Introduction

Pharmacists, physicians, and medical professionals constantly face ethical choices. Sometimes these choices are dramatic matters of life-and-death decisions, but more often subtle, less conspicuous choices that are nonetheless important. Ranging from situations faced in direct patient care to broader issues, this course will utilize cases studies to explore topics and the ethical framework within which practitioners make decisions about such issues as assisted suicide, conscientious refusal, pain management, and confidentiality as well as the equitable distribution of drug resources within institutions or managed care organizations and clinical studies on vulnerable populations. Ethical dilemmas in medical and pharmaceutical practice will be explored in the broader sense of healthcare and medico-legal case review.

Objectives

This course is designed for students who wish to have insight into difficult to remedy health care and medical issues that are almost impossible to resolve even after consideration by the judicial system. Students will be presented with reading material that consists of court cases, opinion documents, and summaries that have attempted to answer in part or in whole the dilemma that exists in consideration of each one of the healthcare / medical issues to be discussed.
Students will be presented with case studies to help explore and understand the principles guiding the conduct of healthcare professionals. In addition, issues presented will involve the welfare and consideration of others in deciding how to act ethically. Topics including criminal and civil acts, contracts, negligence, and ethical concepts as they relate to the medical profession. Managed care, HIPAA, and other health care legislative rulings are discussed.

Chapters from the core textbook will be supplemented with a variety of source materials including online resources, media outlets and cinema.

Upon successful completion of this course, the student should be able to –

- Identify sources of moral judgements
- Describe the ethical cornerstones of beneficence, justice, and autonomy
- Critique ethical questions in terms of veracity and fidelity
- Evaluate key issues in healthcare ethics and formulate arguments in defense and interrogation of those issues
- Appraise the consequences of improper drug use and abuse and its relationship to health, economy, wellbeing, and society as presented in the literature

During the semester, each student will be encouraged to participate in presenting his or her opinions on a given ethical topic. The subject matter presented allows for critical thinking and analysis. When a student states an opinion or takes a stand on a given subject, the major question posed is to understand why the student takes the position that he or she takes and to determine if his or her position is grounded in reasonableness and logic. Has the student carefully thought out the “why I believe what I believe” and perhaps the factors of influence (e.g. societal, religious, political, ethnic, economic, family, friends, education, etc.) that establish the belief?

The involvement in this course allows for students to, even though they may have a strong belief regarding one side of an argument, open-up their thought process to recognize that there is another or other sides of an argument and be able to identify what the other sides of the argument might be.

Evaluation and Grading:

Evaluation will be based on one midterm examination, a final examination, course quizzes, four written reaction / reflection essays and class participation.

<table>
<thead>
<tr>
<th>Description</th>
<th>Points</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midterm exam</td>
<td>80 pts</td>
<td>(30%)</td>
</tr>
<tr>
<td>Final exam (partially cumulative)</td>
<td>100 pts</td>
<td>(35%)</td>
</tr>
<tr>
<td>Topical Debates 10 (@ 10 pts each)</td>
<td>100 pts</td>
<td>(35%)</td>
</tr>
<tr>
<td>Total</td>
<td>280 pts</td>
<td>(100%)</td>
</tr>
</tbody>
</table>

Attendance at all classes is expected. Participation will include asking and answering questions and being actively involved in the discussion. It is expected that the students read the assigned
materials prior to the lecture and be prepared to discuss background, current understanding, treatments, and gaps in knowledge for the topic in each lecture. Due to the nature of ethics, it is expected that we will not always agree, and a richness of perspectives often helps illuminate the issues at hand.

30% Midterm: There will be 1 midterm for this course that will cover the first 8 weeks of course material. The midterm will consist of a series of questions involving short answers as well as a longer question requiring critical thought and its articulation in written responses. This midterm exam will help students to generate a critical assessment of key topics in this course, to develop a suitable argument, and to convey their ideas and interpretations through the written word.

35% Final: The Final Exam will be in the form of a take home test during exam week. The final exam will be composed of two parts, each having equal weight towards the final grade. The first part of the exam will include questions from the lectures and from the textbook in the form of short answer questions (this accounts for 20% of the exam). The second part of the final examination will consist of essay prompts to demonstrate the students’ knowledge regarding topics covered in the course (80%). This latter part of the final exam will allow students to express their ideas based on facts derived from the course.

35% Topical Debates (each worth ~3.3% of the class grade): The presentations will be related to the weekly topic. Students will select ethical or legal cases related to the weekly lecture topic to be presented. These presentations will be used to guide the topical discussions (general topic ideas per ethical topic can be found on page 8). Students will need to research their topics and present on a journal article, legal case, ethical issue, or policy review they researched. The discussion day for the weekly ethical topic will involve the entire class. Specific information on the presentations can be found on pages 8-15.

Please note, below is the “Approximate” grading scale breakdown. However, this scale is not set in stone and may slightly shift up or down based on overall scores. There are no pluses (+) or minuses (-) assigned to grades in this course.

<table>
<thead>
<tr>
<th>Percent</th>
<th>Letter Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-100%</td>
<td>A</td>
</tr>
<tr>
<td>80-89%</td>
<td>B</td>
</tr>
<tr>
<td>70-79%</td>
<td>C</td>
</tr>
<tr>
<td>60-69%</td>
<td>D</td>
</tr>
<tr>
<td>Below 60%</td>
<td>F</td>
</tr>
</tbody>
</table>

There are no make-up exams. If exceptional circumstances prevent you from attending an exam, your reason for missing it must be accompanied by a written statement from a third party (e.g. a note from a medical doctor).
Notes, books, calculators, electronic dictionaries, regular dictionaries, cell phones or any other aids are not allowed during exams.

Students will be asked to complete an anonymous critical evaluation of the course at its completion.

Course Readings

Required Readings (selected, short, easy to read chapters):

Other topical materials including but not limited to the syllabus, supplemental reading assignments and additional handouts will be posted on http://blackboard.usc.edu/. Students will also be encouraged to use the online discussions sessions (via Blackboard) as an additional learning tool.

Course Outline

This course will be in the format of a directed seminar/lecture under the guidance of the instructor for the specific session. During each biweekly session the instructor will engage the students with questions and draw comments or interpretations primarily based on the assigned reading. Students are expected to ask questions and participate in an interactive fashion. Because this is an area of rapid change in policies, the readings may vary from one term to the next. Additional readings for each section that may be of added use are listed in the table below.

Content Warning

Our course readings and classroom discussions will often focus on mature, difficult, and potentially challenging topics. As with any course dealing with drug use, abuse and addiction, course topics can at times be political and personal. Readings and discussions might trigger strong feelings—anger, discomfort, anxiety, confusion, excitement, humor, and even boredom. Some of us will have emotional responses to the readings; some of us will have emotional responses to our peers’ understanding of the readings; all of us should feel responsible for creating a space that is both intellectually rigorous and respectful. Above all, be respectful (even when you strongly disagree) and be mindful of the ways that our identities position us in the classroom.
## Schedule of Topics

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Topic</th>
<th>Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23 Aug</td>
<td>Introduction to Course</td>
<td>Chapter 1</td>
</tr>
<tr>
<td></td>
<td>25 Aug</td>
<td>Terrain of Ethics</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>30 Aug</td>
<td>Hippocratic Oath and Its Challenges</td>
<td>Chapter 2</td>
</tr>
<tr>
<td></td>
<td>1 Sep</td>
<td>Basis of Moral Standing</td>
<td>Chapter 3</td>
</tr>
<tr>
<td>3</td>
<td>8 Sep</td>
<td>Principle-Based Approaches</td>
<td>Chapter 4</td>
</tr>
<tr>
<td>4</td>
<td>13 Sep</td>
<td>Alternative Approaches: Virtues, Casuistry and Narrative Ethics,</td>
<td>Chapter 5</td>
</tr>
<tr>
<td></td>
<td>15 Sep</td>
<td>Feminist Approaches and Care Ethics</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Student Debates 01</td>
<td>Selected by students</td>
</tr>
<tr>
<td>5</td>
<td>20 Sep</td>
<td>Social Ethics of Medicine: Research Involving Humans°</td>
<td>Chapter 12 (p 259-264)</td>
</tr>
<tr>
<td></td>
<td>22 Sep</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Student Debates 02</td>
<td>Selected by students</td>
</tr>
<tr>
<td>6</td>
<td>27 Sep</td>
<td>Respect for Persons: Lying, Cheating, &amp; Breaking Promises</td>
<td>Chapter 7</td>
</tr>
<tr>
<td></td>
<td>29 Sep</td>
<td></td>
<td>Selected by students</td>
</tr>
<tr>
<td>7</td>
<td>4 Oct</td>
<td>The Principle of Avoiding Killing</td>
<td>Chapter 8</td>
</tr>
<tr>
<td></td>
<td>6 Oct</td>
<td></td>
<td>Selected by students</td>
</tr>
<tr>
<td>8</td>
<td>11 Oct</td>
<td>Mid Term Review</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>13 Oct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>18 Oct</td>
<td>Death and Dying for Patients</td>
<td>Chapter 9</td>
</tr>
<tr>
<td></td>
<td>20 Oct</td>
<td></td>
<td>Selected by students</td>
</tr>
<tr>
<td>10</td>
<td>25 Oct</td>
<td>Human Control of Life – Genetics</td>
<td>Chapter 10</td>
</tr>
<tr>
<td></td>
<td>27 Oct</td>
<td></td>
<td>Selected by students</td>
</tr>
<tr>
<td>11</td>
<td>1 Nov</td>
<td>Reproductive Choice and Advancing Technologies</td>
<td>Chapter 11</td>
</tr>
<tr>
<td></td>
<td>3 Nov</td>
<td></td>
<td>Selected by students</td>
</tr>
<tr>
<td>12</td>
<td>8 Nov</td>
<td>Social Ethics of Medicine: Allocating Resources &amp; Health Insurance</td>
<td>Chapter 12</td>
</tr>
<tr>
<td></td>
<td>10 Nov</td>
<td></td>
<td>Selected by students</td>
</tr>
</tbody>
</table>
**Week** | **Date** | **Topic** | **Reading**
---|---|---|---
13 | 15 Nov | Social Ethics of Medicine: Transplantation | Chapter 12
 | 17 Nov | Student Debates 09 | Selected by students
14 | 21 Nov | Benefit and Harm | Chapter 6
15 | 29 Nov | Student Debates 10 | Selected by students
 | 1 Dec | Review for Final | N/A
16 | 13 Dec | Take Home Final Exam Due by 3:30pm | N/A

* - Additional articles available in Blackboard

**Statement on Academic Conduct and Support Systems**

**Academic Conduct:**
Plagiarism – presenting someone else’s ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in *SCampus* in Part B, Section 11, “Behavior Violating University Standards” [policy.usc.edu/scampus-part-b](http://policy.usc.edu/scampus-part-b). Other forms of academic dishonesty are equally unacceptable. See additional information in *SCampus* and university policies on scientific misconduct, [http://policy.usc.edu/scientific-misconduct](http://policy.usc.edu/scientific-misconduct).

**Support Systems:**

**Student Counseling Services (SCS) – (213) 740-7711 – 24/7 on call**
Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention. [engemannshc.usc.edu/counseling](http://engemannshc.usc.edu/counseling)

**National Suicide Prevention Lifeline – 1 (800) 273-8255**
Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**Relationship and Sexual Violence Prevention Services (RSVP) – (213) 740-4900 – 24/7 on call**
Free and confidential therapy services, workshops, and training for situations related to gender-based harm. engemannshc.usc.edu/rsvp

Sexual Assault Resource Center
For more information about how to get help or help a survivor, rights, reporting options, and additional resources, visit the website: sarc.usc.edu

Office of Equity and Diversity (OED)/Title IX Compliance – (213) 740-5086
Works with faculty, staff, visitors, applicants, and students around issues of protected class. equity.usc.edu

Bias Assessment Response and Support
Incidents of bias, hate crimes and microaggressions need to be reported allowing for appropriate investigation and response. studentaffairs.usc.edu/bias-assessment-response-support

The Office of Disability Services and Programs
Provides certification for students with disabilities and helps arrange relevant accommodations. dsp.usc.edu

Student Support and Advocacy – (213) 821-4710
Assists students and families in resolving complex issues adversely affecting their success as a student EX: personal, financial, and academic. studentaffairs.usc.edu/ssu

Diversity at USC
Information on events, programs and training, the Diversity Task Force (including representatives for each school), chronology, participation, and various resources for students. diversity.usc.edu

USC Emergency Information
Provides safety and other updates, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible. emergency.usc.edu

USC Department of Public Safety – UPC: (213) 740-4321 – HSC: (323) 442-1000 – 24-hour emergency or to report a crime. Provides overall safety to USC community. dps.usc.edu
Presentation Topics

General Topic List

<table>
<thead>
<tr>
<th>Week Number</th>
<th>General Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Virtues, Casuistry and Narrative Ethics, Feminist Approaches and Care Ethics</td>
</tr>
<tr>
<td>5</td>
<td>Social Ethics of Medicine: Human Subjects Research</td>
</tr>
<tr>
<td>6</td>
<td>Respect for Persons: Lying, Cheating, &amp; Breaking Promises</td>
</tr>
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<td>7</td>
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<td>11</td>
<td>Reproductive Choice and Advancing Technologies</td>
</tr>
<tr>
<td>12</td>
<td>Social Ethics of Medicine: Allocating Resources &amp; Health Insurance</td>
</tr>
<tr>
<td>13</td>
<td>Social Ethics of Medicine: Transplantation</td>
</tr>
<tr>
<td>15</td>
<td>Benefit and Harm</td>
</tr>
</tbody>
</table>

Debate Structure

Students will take on a role during each of the weeks listed above. Each student will have the opportunity to participate in the lead debater, patient advocate, and jury roles throughout the semester.

1. **Lead Debater Pro** – responsible for selecting, disseminating, and presenting the paper based on the weekly topic to the group. Prepares arguments that are pro debate topic.

2. **Lead Debater Con** – prepares arguments that are con debate topic.

3. **Patient Advocate** – prepares “eyewitness” testimony for examination.

4. **Jury** – all remaining students form the jury and are responsible for preparing jury cross examination and verdict.

Debate Team

The Lead Debaters and Patient Advocate will prepare their cases after reading the article selected by the Lead Debater Pro. Usually, ethical debates focus on topics that involve *moral dilemmas*. Recall, in a moral dilemma, there are two or more moral positions that support contradictory
judgments or decisions. In a debate, one is expected to support one of these moral positions over the other. Thus, in general, preparing for an ethical debate can be divided into the following steps:

1. Identify the moral dilemma.
   - Identify, in detail, the moral position (*how one ought to act*) you must defend.
   - Identify, in detail, the moral position you must oppose.
   - Show how these positions support contradictory moral judgments.

2. Identify the arguments in favor of your position.
   - Identify those *ethical theories* that support your position.
   - Identify those reasons why the moral principles involved in your position are more important or stronger than those of your opposition.

3. Identify the arguments in favor of your opposition’s position.
   - Identify those *ethical theories* that they might use to support their position.
   - Identify the arguments and theories they might use to suggest that their moral position is stronger or more important than yours.

4. Identify the objections to each position.
   - Identify the objections you might make to your opposition’s moral position and their ethical arguments. Anticipate possible responses.
   - Identify the objections the opposition might make to your moral position and ethical arguments. How do you respond to these objections?

Two main kinds of reasons can be offered as evidence to justify an ethical decision. You can offer reasons based on

(a) the effects of the decision, and

(b) reasons based on relevant ethical principles.

A responsible decision regarding a personal ethical problem should emerge from careful evaluation of both kinds of reasons both for and against all the available options.

*Step 1* involves the formulation of each moral position (moral reasoning).

*Steps 2 through 4* involve ways to support and object to each position (ethical reasoning).

It is important that you provide arguments in favor of both positions. This allows you to provide objections to the opposing position and prepare for objections from them.
The Preparation Document

This document, a draft of which must be supplied to the instructors no later than the day of the debate, prior to the beginning of the debate, should be around 5 or 6 PowerPoint slides in length. After the actual debate, you will revise the PowerPoint, and hand in the revisions prior to the next class meeting. It should include the following:

- An analysis of each moral position. What are the relevant moral principles that support each position and why? *This will help you construct a two to three-minute speech explaining and supporting your moral position.*

- An analysis of the ethical theories, if any, which support your position.

- An analysis and explanation of the ethical arguments that support your position. What are these arguments? How do they support your position?

- Anticipated objections and responses (*formulate as questions and explain*).

- Your chief arguments against the opposition. What are the flaws in their arguments? Why is their ethical position weaker than yours? (*formulate as questions and explain*)

The Patient Advocate’s Testimony Document

The patient advocate will prepare a testimony document (1 page, double spaced maximum). This can be their “eyewitness” account. They can choose either the pro or con side of the debate to side with, but do not share your position until your portion of the debate. Feel free to be “extra” and as in character as you are comfortable being. The testimony of the patient advocate can change the verdict.

The Jury’s Verdict Document

The jury consisting of the remaining students in the class must submit a verdict document. This document must include an analysis and criticism of each position. The verdict document (1 page, double spaced maximum) will be handed in by the next class day. It should include the following:

- An analysis of each moral position.

- An analysis of the strengths of each position. What arguments support each position? What arguments can be found in the assigned articles to support each position?

- An analysis of the weaknesses of each position. What arguments might be used to undermine each position?

- A set of questions to be asked in the debate. These questions should be challenging to
each position. What problems or questions must each side address to persuade you?

The Debate Structure

Our debate structure will be modeled after the L-D debate format, also known as a “values” debate. L-D is an acronym for “Lincoln-Douglas”, referring to the famous debates between Abraham Lincoln and Stephen Douglas. For those familiar with this type of debate, our format is similar, but not identical to the classic LD format.

The debate focuses on a resolution. For instance, “Resolved: The government should give up its war on drugs and focus on legalizing and regulating drugs and drug use”. Usually, the resolution is the judgment supported by the pro-position.

Part 1: The Pro-position: This is where the pro-debater gives a brief speech supporting the moral judgment, or resolution. Use your key moral and ethical arguments in formulating the proposition. This should be, at most, five minutes in length.

Part 2: Cross Examination of Pro-Position: The members of the con-position can make objections and ask critical questions of the pro-position members. Pro-position members give responses (based on their ethical arguments and prepared responses). The con debater can then object to these responses. This will be, at most, fifteen minutes in length.

Part 3: The Con-Position: This is the same as part 1, but for the con-position. As with the pro-position, the speech should be at most five minutes in length.

Part 4: Cross Examination of Con-Position: This is the same as part 2, but for the pro-position (fifteen minutes in length).

Part 5: Patient Perspective: The patient can add testimony. Put yourself in the shoes of an individual who has the condition or is experiencing the issue we are discussing. Feel free to be “extra” and emotional if you feel inspired. This will be no more than five minutes in length.

Part 6: Jury Cross Examination: The jury asks critical questions of each group. These questions should be both pre-prepared and based on comments or arguments made during the debate. This will be no more than fifteen minutes in length.

Part 7: Jury Decision: The jury will be given a total of five minutes to speak as a group and then will vote individually and give reasons for their vote. The jury will be judged on how well they justify their decision. Decisions should be thoughtful, reflective and make substantive reference to the arguments given during the debates.
Grading Rubric

The following criteria are used to evaluate preparation for and participation in the debate.

*NOTE:* The number values are not used in the computation of the grade. The numbers are used to give you a general idea of your areas of strength and the areas in which improvement is needed.

*Preparation for debate (Preparation PowerPoint)*

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Excellent (3)</th>
<th>Good (2)</th>
<th>Needs Improvement (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analysis of moral position*</td>
<td>Excellent understanding of each moral position, as well as the moral dilemma.</td>
<td>Good understanding of each moral position and dilemma.</td>
<td>Less than adequate understanding of each moral position. Incomplete or lacking in sufficient insight.</td>
</tr>
<tr>
<td>Ethical theories and arguments*</td>
<td>Excellent understanding and explication of the ethical theories and arguments for your position.</td>
<td>Good understanding of relevant ethical theories and arguments.</td>
<td>Less than adequate or incomplete understanding of ethical theories and arguments.</td>
</tr>
<tr>
<td>Prepared criticisms and questions*</td>
<td>Insightful, challenging criticisms of opposition.</td>
<td>Adequate criticisms, but nothing the opposition cannot handle.</td>
<td>Less than adequate questions, either lacking in number or critical insight.</td>
</tr>
<tr>
<td>Prepared responses</td>
<td>Excellent anticipation of critical questions, as well as insightful, defensible responses.</td>
<td>Adequate anticipation and response.</td>
<td>Either inadequate anticipation, inadequate response or both.</td>
</tr>
</tbody>
</table>
**USC School of Pharmacy**
**RXRS 412: Ethics, Drugs, and Society**

### Execution of debate

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Excellent (3)</th>
<th>Good (2)</th>
<th>Needs Improvement (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation*</td>
<td>Substantial, informed participation by all group members.</td>
<td>Adequate participation by each member, but with varying degrees of substance.</td>
<td>Inadequate participation. Either no participation by some group members or obvious “token” participation.</td>
</tr>
<tr>
<td>Cross Examination*</td>
<td>Excellent, relevant criticisms and questions of the opposition’s constructive.</td>
<td>Adequate criticisms and questions of opposition’s constructive.</td>
<td>Less than adequate criticisms and questions.</td>
</tr>
<tr>
<td>Response to Jury</td>
<td>Excellent, confident response to questions and criticisms.</td>
<td>Adequate response to questions and criticisms.</td>
<td>Inadequate response. Either fumbled or unconvincing.</td>
</tr>
<tr>
<td>Jury Decision (jury only)</td>
<td>Decision based on insightful comments, making substantive reference to the debate. Each jury member offers unique insights into decision.</td>
<td>Decision based on adequate comments. Some repetition in jury member insights. Possible moderate reference to debate.</td>
<td>Less than adequate justification of decision. Repetition in jury insights. No real substantive reference to debate.</td>
</tr>
</tbody>
</table>

Those sections marked with an asterisk (*) are used to evaluate jury, as well as pro and con. Each group member will receive an evaluation sheet addressing each of these considerations, in addition to general comments about their preparation and execution. If you have any additional questions about your evaluation, it is your responsibility to contact the instructors.
General Topic Ideas for Debates

Week 4: Virtues, Casuistry and Narrative Ethics, Feminist Approaches and Care Ethics

- Professional and personal lives
- Secularism
- Human rights
- Feminist ethics
  - Gender roles
  - Sexuality
- Care as a virtue

Week 5: Human Subjects Research

- Informed consent
  - Digital consent
  - Graphic medicine
  - Lay language
  - Genomic consent
- What patient population(s) are studied/recruited
  - Vulnerable categories
    - Pregnant women
    - Prisoners and wards of the state
    - Fetus and infants
  - Special categories
    - Individuals with diminished mental capacity
    - Elderly
    - Military and government officials
    - Students and staff
    - Racial and ethnic groups
- Testing new infectious disease therapeutics on humans
- US clinical trials not performed in the US (exploitation of subjects)
- Use of tissue specimens
- Diversity of research participants (genders, races, ethnicities, ages)
- Rare conditions

Week 6: Respect for Persons: Lying, Cheating, and Breaking Promises

- Standards for disclosure
- What are rights
- What are obligations
- STDs and cheating partners
- Should information be withheld from patients
- Lack of information to make decisions

Week 7: Avoiding Killing

- End of life planning
- Physician-assisted suicide
- Lethal injection of prisoners
- Mental capability and end of life decisions
- DNR and the duty to preserve life
- Withholding food and water for prisoners of war

Week 9: Death and Dying for Patients

- Competency vs Capacity in decision making
- Advance Care Plan
  - Advanced directive
- Power of attorney in healthcare decisions
- “Pulling the plug”
- Assisted suicide
- Lifesavings, but at what cost to quality of life

Week 10: Human Control of Life – Genetics

- “Test tube” babies
- Diagnostics
  - Huntington’s Chorea
- Embryo selection during IVF (preimplantation genetic diagnosis (PGD))
- Gene editing (CRISPR-Cas9) human embryos
• 23 and Me – Recreational Genomics
  ▪ “diagnosis” without a doctor
  ▪ Use by police/investigative teams (Golden State Killer case)
  ▪ Rights waived to future research and disclosure of information
• Genetic engineering
• Gene therapy
  ▪ Incidental genetic findings
• Icelandic heritage and national genome

Week 11: Reproductive Choice and Advancing Technologies
• Birth control
• Embryo selection during IVF (preimplantation genetic diagnosis (PGD))
• Disposal of embryos post IVF
• Cryopreservation of embryos (embryo status)
• Use of reproductive technologies vs adoption vs surrogacy
• Surrogacy and parenthood
  ▪ Rights of birth parent vs surrogates
  ▪ Rights of next of kin vs surrogates
• Reproductive cloning
• Population control (sterilization, gender preference, feticide)
• Economic (dis)incentivization of reproduction
• Right to abortion but not body autonomy in some cultures/religions

Weeks 12-13: Social Ethics of Medicine: Allocating Resources, Health Insurance & Transplantation

Allocating resources & Health Insurance
• High price of pharmaceuticals preventing access to life saving drugs
• Scarcity of therapeutics/diagnostics (COVID-19 tests)
  ▪ Who gets them and who decides?

Week 15: Benefit and Harm
• Balancing the elements of well-being: social, psychological, organic, legal, aesthetic, religious, economic
• Balancing the elements of medical well-being; preserve life, promote health, relieve suffering, cure disease
• Birth control – benefit or harm
• PREP as prophylaxis – benefit or harm
• Circumcision – benefit or harm

• Access to menstruation supplies across all social classes
• Access to health insurance across all social classes
• Marginally beneficial but expensive medical care
  ▪ Treating “inefficient” patients (ex: end of life care)
• What is medically necessary to be covered in insurance plans?
  ▪ Every diagnostic test possible?
  ▪ IVF? Cosmetic surgeries?
  ▪ Who decides this?
• Clinician bias in what services should be rendered/reduced
• Formularies and physician’s choice of payors

Transplantation
• Transplantation lists/how people are placed on them
• Blood donation eligibility for LGBTQ (historic and current policies)
• Related vs unrelated organ donors
• Local vs regional organ donation
• Black market and the worldwide organ trade
• Having one child to save another with no transplantation options
  ▪ Preimplantation genetic diagnosis