General Instructions—read carefully!!

Using the ethics case work-up handout (separate document on course website), you need to methodically break down a clinical ethics case. Your analysis should conclude with a concrete recommendation for what the medical professionals should do to resolve the case. Put yourself in the shoes of a clinical ethicist called for guidance. The analysis should thoughtfully integrate **at least two class readings** and **three outside readings**. The case analysis should be 2,000 words and submitted to Blackboard.

You need to highlight **one key ethical issue** (or a small cluster of closely related issues). You have freedom on which issue is the subject of your focused analysis, though if a topic has been discussed in our readings or discussions, you should not ignore it.

For your outside materials, you should find college-appropriate research. For example, non-academic blogs and websites are not good places to find rigorous bioethical analysis. I recommend using the PubMed database, Philosopher's Index database, the blog and journal of the American Journal of Bioethics(http://www.bioethics.net), the Bioethics Research Library (Healy 102, https://bioethics.georgetown.edu), and other similar sources. News articles could be appropriate, but you need to use your discretion. Your research materials should really help illuminate key ethical issues in the case you choose to discuss. **All outside materials need to be included in a bibliography.** Be sure to cite appropriately, which includes citing paraphrasing.

You may include footnotes or endnotes, but they will be included in your word count. Your bibliography is *not* included in your word count.

Format

The format and organization of your paper should follow the layout of the case work-up. Some of the questions and sub-sections of the work-up are less relevant than others, depending on your chosen case and issue. Use your discretion, and make sure you do not neglect aspects of the work-up that are crucial for your analysis. But although you have some leeway in which details are delved into, all of the main elements of the case work-up absolutely must be addressed in your case analysis.

These main headings must be included in your analysis (with these headings marking sections of your paper):

1. What are the facts?
    - For this, simply *copy and paste the case description* that you have chosen. This will *not* be part of your word count.

2. What is the issue?
    - Again, do not try to offer a comprehensive account of all morally relevant issue. Focus on one main issue that will drive your analysis.

3. Frame the issue.
    - Identify the relevant decision-maker; apply criteria to be used in reaching clinical decisions; establish health care professionals' moral/professional obligations

4. Identify and weigh alternative courses of action, and then decide.
    - You have leeway here in what you highlight/weigh/discuss, but you must offer a concrete recommendation for what should be done in this case in regards to the issue you have identified.

5. Critique

6. Preventive ethics

7. Moral distress
    - Imagine how certain members of the medical team, family members, or other decision-makers might feel as though they have been prevented from doing what is morally right, which can cause distress for them. Identify potential sources of moral distress, and (if you have space) suggest how this distress should be responded to in this case or in future cases.

Case Descriptions (Choose ONE)

[**Note**: Some of the below cases are based on cases presented in books. Keep in mind that your analysis needs to reflect your own original thinking; it should not merely parrot what other bioethicists have said. Also, the reference for the case does not count towards your required number of references (2 class readings, 3 outside readings).]

Case 1:[*]

Miguel celebrated his twenty-first birthday six months ago. Around the same time, his roommate Vick, a Jehovah's Witness, suggested that Miguel start going to church with him. After attending church for a month, Miguel experienced a religious conversion. His personality, values, and behavior radically changed. Before the conversion, Miguel was introverted, slightly depressed, and unmotivated. After the conversion, Miguel became excitable and increasingly immersed in church activities. Over winter vacation, he decided not to travel home for the holidays. His atheist parents were completely baffled by their son's changes, and he was tired of fighting with them about it. He went snowboarding with some of his new friends from church instead, and he had a major accident. He lost a significant amount of blood in transport to the hospital, and he is now unconscious.

His parents, Lorea and Paul, quickly arrive at the hospital and find Vick at Miguel's bedside. Vick insists to the parents that Jehovah's Witnesses do not support blood transfusions under any circumstances, and using his iPad, he pulls up a paper that Miguel wrote for his Introduction to Bioethics class. In the paper, Miguel explicitly states that he would not want to receive blood transfusions even if it were medically necessary. The doctor informs the parents that Miguel needs a blood transfusion soon, or he will die. The doctor hands Lorea and Paul the consent form for standard treatment. The doctor tells the parents that if they had been any later in arriving, the hospital would have provided the blood anyway as an emergency measure.

Lorea reads her son's clearly written college paper, and she feels conflicted. She does not understand her son's new religious faith, but she knows that he would not want the blood transfusion. Paul is infuriated that his wife is even considering not signing the form. He exclaims, "Our son's life is more important than this silly fad he's going through!" Paul and Lorea debate whether it is possible that Miguel has

[*] Part of a regional ethics bowl competition, modified slightly

actually gone through a life-transforming religious conversion—a conversion that is worth their son sacrificing his life. A clinical ethicist is called to provide a recommendation to the medical team and the family.

Case 2:[†]

Danielle is a health-care professional sensitive to society's needs for organ and tissue donations. In her advance directive, Danielle provides that if she should become incompetent but remain physically healthy, then she wishes to donate a kidney and bone marrow to needy recipients. Ten years later, at the age of 65, Danielle is afflicted with Alzheimer's disease and reaches a point of profound dementia. She moves into a long-term care institution where she seems relatively content, listening to old records and playing with her snowglobe collection. The nurses who have cared for her for the past couple years know her better than anyone else at this point; her parents are estranged and live in another country, and they cannot be contacted. The nurses find her advance directive, and they are pleasantly surprised by Danielle's magnanimous offer to donate her organs. Needy recipients for kidney and bone marrow transplants have been located. The prospective transplant operations will pose only a slight risk to Danielle and entail only mild pain. At the same time, the now incapacitated Danielle has no recollection of her prior instruction and no appreciation of the altruism involved in donating an organ or tissue. She will derive no contemporaneous gain from the contemplated operations. Although Danielle is otherwise healthy, members of the medical team worry whether they are doing anything ethically amiss. They contact a clinical ethics consultant to see if they should follow through with her advance directive.

Case 3:[‡]

Mary, 50 years old, is a homeless woman who comes into the emergency department with a fractured mandible after having a brick thrown at her face. Her physician explains that they need to give her medications to prevent infection and to dull the pain, and they want to do a surgery that would involve

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[†] Based on a case from the following: Cantor, Norman. "Testing the Limits of Prospective Autonomy: Five Scenarios" in *Ethical Issues in Modern Medicine: Contemporary Readings in Bioethics, 7th ed.* Eds. Bonnie Steinbock, John D. Arras, & Alex John London. Boston: McGraw Hill, 2008: 402-403. A patient name, age, and a few other details have been added.

[‡] Based on an actual case discussed at a regional hospital, some details changed

putting in permanent metal hardware to keep her jaw functional. Mary refuses the medication and the surgery because she mistrusts doctors, and she believes the surgery will disfigure her appearance. The physician holds her in the hospital against her will until a psychiatric evaluation can be performed. After assessing her mental state and understanding, the psychiatrist declares Mary to have sufficient decisional capacity to make this refusal of care.

The physician believes that Mary is making an irrational decision that might be the result of some recent traumas. He calls a patient advocate to try to talk Mary into the procedure. Eventually the advocate receives the name of a single contact: Joel, who used to be a revered at a church Mary attended in previous years. After tracking down his number, the advocate asks Joel to speak to Mary. Joel refuses, and he tells the advocate that Mary has untreated bipolar disorder. He tells the advocate that Mary stalks him, and he knows of no other family or friends that she has.

The advocate talks with the physician about the call before they tell Mary what Joel said. They believe it would be unkind to tell Mary anything about the phone conversation. The ER physician is inclined to believe that Mary is mentally ill, given how unreasonable her decision seems to be. He thinks the psychiatrist made a mistake in declaring her competent. He tells the advocate that they should tell Mary that Joel was unable to talk for long, but Joel hopes that she *gets better soon.* This "white lie," the physician believes, could convince Mary to take the medically necessary steps to care for herself. If she does not receive any treatment, she will be in horrible pain, risk life-threatening infection, and lose substantial functioning in eating and talking. Especially because she has been homeless for many years, the physician thinks it would be unconscionable to respect her wishes and let her suffer on the streets. The advocate discreetly calls the clinical ethics center for assistance.

Case 4:[§]

Tess finds herself pregnant for the fourth time at age 23 after a brief fling with a man who has since moved away and stayed out of contact. Her first pregnancy was terminated; Child Protective Services took the child from her second pregnancy after her ex-husband was accused of medical neglect; her third child is healthy and living with Tess. Tess is a single mother, working multiple low-wage jobs in a socioeconomically depressed area. She has minimal social support, as her parents distanced themselves

[§] Loosely based on a case from the following: Veatch, Robert M., Amy M. Haddad, and Dan C. English. *Case Studies in Biomedical Ethics: Decision-Making, Principles, and Cases, 2nd ed.* New York: Oxford University Press, 2015.

from her after she had an abortion as a teenager. Tess decides not to terminate the current pregnancy, though she realizes there will be financial hardships.

She goes to a prenatal care clinic that provides services for prospective mothers who otherwise would not be able to afford care. Dr. Lenox learns of Tess's history and difficulties making ends meet, and she recommends that Tess have her tubes tied as part of the delivery procedure. Tess expresses some hesitancy, since her religion emphasizes the importance of motherhood and spreading blood lines. At the same time, she knows that she cannot financially or emotionally handle any more pregnancies. The clinic visit ends with Tess telling Dr. Lenox that she will probably agree to the sterilization, but she needs time to pray and reflect.

Dr. Lenox does not see Tess again until she goes into labor a month later. Tess starts experiencing medical complications, and the medical team rushes to keep her from losing too much blood. Dr. Lenox sends her resident, Dr. Cooper, to receive a signed informed consent form for the tubal ligation. Tess is in serious pain, and she barely glances at the informed consent form before signing it. Dr. Cooper does not question her decision, since she nodded along when he told her why they needed her signature. A clinical ethicist overhears that a 23 year-old woman has opted for sterilization minutes before being wheeled into the operating room, and the ethicist cannot help but to question whether Dr. Lenox needs to be stopped from performing this life-altering procedure.