

## **Medical Ethics**

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### Course Description

Members of the medical field are called upon to make crucial decisions concerning the health and well-being of patients and research subjects. Virtually all of us will, at some point, have to trust doctors and nurses with our bodies, our minds, and our lives. Hence medical practitioners must exercise the most careful ethical judgment, often under high pressure, sometimes with life-or-death consequences in the offing.

The field of medical ethics, which forms the largest part of the discipline of bioethics, is devoted to answering the moral questions that arise in the course of medical practice. It encompasses patient care, medical research, and public health, and is a part of the medical field itself, in the form of professional ethics consultants and committees. It is also an area in which philosophers apply their argumentative skills and distinct theoretical approaches in a way that has very real ramifications.

This course offers a survey of major topics in medical ethics, through philosophical readings and examples drawn from real life. It aims to be useful to students considering the medical field, giving them the tools to think clearly about the moral dilemmas that may await them. It is also suitable for any student interested in thinking philosophically about moral issues. Each week we will focus on a central theoretical reading, and use it to think through real-life medical situations.

In addition to thinking about particular topics in medical ethics, we will also examine and evaluate three major approaches to the field itself: the application of high-level ethical theories, such as utilitarianism or Kantianism, to the medical context; the application of mid-level principles of autonomy, non-maleficence, beneficence, and justice; and particularism, or the view that medical ethics ought to proceed case-by-case, without reliance on higher-level theory.

### Topics and Readings

#### **Paternalism**

S. Matthew Liao, Julian Savulescu, and Mark Sheehan, “The Ashley Treatment: Best Interests, Convenience, and Parental Decision-Making” *Hastings Center Report* (2007).

#### **Informed Consent**

Reading: Alan Donagan, “Informed Consent in Therapy and Experimentation,” *Journal of Medicine and Philosophy* (1997).

#### **Decision-Making Capacity**

Reading: Jacinta Tan, Tony Hope, Anne Stewart, and Raymond Fitzpatrick, “Competence to Make Treatment Decisions in Anorexia Nervosa: Thinking Processes and Values”, *Philosophy, Psychiatry & Psychology* (2007).

**The Four Principles pt. 1: Autonomy**

Reading: Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics* (2019), ch. 3 “Respect for Autonomy”.

**The Four Principles pt. 2: Nonmaleficence**

Reading: Beauchamp and Childress, ch. 4 “Nonmaleficence”.

**The Four Principles pt. 3: Beneficence**

Reading: Beauchamp and Childress, ch. 5 “Beneficence”.

**The Four Principles pt. 4: Justice**

Reading: Beauchamp and Childress, ch. 6 “Justice”.

**Refusing Life-Saving Treatment**

Reading: Jennifer Hawkins, “What Is Good *for Them?* Best Interests and Severe Disorders of Consciousness”, in Walter Sinnott-Armstrong ed. *Finding Consciousness* (2016).

**Physician Assisted Suicide pt. 1**

Reading: J. David Velleman, “Against the Right to Die”, *Journal of Medicine and Philosophy* (1992).

**Physician Assisted Suicide pt. 2**

Reading: Peter Singer, “Voluntary Euthanasia: A Utilitarian Perspective”, *Bioethics* (2003).

**Allocation of Public Health Care Resources**

Reading: David C. Hadorn, “Setting Health Care Priorities in Oregon: Cost-effectiveness Meets the Rule of Rescue”, *JAMA* 265 (1991).

**Health Care as a Human Right**

Gopal Sreenivasan, “A Human Right to Health? Some Inconclusive Scepticism”, *Aristotelian Society Supplementary* (2012).