

# Introduction to **Bioethics**

A PHEN Distance Education Course  
January 17 – May 13, 2011



**“A transformative experience.”**

– PAST COURSE PARTICIPANT



Provincial  
Health Ethics  
Network



## Provincial Health Ethics Network

**PHEN is pleased to announce the eleventh offering of its annual distance education learning opportunity in bioethics.**

This course has been designed to bridge the gap between academic bioethics and clinical practice. It does so by integrating instruction from prominent North American bioethicists with the application of practical skills and case studies in each learning module. The course uses a delivery format that allows individuals to participate directly from their residence or place of work.

### **Who will benefit?**

- Individuals working in the health care setting
- Members of ethics committees
- Anyone wishing to gain further insight into the field of bioethics

### **Course delivery mechanisms:**

- Video presentations
- Interactive teleconferences
- Reading materials
- Ongoing internet discussion

### **Important dates:**

- Course runs from January 17 to May 13, 2011
- Application deadline is December 3, 2010

## **Application Deadline is December 3, 2010**

Due to the enrollment limitation of 25 participants, submission of the application form prior to the deadline does not guarantee admission.

Application forms and further information on the selection policy are available on the PHEN website at [www.phen.ab.ca](http://www.phen.ab.ca)

# Clarity achieved through learning



## Course Objectives

Upon successful completion of the course, participants should:

- Be familiar with the general scope and substance of the field of ethics.
- Be familiar with various theoretical approaches in bioethics.
- Have gained insight into the methodology of ethical deliberation.
- Be able to systematically analyze practical issues in the clinical setting, explicitly from an ethics perspective.
- Be familiar with some of the current areas of tension in bioethics.

## Format

The course has been broken down into a series of 12 modules. These will be delivered on a weekly basis. Seven additional reading weeks are included in the course timeline to allow for time off and catch up.

For each module (excluding module 12) there will be two teleconferences attended by the module presenter or facilitator. The participants can choose which of these two teleconferences to attend. There will also be an ongoing discussion through which participants can share ideas and post questions.

For each module, participants will be asked to:

- Read the background materials provided.
- Watch a 1 hour DVD presentation on the topic.
- Attend a teleconference (for at least 8 modules).

***(Participants can expect to dedicate between four and eight hours per week to this course.)***

The course will culminate with an optional in-person session in Alberta featuring a practical workshop on clinical ethics consultation.

**“I am better able to articulate the values that I hold dear and now have the benefit of strategies to apply them.”**

**– PAST COURSE PARTICIPANT**



## Evaluation

Participants will be required to complete 2 short written assignments over the duration of the course. Expectations and guidelines for all assignments will be described in more detail at the beginning of the course. Participation marks are self-evaluated, and are based on the level of engagement with course materials and participation in the various course delivery mechanisms.

## Grades will be determined as follows:

35%	Assignment 1
40%	Assignment 2
25%	Participation
100%	

## Credit

Participants successfully completing the assignments and required number of teleconferences will receive a certificate from PHEN, indicating that they have completed an introductory course in bioethics.

A number of colleges and universities have given past participants credit for the course at both the undergraduate and graduate level. PHEN will be happy to assist course participants in their application for credit to post-secondary institutions and professional organizations by providing any additional documentation of course participation, as required.

## Cost and Funding

The fee for the course is \$950 per participant. This fee includes the teleconference costs and course materials, including the 12 DVDs and course manual with all readings. **In addition to this course fee, participants will be responsible for travel and accommodation expenses incurred while attending the final in-person session.**

It is anticipated that many participants will receive financial assistance from their professional bodies or institutions of employment. PHEN will provide whatever assistance it can in securing this support.

# Clarity achieved through dialogue



## Topic 1

### **Ethics: What is it and Why is it important?**

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This unique first video is narrated by philosopher and bioethicist Michael Stingl and features excerpts from interviews with the various course presenters responding to questions such as, “what is ethics?”, “what is the role of moral theory in clinical practice?” and “why should I be good?”.

**Case Example:** On your way to a job interview you see a little girl in a boat at the other end of a lake. Suddenly she falls in. You are about to act, but ask yourself “why should I?”.



**Speaker: Michael Stingl** is the Chair of the Philosophy Department at the University of Lethbridge. A former member of the PHEN board, and for many years a member of the ethics committee in his health region, he continues to serve on several provincial bioethics committees

## Topic 2

### **Duties or Consequences: Foundational Ideas**

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This module will introduce duty-based and utilitarian normative theories, identify where these theories fit within the broader project of ethics, explore the fundamental differences between the two and how, if at all, these may be reconciled.

**Case Example:** The lab results for your patient, an elderly woman of Chinese descent, come back positive for cancer of the stomach. Her daughter regularly visits you to discuss her mother’s care. She has indicated that if ever there is a serious health problem her mother is facing it is critical that her mother not be told. Should you tell?



**Speaker: Alister Browne** is a Clinical Associate Professor and Ethics Theme Director in the Faculty of Medicine at UBC. He is on the Board of Directors of the B.C. Civil Liberties Association, is the Canadian Correspondent for the Cambridge Health Care Ethics Quarterly, and is a member of several BC ethics committees.



## Topic 3

### Common Morality: A Principlist Approach

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This module will explore commonly accepted principles of bioethics, identify other principles that might belong to this group and identify the strengths and limitations of this approach.

**Case Example:** A 70-year-old man suffering from mild dementia, is adamant about walking on his own. You are concerned about his welfare (he has broken a hip in the past) and that of other residents. How should you deal with this?



**Speaker: Robert Veatch** is a Professor of Medical Ethics and the former Director of the Kennedy Institute of Ethics at Georgetown University. He also holds appointments as Professor of Philosophy and Adjunct Professor in the Department of Community and Family Medicine at Georgetown's Medical Center.

## Topic 4

### Respect for Autonomy: A Closer Look

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This module will look closely at what is perhaps the most important of the principles of Western bioethics, review criticisms of this principle and offer a deeper understanding that responds to these criticisms.

**Case Example:** An elderly man of fluctuating capacity, lives alone with several pets in an unkept apartment that you feel is a risk to his health. He strongly rebukes you for your suggestions that he consider living in a nursing home. What should you do?



**Speaker: James F. Childress** is the John Allen Hollingsworth Professor of Ethics and Professor of Medical Education at the University of Virginia, where he teaches in the Department of Religious Studies and directs the Institute for Practical Ethics and Public Life. He is also a member of the Institute of Medicine and a fellow of the American Academy of Arts and Sciences, as well as a fellow of the Hastings Center.

**“I have grown in my ability to understand values that differ from mine.”**

– PAST COURSE PARTICIPANT

# Clarity achieved through reflection



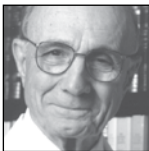
## Topic 5

### On Being Good: Virtue Ethics

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This module will explain the role of virtue ethics in modern bioethics debate, identify the question that this approach is trying to respond to, and explore the challenges it faces.

**Case Example:** A ten-year-old girl is suffering kidney failure and needs a transplant. Her father is the only family member in position to donate his organ, but is hesitant to do so. What should he do?



**Speaker: Edmund D. Pellegrino** is Professor Emeritus of Medicine and Medical Ethics and Adjunct Professor of Philosophy at Georgetown University. He served as Chair of the President's Council on Bioethics and Director of Georgetown University's Center for Clinical Bioethics, Kennedy Institute of Ethics and Center for the Advanced Study of Ethics. Dr. Pellegrino has authored or co-authored 24 books and more than 550 published articles.

## Topic 6

### Attending to Connections: Relational Ethics

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This module will focus on the role of caring and relationships in ethical decision-making in health care. It will introduce relational ethics as an important addition to the history of bioethics, exploring the theory and situating it in the context of traditional moral theory.



**Speaker: Nel Noddings** is Lee L. Jacks Professor of Education, Emerita, at Stanford University. Before beginning academic work in the fields of philosophy and theory of education, moral education and ethics of care, she spent seventeen years as a grade school teacher and administrator.

## Topic 7

### Ethics in a World of Difference: Challenges of Human Diversity

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This module examines some of the ethical challenges faced when providing health care in a world of human diversity. It considers such questions as: How have some specific groups been systematically/ structurally subjugated? What counts as a legitimate medical issue and how do our cultural attitudes and values affect how that decision is made?

“I feel much more **reflective** of my **own values**, how I present them to others & how I make room for the **expression of the values of others.**”

– PAST COURSE PARTICIPANT

>>> **Case Example:** An Aboriginal person speaks at the local regional health authority public meeting and demands better care for Aboriginal people in Alberta. She points out that the average life span of Aboriginal peoples is ten years less than that of non-Aboriginal people. What, if any, legitimate claims does this person have and on whom?



**Speaker: Alice Dreger** is Professor of Clinical Medical Humanities and Bioethics at the Feinberg School of Medicine of Northwestern University in Chicago, and a Guggenheim Fellow. She spends much time doing public writing and speaking in an attempt to engage audiences outside medical humanities in medical humanities scholarship.

## Topic 8

### In Need of a Map! Concepts and Frameworks in Ethical Decision-Making

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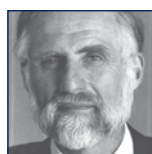
This module will explore concepts and processes in ethical decision-making. It will introduce the elements of positive group dynamics and consider various ways of sharing group deliberations with individuals at the bedside.

**Case Example:** An elderly woman has prepared an advance directive indicating only that she does not want any “extraordinary care” if she deteriorates significantly, but would want a feeding tube to be considered. A recent stroke has left her unable to eat by mouth. How do you begin to address the situation?

#### Speakers:



**Patricia Rodney** is an Associate Professor and Undergraduate Program Coordinator with the University of British Columbia (UBC) School of Nursing. She is a Faculty Associate with The W. Maurice Young Centre for Applied Ethics at UBC, a Research Associate with Providence Health Care Ethics Services, and Past-President of the Canadian Bioethics Society.



**Michael McDonald**, is the Maurice Young Chair of Applied Ethics at the W. Maurice Young Centre for Applied Ethics at the University of British Columbia. His work is located at the intersection of theory and practice in health care, business and professional life, politics and other aspects of everyday life.



## Topic 9

### Issues at the End of Life: Caring Ethically

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This module will review end of life issues, including: withholding vs. withdrawing care, nutrition and hydration as treatment, euthanasia, the principle of double effect, palliative care, and advance directives. It will focus on the importance of shared understandings and communication of values.

**Case Example:** A palliative care patient requests continued increases in pain medication dosage due to unbearable suffering. Her physician is concerned that the narcotic will cause respiratory distress and shorten the patient's possible life span. What should be done?



**Speaker: Peter A. Singer** is Director of the McLaughlin- Rotman Centre for Global Health and Professor of Medicine and Sunlife Financial Chair in Bioethics at the University of Toronto.

## Topic 10

### Allocating Scarce Resources: Who Benefits?

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This module will help identify the values implicit in various resource allocation approaches, identify a framework for resource allocation decision-making, and explore the values in tension between individual and group allocation decisions.

**Case Example:** A regional health board must decide how to spend a \$5 million surplus. They must choose between opening more ER beds, increasing the list of insured health care services and increasing the local school hot-lunch programs. How do they decide?



**Speaker: Robert M. Veatch** is a Professor of Medical Ethics and the former Director of the Kennedy Institute of Ethics at Georgetown University. He also holds appointments as Professor of Philosophy and Adjunct Professor in the Department of Community and Family Medicine at Georgetown's Medical Center.

**“The course was great, support superb! I have recommended it to several people already.”**

**– PAST COURSE PARTICIPANT**

“Instead of feeling overwhelmed with complex ethical questions, I feel I have a strategy to help approach the problem in a more systematic way.”

– PAST COURSE PARTICIPANT

## Topic 11

### Systems and Structures: Ethics in Organizations

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This module will examine the notion of an organization’s ethical culture and explore the impact this might have on everything from interprofessional relationships, micro-level decision-making and the quality and level of care that patients might receive.

**Case Example:** A woman suffering from a bone infection has been receiving care in hospital. She is well enough to be discharged to her home, but will have to pay for her own IV antibiotic care upon release. She refuses to be released saying she cannot afford the treatment. Should she be discharged?



**Speaker: Dr. Nuala Kenny** recently retired as Professor, Departments of Bioethics and Pediatrics, Dalhousie University. She was Chair of the Values Committee of the Prime Minister’s National Forum on Health, past Deputy Minister of Health for Nova Scotia, and was appointed an Officer of the Order of Canada in 1999.

## Topic 12

### Clinical Ethics Consultation: Providing Support

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This module will review the possible objectives of clinical consultation, the various approaches to doing clinical consults, and the benefits and drawbacks of an ethics committee taking on this role.

**Case Example:** A 70-year-old woman has recently had a severe stroke and is being kept alive on a ventilator. Her children are at odds as to what should be done. Her physician calls the ethics committee for a consult. How should the committee respond?



**Speaker: Michael Burgess** is currently Principal of the University of British Columbia’s College for Interdisciplinary Studies. His research involves building collaborative relationships in the social sciences to understand ethical and social issues in order to better inform and direct policy.



## **Final In-Person Session**

The course will culminate in a full day workshop intended to give participants an opportunity to meet each other in person and delve deeper into the theory and practise of clinical ethics consultation. This event will be held in Alberta on May 13, 2011.

The majority of the day will be devoted to an exploration of the practical skills that individuals and committees should and can develop in order to better facilitate the consult process. This workshop will expand on Dr. Michael Burgess' video presentation on clinical ethics consults, giving participants the opportunity to practice skills through role-playing, case discussion and review. The session will focus on the objectives of clinical ethics consultations, the role of ethics theory in practical decision making, and communication and facilitation in the consult process.

**The Provincial Health Ethics Network (PHEN) is a non-profit organization that provides resources on addressing ethical issues related to health. PHEN does not advocate for or take positions on particular ethical issues; its role is to facilitate thoughtful, informed and reasoned ethical decision-making from all perspectives. PHEN is funded primarily by Alberta Health and Wellness.**

For more information about PHEN, or specifically about this course, please visit our website at [www.phen.ab.ca](http://www.phen.ab.ca), or contact a PHEN office.

**Reminder: Application deadline is December 3, 2010. Application forms are available at [www.phen.ab.ca](http://www.phen.ab.ca) or by calling PHEN's Edmonton office.**



**Provincial  
Health Ethics  
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