INMED International Healthcare Ethics
Course Syllabus

Course Faculty:

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Learning Support:

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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 the diverse international context and among some populations within the US, these principles are sometimes not assumed. 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. The questions surrounding a universal morality, moral status and obligation, individualism and communalism, public good and individual freedom, 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 Professional Certificate 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, simulations, case studies and final exam. This weekly *required* virtual class may last up to 60 minutes.

Academic Credit:

Completion of this course requirements earns two 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 providers, 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
- Applied skills simulation

Textbook Required:

Principles of Biomedical Ethics, by Beauchamp and Childress, 8th edition

Available on amazon.com

Weekly Assignments:

Required weekly virtual class with course faculty for up to 60 minutes to discuss assigned lessons, chapters, articles, forum discussions and questions.

International Healthcare Ethics Week 1: Ethics and morality: Universal norms and virtues

Beauchamp and Childress's 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." Tristam Englehardt, similarly, finds Beauchamp and Childress's assumptions of a common morality to be foundationless in the secular West. His thoughts are presented in the second reading.

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

- Read *Principles of Biomedical Ethics*, Chapters 1 and 2, 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.
- Complete the Discussion Board questions

Discussion Board Questions:

- 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?

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.

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

- Read *Principles of Biomedical Ethics*, Chapters 3 and 8, Moral status
- 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
- Complete the Discussion Board questions

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

- The question of "who counts?" is no small one in bioethics? In chapter 5, 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 (p 70-71)? Is it a term we should discard and with what could it be replaced?
- What do you think of B&Cs assertion of the "paramount importance" of moral status (p.88) in light of the critique of bioethicist Tristam Engelhardt that in our contemporary world of pluralistic moralities, morality itself is deflated (week 1's reading)?
- 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 353). 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 3: Autonomy

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

- Read *Principles of Biomedical Ethics*, Chapter 4, Autonomy
- 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.
- 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 (p99 and 143), 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?

International Healthcare Ethics Week 4: Nonmaleficence/Anthropological approach

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

- Read *Principles of Biomedical Ethics:* Chapter 5, Nonmaleficence
- Read the assigned two articles: 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 AND The Hippocratic Oath and Contemporary Medicine: Dialectic Between Past Ideals and Present Reality?; Fabrice Jotterand, Journal of Medicine and Philosophy, 30:107-128.
- Complete the Discussion Board questions
- Complete the International Healthcare Ethics Mid-Term Exam

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. They 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. Do you agree or disagree?
- In his article on The Hippocratic Oath, Jotterand points to the Oath as containing, among other things, a mixture of obligations and prohibitions that characterize the profession. Not only is medicine not practiced in the US at variance with many of the admonitions of the Oath, but Jotterand points to a loss of the sense of medicine as a profession. (We are commonly called "providers", not "professionals"). How do you see these realities as connected?
- 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

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.

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

- 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.
- 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) 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: Justice

Justice is at the heart of the debates about allocation of health care resources. For some, it is the 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.

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

- 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
- Complete the Discussion Board questions
- Submit the draft for your International Healthcare Ethics to receive faculty feedback

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, Method and Moral Justification

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.

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

- Read *Principles of Biomedical Ethics,* Chapter 9, Theory and Method
- 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
- Complete the Discussion Board questions
- Submit your final International Healthcare Ethics for grading

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.

International Healthcare Ethics Week 8: Method and Moral Justification

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.

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

- Read *Beauchamp and Childress*, Chapter 10
- Read the assigned article: European-American Ethos and Principlism: An African-American Challenge; Cheryl J. Sanders in On Moral Medicine pp. 76-81
- Complete the Discussion Board questions

Discussion Board Questions:

- Do you agree with their conclusion that reflective equilibrium informed by the common morality is better suited to play a vital role in biomedical ethics that the previously introduced theories of utilitarianism, Kantianism, rights theory and virtue theory? If so, why? If not, what method do you propose?
- 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" and a broader "reflective equilibrium" might be achieved as we discuss bioethics both nationally and internationally?

Essay Composition:

Learners will compose an essay on the subject described below. Due dates for the draft submission (followed by feedback from the instructor) and final submission are posted above.

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 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?

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?

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. How might one use the quandary-focused theories – utilitarianism, Kantianism, rights theory and virtue ethics – to assist in evaluating the ethical route to take in this case scenario? Is the "reflective equilibrium" approach informed by the common morality (espoused by B&C) more appropriate as a means of justifying your chosen response?

Your completed essay must conform to the following specifications.

- Approximately 2500 words
- At least 10 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

Final Exam:

The International Healthcare Ethics Final Exam/Essay Presentations will take place in an online setting. All course learners will login at the specified time. Over a period of 120 minutes, all individual learners must present their essay subject and receive feedback from their peers. Score on the final exam essay presentation will be tabulated according to the rubric below. A minimum score of >79% is required.

- Visual – 15%
    - PPT (if used) is organized, formatting is clean and not busy; an outline of your essay's main points might be helpful for the others.
    - Graphs (if applicable) are viewable - maybe not necessary
    - Images, if chosen, are appropriate
- Content – 35%
    - Organized
    - Includes a clear theme(s)
    - Includes a clear conclusion
    - Major references are listed
- Presentation – 25%
    - Presenter is organized
    - Confident and knowledgeable of content
    - Speaks clearly and concise
- Participation – 25%
    - Learner asks thoughtful questions of the other presenters
    - Learner makes 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 at least one response to each of the questions posed, 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.

Requirements for Successful Completion & Course Grade Determination:

Element	*Weight*
Weekly Virtual Class participation	20%
8 satisfactory discussion board posts	20%
International Healthcare Ethics Mid-Term Exam	20%
International Healthcare Ethics Essay ≥80%	20%
International Healthcare Ethics Final Exam ≥80%	20%

In addition, course completion also requires:

- Participation in a*ll* weekly virtual classes
- Achievement of ≥80% on the International Healthcare Ethics Essay and International Healthcare Ethics Final Exam
- 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 within one year of the start date of the original course. The learner will be offered only one opportunity to repeat the course without requiring repeat payment of tuition.

Academic Integrity:

This is a professional-level learning experience. All learners are expected to be self-motivated, to perform with excellence, and to be thoroughly honest throughout their process of learning. If any INMED faculty determines that a learner has committed academic dishonesty by plagiarism, cheating or in any other manner, the faculty member has the right to 1) fail the learner for the particular assignment, project and/or exam, 2) fail the learner for the entire course, 3) discharge the learner from any future INMED learning experience, including degree, diploma, or certificate completion.

Withdrawal and Refund Policy:

Please refer to the course website.

Course Faculty:

Scott Armistead, MD, DIMPH (INMED)
INMED Adjunct Professor
Garden of Eden Health Center, North Chesterfield, Virginia
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 2021, Dr. Armistead has worked in Richmond Virginia in private practice most recently starting a clinic for refugees as an extension of the practice.

From 2015 to 2021, Dr. Armistead taught family medicine at the Virginia Commonwealth University (VCU). He works part-time as a CMDA staff worker at VCU. He leads a month-long International Medical Mission elective for senior medical students during which he takes a group annually to Karanda Mission Hospital in Zimbabwe. 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.