



October 31, 2018

John Carey, Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, Ohio 43215

Dear Chancellor Carey:

The Ohio State University seeks approval to add additional Level I courses for students participating in the College Credit Plus program.

**NAME OF
COLLEGE/UNIVERSITY
SEEKING APPROVAL:**

The Ohio State University

**PERSON REQUESTING
APPROVAL:**

Michele C. Brown, Program Director, College Credit Plus Programs,
brown.1112@osu.edu, 614-688-4468

**NAME OF COURSE TO BE
CONSIDERED FOR APPROVAL:**

Bioethics 2000 – Theory and Foundation of Bioethics

**DESCRIPTION WHY STUDENTS
WILL BENEFIT FROM COURSE
AS LEVEL 1:**

Ohio State has created a Center for Bioethics, which is housed within the OSU Wexner Medical Center and the College of Medicine. The center brings together experts from multiple inter-professional disciplines and perspectives to facilitate discussions of ethical issues.

Bioethics 2000, Theory and Foundation of Bioethics, meets a general education, cultures and ideas requirement at Ohio State. This course explores moral concerns and ethical decision making in medicine and health care. The course analyzes concerns regarding equality, justice, and individual rights to health care.

This course has become one of the most popular options for CCP students. Many of our CCP students are interested in entering the health field, and are excited to enroll in a class that discusses these important topics. It allows them to personalize their CCP experience, rather than taking a more general Introduction to Ethics course.

Autumn Term 2014

Theory and Foundations of Bioethics

BSGP 2000, MW 4-5:15
[Classroom local]

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1. COURSE DESCRIPTION

This course explores moral concerns and ethical decision making in medicine and healthcare. Topics include healthcare reform, informed consent, quality of life decision-making, decisions to allow to die, rationing, futility, and scarcity of resources. In particular, we will analyze concerns regarding equity, justice, and individual rights to health care. There is no prerequisite to this course.

2. COURSE OBJECTIVES

Students taking this course will learn to

- a. understand the general features (and limitations) of current bioethical discussion
- b. identify the normative, contemporary values of medical decision-making
- c. identify the moral questions that medical practice and the health issues raise
- d. differentiate between ethically problematic or significant situations and situations which do not require ethical analysis
- e. evaluate common beliefs about medical ethics
- f. conceptualize the nature of a medical relationship, and understand the moral principles such relationships involve
- g. apply moral reasoning to specific situations and defend the conclusions of that reasoning
- h. write clearly, eloquently and effectively about particular moral dilemmas
- i. direct and manage their own future learning about ethics

3. GE *Culture and Ideas* Goals and ELO

3.1 *Goals*

Students evaluate significant cultural phenomena and ideas in order to develop capacities for aesthetic and historical response and judgment; and interpretation and evaluation.

Expected Learning Outcomes:

3.2 Students analyze and interpret major forms of human thought, culture, and expression.

3.3 Students evaluate how ideas influence the character of human beliefs, the perception of reality, and the norms which guide human behavior.

How BSGP2000 helps students achieve these ELOs: Bioethics is a major form of human thought, culture, and expression as healthcare and medicine are realities all human engage. As such, BSGP2000 addresses *identification* and *understanding* of biomedical ethics as a major form of human thought, culture, and expression. Likewise, this course seeks to address different modes of *evaluating*, *conceptualizing*, and *applying* how bioethics functions as a norm that affects one's perception of reality and guides human behavior.

4. REQUIREMENTS

4.1 *Attendance*

Attendance and class participation are required.

4.2 *Homework*

For each set of readings there are assigned reading questions.

Due date: Each Wednesday (or second class meeting of the week) students are to turn in answers to the reading questions. Each set of questions should be no more than 2 typed double spaced pages. Homework must be turned in by the beginning of class, or, prior to the class, to Kelly Bolt (2190 Graves Hall). Please note: we are unable to accept homework via email.

4.3 *Papers*

There are two short research papers due. Each should be 10 typed double spaced pages in length on a topic approved by the instructors. General grading criteria will include depth of research and analysis, clarity of presentation, style of composition, the ability to reason soundly to interesting conclusions, and clear indication that the paper has been a learning experience. These are research papers, so external research from scholarly sources is essential.

4.4 *Late Penalty*

Late penalty: papers turned in late will lose one half of a letter grade each day they are late, including Saturday and Sunday. Please note: we are unable to accept papers by email.

5. SPECIAL ACCOMMODATIONS

Students with disabilities that have been certified by the Office for Disability Services will be appropriately accommodated and should inform the instructor as soon as possible of their needs. The Office for Disability Services is located in 150 Pomerene Hall, 1760 Neil Avenue; telephone 292-3307, TDD 292-0901; <http://www.ods.ohio-state.edu/>.

6. ACADEMIC INTEGRITY & MISCONDUCT

OSU official statement on academic misconduct: "It is the responsibility of the Committee on Academic Misconduct to investigate or establish procedures for the investigation of all reported cases of student academic misconduct. The term "academic misconduct" includes all forms of student academic misconduct wherever committed; illustrated by, but not limited to, cases of plagiarism and dishonest practices in connection with examinations. Instructors shall report all instances of alleged academic misconduct to the committee (Faculty Rule 3335-5-487). For additional information, see the Code of Student Conduct <http://studentlife.osu.edu/csc/>." Further, plagiarism is defined as "the representation of another's work or ideas as one's own; it includes the unacknowledged word for word use and/or paraphrasing of another person's work, and/or the inappropriate unacknowledged use of another person's ideas" (www.studentaffairs.osu.edu/csc/).

7. GRADES

Weekly responses to the reading questions = 25%

First paper = 35%

Second paper = 40 %

8. TEXTS

Engelhardt, Jr., H.T.: 1996, *The Foundations of Bioethics*, second edition, Oxford University Press, New York.

Other Readings:

Selections from *The Journal of Medicine and Philosophy*— some distributed and some on Carmen

Selected readings on health care in Hong Kong— some distributed and some on Carmen

Selected readings on health care in Canada— some distributed and some on Carmen

Selected readings on Intensive Care Medicine—some distributed and some on Carmen

9. APPROXIMATE SCHEDULE

7.1 Theory and Foundations	
Class/date 1	Introduction: scarcity, rights talk and the hope for a decent minimum
...class / date # 2	Basic Concepts: health care as a right. Health care as a commodity.
# 3, etc	Basic Concepts: some potentially futile reflections on medical futility.
	Engelhardt: Preface and Ch. 1
	Engelhardt: Chs. 2 & 3
	Engelhardt: Chs. 2 & 3
	Engelhardt: Ch. 4
	Engelhardt: Ch. 4
7.2 Special Topics	
	<p>Informed Consent – Individual vs. Family Cherry & Engelhardt. Informed consent in Texas: theory and practice. <i>The Journal of Medicine and Philosophy</i> 29(2)(2004): 237-252.</p> <p>Fan. Consent to medical treatment: the complex interplay of patients, families, and physicians. <i>The Journal of Medicine and Philosophy</i> 29(2) (2004): 139-148.</p> <p>Cong. Doctor-family-patient relationship: the Chinese paradigm of informed consent. <i>The Journal of Medicine and Philosophy</i> 29(2) (2004): 149-178.</p> <p>Fan & Li. Truth telling in medicine: the Confucian view. <i>The Journal of Medicine and Philosophy</i> 29(2)(2004): 179-193.</p>
	Informed Consent – Individual vs. Familial...
	<p>Informed Consent – Families and Minor Children Engelhardt. Beyond the best interests of children: four views of the family and of foundational disagreements regarding pediatric decision making. <i>The Journal of Medicine and Philosophy</i> 35(5) (2010): 499-517</p> <p>Iltis. Toward a coherent account of pediatric decision making. <i>The Journal of Medicine and Philosophy</i> 35(5) (2010): 526-552.</p> <p>Cherry. Parental authority and pediatric bioethical decision making. <i>The Journal of Medicine and Philosophy</i> 35(5)(2010): 553-572.</p> <p>Chen and Fan. The family and harmonious medical decision making: cherishing an appropriate Confucian moral balance. <i>The Journal of Medicine and Philosophy</i> 35(5)(2010): 573-586.</p>

	Informed Consent – Families and Minor Children...
	<p>Allocation of Scarce Resources – The Intensive Care Unit Rie. Respect for human life in the world of intensive care units: secular reform Jewish reflections on the Roman Catholic view.</p> <p>Taboada. What is appropriate intensive care? A Roman Catholic perspective.</p> <p>Society of Critical Care Medicine Ethics Committee. Consensus statement on the triage of critically ill patients. <i>JAMA</i> April 20: 271(15) (1994):1200-3.</p>
	<p>Allocation of Scarce Resources – The ICU ...</p> <p style="text-align: center;">***PAPER ONE DUE ***</p>
	<p>Health Care Reform Iltis and Cherry. First do no harm: critical analyzes of the roads to health care reform. <i>The Journal of Medicine and Philosophy</i> 33(5) (2008): 403-415.</p>
	<p>Health Care Reform – Liberty and Equality Menzel. How compatible are liberty and equality in structuring a health care system? <i>The Journal of Medicine and Philosophy</i> 28(3)(2003): 281-306.</p> <p>Trotter. The illusion of legitimacy: two assumptions that corrupt health policy deliberation. <i>The Journal of Medicine and Philosophy</i> 33(4)(2008): 445-460.</p>
	<p>Health Care Reform – England Meadowcroft. The British National Health Service: lessons from the ‘Socialist Calculation Debate.’ <i>The Journal of Medicine and Philosophy</i> 28(3)(2003): 259-280.</p> <p>Meadowcroft. Patients, politics, and power: government failure and the politicization of UK health care. <i>The Journal of Medicine and Philosophy</i> 33(5)(2008): 427-444.</p>
	<p>Health Care Reform – Canada Lemieux. Public health insurance under a nonbenevolent State. <i>The Journal of Medicine and Philosophy</i> 33(5)(2008): 416-426.</p> <p>Barua, Rovere and Skinner. Waiting your Turn: Wait Times for Health Care in Canada, 2011 Report.</p> <p>Barua. Why we wait: physician opinions on factors affecting health care wait times.</p> <p>Skinner and Rovere. The Misguided War against Medicines, 2011.</p> <p>Rovere and Skinner. Access Delayed, Access Denied: Waiting for New Medicines in Canada, 2011 Report.</p>
	Health Care Reform – Canada ...

	<p>Health Care Reform – Hong Kong Fan. Freedom, responsibility, and care: Hong Kong's health care reform. <i>The Journal of Medicine and Philosophy</i>, 24(6)(1999): 555-570.</p> <p>Tao. does it really care? The Harvard Report on health care reform for Hong Kong. <i>The Journal of Medicine and Philosophy</i>, 24(6) (1999): 571-590.</p> <p>Au. Constructing options for health care reform in Hong Kong. <i>The Journal of Medicine and Philosophy</i> 24(6)(1999): 607-624.</p>
	<p>Health Care Reform – Hong Kong ...</p>
	<p>Death Iltis & Cherry. Death revisited: rethinking death and the dead donor rule. <i>The Journal of Medicine and Philosophy</i> 35 (2010): 223-241.</p> <p>Bernat. How the distinction between 'irreversible' and 'permanent' illuminates circulatory-respiratory death determination. <i>The Journal of Medicine and Philosophy</i> 35(2010): 242-255.</p> <p>Shewmon. Constructing the death elephant: a paradigm shift for the definition, criteria, and tests for death. <i>The Journal of Medicine and Philosophy</i> 35(2010): 256-298.</p> <p>Miller et al. The dead donor rule: can it withstand critical scrutiny? <i>The Journal of Medicine and Philosophy</i> 35 (2010): 299-312.</p> <p>Veatch. Transplanting hearts after death measured by cardiac criteria: the challenge to the dead donor rule. <i>The Journal of Medicine and Philosophy</i> 35 (2010): 313-329.</p> <p>Khushf. A matter of respect: a defense of the dead donor rule and of a 'whole brain' criterion for determination of death. <i>The Journal of Medicine and Philosophy</i> 35 (2010): 330-364.</p>
	<p>Death ...</p>
	<p>Buying and Selling Human Organs Kuntz. A litmus test for exploitation: James Stacey Taylor's Stakes and Kidneys. <i>The Journal of Medicine and Philosophy</i> 34 (2009): 552-572.</p> <p>Kerstein. Autonomy, moral constraints, and markets in kidneys. <i>The Journal of Medicine and Philosophy</i> 34 (2009): 573-585.</p> <p>Davis & Crowe. Organ markets and the ends of medicine. <i>The Journal of Medicine and Philosophy</i> 34 (2009): 586-605.</p> <p>Hughes. Constraint, consent and well-being in human kidney sales. <i>The Journal of Medicine and Philosophy</i> 34 (2009): 606-631.</p>

	<p>Stacey Taylor. Autonomy and organ sales, revisited. <i>The Journal of Medicine and Philosophy</i> 34 (2009): 632-648.</p> <p>Cherry. Why should we compensate organ donors when we can continue to take organs for free? A response to some of my critics. <i>The Journal of Medicine and Philosophy</i> 34 (2009): 649-673.</p>
	Buying and Selling Human Organs
	Rights to Health Care Engelhardt: Ch. 8
	Removal of the relics of St. Athanasius the Great (AD 296-373), most feared and hated by the Arians.
	PAPER TWO DUE

10. READING QUESTIONS

DATE DUE	
Class/date # 1	Define scarcity. Define compassion. How do these two issues cause difficulties for the practice of medicine and for honest and rational health care reform? How do claims to a “right to health care” cause difficulties for defining a “decent basic minimum”.
#2	According to Engelhardt, “bioethics” is a plural noun. What does this mean? How does he define “toleration”? What are the nine (9) possible standards for ethical decision making? In contrast, what is the foundation of general secular moral authority.
#3 etc.	Briefly explain Engelhardt’s principles of permission, beneficence, and justice.
	According to Engelhardt, what is a general secular person and why are such beings central to secular moral authority? According to Engelhardt, how is state moral authority limited?
	Explain and critically assess the practice of informed consent in Hong Kong. How is it different than informed consent in the United States? Are these differences morally objectionable? Why or why not? Support your answer utilizing the readings provided.
	Who ought to be appreciated as in authority over minor children – parents (adult guardians) or the children themselves?

	Support your answer utilizing the readings provided.
	Is it appropriate to utilize scarce ICU resources to support a patient in a permanently vegetative state? Support your answer utilizing a critical appreciation of the articles by Rie, Taboada, and the Society for Critical Care Medicine.
	According to Meadowcroft, what is government failure? Explain and give examples from the readings.
	Provide three ways in which the Canadian health care system rations health care. Are these morally objectionable? Why or why not? Support your answer utilizing the readings provided.
	Does the Hong Kong health care system ration care? If so, how? Is this morally objectionable? Why or why not? Support your answer utilizing the readings provided.
	Define the dead donor rule. Next, provide a critical summary of whole body, whole brain, and higher order brain definitions of death.
	From the readings, choose three arguments against the sale of human organs for transplantation. State the objection and the reasons that purport to support the objection, then carefully and critically assess.

11. PAPERS

Assignment

Choose a topic that engages some aspect of medical ethics. Your analysis should consider the insights and arguments from the authors we have been reading. You need not agree with their position, but you must carefully evaluate and analyze their arguments. Consider also objections that one might raise to your own analysis and, using the author's position as well as your application of those arguments, defend your moral analysis.

Mechanics

Papers should be 10 typed, double-spaced pages. They should be very well researched. They should be written clearly, well organized, and utilize correct grammar. They should have a bibliography and utilize a consistent method of citation. *Note: Wikipedia, random political pundits, and BLOG sites never count as a good source of information.*

Grade

General grading criteria includes clarity of presentation, style of composition, the ability to reason soundly to interesting conclusions, and clear indication that the paper has been a learning experience. Your grade will depend on clarity of thought and ability to understand the moral theories we have been working with as well as appropriately to apply them to the

particular case at hand. We strongly recommend that your analysis, in large measure, work closely from the texts we have been reading. Do not simply reiterate lecture material but work carefully to show the strengths and weaknesses of the moral positions you are working with as well as to present and defend a moral analysis.
