International Healthcare Ethics Course Syllabus

Course Faculty:

Scott Armistead, MD, DIMPH: scott@inmed.us

Learning Support:

Leda Rivera: leda@inmed.us, 816-444-6400

Library Support:

Kitty Serling: library@inmed.us

Overview

Healthcare as a profession has inherent underlying and often inadequately examined ethical assumptions and principles from which ethical decisions are made. In the US, nearly all health-care professionals are taught at least the four basic principles of autonomy, beneficence, non-maleficence, and justice. In diverse international contexts and among some populations within the US, these principles are sometimes not assumed or are seen differently. In this course learners will first focus on Western ethical principles and then broaden the perspective by critiquing these Euro-American ethical perspectives by looking at bioethics from the perspective of other cultural approaches - voices from within the US and internationally. An anthropological approach will be introduced. Questions surrounding a universal morality, moral status and obligation, individualism and communalism, globalism vs "statism", etc. will be explored. Course graduates will gain an understanding of the breadth of cultural complexity from which ethical decision-making occurs in an international context. In the final essay, there will be the opportunity to take a particular case from an international context and apply the principles learned.

Competency Objectives:

At the completion of the INMED International Healthcare Ethics Course, learners will be able to demonstrate using case-studies and simulation:

- Western principles of ethics related to healthcare
- Complexities of healthcare ethics in the non-Western international cultural context
- Analytical skills to understand and speak into ethical issues across cultures

Timeframes:

This course includes 8 weeks of structured learning and assignments due each Sunday night. Each week includes a required virtual class with the faculty for discussions, required reading which is to be done before the weekly virtual class, answering of weekly reflection questions on the readings done by the end of the week, a final essay, and final exam/presentation related to the essay. This weekly required virtual class may last up to 120 minutes.

Academic Credit:

Completion of this course requirements earns three credit hours of academic credit.

Enrollment Qualifications:

This course is open to all healthcare professionals and healthcare profession students, as well as non-healthcare professionals. International Healthcare Ethics is especially appropriate for healthcare professionals, public health specialists, public leaders and policymakers.

Computing Requirements:

The following are the minimum computing requirements for participating this course. Students must have ready access to and be functionally proficient with:

- A personal computer with an up-to-date operating system and ample memory for downloads. A rectangular monitor (desktop or tablet) is highly preferable for course navigation.
- A web browser, preferably the most up-to-date version of Chrome, Internet Explorer, Firefox, or Safari
- Applications capable of opening and editing Microsoft Word documents and of viewing PDFs
- An Internet connection, preferably high speed
- Capability of viewing YouTube and Vimeo videos

Education Methods:

Learners will achieve the course competency objectives through the following educational methods:

- Assigned book and article readings
- Critical analysis
- Group discussions
- Essay composition and presentation

Textbook Required:

Principles of Biomedical Ethics, by Beauchamp and Childress, 7th edition (Note that an 8th edition is available but is prohibitively expensive and therefore not being used.)

Available on amazon.com

Weekly Assignments:

Assigned weekly readings are to be completed prior to required weekly virtual class (Thursday nights) with course faculty for up to or more than 60 minutes to discuss assigned textbook readings, articles, etc. Weekly discussion questions are to be answered on-line by the Sunday night of the assigned week.

International Healthcare Ethics Week 1: Ethics and morality: Do universal norms exist?

Beauchamp and Childress's (B&C) foundational textbook, now in its 8th edition, presents four foundational principles of bioethics which are nearly universally taught in educational institutions in the US: respect for autonomy, nonmaleficence, beneficence and justice. This categorization of primary ethical obligations came to be called "principlism". Beauchamp and Childress based their principles on what they think to be a common or universal morality. Others, considering the possibility of an agreed-upon universal morality as the basis for bioethics, have concluded that in the post-modern world of moral pluralism, there is no basis for a common morality. Indian philosopher and social reformer Vishal Mangalwadi, for instance, in critiquing the US Declaration of Independence (which refers to a universal understanding of equality as "self-evident"), points out that there is nothing self-evidential about the equality of men. He writes " 'We hold these truths to be self-evident, that all men are created equal…' But human equality has never been self-evident. Virtually every society throughout history kept slaves and made women inferior to men. Inequality is self-evident. My

ancestors were not dumb, but for them, inequality was obvious. They explained it with the ideas of karma and reincarnation, and they institutionalized it in caste and sex discrimination. Souls are born unequal-into different castes and sexes-because of their good or bad karma in previous lives." Englehardt, similarly, finds B&C's assumptions of a common morality to be foundationless in the morally pluralistic secular West. Englehardt's thoughts are presented in the second reading. Another writer, African-American bioethicist Cheryl Sanders, similarly finds B@C's assumptions to be out of synch with her own culture's ethos.

Readings to be completed by this week's class:

- Read Principles of Biomedical Ethics, Chapter 1, Ethics and Morality
- Read the assigned article: Bioethics critically reconsidered: Living after foundations, H. Tristan Engelhardt Jr., Theoretical Medicine and Bioethics (2012) 33:97-105.
- Read the assigned article: European-American Ethos and Principlism: An African-American Challenge; Cheryl J. Sanders in On Moral Medicine pp. 76-81

Assignments to be completed by 11:55 pm, on Sunday,

- Complete the Discussion Board questions

Discussion Board Questions: choose **three** of the following to answer.

- Do you agree with Beauchamp and Childress that there is a common, universal morality upon which contemporary bioethics can be built? Why or why not?
- What do you think of Englehardt's critique of Beauchamp and Childress's position and of his argument that morality itself is deflated in a morally pluralistic world and that morality and bioethics degenerate into biopolitics?
- Is the de-emphasis on virtues in our contemporary culture, which Beauchamp and Childress lament, a result of what Engelhardt calls the groundlessness of contemporary morality?
- African-American ethicist Cheryl Sanders offers her critique of B&C's principlism from an African-American perspective, noting significant cultural values more characteristic of African-Americans which she contrasts with dominant European-American ones that prevail in B&Cs book. Comment on these values and how they might inform a view of "common morality"?

International Healthcare Ethics Week 2: Moral status within the relationship: To whom is one obliged and who has rights?

In 1889, Freidrich Nietzsche wrote in a moral code for physicians: "The invalid is a parasite on society. In a certain state it is indecent to go on living. To vegetate on in cowardly dependence on physicians and medicaments after the meaning of life, the right to life, has been lost ought to entail the profound contempt of society. Physicians ought to be the communicators of this contempt, . . . to create a new responsibility . . . in all cases in which the highest interest of life, of ascending life, demands the most ruthless suppression and sequestration of degenerating life – for example, in determining the right to reproduce, the right to be born, the right to live." Source: Twilight of the Idols, or, How to Philosophize with a Hammer (German: Götzen-Dämmerung, oder, Wie man mit dem Hammer philosophiert) is a book by Friedrich Nietzsche, written in 1888, and published in 1889. Nietzsche posits a view of the "invalid" as "parasite" whose persistence should produce "contempt" by both physician and society. For him, the "invalid" has no moral status. The questions of "who has moral status?", "who counts?", and "to whom do we have moral obligations?" are of paramount importance in medicine.

Readings to be completed by this week's class:

- Read Principles of Biomedical Ethics, Chapters 3 (Moral Status) and 8 (Professional-Patient Relationships) excluding pp 331-340 (7th ed) which starts with a section on "clinical ethics and research ethics"
- Read the assigned article: Facing Covid-19 in Italy – Ethics, Logistics, and Therapeutics on the Epidemic's Front Line at https://www.nejm.org/doi/full/10.1056/NEJMp2005492

Assignments to be completed by 11:55 pm, on Sunday,

- Complete the Discussion Board questions

Discussion Board Questions: Choose ***two*** of the following to answer:

- In chapter 3, Beauchamp and Childress (B&C) present five theories of moral status, with a critique of each. Critique each theory on your own. In your thinking, which theory/theories has/have the greatest coherence?
- Do you agree or disagree with B&C's inclination against using the language of "person", "personhood" and "respect for persons" in bioethical discussion (pp 67-68, 7th ed)? Is it a term we should discard and with what could it be replaced?
- In light of Englehart's critique of moral pluralism, do you think moral status is undermined by moral pluralism?

- In B&Cs chapter on the Professional-Patient Relationship, they note that, in the case of epidemics, care for the sick has often been considered praiseworthy and virtuous, but not obligatory? (p 325, 7th ed). Do you consider this to be so? In light of the NEJM article, is the embrace of some degree of risk in caring for the sick inherent to the practice of being in a healing profession?

International Healthcare Ethics Week 3: What is the place of autonomy among the principles? What about the professional's autonomy? How might autonomy be viewed differently in less individualistic cultures?

Readings to be completed by this week's class:

- Read Principles of Biomedical Ethics, Chapter 4 on Autonomy, pp 101-115 (stopping at "the concept of competence), excluding 116-141, 7th ed).
- Read the assigned article: Patient and Physician Autonomy: Conflicting Rights and Obligations in the Physician-Patient Relationship in The Philosophy of Medicine Reborn – Edmund D. Pellegrino. pp 204-227.
- Read the assigned editorial: "Are We Still Professionals?", Scott Armistead in RAMifications (Richmond Academy of Medicine), Winter, 2022: vol 29, #1, p4.
- Review week 1 reading: European-American Ethos and Principlism: An African-American Challenge; Cheryl J. Sanders in On Moral Medicine pp. 76-81

Assignments to be completed by 11:55 pm, on Sunday,

- Complete the Discussion Board questions

Discussion Board Questions:

- Edmund Pellegrino points out that historically, until the 1950s, beneficence was the first among the principles in ethical medical practice. In the 1960s, it came to be seen as paternalistic and autonomy came to be first, eclipsing all other moral principles. Though B&C respond to other's criticism of the idea of autonomy as first among the four principles in bioethics, what do you think of the place of autonomy in the actual practice of medicine in the US? For those who have worked internationally, how weighty has autonomy played a role in your experience?
- B@C speak predominantly of patient autonomy in their chapter. Pellegrino writes of the doctor/patient relationship, indeed any ethical relationship, as having two autonomies flowing bilaterally between the parties. Pellegrino also writes of the necessity of a healthy

interplay of beneficence and autonomy in the doctor/patient relationship. What do you think of Pellegrino's critique of his perceived imbalance in modern medicine and his reassertion of the prioritization of beneficence?
- How might Sanders perceive the place of autonomy in an African-American context vs a Euro-American one?

International Healthcare Ethics Week 4: Nonmaleficence/Anthropological approach and an inquiry into the telos of medicine

If one was asked "what is the purpose of medicine?", what would your response be? Leon Kass presents a focused approach which centers on the right functioning (health) of the human organism. B&C (and the WHO, as Kass points out) see it more broadly. The anthropological approach is similarly an attempt to see bioethics in a more broad way than B@C's principlism, taking into account vast cultural differences such as those seen among the Maasai in East Africa.

Readings to be completed by this week's class:

- Read Principles of Biomedical Ethics: Chapter 5, Nonmaleficence (may exclude 186-193, 7th ed, stopping at "problems of group harm")
- Read the assigned article: Regarding the End of Medicine and the Pursuit of Health. Leon Kass in The Public Interest, Summer, 1975. pp 11-33 (NOTE- may stop at page 33).
- Read the assigned article: The Anthropological Approach Challenges the Traditional Approach to Ethical Dilemmas: A Kenyan Maasai Perspective. Thikra Sharif, John Bugo in African Health Sciences, Vol 15, Issue 2, June 2015

Assignments to be completed by 11:55 pm, on Sunday,

- Complete the Discussion Board questions

Discussion Board Questions:

- In the chapter on Nonmaleficence, *Principles of Biomedical Ethics* presents a view of the goals of medicine as broader than the maintenance of health and the restoration to health, which Kass posits as the telos of medicine. B&C call this an "unduly narrow way of thinking about what the physician has to offer the patient" (p.185, in 7th edition). Instead, they find physician-assisted death as consistent with the principles of autonomy and beneficence. How might Kass's more traditional telos and B&C's more contemporary one be perceived in a developing world context such as Kenya, among the Maasai?

- The Kenyan authors of the article assigned find the principlism of B&C's classic text inadequate for a full understanding of ethical decision-making in their context. What is the anthropological approach? Is it relevant for any context or just for "special" ones, such as working among tribal people such as the Maasai?

International Healthcare Ethics Week 5: Beneficence – the pivot of the principles?

For most of the history of Western medicine, beneficence was considered the pivot on which medical ethics operated with nonmaleficence subsumed under the banner of beneficence. Since the 1960s, some would argue that autonomy has taken precedence over beneficence.

Readings to be completed by this week's class:

- Read Principles of Biomedical Ethics, Chapter 6, Beneficence
- Read the assigned article: Moral Choice, the Good of the Patient, and the Patient's Good in The Philosophy of Medicine Reborn– Edmund D. Pellegrino, pp 163-186.

Assignments to be completed by 11:55 pm, on Sunday,

- Complete the Discussion Board questions
- Begin developing a draft for your International Healthcare Ethics Essay

Discussion Board Questions:

- Principles of Biomedical Ethics, Chapter 6, states that "principles of beneficence are not sufficiently broad or foundational, in our account, that they determine or justify all other principles" (p.203 in 7th edition and 218 in 8th edition). Do you agree or disagree? How might one's view of "the good" lead to differing conclusions about the prioritization of the principles?
- A middle-aged, wealthy, highly-educated female patient comes to you asking for a unilateral left mastectomy in order to improve her golf swing. The breast size is not excessive and there are otherwise no indications for this procedure. Using principles studies thus far (autonomy, nonmaleficence, beneficence), last week's discussion about the telos of medicine and Pellegrino's suggestions on making moral choices based on a four-fold understanding of the patient's good, how would you process this request ethically? Having processed the request, what would you say to this patient?

International Healthcare Ethics Week 6: What about Justice?

Justice is at the heart of the debates about allocation of health care resources. For some, justice is pivotal, ordering all other principles and virtues, as charity or autonomy might be the pivot for others. B&C identify one formal principle of justice: equality, four traditional theories of justice: utilitarian, libertarian, communitarian, egalitarian – and two recent theories: capabilities and well-being.

Readings to be completed by this week's class:

- Read Principles of Biomedical Ethics, Chapter 7, Justice
- Read the assigned article: Exploitation in the Global Medical Enterprise: Bioethics & Social Injustice, Michael J. Sleasman and Paige Comstock Cunningham, Oct 2012, The Center for Bioethics and Human Dignity, Trinity International University. https://cbhd.org/content/exploitation-global-medical-enterprise-bioethics-social-injustice

Assignments to be completed by 11:55 pm, Sunday,

- Complete the Discussion Board questions
- Continue to develop your draft essay. You may submit it for feedback at your discretion.

Discussion Board Questions:

- Our society has recently seen much angst over past and persisting injustices, manifesting as inequities and disparities in multiple arenas, including health care. Do you see this as evidence that justice is increasingly seen as the pivot on which all other principles turn? Do you think that in bioethics justice deserves this place, in the sense that it is rights-oriented, practical and prudential? Why or why not?
- Which among the theories identified by B&C do you think is most operative in our present health care system in the US? With which one do you resonate most and why?
- Principles of Biomedical Ethics, Chapter 7, writes of seeing theories of justice globally or seeing them as "statist" or only locally-applying (p 276 in 7th edition and p 297 in 8th edition). The disparities in the application of theories of justice at a global level are pointed out in the assigned article, which presents the realities of global reproductive tourism, reproductive trafficking, and human organ trafficking. What are some ways in which, in our increasingly globalized world, issues of more equitable application of justice can be ensured in the arenas

discussed in the article? What principles need to be greater emphasized at a global level for this to happen?

International Healthcare Ethics Week 7: Moral Theories and Methods. How, in the final analysis, are ethical decisions made?

In chapter 9, B&C clarify and evaluate the four dominant theories presented in various forms earlier in the text: utilitarianism, Kantianism, rights theory and virtue ethics. They do not rank them in order of importance and recognize that some are best utilized when looking at specific types of moral considerations. Up until the mid-20th century, the cultivation of virtues within the physician as the dominant means of ensuring ethical behavior received the most attention. After the mid-20th century, medical ethics became quandary ethics, predominantly a problem-solving skill, capable of helping us make moral choices.
In their final chapter, B&C write about means of justifying moral conclusions. They present various models of how ethical decisions could be made: top-down models, bottom-up models, the reflective equilibrium model, and common morality theory. They return in their final chapter to their belief in a common morality and attempt to justify this morality's existence. They conclude that reflective equilibrium, informed by a common morality, is the path of choice for making ethical decisions.

Readings to be completed by this week's class:

- Read Principles of Biomedical Ethics, Chapters 9 Moral Theories and 10 Method and Moral Justification (with the exception of pp 415-424, 7th edition. Stop reading at "Three Types of Justification")
- Read the assigned article: Respirators, our rights, and right and wrong: Medical ethics in an age of coronavirus, by Dr. Daniel Sulmasy. https://www.nydailynews.com/opinion/ny-oped-respirators-right-and-wrong-20200322-niu3aosa7ffzjfg7led3lymb7a-story.html

Assignments to be completed by 11:55 pm, Sunday,

- Complete the Discussion Board questions
- Submit your essay draft.

Discussion Board Questions:

- How would you evaluate the place of the three quandary-focused theories – utilitarianism, Kantianism and rights theory juxtaposed to the place of virtue ethics in our present medical education system and health system?

- In Dr. Sulmasy's NY Daily News editorial refers to several of the ethical theories presented in B&Cs textbook. Sulmasy insists on some while rejecting others. Analyze his admonitions to the people and health-care workers of NYC during the epidemic found in his editorial.
- How might the B@C concept of reflective equilibrium function in an international medical context? What additional factors might need to be taken into consideration in making ethical judgments?

International Healthcare Ethics Week 8:

- Submit your Final International Healthcare Ethics essay for grading.
- Present your essay as a PowerPoint Presentation. Each learner will be given 15 minutes to present, depending on the size of the class, and 3-5 minutes for questions from classmates.

Essay Instructions:

Essay topic in-class power point presentations and written composition are both to be drawn from the following clinical situation using the suggested questions if you wish:

Scenario: You are practicing medicine as a general surgeon at a mission hospital in a village in northern Pakistan. Khalida is a 22-year-old female from a village north of you who presents to your outpatient clinic at the hospital. She is accompanied by her older sister who tells you that she is from a conservative Muslim family, unmarried, pregnant, close to term (@35 weeks by dates and US), having hid the pregnancy from her father, and in danger (along with the baby) of being a victim of an honor killing by her father if he finds out about the pregnancy. They have chosen your hospital because it is far from their village and there are "foreigners" who are somewhat removed from the culture. They know that secrecy is necessary. The sister explains that she wants you to pretend that Khalida has an abdominopelvic tumor that needs to be surgically removed and to present this story to the parents when they come for the surgery. After the C-section, the sister explains that the baby is yours to find a home for.

You discuss this case with your colleagues who would be involved. The European Ob/Gyn, who has been serving at the hospital for many years, says she will not a do a C-section without a clear medical indication and, thus, refuses to do the procedure. You discuss the case with the Pakistani OR and Ward In-charge nurses, who are willing to falsify the chart, withhold the story from the patient's father, and care for the mother and baby without revealing the true story to any family members.

Questions regarding this scenario you might use for exploration in your in-class presentation and in your written essay are included below. You do not need to answer each question. Rather, the goal is for you to look at the ethical scenario from the range of principles and considerations presented in the course:

1. Using the four principles presented in B&C's Principles of Biomedical Ethics, discuss how each of these principles impacts your ethical decision-making process in this patient scenario.
    a. Consider Pellegrino's observation of the two "autonomies" of the doctor/patient relationship and how this might play out in this situation.
    b. In this scenario, which among the principles takes priority in your thinking. Why?
    c. Comment on the interplay of beneficence and justice in this case, taking into account B&C's discussion of global justice vs local or "statist" justice.

2. What are the limits to the "Euro-American" principles presented in B&Cs text which apply to this scenario? How might Sander's African-American critique of B@C's Euro-American ethos speak into this ethical situation?

3. How might an anthropological approach contribute to the decision-making process?

4. Analyze the phenomenon of "honor killings" in light of our discussions about moral pluralism and the observation by T. Englehardt about the deflation of morality in a morally pluralistic world? Can one decisively condemn the idea of "honor killings" in a morally pluralistic world? How does this question relate to the issue of the existence of or lack of a universal common morality?

5. Analyze the response of the Ob/Gyn who refused to do the C-section? By what criteria is she making her decision and by what criteria might one critique her refusal? Was she under obligation to perform the C-section, even though there was some risk (of an "unnecessary" procedure and perhaps of a dishonored, irate father, should he have discovered her complicity)?

6. Though not discussed in great detail in this course, the concept of the virtues of the health care professional play a significant role in this scenario. Do you think virtues get adequate attention in professional formation of health care workers?

7. How do you see the “reflective equilibrium” informed by a “common morality” approach used in the ethical decision-making of this case? What are the issues needing reflection and needing equilibrium?

Essay must conform to the following specifications.

- Approximately 2500 words
- At least 4 references
- References may be in any recognized style (AMA, APA, etc.), and the same style should be used throughout style should be used throughout
- Footnotes are preferred over endnotes

Essay Grading Rubric

- Content – (weight: 60%)
    - Excellent
        - Background of the issue is comprehensively reviewed
        - Rationales are logically organized
        - Alternate views are extensively included
    - Good
        - Background of the issue is adequately reviewed
        - Rationales are organized
        - Alternate views are sufficiently included
    - Fair
        - Background of the issue is reviewed
        - Rationales are somewhat organized
        - Alternate views are somewhat included
    - Poor
        - Background of the issue is not reviewed
        - Rationales are poorly organized
        - Alternate views are not included

- Structure/organization – (weight: 20%)
    - Excellent
        - Strong introductory paragraph
        - Clear concluding statement
    - Good
        - Good introductory paragraph
        - Good concluding statement
    - Fair
        - Modest introductory paragraph
        - Modest concluding statement
    - Poor
        - Poor introductory paragraph

        - Poor concluding statement

- References – (weight: 20%)
    - Satisfactory
        - Required minimum number are included
        - Organized in a recognized reference style
    - Not Satisfactory
        - Does not have required minimum number
        - Not organized in a recognized reference style

Presentation Instructions:

Final Power-point presentation re: the ethical scenario:

1. This will occur on Thursday, July 25th during our final class time. It will most likely extend later than usual because of the need to have each student present.
2. Because we have six students, each student will be given 15 minutes to present and 3-5 minutes for questions from classmates. If you would like, it might be helpful to send your power point to the instructor ahead of time in order for him to share screen in case you have a poor connection.
3. This will be graded by the instructor with feedback from your classmates.
4. Scores on the presentation will be tabulated according to the rubric below.

Presentation Grading Rubric

- Content – (weight: 40%)
    - Excellent
        - Rationales are logically organized
        - Recommendations and calls to action are extensively included
        - References are comprehensive
    - Good
        - Rationales are organized
        - Recommendations and calls to action are sufficiently included
        - References are adequate
    - Fair
        - Rationales are somewhat organized
        - Recommendations and calls to action are somewhat included
        - References are insufficient
    - Poor

        - Rationales are not poorly organized
        - Recommendations and calls to action are not included
        - References are missing

- Presentation – (weight: 20%)
    - Excellent
        - Presenter is well organized
        - Knowledge of content is excellent
        - Delivery is excellent
    - Good
        - Presenter is organized
        - Knowledge of content is good
        - Delivery is good
    - Fair
        - Presenter is modestly organized
        - Knowledge of content is fair
        - Delivery is fair
    - Poor
        - Presenter is not organized
        - Knowledge of content is poor
        - Delivery is poor

- Visual – (weight: 20%)
    - Satisfactory
        - PPT is visually appealing
        - Graphs are viewable
        - Images are appropriate
    - Not Satisfactory
        - PPT is not visually appealing
        - Graphs are not viewable
        - Images are not appropriate

- Participation (weight: 20%)
    - Satisfactory
        - Learner asks thoughtful questions of the other presenters
        - Learner makes recommendations to the other presenters
    - Not Satisfactory
        - Learner does not ask thoughtful questions of the other presenters
        - Learner does not make recommendations to the other presenters

Explanation of Assignments:

Due Dates: All assignments are due on Sunday at 11:55 pm of the week they are assigned.

Participation: Learners are required to fully participate in the course content, including readings, discussions, and essay.

Punctuality: This is a professional level course. All assignments are expected to be submitted on time. Any learner who becomes more than two weeks behind in submitting any assignment is subject to dismissal from the course.

Professionalism Requirement: This is a learning experience for professionals. Assignments are expected to be completed with excellence.

Assigned Articles: Each week, an article(s) is assigned for learners to critically review, including questions posed on the subjects of each article. Articles originally published more than 10 years ago may be intentionally selected for their ground-breaking impact and contributions to the field of healthcare ethics. Up-to-date articles are preferentially selected when relevant.

Discussion Board Participation: Learners are required to post responses as required by the syllabus, and respond to at least one fellow classmate's responses, stating with what they agree or disagree about the response and why. A post that simply agrees with something someone else said without further explanation is not satisfactory and will be counted as if there were no post. At the beginning of each class, a student (assigned by the instructor) will give a summary of the fellow students' responses for the previous week. This is an effort to synthesize the prior week's material

Requirements for Successful Completion & Course Grade Determination:

Element	Weight
Discussion board posts and class summarization	25%
Ethical scenario power point presentation	25%
Ethical scenario essay	25%
Weekly Virtual Class participation	25%

In addition, course completion also requires:

- Participation in all weekly virtual classes
- Achievement of ≥80% on the ethical scenario power point presentation and on the ethical scenario essay
- Cumulative course score ≥80%
- Complete course evaluation and credit claims forms at the course conclusion.

Course grades will be assigned according to the INMED Course Grading System:

A	90–100 %	4.00
B	80–89 %	3.00
C	70–79 %	2.00
D	60–69 %	1.00
F	0–59 %	0.00

Learners whose evaluation is acceptable will receive the INMED Professional Certificate in International Healthcare Ethics. Those learners whose evaluation is not acceptable will receive a certificate of participation and the opportunity to remediate.

Remediation:

If a learner does not complete this course and achieve the required competencies, the faculty may require the learner to 1) remediate the component(s) that the learner did not satisfactorily complete, or 2) repeat the entire course. Learners must repeat payment of tuition in order to retake a failed course.

Academic Integrity:

Honesty is a fundamental necessity of life. This is a professional-level learning experience. All students are expected to be self-motivated, to perform with excellence, and to be thoroughly honest throughout their process of learning. If any INMED faculty suspects a student has engaged in Academic Dishonesty, the INMED faculty may initiate the posted Academic Integrity Policy and Process.

Withdrawal and Refund Policy:

Please refer to the posted Withdrawal and Refund Policy.

Course Faculty:

Scott Armistead, MD, DIMPH (INMED)
INMED Dean of Faculty
Richmond Area Director, Christian Medical and Dental Associations (CMDA)

Dr. Armistead trained at the Medical College of Virginia and Truman East Family Medicine Residency in Kansas City, where he met Dr. Comninellis as a faculty member. Dr. Armistead and his family lived in Pakistan from 1999-2015, providing medical care at Bach Christian Hospital, with a 1 1/2 year stint at Oasis Hospital in the United Arab Emirates when the security situation in Pakistan worsened.

Since 2022, Dr. Armistead has been serving as Dean of Faculty for INMED. He also works part-time as a CMDA staff worker at VCU. He leads month-long International medical mission electives for senior medical students and INMED learners to Zimbabwe, Bangladesh and Pakistan. He completed VCU's TIME (Teaching in Medical Education) certificate course. He loves teaching and has received teaching awards in the Practice of Clinical Medicine program at VCU and from the Society of Teachers of Family Medicine. He is very keen on the professional, moral, and spiritual formation of students. He is active with the Urdu-speaking S. Asian refugee and immigrant population in Richmond, Virginia. His wife, JoAnn, is an ESL teacher and they have three grown sons.