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Bioethics Case Studies

UNESCO has developed a Bioethics Core Curriculum, and the case studies developed in this document supplement the range of materials available for testing the core curriculum. RUSHSAP provides many teaching materials that may be also used as teaching materials, and are available also in Word format. It would be appreciated that Institutions who are considering to use the UNESCO Core Curriculum in Bioethics in Asia and the Pacific countries contact Darryl Macer by Email: rushsap.bgk@unesco.org, to be associated to the formal trials of the curriculum, with evaluation on its applicability to your institution.

Links to the core curriculum teaching materials and cases is available on:

<http://www.unescobkk.org/rushsap/ethicseducationcorecurriculumtrials/>

This version is draft 1, of 10 June 2010, and is open to further expansion. The cases in this version are contributed mainly by Atsushi Asai and Anna Shimpo.

There is also a specific teaching guide document to accompany these RUSHSAP cases and the teaching materials.

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Unit 1 What is ethics?

Learning Objectives:

- Students should be able to recognize and distinguish an ethical issue from other issues.
- Students should be able to reason about ethical issues.

Case 1-1: The Lifeboat¹

You are now on 2 weeks cruise holiday with your friends. The ship carries 3,000 passengers and people enjoy their 2 weeks on board with nice meals at several restaurants, shopping on shopping floors, watching playing at theater, exercising in the swimming pool and a number of parties and events the cruise company organizes. On your 8th day on board, the disaster happened. A fire broke out in the ship and fireworks on the basement were caught. Immediately the explosion occurred and the emergency bell alarmed. The ship began to sink and people got in panic, dashing to the deck where they can get lifeboat. Fortunately you were standing at the gate when the accidents happened, so you could get the lifeboat immediately. Now your lifeboat is away from the ship with 11 people and you are helping the sailor to get some more people from the sea. The capacity of this lifeboat is 20 people but you can still see many people screaming and asking help around the lifeboat. Now you see your friend is swimming toward to the boat. The boat seems to be full.

Questions

- Q1. Facing the danger of capsizing the boat, what is your duty?*
- Q2. Compare the ethical duties you have to save your friend as compared to other people?*
- Q3. Will there be any criteria for you to decide who to get on the lifeboat from the sea?*
- Q4. What would be the most ethical behavior(s) in this situation?*
- Q5. Do you think it is possible to be ethical in this situation?*

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¹ Contributed by Anna Shimpo, Japan

Unit 1 What is ethics?

Learning Objectives:

- Students should be able to recognize and distinguish an ethical issue from other issues.
- Students should be able to reason about ethical issues.

Case 1-2: An environmental activist who has three showers a day²

A 35-year old man, Mario, is well known as an environmental activist of one of the most famous international NGOs. His activities and suggestions are well supported by many other professionals, institutions, and private firms. Since he is a popular person and also a hard worker, his daily life is quite busy, from 7 am to 1 am when he goes to bed. Still, however, he has time to spend with his family and to do exercise and have a shower or bath after that. This means that he is having a shower 3 times a day at least, in the morning, after exercise, and before going to bed. He uses a quite a lot of water compared to those who has a shower just once a day. Having showers in the morning and before going to bed are what he's been doing for more than 30 years. Mario is trying to have environment- friendly life style but has not thought about his shower routine very much. This year, because of the success of a large project on saving water he was nominated as "a person contributed to energy saving of a year".

Questions

Q1. Do you see any moral problems in this case?

Q2. Is 3time-shower a day a lot?

Q3. If people know that Mario takes showers three times a day, would they cancel the nomination of him as "a person contributed to energy saving of a year", and why or why not?

Q4. What do you suggest Mario if he considers using less water for his shower?

Video: "HSBC integrity advert"³

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² Contributed by Anna Shimpo, Japan

³ <http://www.youtube.com/watch?v=VrS9Crynlds>

Unit 2 What is bioethics?

Learning Objectives

- Students should be able to explain the difference between medical ethics and bioethics
- Students should be able to differentiate bioethics, law, culture, and religion
- Students should be able to explain the principles of bioethics and how to balance these principles in practice

Case 2-1: Prenatal diagnosis and abortion⁴

A 39 year-old Japanese woman, Naoko, who is in her 12th week pregnancy found her baby with Down's syndrome through the prenatal diagnosis. She was told by her doctor to decide if she still will give a birth or take an abortion. She has to make a decision by the 22nd week of her pregnancy when is the time limit she can take an abortion. The doctor also explained that even though she gives a birth, the baby would have a high risk of heart disease and may not live long. Her husband is against to have the baby to hear that because he is afraid of raising a disabled-child and the discrimination by others to his other two children who are 7 and 4 years old that they have a disabled sibling, while Naomi does not think about abortion at all specially because she has experienced stillbirth 3 years before. Abortion with a reason of the baby's disability or disease is illegal in Japan, however it is allowed to reasons as financial status and physical condition of the mother. Overcoming the hard time of decision, they decided to have a baby eventually. Unfortunately the baby passed away 12 days after she was born for the heavy heart disease. However, Naoko felt more appreciation to her baby who was born by herself even though she had heavy disease.

Questions

Q1. Do you agree with Naoko's decision? What will you do if you were in Naoko's situation?

Q2. What are your general impressions and the value of prenatal diagnosis in your culture and religion?

Q3. How the prenatal diagnosis useful? Is prenatal diagnosis always necessary for expected mothers?

Q4. Should the hospital tell all the results including congenital disorders they find through the prenatal diagnosis to the parents?

Q5. Do you agree with abortion in general, or is it acceptable with certain reasons or not?

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⁴ Contributed by Anna Shimpo, Japan; Modified from http://www.kyoto-np.co.jp/info/special/orenaiashi/060204_2_1.html

Unit 3 Human dignity and human rights

Learning objectives

- Students should be able to explain and apply the concepts of human dignity and human rights
- Students should understand the relevance of these concepts in the context of bioethics

Case 3-1: Donor sibling. Film: “My sister’s keeper” (2009)⁵

Synopsis of the Story

The eleven year old Anna seeks the successful lawyer Campbell Alexander trying to hire him to earn medical emancipation from her mother Sara that wants Anna to donate her kidney to her sister. She tells the lawyer the story of her family after the discovery that her older sister Kate has had leukemia; how she was conceived by in vitro fertilization to become a matching donor; and the medical procedures she has been submitted to since she was five years old to donate to her sister.

Questions

Q1. Should it be able to have a baby as a donor for his/ her sibling?

Q2. Who should be able to decide how and when the donor children contribute to their sibling?

Q3. If the donor child had a disease, should it be accepted to have another donor child for her or him?

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⁵ Trailers available at <http://www.mysisterskeepermovie.com/#video>.

⁵ Contributed by Anna Shimpo, Japan; Adapted from <http://www.imdb.com/title/tt1078588/plotsummary>.

Unit 3 Human dignity and human rights

Learning objectives

- Students should be able to explain and apply the concepts of human dignity and human rights
- Students should understand the relevance of these concepts in the context of bioethics

Case 3-2: Conflict of living will and family's wish⁶

A 60 year-old man suffering from high blood pressure has been seeing a doctor for 2 years. One night he collapsed while taking a bath at home and then was taken to ER, diagnosed subarachnoid hemorrhage. Eventually, he became to be in a brain death condition. He has executed a living will which mentions that he does not wish any treatment for life extension when there is no possibility of recovering from coma condition. Which means, according to his living will, his doctor needs to take a ventilator away from him soon. His wife, however, is not prepared for that moment and asked the doctor to wait for a little more time although she has known about her husband's living will very well. She seems to be stable when she is staying by his bed, but when the doctor talks to her about taking a ventilator from him, she becomes emotional so that the doctor cannot go on to the next step. The doctor is afraid of that she will be suffered from mental illness if the ventilator was taken away from her husband while the doctor concerns the patient's living will. The couple has two daughters and a son who are both in their 30s and 20s, and 3 grandchildren. They are all living around the town and come to a hospital few times a week. Family relationship is very well.

Questions

Q1. How should the balance between a living will and family's wish be taken in this case?

Q2. What would you do if you were his doctor? How about if you were one of the children of the couple?

Q3. Is a living will always prior to other's request? What are the legal perspectives on a living will in your country?

Q4. Is the patient's right violated because his living will has been ignored?

Q5. If a ventilator is taken away from the patient against his wife's request, is it possible to say that the wife's right or dignity was ignored by a sole interest of society which here is a system of "living will"?

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⁶ Contributed by Anna Shimpo, Japan

Unit 3 Human dignity and human rights

Learning objectives

- Students should be able to explain and apply the concepts of human dignity and human rights
- Students should understand the relevance of these concepts in the context of bioethics

Case3-3: Hysterectomy of handicapped child⁷

A 45 year-old Alison is a mother of a disabled 15-year-old daughter Katie who is suffers from severe cerebral palsy. Katie is wheelchair-bound, fed through a tube in her stomach and still wears nappies. She needs constant care. She cannot communicate well in words, for example, to tell someone when she feels uncomfortable physically. Recently, Alison asked doctors to give Katie a hysterectomy so that menstruation will not start to Katie. Otherwise, Alison says that Katie would be confused by period and it will cause her indignity, which is unnecessary suffering for Katie. Besides, Alison also mentions that Katie would not marry and have a child in future.

Questions

Q1. Do you agree with Alison's request? Why and why not?

Q2. What are ethical issues from this case?

Q3. How would Katie feel about her mother's idea?

Q4. Suppose Katie feel uncomfortable about her menstruation, is there any other possible way to deal with that instead of hysterectomy, and do you think that would be better option for Katie and Alison?

Q5. Although Katie's physical condition is healthy and does not require hysterectomy, Alison requests this with several reasons coming from that Katie is a disabled person. If there is separate guideline for disabled people over medical treatment will it help to protect human rights and human dignity of those people?

Q6. Some people claim that hysterectomy is about making life easier for parent but the child. Do you agree with that?

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⁷ Adopted from <http://news.bbc.co.uk/2/hi/health/7032736.stm> and <http://www.echo-news.co.uk/news/1113652.print/>. Contributed by Anna Shimpo, Japan. This case is related to case 14-2.

Unit 3 Human dignity and human rights

Learning objectives

- Students should be able to explain and apply the concepts of human dignity and human rights
- Students should understand the relevance of these concepts in the context of bioethics

Case 3- 4: Voluntarily active euthanasia⁸

A 70-year-old woman had a partial gastric resection for stomach cancer 2 years ago. Her condition was stable for a long time but recently she came to a hospital with continuous waist pain, a mild fever, and the decrease of her weight. As a result of thorough examination, local recurrence of stomach cancer and broad metastasis in bone were found. The medical team started palliative care and did pain control as much as possible, but strong pain continued. It was difficult to control emesis and coprostasis by the drug. Eventually, the patient was in a condition of constant hard pain. Prognosis was expected between a few days and a few weeks. Even though the patient asked the doctor to “help her die”, the doctor refused. The pain, however, became more serious and the patient said “I want to die” again, and her family also understood her wish. Since the hard pain continued even after injecting morphine, the doctor gave a rapid intravenous injection of potassium chloride.

Questions

Q1. What would happen to this doctor now if it's your country?

Q2. Did the act of the doctor morally correct?

Q3. Did the doctor need to give an injection in spite of that prognosis was expected up to a few weeks only?

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⁸ Contributed by Atsushi Asai, Japan

Unit 4 Benefit and harm

Learning Objectives

- Students should be able to identify harms and benefits in health care
- Students should be able to evaluate harms and benefit in health care
- Students should be able to justify decisions taking harms and benefits into account

Case 4-1: Cosmetic surgery⁹

A 37 year-old woman had been having problem of her body shape. She has tried so many diets by searching on internet and buying low calorie diet meals but nothing worked well for her. Her shape is not slim but quite normal as a woman in her 30s and had good balance of her weight and height. Even though she was healthy, she believed she had a little too much fat and always wanted to reduce them. One day, she went to have counseling with a cosmetic surgeon, and finally she decided to take a liposuction. Operation went smooth and it did not seem to have any difficult problem. However, after the operation she noticed strange a spotted appearance on her skin surface, which caused by that the cannula damaged tissue beneath the skin, which showed up.

Questions

Q1. What are benefit and harm of cosmetic surgery?

Q2. Do you agree with cosmetic surgery and why/why not, in what occasion?

Q3. What are differences between cosmetic surgery and other medical surgery?

Q4. Do you think the “happiness” led by cosmetic surgery can be part of “health” for the human being?

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⁹ Contributed by Anna Shimpo, Japan

Unit 5 Autonomy and individual responsibility

Learning Objectives

- Students should be able to explain the concepts of autonomy and individual responsibility and to understand their significance for the health care provider-patient relationship
- Students should understand the relationship between autonomy and individual responsibility

Case 5-1: “Doctor’s concern”¹⁰

A 75 year-old-man was suffering from repeated heart failure, as a secondary to cardiomyopathy, and the effects of treatment were getting smaller. One day he told his doctor that he does not want to have an active therapy when he has a heart failure next time, and also it was written on his living will. After a while the heart failure became worse quickly because of an infection, and the patient had an impaired consciousness. He was hospitalized immediately and had pharmacotherapy including a heavy use of medicine to cause diuresis but it did not work at all. His doctor wondered if there would be any legal problem if he respects the advance directive of the patients.

Questions

Q1. Are advance directives respected in your country?

Q2. Who should the doctor talk to respect the advance directive?

Q3. Would you regard the advance directive made by the 75year old man when he was 75 years old differently to an advance directive he made when he was 25 years old?

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¹⁰ Contributed by Atsushi Asai, Japan

Unit 5 Autonomy and individual responsibility

Learning Objectives

- Students should be able to explain the concepts of autonomy and individual responsibility and to understand their significance for the health care provider-patient relationship
- Students should understand the relationship between autonomy and individual responsibility

Case 5-2: Repeated attempts to commit suicide¹¹

A 21 year-old woman was taken by ambulance to the hospital with severe bleeding. She had tried to commit suicide by slashing her wrist in her bedroom, and her room mate found her, and called an ambulance. Hospital staff and doctors immediately identified her as Ms. D, because she had been taken there a few times in the past three years for the same reason. One of the staff nurses wondered if they really need to try to cure her injury again because it was obvious that she would try to commit suicide again, and would be carried here again. It is busy in the hospital and many other injured and sick people, who got sick through no fault of their own, are waiting for their turn to see a doctor for a long time. After the treatment, her doctor talked to her and she said she would not do the same thing again, which she says every time. She never answers questions about herself to the hospital counselor, or talks about the background, which causes this problem.

Questions

Q1. What is the most important issue of this situation?

Q2. Is it necessary to help her every time? Does she want it?

Q3. What would you do if you were her room mate?

Q4. Does the hospital need to know about her personal situation or private problems related to her behavior?

Q5. Should the hospital arrange for a counselor/social worker to visit her at home? Should the hospital be involved in out patient psychiatric care?

Q6. How should the health care system balance the involvement of counselors and patient's autonomy?

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¹¹ Contributed by Anna Shimpo, Japan

Unit 5 Autonomy and individual responsibility

Learning Objectives

- Students should be able to explain the concepts of autonomy and individual responsibility and to understand their significance for the health care provider-patient relationship
- Students should understand the relationship between autonomy and individual responsibility

Case 5-3: Decision to have unprotected sex with a HIV-infected partner¹²

A 47 year-old woman, L, is living in sub-urban area with her husband. This is the second marriage for both of them and now they have been together for 6 years and have no child. Both of the couple are working and having good careers, positions and incomes. One day when L was working at her office she has a phone call from the general hospital close by, that her husband had a car accident. Fortunately the accident was not serious and her husband was able to go home immediately after some medical checks including blood test. A few days later, however, L was told by her husband the result of his blood test which he had after the accident showed that he was HIV positive. L then also took a test next day, the result of which was negative. This was a big shock for both of them, especially because later L knew the cause of L's husband infection could be several sexual relationships he had with a couple of people including males in past. Even though this was hard for L to accept, she decides to support him as much as possible. Besides, she decides to have unprotected sex with her husband because she really loved him and wanted to share their love together, though she realized that there was a big risk that she would be infected with HIV.

Questions

Q1. Do you agree with L's decision?

Q2. What would you do if you found your partner is infected with HIV? Would you leave your partner? Would you still have sex with your partner either protected or unprotected?

Q3. Do you see the L's decision as autonomy? Why and why not?

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¹²Contributed by Anna Shimpo, Japan

Unit 5 Autonomy and individual responsibility

Learning Objectives

- Students should be able to explain the concepts of autonomy and individual responsibility and to understand their significance for the health care provider-patient relationship
- Students should understand the relationship between autonomy and individual responsibility

Case 5- 4: Patient refuses treatment¹³

A man in his 60s, suffered from chronic respiratory failure, caused by bacterial pneumonia and is taken to the hospital for respiratory failure. An endotracheal intubation was conducted. He has repeated the same kind of acute exacerbation, emergent hospitalization, and assisted breathing three times. Two weeks later when his pneumonia had calmed down and the situation became sustainable, tracheotomy was performed in the patient with consent. The patient's will was clear so that he could communicate with his family and medical staff well enough. Because of the repeated pneumonia and chronic obstructive pulmonary disease, however, a noninvertible organic shift was caused in his lung cells, and it became clear that there was almost no possibility that he could live without wearing a ventilator. Three months later since he started to wear a ventilator, there is no progress in his breathing system. In this situation, the patient wrote down to request to stop the artificial breathing and take the tube out from him. Which meant that he requested to stop artificial breath treatment after understanding completely that stopping artificial breath would lead to his death, and after making a comparison that "it is better to die instead of getting the life extended in such situation".

Questions

Q1. What are possible options of treatment for this case in your country?

Q2. What are important factors in informed consent you see from this case?

Q3. How do you reflect this case from the perspective of Lisbon Declaration of the World Medical Association?

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¹³ Contributed by Atsushi Asai, Japan

Unit 6 Consent

Learning Objectives

- Students should be able to explain the meaning of ‘consent’, ‘informed’, and ‘informed consent’; they should be able to define the principle of ‘informed consent’.
- Students should be able to explain what the process of informed consent requires
- Students should be able to explain how the principle of consent is applied in different interventions, research, and teaching
- Students should be able to explain how exceptions to the principle can be justified

Case 6-1: Defensive medicine, Caesarean section¹⁴

A 47-year-old obstetrician is working for a general hospital in middle size city. He delivers 11 babies a day on average via caesarean section mostly, the rate of which has been increasing. He personally believes that natural birth is an ideal way of giving birth for both mothers and babies but it's been becoming a minor way. There are several reasons for this, such as increasing maternal age, safety and ease, parents' schedule preferences, and preferences for doctor's office hour delivery. A significant reason, in particular for the hospital, is to avoid risk and accident related lawsuits. Recently the obstetrician's former colleague who is an obstetrician in another hospital was accused of not carrying out a caesarean section because the mother lost one of triplets after delivery. These facts make doctors and hospitals nervous and lead to defensive medicine more and more. Although he realizes this is not a healthy situation in medicine, he has no choice except for taking caesarean section in many deliveries once he finds any small possibilities of danger for the mother and/or her baby to have unexpected accidents.

Questions

Q1. What do you know about caesarean section?

Q2. Do you agree with caesarean section in general and why/ why not?

Q3. Is caesarean section acceptable as a part of defensive medicine?

Q4. What kind of information should be shared by physicians and patients to take caesarean sections?

Q5. Today, the percentage of caesarean section has been increasing in some countries, which often leads to premature birth. Should caesarean section be taken if the parents agreed with the possibility of prematurity?

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¹⁴ Contributed by Anna Shimpo, Japan

Unit 6 Consent

Learning Objectives

- Students should be able to explain the meaning of ‘consent’, ‘informed’, and ‘informed consent’; they should be able to define the principle of ‘informed consent’.
- Students should be able to explain what the process of informed consent requires
- Students should be able to explain how the principle of consent is applied in different interventions, research, and teaching
- Students should be able to explain how exceptions to the principle can be justified

Case 6-2: Patient does not want to make a decision ¹⁵

An old woman came to the hospital with symptoms of hand shaking, palpitation, and weight decrease. She was diagnosed as suffering from hyperthyroidism from the results of her blood test. Surgery, isotope treatment, and oral treatment could be an option for cures. Her doctor explained to her the details of benefits, risks, and expected issues from each treatment well, and took enough time to answer her questions. Eventually, the patient, however, said to the doctor, “I want you to do what you think the best. You are my doctor”.

Questions

Q1. Why does she not want to make a decision by herself?

Q2. What would other information be useful or necessary for her doctor?

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¹⁵ Contributed by Atsushi Asai, Japan

Unit 7 Persons without the capacity to consent

Learning Objectives

- Students should be able to explain the meaning of ‘capacity of consent’
- Students should be able to explain the criteria of capacity of consent
- Students should be able to explain how the criteria for consent are applied in different circumstances of treatment and research

Case 7-1: Doctor suggests certain treatment after consideration¹⁶

A 80-year-old man suffered pulmonary aspiration during a meal and was taken to the hospital. He was already apneic and suffering cardiopulmonary arrest on arrival. His heartbeat recovered but he was not able to breathe on his own so that he was connected to a ventilator. The doctor suspected brain death due to papillary enlargement and the extended breathlessness. There was no change next 48 hours. Before explaining the situation to the patient’s family, the doctor read several medical ethics text books, the latest medical ethics related documents, and clinical ethics check list, and then considered what would be the most proper treatment ethically. Then he suggested to the family that the ventilator be removed from the patient.

Questions

Q1. What is brain death?

Q2. Should brain dead persons remain connected to a ventilator?

Q3. What system should be used to help families accept brain death of their loved ones?

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¹⁶ Contributed by Atsushi Asai, Japan

Unit 7 Persons without the capacity to consent

Learning Objectives

- Students should be able to explain the meaning of ‘capacity of consent’
- Students should be able to explain the criteria of capacity of consent
- Students should be able to explain how the criteria for consent are applied in different circumstances of treatment and research

Case 7-2: Oral advance directive¹⁷

A man in his 60s was hospitalized for acute respiratory failure caused by pneumonia. He was admitted in an unconscious state and under severe low-oxygen conditions which were beyond the capacity of a ventilator so that he was then connected to a cardiopulmonary bypass. His condition was temporarily stable but became worse, so that there was failure of multiple organs and shock, and then severe disturbance of consciousness. About 3 weeks later, the family of the patient requested to stop treatment since the patient had told them not to do unreasonable apothanasia. At this moment, his medical team predicted his life was only a few days at most. His practice team considered possible actions, and then stopped the cardiopulmonary bypass after explaining the family and receiving a signed consent form from them.

Questions

- Q1. Can the family make decisions on behalf of a patient who cannot give their consent?*
- Q2. Does the prognosis of the patient affect the ethical response?*
- Q3. What would you do if you were a nurse who opposed this medical decision?*

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¹⁷ Contributed by Atsushi Asai, Japan

Unit 7 Persons without the capacity to consent

Learning Objectives

- Students should be able to explain the meaning of ‘capacity of consent’
- Students should be able to explain the criteria of capacity of consent
- Students should be able to explain how the criteria for consent are applied in different circumstances of treatment and research

Case 7-3: Ethics committee cannot make a decision¹⁸

A 80-year-old woman was found nearly drowned in her bathroom and was taken to the hospital. Even after providing resuscitation she was apneic and in a coma, the doctor judged that it would be quite difficult for her to recover. One day the family showed her doctor a paper on which she had written that she does not want to have a life-sustaining treatment if there was no possibility of recovering. Her family also required stopping the treatment. The ethics committee of the hospital was organized and 10 people from different medical fields discussed future treatment. However, there were so many different opinions and the committee could not make a decision.

Questions

- Q1. When a person has written their intention in a free style on a paper, can it be accepted as a living will?*
- Q2. On what grounds do you think some in the ethics committee are against following out the wishes of the family and patient?*
- Q3. What is the next step for the family?*

Further Reading: Mental Capacity Act 2005. Guidance for health professionals.
http://www.bma.org.uk/images/mentalcapacityactguidanceaug2009_tcm41-190120.pdf

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¹⁸ Contributed by Atsushi Asai, Japan

Unit 7 Persons without the capacity to consent

Learning Objectives

- Students should be able to explain the meaning of ‘capacity of consent’
- Students should be able to explain the criteria of capacity of consent
- Students should be able to explain how the criteria for consent are applied in different circumstances of treatment and research

Case 7-4: Should tube feeding and ventilator be started or not? ¹⁹

A 90 year-old bedridden patient spends most of the day sleeping. She has a disuse failure for her age and needs complete assistance in daily life including feeding. She is not unconscious but does not express clear intention and no communication can be made with her. Lately she has been eating less. Also she has deglutition disorder and chokes often. There is no advance directive about healthcare and treatment from her. What should be done when she becomes unable to eat? What should be done if she suffers respiratory failure for intractable aspiration pneumonia?

Questions

Q1. Does our autonomy depend upon our preferred activities during the day?

Q2. Have you spent time in an elderly care facility?

Q3. Should persons entering such a facility be asked about DNR (do not resuscitate) orders?

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¹⁹ Contributed by Atsushi Asai, Japan

Unit 8 Respect for human vulnerability and personal integrity

Learning Objectives

- Students should be able to explain the principle of respect for human vulnerability
- Students should be able to analyze the interrelationship between present day scientific medicine and human vulnerability and to illustrate the difficulties in this relationship with example
- Students should be able to specify the connections of the principle of respect for human vulnerability with the notion of personal integrity and with care ethics

Case 8-1: Telling the truth or not to the terminal cancer patient?²⁰

A woman in 50s was diagnosed pancreatic cancer and liver metastasis. Her husband thought she would be shocked a lot and told that to her doctor. Then the doctor explained to her that the pain she had was caused by the operation she had taken 2 years before and started palliative care. However, the pain became bigger beyond control and she started to refuse the treatment. Her doctor considered drug injection but it causes unconsciousness. Her daughter wanted to let her mother know the truth because she thought her mother should have some requests. However, other family members were against that because they thought she would get heavy psychological damage.

Questions

Q1. Would you tell your mother the cancer diagnosis?

Q2. Would you expect your daughter to tell you?

Q3. How can family disagreements of disclosure be resolved? What should the medical team do?

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²⁰ Contributed by Atsushi Asai, Japan

Unit 8 Respect for human vulnerability and personal integrity

Learning Objectives

- Students should be able to explain the principle of respect for human vulnerability
- Students should be able to analyze the interrelationship between present day scientific medicine and human vulnerability and to illustrate the difficulties in this relationship with example
- Students should be able to specify the connections of the principle of respect for human vulnerability with the notion of personal integrity and with care ethics

Case 8-2: Is the decision of family for the patient?²¹

A 77 year-old-man has been in treatment ward for Alzheimer's disease. His abilities of memorization, orientation, and judgment were continually decreasing, and he had problems of wandering, delirium, paranoia, and insomnia. He had neither gait disorder nor deglutition disorder. One day he fell down and became not to be able to keep a standing position. He claimed pain in his leg and his doctor found a femoral fracture through the X-ray. The doctor explained this to the family, and suggested his family take him to see an orthopedic specialist. He judged that the patient needed to have surgery since both bone adhesion and pain relief were difficult to be cured through the conservative therapy because of the significant ectopia. However, his family denied the treatment. Two days after falling down, he could not make postural changes because of pain, and then had bedsores in the sacral region.

Questions

Q1. Have you ever broken a bone?

Q2. Is there any reason that persons with Alzheimer's disease might receive different treatment to other persons for any condition?

Q3. What should the medical team do now?

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²¹ Contributed by Atsushi Asai, Japan

Unit 9 Privacy and confidentiality

Learning objectives

- Students should be able to why patient privacy and confidentiality should be respected
- Students should be able to recognize legitimate exceptions to confidentiality

Case 9-1: Health insurance and privacy²²

A 21 year-old Japanese woman who is a university student has been considering going to see a psychiatrist. Since she has national health insurance, she has to pay the hospital only 30% of the total medical cost, which she thinks she can afford. What makes her pause, however, is that if she uses the national health insurance her hospital visits will be reported to her father through the company he is working for, which she does not want to happen. Details of treatment or prescribed medicines are not reported but because the name of hospital/clinic she attends will be reported her family can guess her conditions. This means she cannot hide the fact that she sees a psychiatrist and that will make them worry. This is because she is a dependent family member of her father in the national health insurance system until she starts to work after graduating from the university. Another option is that she pays all the cost by herself without using the national health insurance but then this is too costly and she cannot go to see a psychiatrist. She has been wondering what to do but she really does not want to let her family know about this and be worried about her.

Questions

Q1. Do privacy and confidentiality exist within a family?

Q2. Should family member know about all the health issues and hospital visits each other?

Q3. Does your country have a health insurance system? What are issues related to privacy and confidentiality it has?

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²² Contributed by Anna Shimpo, Japan

Unit 9 Privacy and confidentiality

Learning objectives

- Students should be able to why patient privacy and confidentiality should be respected
- Students should be able to recognize legitimate exceptions to confidentiality

Case 9-2: Minor's request²³

A 17 year-old woman came to the hospital with her mother. The doctor diagnosed bacterial urethritis. Antibiotic treatment was started empirically and pathogenic bacteria identification tests were taken. She came to the hospital alone for the second time and the urethritis appeared to be improving. As a result of the test, Neisseria gonorrhoeae and Chlamydia trachomatis were found out. The patient was explained about these and understood the condition and realized why that happened to her. Also she understood that her partner also needed to be cured. Seven days later, as her third visit, she came to the hospital with her mother again but saw a doctor alone and said that she has recovered completely. She told her doctor that she explained her partner the necessity of treatment and then the partner started to have treatment at another clinic. However, she asked the doctor not to tell her parents about this whole thing.

Questions

Q1. What is the legal age of consent?

Q2. Should the sexual activity of a 17 year old be discussed with her parents?

Q3. What is parental consent? For what medical issues is it necessary at this age?

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²³ Contributed by Atsushi Asai, Japan

Unit 9 Privacy and confidentiality

Learning objectives

- Students should be able to why patient privacy and confidentiality should be respected
- Students should be able to recognize legitimate exceptions to confidentiality

Case 9-3: Conversations between medical professionals²⁴

A resident in his 5th year was discussing a difficult clinical state and diagnosis of one patient with his interns in the elevator of the hospital. They kept discussing when they were walking in the hall way and in the hospital cafeteria during their lunch. Also, the resident talked about the patient with his wife who is also a doctor, at his home. In these conversations, the patient's real name appeared in spots.

Questions

Q1. What is medical confidentiality?

Q2. Which places can the medical team discuss cases?

Q3. Can a health care professional discuss difficult cases with their spouse?

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²⁴ Contributed by Atsushi Asai, Japan

Unit 9 Privacy and confidentiality

Learning objectives

- Students should be able to why patient privacy and confidentiality should be respected
- Students should be able to recognize legitimate exceptions to confidentiality

Case 9-4: Information disclosure to the relative²⁵

A certain country's Muscular Dystrophy Association is considering their policy on the propriety of the preimplantation genetic diagnosis of severe dystrophy. Besides, they are considering the scope of the confidentiality when the mother is diagnosed as a carrier of severe dystrophy. Does only the mother have the right to control the information because it is her personal information, or do her close relatives also have a right to share the information based on the "necessity of knowing" to consider their family plan because the genetic information is shared by relatives?

Questions

Q1. Give some examples of rule or law related to privacy and confidentiality in medicine in your country or hospital.

Q2. If a boy of a couple is suffered from the severe dystrophy and his mother is diagnosed as an asymptomatic carrier by the genetic test, do sisters of her have right to know that fact?

Q3. What should be done if the mother did not want to disclosure this information even to her sister?

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²⁵ Contributed by Atushi Asai, Japan

Unit 10 Equality, justice, and equity

Learning Objectives

- Students should be able to identify and deal with the ethical issues involved in allocating scarce health care resources
- Students should be able to recognize conflicts between the health care professional's obligations to patients and to society and identify the reasons for the conflicts

Case 10-1: Triage²⁶

A 12-year-old boy, accompanied by his mother, came to the hospital with high fever, headache and diarrhea. Since it was January with cold and dry weather, and the epidemic had already started in the area, and the doctor suspected influenza immediately. The doctor guessed the boy was infected by influenza. He was acutely ill, so the doctor judged it was necessary for him to be ventilated. Then, however, they found out that all the 5 ventilators that the department had were currently in use for another 11-year-old girl with influenza and 4 elderly people in chronic care. This 11-year-old girl has just come yesterday and has seemed to start recovering, but her doctors request her to be ventilated for one more night at least. Also, the 4 elderly people cannot live without a ventilator.

In addition, the epidemic of influenza is expected to get more serious within a week or so, and it is expected that the hospital would be full of patients infected by influenza, and some of them, especially elderly people and young children would need a ventilator.

Questions

Q1. Names some of the conflicts and problems in this case?

Q2. What issues cause ethical issues in this case?

Q3. Do you think one of 5 ventilators in use should be connected to the boy? If yes, in what occasion or with what reason will it happen? If no, what are reasons and should those reasons be based on ethics, rational or something else?

Q4. As is mentioned, the hospital would have problems over the capacity of those who need ventilator as the epidemic becomes more serious.

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²⁶ Contributed by Anna Shimpo, Japan

Unit 11 Non-discrimination and non-stigmatization

Learning Objectives

- Students should be able to explain the concepts of discrimination and stigmatization in the context of bioethics
- Students should be able to identify different contexts and bases of discrimination and stigmatization and their implications
- Students should be able to identify and deal with situations where exceptions to the principle can be justified

Case 11-1: HIV test and result report to a couple²⁷

Alisa, 34 years old and Kenji, 32 years old, are a Japanese couple that has been together for 9 years. They are not married but have been living together and sharing a household. They are thinking to have a baby in the near future but neither of them think about getting married because they believe it is not necessary to start a family.

One day they went to a local health care center which provides free HIV tests. They did not have any concern that either of them would have a problem but thought it is good opportunity for them before having baby and also because they have had never taken the tests in the past. While waiting for the results after tests, they filled in some information about their age, gender, marital status, health information, diet and other question. This is not for identifying who took tests so that they did not need to tell their name or address, nor other personal information that can identify the person later.

When their names were called to tell the results, they were led to different rooms separately. It was a small surprise for them because they thought they would be told the results together, so Alisa asked about that to the staff. Then the staff told them that they do not inform the results to anyone except the person who took the test and his/her spouse, even though the person who took the test agreed to have his/her partner to hear the result. If they want to know the results of their partners, they have to tell each other what they were told in the center. Eventually they followed the center's rule and heard each result separately. However this made them confused in the sense that they have to be married to hear the results of HIV tests and also they did not understand why the health care center has different attitudes towards married couples and unmarried couples.

Questions

Q1. What is behind the different attitudes of the health care centre to married and unmarried couples when the health care centers tell the results of these tests?

Q2. Should there be any policy that results of certain disease or medical tests should be informed only to the first person or limited family member(s), even though the first person agreed or wanted to have the third party with her or him?

Q3. Some couples choose not to marry but stay together just like married couples, or many young couples start living together before they marry recently. Also couples of the same gender are not allowed to marry by law in some places, though they want to. When people are in this situation, what considerations should apply in medical treatment?

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²⁷ Contributed by Anna Shimpo, Japan

Unit 12 Respect for cultural diversity and pluralism

Learning Objectives

- Students should be able to explain the meaning of ‘culture’ and why it is important to respect cultural diversity
- Students should be able to explain the meaning of pluralism and why it is important in the field of bioethics
- Students should be able to deal with cultural diversity and take into consideration cultural specificities (appropriate approach, positive inputs and limits) with respect to the fundamental principles of bioethics and human rights

Case 12-1: Baby with intersex condition²⁸

A baby of a couple was born as their third child two weeks ago. The baby has intersex condition and the doctor told the parents that the baby needs a surgery, which means that it is required to choose one of two sexes. Since the condition does not cause physical suffering to the health or life of the person, the surgery can be taken in the future when the baby grows up and knows what sexual identity she or he has. Although the parents understand the importance of respecting the child’s will, they worry that the child would be confused with their condition and may not be able to suit to the society, which could cause a number of serious problems. Also they may face discrimination from others and that they cannot expect what kind of difficulties they would have were another concern. The parents thought that even if they decide the sex for the child and get the surgery done, the child does not need to know this condition, and can grow up just like other children.

Questions

Q1. What do you know about intersex condition? What are differences between the Intersex and the Gender Identity Disorder?

Q2. What are benefits and harms of taking the surgery early? Should surgery be delayed until when the child can decide?

Q3. What would you do if you are a parent of the baby?

Q4. Do you think there should be a choice of not taking surgery forever, if the person does not want to?

Q5. What kind of difficulties do you imagine for people with intersex condition in society? How could it be solved?

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²⁸ Contributed by Anna Shimpo, Japan

Unit 12 Respect for cultural diversity and pluralism

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Case 12-2: Palm Reading²⁹

This 7 year-old boy, JJ, is living in a small village where people are living on agriculture and farming. One day he was suffered by serious sickness with high fever and headache. It was a heavy raining season so that the road was flood and JJ’s parents could not bring him to the hospital in a near town even. All they could do is to pray and wait for the rain stops while JJ is lying down on a floor. After two days when JJ was still sick and the weather did not seem to be recovered, his grandmother looked at JJ’s hand said, “His life line on the hand is short. We have to get it longer, and he will survive”. Palm reading is the way of characterizing or foretelling the future or condition of the person by reading lines on the palm. One of the three main lines on a palm is called “life line”, which indicates the length of life, and it is often believed that long life line mean the ling life time. JJ’s grandmother strongly believed in the palm reading and also the palm reading was regarded as the traditional intellectual and spiritual wisdom in the village. Discussing within the family, JJ’s parents and grandmother decided to make JJ’s life line on the palm longer by using a knife, which JJ’s grandmother did eventually. A big scar was made on the JJ’s palm and it looks be connected from the life line. JJ’s condition did not change next two days but in the morning on the third day, JJ’s mother found his temperature became normal and his color was good on his face. Then he slowly recovered and when he finally went to see a doctor after a week, he was completely fine. He and his family, and also people in the village believe that changing his palm saved JJ’s life.

Questions

Q1. Do you think that changing palm helped the JJ’s recover from sickness?

Q2. Do you agree with that JJ’s family decided to cut his hand based on their belief or do you see any problem in their decision? Why?

Q3. Do you know any other customs, beliefs, and treatments related to life control or medicine that certain people or groups do?

Q4. Among those in Q3, is there anything which you think should be prohibited? Why?

Q5. How should we take a balance between different cultures in bioethics? What are important points to concern when the specific cultural behavior or custom is taken as a tool of medicine or an activity related to life and health?

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²⁹ Contributed by Anna Shimpo, Japan

Unit 12 Respect for cultural diversity and pluralism

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Case 12-3: Artificial breathing to the patient after brain death³⁰

A man in his 50s who had a traffic accident was taken to the ER with an injury to his head, in a deep coma without self breathing. Emergency surgery on his head and brain protection did not lead to any progress. While keeping the intensive care, the medical team discussed with his family for the care plan and then he was given “clinical brain death diagnosis”. As a result, the patient was diagnosed in a brain death condition. There is no possibility that the patient will recover from the brain death condition. Since the patient did not wish to be a donor for organ transplants, his family required the hospital to stop the life-saving measure. A several medical staff, however, claimed to continue the artificial breathing.

Questions

Q1. What would be the next step of treatment in your country?

Q2. Do you think brain death is human death? Why?

Q3. What will you do if you are a family of this patient?

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³⁰ Contributed by Atushi Asai, Japan

Unit 13 Solidarity and cooperation

Learning Objectives

- Students should be able to explain the development of the notion of solidarity in different societies
- Students should be able to describe the difference between solidarity as an instrumental and a moral value
- Students should be able to give examples of solidarity in the context of health care and research

Case 13-1: Defensive medicine, “Is there a doctor on board?” and Good Samaritan law³¹

I am a 38 year-old physician. 2 weeks ago I was on flight from Okinawa to Tokyo after enjoying a vacation with my family. 40 minutes after taking off, there was an announcement to ask if there was a physician on the plane because they had a medical situation onboard. Instead of telling a flight attendant that I am a physician immediately, I was having something else in my mind, which is “I want to know what ‘s happening and I might be able to help that person but what if I could not do anything or nothing improved. People would be disappointed, the person might get angry or sue me for what I do as medical malpractice, and airlines do not take any responsibility for the results of what I do”.

Questions

Q1. Does a “Good Samaritan Law” exist in your country?

Q2. Do you agree with my behavior or should I have said that I am a physician?

Q3. What would you do in this situation if you were a physician?

Q4. Should physicians always contribute to medical need situations even though it is outside their work place or own professional fields?

Q5. Is a “Good Samaritan Law” necessary to protect medical professionals?

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³¹ Contributed by Anna Shimpo, Japan

Unit 14 Social responsibility and health

Learning Objectives

- Students should become acquainted with the shared responsibilities of the state and various sectors of society in regard to health and social development
- Students should understand the requirements of global justice and the notion of the highest attainable standard of health care as a right
- Students should be able to explain the health status is a function of social and living conditions and that attainment of the highest attainable standard of health care depends upon the attainment of minimum levels of social and living conditions
- Students should be able to appreciate the urgent need to ensure that progress in science and technology facilitates access to quality health care and essential medicines as well as the improvement of living conditions and the environment, especially for marginalized segments of the population
- Students should be able to analyze potentially exploitative social practices and or arrangements affecting public health and recommend possible solutions

Case 14-1: Medical tourism³²

A 64 year-old American man has been having problems related to heart disease. One day he was told by his doctor that he needs to have bypass surgery performed. Otherwise, he could die anytime in the near future. However, he has financial problems to pay for the surgery. Generally speaking, it is said that bypass surgery costs USD40,000 in the United States, which he cannot afford. After a few days he was searching about bypass surgery randomly on the web, and found one article about a British woman who went to Thailand for cosmetic surgery. It mentioned that there were high quality and low cost medicines in developing countries. He saw advertisements on the web that said that the hospitals there had doctors trained in the U.S.A., Europe or Australia, and spoke English. Then he found it cost only 25% of US price for the bypass surgery in Thailand and made a decision to go there. Now 10 months after the operation, he's been recovering well and enjoying time with his family at home again.

Questions

Q1. Do you agree with medical tourism in general, and in this case?

Q2. What are the benefits and harms of medical tourism?

Q3. Do you think you would like to take this kind of opportunity if you need medical treatment?

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³² Contributed by Anna Shimpo, Japan

Unit 14 Social responsibility and health

Learning Objectives

- Students should become acquainted with the shared responsibilities of the state and various sectors of society in regard to health and social development
- Students should understand the requirements of global justice and the notion of the highest attainable standard of health care as a right
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- Students should be able to analyze potentially exploitative social practices and or arrangements affecting public health and recommend possible solutions

Case 14-2: Social support to care personnel³³

Alison, a mother of severely disabled daughter requested doctors to give a hysterectomy to prevent the daughter from discomfort and stress coming from menstruation. This led a big attention from experts in various field and also from society, and caused a serious discussion over the topic. Although many people are critical about Alison's request, Alison's decision seems to be concrete. One day she mentions in an interview about the radio broadcast which has criticized her, "At the time I was getting Katie ready for school, changing her nappy and doing all the everyday things I have to do with her. I was thinking why don't you come and stand here and do what I'm doing now and then you'll be qualified to make claims like that on the radio?" She also says, "I'm Katie's expert and I challenge any expert out there to tell me they know what's best for my daughter better than me."

Questions

Q1. Give examples of vulnerable people in a society.

Q2. Could care personnel be vulnerable people of vulnerable people in society?

Q3. What kind of emotions to whom do you see in Alison's comments above, such as anger, sadness, tiredness, excitement or something else?

Q4. What are social responsibilities to care personnel? What kind of support do care personnel need from society, government and other sector of society?

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³³ Adapted from <http://www.echo-news.co.uk/news/1113652.print/>. Contributed by Anna Shimpo, Japan. This case is related to case 3-3.

Unit 15 Sharing benefits

Learning Objectives

- Students should be able to understand the need for ensuring that scientific knowledge contributes to a more equitable, prosperous and sustainable world
- Students should be able to explain that scientific knowledge has become a crucial factor in the production of wealth, but at the same time has perpetuated its inequitable distribution
- Students should be able to explain the reality that most of the benefits of science are unevenly distributed among countries, regions and social groups, and between the sexes
- Students should be able to analyse efforts that have been undertaken at various levels to promote the sharing of the benefits of scientific knowledge and research and to explore novel initiatives that may be undertaken
- Students should be able to identify and assess potentially undue or improper inducements in different research settings/situations

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Unit 16 Protecting future generations

Learning Objectives:

- Students should be able to explain the principle of protecting future generations
- Students should be able to evaluate the possibilities and difficulties in the application of the principle in practical settings

Case 16-1: Brain-enhancing drug use for adults³⁴

This 47-year-old man is a succeeded owner chef of Italian restaurant in one of the largest cities in the world. He opened this restaurant 3 years ago and it has been busy and popular. Every morning his day starts at 4 am when he gets up and goes to several markets. After a long busy day, finishing dinner time and cleaning, he finally goes to bed 1am every night, which mean he has only 3 hours to sleep, but he never feels tired at his work. The reason is not simply because he loves his work and is really enjoying and happy with this situation, but also he regularly uses an analeptic drug, Modafinil, which is normally prescribed for narcolepsy, shift work sleep disorder, and excessive daytime sleepiness. Since he started to use this drug 2 years ago, it enables him to focus on his work continually with more energy and less sleeping, which led his present success, he believes. He does not have any big problem caused by this drug at a moment and is going to keep this life style.

Questions

Q1. What are benefits and harms of using these drugs?

Q2. What causes the use of these drugs in general? Do you agree with that this man is using them constantly?

Q4. Have you ever taken these drugs, other types of energy supplement/drink, or vitamin shot, such as high caffeine/taurine containing food and drink? If yes, what occasion was that and was it good decision? Also, will you use again in future?

Q5. Should these drugs be banned strictly by laws/authority or be opened more to market and make it easier for people to buy?

Q6. If it becomes popular to use brain-enhancing drugs among people in future, what kind of effect would there be in individual and society?

Q7. Some people warn that use of these drugs by more people in the future will lead to the use by other people who actually do not want to use them because a higher quality of work will be required in a short time, which you can manage only by having these medicines eventually. Do you agree with this argument?

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³⁴ Contributed by Anna Shimpo, Japan

Unit 17 Protection of the environment, the biosphere and biodiversity

Learning Objectives

- Students should be able to explain how bioethics is related to environmental issues
- Students should be able to analyse environmental issues from anthropocentric, biocentric and ecocentric ethical perspectives
- Students should be able to describe sustainable development

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