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>100 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><strong>Total</strong></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.
## USC School of Pharmacy
### RXRS 412: Ethics, Drugs, and Society

### 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>22 Aug</td>
<td>Introduction to Course</td>
<td>Chapter 1</td>
</tr>
<tr>
<td></td>
<td>24 Aug</td>
<td>Terrain of Ethics</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>29 Aug</td>
<td>Hippocratic Oath and Its Challenges</td>
<td>Chapter 2</td>
</tr>
<tr>
<td></td>
<td>31 Aug</td>
<td>Basis of Moral Standing</td>
<td>Chapter 3</td>
</tr>
<tr>
<td>3</td>
<td>5 Sep</td>
<td>Principle Based Approaches</td>
<td>Chapter 4</td>
</tr>
<tr>
<td></td>
<td>7 Sep</td>
<td>Patents and Pharmaceutical Economics</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>12 Sep</td>
<td>Alternative Approaches: Virtues, Casuistry and Narrative Ethics, Feminist Approaches and Care Ethics</td>
<td>Chapter 5</td>
</tr>
<tr>
<td></td>
<td>14 Sep</td>
<td>Student Debates 01</td>
<td>Selected by students</td>
</tr>
<tr>
<td>5</td>
<td>19 Sep</td>
<td>Social Ethics of Medicine: Research Involving Humans°</td>
<td>Chapter 12 (p 259-264)</td>
</tr>
<tr>
<td></td>
<td>21 Sep</td>
<td>Student Debates 02</td>
<td>Selected by students</td>
</tr>
<tr>
<td>6</td>
<td>26 Sep</td>
<td>Respect for Persons: Lying, Cheating, &amp; Breaking Promises</td>
<td>Chapter 7</td>
</tr>
<tr>
<td></td>
<td>28 Sep</td>
<td>Student Debates 03</td>
<td>Selected by students</td>
</tr>
<tr>
<td>7</td>
<td>3 Oct</td>
<td>The Principle of Avoiding Killing</td>
<td>Chapter 8</td>
</tr>
<tr>
<td></td>
<td>5 Oct</td>
<td>Student Debates 04</td>
<td>Selected by students</td>
</tr>
<tr>
<td>8</td>
<td>10 Oct</td>
<td>Midterm Exam</td>
<td>Chapter 9</td>
</tr>
<tr>
<td></td>
<td>12 Oct</td>
<td>No Class – Fall Break</td>
<td>Selected by students</td>
</tr>
<tr>
<td>9</td>
<td>17 Oct</td>
<td>Death and Dying for Patients</td>
<td>Chapter 9</td>
</tr>
<tr>
<td></td>
<td>19 Oct</td>
<td>Student Debates 05</td>
<td>Selected by students</td>
</tr>
<tr>
<td>10</td>
<td>24 Oct</td>
<td>Human Control of Life – Genetics</td>
<td>Chapter 10</td>
</tr>
<tr>
<td></td>
<td>26 Oct</td>
<td>Student Debates 06</td>
<td>Selected by students</td>
</tr>
<tr>
<td>11</td>
<td>31 Oct</td>
<td>Reproductive Choice and Advancing Technologies</td>
<td>Chapter 11</td>
</tr>
<tr>
<td></td>
<td>2 Nov</td>
<td>Student Debates 07</td>
<td>Selected by students</td>
</tr>
</tbody>
</table>
**USC School of Pharmacy**
**RXRS 412: Ethics, Drugs, and Society**

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Topic</th>
<th>Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>7 Nov</td>
<td>Social Ethics of Medicine: Allocating Resources &amp; Health Insurance</td>
<td>Chapter 12</td>
</tr>
<tr>
<td></td>
<td>9 Nov</td>
<td>Student Debates 08</td>
<td>Selected by students</td>
</tr>
<tr>
<td>13</td>
<td>14 Nov</td>
<td>Social Ethics of Medicine: Transplantation</td>
<td>Chapter 12</td>
</tr>
<tr>
<td></td>
<td>16 Nov</td>
<td>Student Debates 09</td>
<td>Selected by students</td>
</tr>
<tr>
<td>14</td>
<td>21 Nov</td>
<td>International Ethics and Regulations°</td>
<td>Readings to be Provided</td>
</tr>
<tr>
<td></td>
<td>23 Nov</td>
<td>Thanksgiving Recess</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>28 Nov</td>
<td>Professional Ethics and Conflicts of Interest°</td>
<td>Readings to be provided</td>
</tr>
<tr>
<td></td>
<td>30 Nov</td>
<td>Student Debates 10</td>
<td>Selected by students</td>
</tr>
<tr>
<td>16</td>
<td>6 Dec</td>
<td>Take Home Final Exam Due by 1 pm</td>
<td>N/A</td>
</tr>
</tbody>
</table>

° - Additional articles available in Blackboard

**Academic Integrity**

**Academic Integrity:**
The University of Southern California is a learning community committed to developing successful scholars and researchers dedicated to the pursuit of knowledge and the dissemination of ideas. Academic misconduct, which includes any act of dishonesty in the production or submission of academic work, comprises the integrity of the person who commits the act and can impugn the perceived integrity of the entire university community. It stands in opposition to the university’s mission to research, educate, and contribute productively to our community and the world.

All students are expected to submit assignments that represent their own original work, and that have been prepared specifically for the course or section for which they have been submitted. You may not submit work written by others or “recycle” work prepared for other courses without obtaining written permission from the instructor(s).

Other violations of academic integrity include, but are not limited to, cheating, plagiarism, fabrication (e.g., falsifying data), collusion, knowingly assisting others in acts of academic dishonesty, and any act that gains or is intended to gain an unfair academic advantage.

The impact of academic dishonesty is far-reaching and is considered a serious offense against the university. All incidences of academic misconduct will be reported to the Office of Academic Integrity and could result in outcomes such as failure on the assignment, failure in the course, suspension, or even expulsion from the university.

For more information about academic integrity see the student handbook or the Office of Academic Integrity’s website, and university policies on Research and Scholarship Misconduct.
Please ask your instructor if you are unsure what constitutes unauthorized assistance on an exam or assignment, or what information requires citation and/or attribution.

**Students and Disability Accommodations:**

USC welcomes students with disabilities into all of the University’s educational programs. The Office of Student Accessibility Services (OSAS) is responsible for the determination of appropriate accommodations for students who encounter disability-related barriers. Once a student has completed the OSAS process (registration, initial appointment, and submitted documentation) and accommodations are determined to be reasonable and appropriate, a Letter of Accommodation (LOA) will be available to generate for each course. The LOA must be given to each course instructor by the student and followed up with a discussion. This should be done as early in the semester as possible as accommodations are not retroactive. More information can be found at osas.usc.edu. You may contact OSAS at (213) 740-0776 or via email at osasfrontdesk@usc.edu.

**Support Systems:**

**Counseling and Mental Health** - (213) 740-9355 – 24/7 on call
Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention.

**988 Suicide and Crisis Lifeline** - 988 for both calls and text messages – 24/7 on call
The 988 Suicide and Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline is comprised of a national network of over 200 local crisis centers, combining custom local care and resources with national standards and best practices. The new, shorter phone number makes it easier for people to remember and access mental health crisis services (though the previous 1 (800) 273-8255 number will continue to function indefinitely) and represents a continued commitment to those in crisis.

**Relationship and Sexual Violence Prevention Services (RSVP)** - (213) 740-9355(WELL) – 24/7 on call
Free and confidential therapy services, workshops, and training for situations related to gender- and power-based harm (including sexual assault, intimate partner violence, and stalking).

**Office for Equity, Equal Opportunity, and Title IX (EEO-TIX)** - (213) 740-5086
Information about how to get help or help someone affected by harassment or discrimination, rights of protected classes, reporting options, and additional resources for students, faculty, staff, visitors, and applicants.

**Reporting Incidents of Bias or Harassment** - (213) 740-5086 or (213) 821-8298
Avenue to report incidents of bias, hate crimes, and microaggressions to the Office for Equity, Equal Opportunity, and Title for appropriate investigation, supportive measures, and response.

**The Office of Student Accessibility Services (OSAS)** - (213) 740-0776
OSAS ensures equal access for students with disabilities through providing academic accommodations and auxiliary aids in accordance with federal laws and university policy.
USC Campus Support and Intervention - (213) 740-0411
Assists students and families in resolving complex personal, financial, and academic issues adversely affecting their success as a student.

Diversity, Equity and Inclusion - (213) 740-2101
Information on events, programs and training, the Provost’s Diversity and Inclusion Council, Diversity Liaisons for each academic school, chronology, participation, and various resources for students.

USC Emergency - UPC: (213) 740-4321, HSC: (323) 442-1000 – 24/7 on call
Emergency assistance and avenue to report a crime. Latest updates regarding safety, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible.

USC Department of Public Safety - UPC: (213) 740-6000, HSC: (323) 442-1200 – 24/7 on call
Non-emergency assistance or information.

Office of the Ombuds - (213) 821-9556 (UPC) / (323-442-0382 (HSC)
A safe and confidential place to share your USC-related issues with a University Ombuds who will work with you to explore options or paths to manage your concern.

Occupational Therapy Faculty Practice - (323) 442-2850 or otfp@med.usc.edu
Confidential Lifestyle Redesign services for USC students to support health promoting habits and routines that enhance quality of life and academic performance.
Presentation Topics

General Topic List

<table>
<thead>
<tr>
<th>Week Number</th>
<th>General Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Social Ethics of Medicine: Human Subjects Research</td>
</tr>
<tr>
<td>5</td>
<td>Patents and Pharmaceutical Economics</td>
</tr>
<tr>
<td>6</td>
<td>Respect for Persons: Lying, Cheating, &amp; Breaking Promises</td>
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<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>14</td>
<td>International Ethics and Regulations</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 pro-position. 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. Highly insightful and complete.</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>
### 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: 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 5: Patents and Pharmaceutical Ethics**
- Drug patents morally justified?
- Evergreening
  - Product hopping
  - Aggressive advertising
  - Pay-for-delay
- Intellectual Property
- Incentives for R&D
- Exclusive license
- Generics and Patents
- Pricing and Patents
- Marketing of Drugs
- Prices of Drugs
- Funding of Clinical Trials for Drug Approval

**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
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?
  • 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

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
Week 14: International Ethics and Regulations

- US pharmaceutical industry influence
- Safety of drug manufacture
- Sales of Adulterated / Misbranded drugs
- Selection of study participants
- Access to medications
  - Pre-clinical trial
  - Post-clinical trial
- International market

- Developing countries
- Issues of vaccines
- Issues of biologics
- Transportation and supply line
- Counterfeiting and internet sales
- Cost effectiveness of treatment in poorer countries

Alternative Assignment – Missed Debate Days

The debates function as an important part of this course as it allows for the application of the ethical principles covered each week. This provides hands-on application of the ethics. The alternative assignment will consist of the following steps:

a. Based on the article selected for the week’s debate, you will write all three ethical perspectives: Pro, Con, and Patient Advocate.

b. Each argument should incorporate ethical theories we have covered in class.

c. The document should be 3 pages max. Double spaced, 12 point font, 1 inch margins, Arial or Times New Roman font style.

d. Please cite references to support your ethical arguments.

The alternative assignment should be submitted through Blackboard to the appropriate weekly debate upload folder. Alternative assignments must be submitted by the following Wednesday (i.e. within one week of the missed debate) to be considered for full credit. The “Preparation for the Debate” rubric will be used to grade alternative assignments.