understanding of the moral life and consider one or more challenges teachers and clinical-educators may face when trying to cultivate virtues in medical students and physicians-in-training.

## Week 9: Narrative Ethics

- Tolstoy, Leo. *Death of Ivan Ilych* (approximately 60 pages)
- Brody H, Clark M. Narrative ethics: a narrative. *Hastings Center Report* 2014;44(1 Suppl):S7-11.
- Khedraki R. Tolstoy in medicine. *JAMA Cardiology* 2020;5(1):11-12.
- Garros D. Cookies with Barbara. *CMAJ* 2019; December 16;191:E1385-6.

**Question prompt:** In a reading not assigned in this course, Arthur Frank argues that (on the one hand) narrative "needs deontology [principles or duties of obligation] to rescue it from the endless particularity of points of view and situational contingencies", and that (on the other hand) "narrative saves deontology from repeating abstractions that fail to recognize lived complexities" (*Hastings Center Report* 2016;46:17-21). How would you apply his assessment of the complementary relationship between narrative and deontology to Tolstoy's *The Death of Ivan Ilych*? And regarding the relationship between narrative and virtue, do you think Tolstoy's story speaks to the importance of virtue ethics? What are some of the virtues (or vices) displayed by the characters in the story?

## Week 10: Compassion and Empathy

- Costa-Drolon E et al. Medical students' perspectives on empathy: a systematic review and metasynthesis. *Acad Med* 2021;96(1):142-154.
- Gubernikoff G. Empathy revisited. JAMA 2020;323(15):1447-1448.
- Pellegrino ED. Compassion needs reason too. *JAMA* 1993;270:874-875.

**Question prompt:** An ethicist once wrote: "Compassion is the virtue of being moved to action by the sight of suffering…. It is a virtue that circumvents thought, since it prompts us immediately to action. It is a virtue that presupposes that an answer has already been found to the question 'What needs to be done?', a virtue of motivation rather than of reasoning." Do you agree with this assessment? If you think it's accurate, would it mean that compassion has to depend on other virtues, or principles, for guidance? Give an example of how compassion depends on other virtues or principles in clinical medicine, and how it can go astray without them.

## Week 11: Ethical Egoism and Altruism

- Frankena, William. *Ethics*. Englewood Cliffs, NJ: Prentice Hall, 1973.
    - Ch. 2. Egoistic theories (pp. 17-23)
- Jonsen A. Watching the doctor. *New England Journal of Medicine* 1983;308:1531-5.
- Lundberg G. Countdown to millennium – balancing the professionalism and business of medicine: medicine's rocking horse. *JAMA* 1990;263(1):86-87.
- Yong C. 'Do the right thing.' *Journal of Urology* 2021;205:1549-1550.

**Question prompt:** First, do physicians need the virtue of altruism to be able to provide patients the care they need? Second, do you think all physicians have some degree of altruism? In your reflection: (1) define altruism, (2) indicate whether you believe human beings are by nature self-interested, altruistic, or a mixture of both, and (3) suggest how your answer could be used to guide the selection process of applicants to medical school.

## Week 12: Religious Ethics

- Reeder J. What is a religious ethic? *Journal of Religious Ethics* 1997;25:157-181.
- Veatch RM. The sources of professional ethics: Why professions fail. *Lancet* 2009;373:1000-1.
- Biggar N. Why religion deserves a place in secular medicine. J Med Ethics. 2015 Mar;41(3):229-33.

**Question prompt:** Reeder argues that everyone has and depends on convictions about what is *good* and what is *real*. Such convictions give us a 'thick' or content-full account of human flourishing (what makes for a good life). In chapter 15 of *After Virtue* (not assigned), MacIntyre argues that visions of 'the good', and the virtues that sustain those visions, depend on particular moral traditions into which we are born and from which we learn to live our moral lives. In light of how ethical reasoning depends on our foundational beliefs and values (regarding what is real and good, a content-full account of human flourishing, and moral traditions and their stories), what do you think about MacIntyre's comment (p. 222) that a hospital is the bearer of a tradition of practice that is marked by an ongoing and continuous argument (conflict) as to what 'good' medicine is? Do you agree? In your answer, give an example of a disagreement (conflict) in the practice of medicine that you think arises from differences in foundational beliefs and values. Feel free to comment on any future challenges you anticipate in your practice of medicine, based on how you think your foundational beliefs and values may create tensions with others' views of what 'good' medicine is.

## Week 13: Moral Relativism and Power

- Frankena, William. Ethics. Englewood Cliffs, NJ: Prentice Hall, 1973.
    - Ch. 6. Meaning and justification (pp. 109-116)
- Moore, Asher. Emotivism: theory and practice. *J Philos* 1958;55(9):375-382.

- Machiavelli. *The Prince*. Translated by H.C. Mansfield. Chicago, IL: University of Chicago Press, 1998.
    - Ch. XV. Of Those Things for Which Men and Especially Princes Are Praised or Blamed (pp. 61-62)
    - Ch. XVI. Of Liberality and parsimony (pp. 62-65)
    - Ch. XVII. Of Cruelty and Mercy; and Whether It Is Better to Be Loved Than Feared, or the Contrary (pp. 65-68)
    - Ch. XVIII. In What Mode Faith Should Be Kept by Princes (pp. 68-71)
- Friedrich Nietzsche: *On the Genealogy of Morality*. Edited by K. Ansell-Pearson, translated by C. Diethe. Cambridge, UK: Cambridge University Press, 2006.
    - First essay: 'Good and Evil', 'Good and Bad' (pp. 10-34).

**Question prompt:** Machiavelli claims that leaders should appear to have virtues, but that if necessity requires it, they should be ready to contradict any of them and enter into evil, for the sake of maintaining power. Nietschze criticizes the slave morality of *ressentiment*, whereby the weak endeavor to conquer the strong by calling their strengths evil. He believes this is like blaming birds of prey for carrying off little lambs and holds it is "absurd to ask strength *not* to express itself as strength, *not* to be a desire to overthrow, crush, become master, to be a thirst for enemies, resistance and triumphs…" Think about these positions in light of Frankena's comments about "the moral point of view", which can be summarized as entailing the following three characteristics:

1. Making normative judgments about actions, desires, dispositions, intentions, motives, person, or traits of character.
2. Being willing to universalize one's judgments.
3. Making normative judgments that take into consideration how one's own or others' actions (etc.) affect other people and/or the distribution of goods and evils.

First, do you think Nietzsche's and Machiavelli's positions are compatible with "the moral point of view"? Second, do you think there are aspects of our society or medical practice that reflect any of the inclinations expressed by Nietzsche or Machiavelli? If so, provide an example. And third, what do you think about Moore's emotivism – the belief that our moral ideals are expressions of our feelings, and that no one's moral ideals are objectively or absolutely "true", but that an innate sympathy toward other humans leads to a certain charity toward others? Does Moore's emotivism (with its relativism) provide a satisfactory answer to the challenge posed by Nietschze's support for predation by the strong against the weak?

## Week 14: Moral Identity, Conscience, and Integrity

- Taylor, Charles. *Sources of the Self*. Cambridge, MA: Harvard University Press, 1989.
    - Ch. 1. Inescapable Frameworks [1.3-1.5] (pp. 11-24)
    - Ch. 2. The Self in Moral Space [2.1] (pp. 25-40)
    - Ch. 4 Moral Sources [4.1] (91-98)
- Kaldjian LC. Understanding conscience as integrity: Why some physicians will not refer patients for ethically controversial practices. *Perspectives in Biology and Medicine* 2019;62(3):383-400.

- Rushton CH. Moral resilience: a capacity for navigating moral distress in critical care. *AACN Advanced Critical Care* 2016;27(1):111-119.

**Question prompt:** In *Sources of the Self* (p. 26), Charles Taylor describes 'frameworks' as the grounding beliefs that represent our presuppositions that "provide the background, explicit or implicit, for our moral judgements, intuitions, or reactions" related to three crucial dimensions of life: (1) what form of life is truly worthwhile, (2) what dignity is based on, and (3) how we define our moral obligations. Choose one of these dimensions (human flourishing, human dignity, or moral obligation) and give an example of a moral issue in healthcare that illustrates how different frameworks (assumptions) lead to different conclusions. How does your moral framework guide your judgement about the issue?

## Week 15: Concepts of Health

- Kass LR. Regarding the end of medicine and the pursuit of health. *Public Interest* 1975;40:11–42.
- Schramme T. A qualified defence of a naturalist theory of health. *Med Health Care Philos* 2007;10(1):11-7.

**Question prompt:** In his article "Regarding the End of Medicine and the Pursuit of Health," Leon Kass writes: "Medicine, as well as the community which supports it, appears to be perplexed regarding its purpose. It is ironic, but not accidental, that medicine's great technical power should arrive in tandem with great confusion about the standards and goals for guiding its use. When its powers were fewer, its purpose was clearer."

Kass wrote this in 1975. From your perspective at the present time, do you agree with this assessment? In your answer, consider the relationship between means (technology) and ends (goals of care, and concepts of health and flourishing), and consider whether the activities and purposes of medicine since 1975 have confirmed or countered Kass's concerns.

## Communication with the Course Director and Course Coordinator

Students should feel free to contact the Course Director or Course Coordinator as needed by email. As needed, phone or Zoom meetings can also be arranged to discuss any questions or concerns.

## Academic Integrity

Absolute academic and professional integrity must be the hallmark of all health care professionals. The profession demands that medical personnel monitor themselves and each other in order to produce quality individuals whom the public can trust and who are competent in their chosen field.

The **Honor Code** of the Carver College of Medicine states: "The Honor Code demands that community members tell the truth, live honestly, advance on individual merit, and demonstrate respect for others in the academic, clinical and research communities." Defined infractions of the Honor Code include cheating, plagiarism (conscious and unintentional), and fabrication.

The Student Policies section of the Carver College of Medicine **Medical Student Handbook** says this about plagiarism: "Students are expected to do their own work at all times. In no instance should the work or words of another individual be represented as one's own. All quoted material, regardless of source, must be properly cited and full attribution given to the author. Information obtained from the Web must give the full URL of the actual page accessed and the date accessed."

Plagiarism of ideas can occur when the work of others is paraphrased (as opposed to a direct quotation). Ideas are as important as the literal statements that express them. When you appropriate ideas or statements from other people, their authorship must be acknowledged.

In this course, these academic standards will be upheld. Any behavior suggesting deviation from the spirit or letter of these standards will be investigated and, if confirmed, treated appropriately. A student who is found guilty of cheating, plagiarism, or fabrication will fail the Course.

Expectations for academic integrity will be inclusive of other policies at the University of Iowa, such as found in the College of Liberal Arts and Science's Code of Academic Honesty: https://clas.uiowa.edu/students/handbook/academic-fraud-honor-code.

Remember that plagiarism is the unacknowledged use of another person's ideas expressed in either the author's original words or in a manner similar to the original form. It is the student's responsibility to seek clarification of any situation in which the student is uncertain whether plagiarism may be involved. Writing assignments for the course will be evaluated for originality by enabling the Turnitin Plagiarism Framework in ICON (https://teach.uiowa.edu/plagiarism-turnitin), and AI detection programs may be used, if warranted.

## Human Intelligence, Not Artificial Intelligence (AI)

Since writing and critical thinking skills are part of the learning outcomes of this course, all writing assignments must be prepared by the student as evidence of human intelligence. AI-generated or AI-assisted submissions are **not permitted** and will be treated as plagiarism.

## Procedures for Student Complaints

It is the policy of The University of Iowa that each student shall be guaranteed certain rights and freedoms (https://dos.uiowa.edu/policies/student-bill-of-rights/), and the University provides procedures for complaints against faculty, if needed (https://dos.uiowa.edu/policies/student-complaints-concerning-faculty-action/).

## Policies for Students with Disabilities

Requests by medical students for special accommodations for any course requirements must be addressed through a specific protocol coordinated centrally by the Carver College of Medicine's Medical Student Counseling Center. The College's *Policies for Students with Disabilities* provides that students who seek the modification of seating, testing, or other course requirements must contact the Medical Student Counseling Center at the beginning of the academic year to implement the process for determining appropriate accommodations. If a medical student believes there may be circumstances that qualify for special accommodations, the student should contact the Counseling Center immediately.

The Course Director would like to hear from any other (non-medical) student who has a disability which may require modifications or accommodations so that appropriate arrangements may be made. Please contact the Course Director by email.