[Draft Syllabus – Subject to Change]

Government 94gk: The Politics and Ethics of Medical Care
Spring 2017

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Meeting Time: Thursdays, 3-5pm, in CGIS K-107 (but note that the first meeting will be on Tuesday, January 24th, 4-5pm, in CGIS K-401).

Enrollment and First Meeting: To enroll in the class, you must enter the Government Department lottery (see http://gov.harvard.edu/gov-94) by submitting a hard-copy lottery form to the Department’s undergraduate office by 6pm on Wednesday, January 25th. Lottery results will be released the evening of Thursday, January 26th. To accommodate the lottery, the class will meet for the first time on Tuesday, January 24th. All interested students are expected to attend that meeting. The class will not meet on Thursday, January 26th.

Overview

This course is an introduction to medical ethics and the ways in which political theory can inform our understanding of the moral and political dimensions of medical care. Using case studies as a launching point, we will explore ideas about autonomy, paternalism, beneficence, and distributive justice, and their application to issues such as informed consent, euthanasia, public health policies, the right to refuse care, the distribution of scarce resources, the health effects of inequality, and conflicts between patient rights and the public good. Readings include classics of moral and political philosophy, writings by contemporary medical ethicists, Supreme Court decisions, and some empirical and historical studies.

Requirements and Grading

As this is a seminar, the main requirement is to come to class prepared and participate actively in class discussions. For 6 out of the 12 weeks, you are expected to write short responses to the readings (approximately 300-500 words) that will be circulated among the class. These responses are due 24 hours before class meets, to allow your fellow students and the instructor to read and reflect on them. They will be graded on a √, √+, √- scale.

Your participation in class, which includes completing the short responses, will count for 40% of your final grade. There will be a short midterm quiz on March 30th.
to evaluate your understanding of the philosophical issues covered in class, which will count for 20% of your final grade. The remaining 40% of your grade will be determined by a seminar paper (approx. 15-20 pages) on one of the topics raised in this course or another topic related to medical ethics, to be chosen in consultation with the instructor. A short (1-2 page) paper proposal is due to the instructor by the last day of class (April 20th), and the paper itself is due during exam period, on a date to be determined by the Registrar’s Office.

Absences

Because of the seminar format, there is no way to make up a missed class, and since we only meet 12 times throughout the semester, your attendance at each and every meeting is crucial. Absences will be excused only in emergency situations (e.g., hospitalization) and will require documentation. Unexcused absences will have a severely negative impact on your grade. Please note that job interviews, extracurricular activities, and athletic games are not considered valid reasons to miss class.

Collaboration Policy

Discussion and the exchange of ideas are essential to academic work. For assignments in this course, you are encouraged to consult with your classmates on the choice of paper topics and to share sources. You may find it useful to discuss your chosen topic with your peers, particularly if you are working on the same topic as a classmate. However, you should ensure that any written work you submit for evaluation is the result of your own research and writing and that it reflects your own approach to the topic. You must also adhere to standard citation practices and properly cite any books, articles, websites, lectures, etc. that have helped you with your work. If you received any help with your writing (feedback on drafts, etc.), you must also acknowledge this assistance. Please speak with the instructor if you have any questions about collaboration.

Course Readings

The readings for this course are a mix of philosophical writings and case studies, with a few court cases and empirical/historical studies as well. Some of the philosophical writings are neutral explorations of theories, and some take specific, occasionally extreme, positions on a particular topic. The readings have been chosen to stimulate discussion and encourage you to critically examine your own views. None is intended to convince you to adopt a particular stance on any issue (nor, for that matter, does the instructor necessarily agree with the views put forth).

The following books are required reading and will be on reserve at Lamont:


All these books except *Mortal Choices* are available for purchase at the Coop. *Mortal Choices* is currently out of print, but there are many used copies available on Amazon.com.

Recommended (required parts will be available online on the course Canvas site):


The remaining readings will be available for download on the course Canvas site.

**Summary of Topics to be Covered**

- Week I: Introduction [Jan 24 – see note above about special time/location]
- Week II: The Goal(s) of Medicine [Feb 2]
- Week III: Background philosophical perspectives: liberalism, utilitarianism, principlism, and virtue ethics [Feb 9]
- Week IV: The role of the state in medical care [Feb 16]
- Week V: Autonomy I: Freedom, Self-Determination, and Competency [Feb 23]
- Week VI: Autonomy II: Consent, Honesty, and Deception [March 2]
- Week VII: The Conflicting Obligations of Physicians [March 9]
- Week VIII: Beneficence and Paternalism [March 23]
- Week IX: The Ethics of Health Promotion [March 30]
- Week XI: Justice and Health Care I: Scarcity, Inequality, and Distributive Justice [April 13]
- Week XII: Justice and Health Care II: The Health Effects of Inequality [April 20]
Because the semester is only 12 weeks long, we will not have time to delve into all of the diverse and growing areas of medical ethics, or bioethics more generally. Topics that we will unfortunately not have time to cover include the ethics of bioengineering, genetic enhancement, and stem cell research; abortion; research and experimentation with human subjects; and the rights of parents to make medical decisions about their children. Students in the course may choose to address any of these topics in their seminar papers, after consultation with the instructor.

**Schedule of Topics and Readings**

**Week I: Introduction**

After reviewing the course goals and expectations, we will discuss the types of cases to be considered in the course and talk about the field of medical ethics generally.

**Required Reading:** None

**Recommended Reading:**


**Week II: The Goal(s) of Medicine**

What are the ends that medicine seeks to promote? Is the only goal to treat disease? Is medicine a purely scientific enterprise? Should we view medicine’s successes based on its effectiveness in normalizing biomedical test results, or whether it allows people to live fuller, more autonomous lives? What are the ethical values implicit in medical care?

**Required Reading:**


**Recommended:**


**Week III: Background Philosophical Perspectives**

We will look at different philosophies that ground ethical thinking in medicine, including liberalism, utilitarianism, principlism, and virtue ethics. What is the most convincing foundation on which to make ethical judgments in medicine? Do we need a comprehensive ethical theory in order to make ethical decisions?

**Required Reading**


Beauchamp and Childress, *Principles of Biomedical Ethics*, Chapters 1 and 9.


**Recommended Reading:**


**Week IV: The Role of the State in Medical Care**

The state plays a pervasive role in medical care: government policies and laws shape the rights of patients, the nature of the doctor–patient relationship, the allocation of medical services, and the availability and accessibility of medication. We will look at some of the obvious and not-so-obvious ways in which the government influences medical care, and discuss their ethical implications.

**Required Reading:**


*Cruzan v. Director, Missouri Department of Public Health*, 497 U.S. 261 (1990) (excerpt)

**Recommended Reading:**


**Week V: Autonomy I: Freedom, Self-Determination, and Competency**

Autonomy is one of the central tenets of modern medical ethics, but the Hippocratic Oath doesn’t even hint at it. Where do our modern notions of autonomy come from? What are the limits of autonomy, and when should doctors view patients as incapable of making decisions about their own medical care?

**Required Reading:**


Beauchamp and Childress, *Principles of Biomedical Ethics*, pp. 101-120.


**Recommended Reading:**

Week VI: Autonomy II: Consent, Honesty, and Deception

Medical ethicists often stress the importance of gaining informed consent for medical procedures as a way of respecting patient autonomy. Informed consent requires providing patients with accurate, detailed information about their conditions and the risks and benefits of particular modes of treatment. However, the usefulness of informed consent has been questioned by those who think patients are incapable of making truly informed decisions about complex medical procedures; by those who see it as corroding trust within the doctor-patient relationship; and by those who see it as counterproductive under certain circumstances to provide patients with the full truth about their conditions. Is informed consent a useful tool, or should we find better ways to respect patient autonomy? Are our notions about gaining informed consent from patients a reflection of universal values of respecting persons, or are they products of a particular culture and its way of viewing individual rights?

Required Reading:

Macklin, Mortal Choices, Chapter 3.

Beauchamp and Childress, Principles of Biomedical Ethics, pp. 120-141.

Veatch, Patient, Heal Thyself, pp. 92-109.


**Recommended Reading:**


**Week VII: The Conflicting Obligations of Physicians**

What are the roles we expect doctors to play besides, or as part of, providing treatment to patients? Should doctors be trying to drive down the cost of medicine by considering factors besides the most scientifically promising treatment for patients? Should doctors be holding back from providing futile treatment, often at a high cost, to patients? And how should we view doctors who use their medical training for non-therapeutic ends—are they violating their ethical duties, or possibly helping in a greater cause?

**Required Reading:**


Recommended Reading:


**Week VIII: Beneficence and Paternalism**

Doctors approach medical problems with a vastly greater understanding than patients of the biological causes of disease and the risks and benefits of treatments. Under what circumstances should doctors overrule the treatment decisions of a patient who may be uninformed or displaying poor judgment? Should doctors rather than patients be making the hard decisions in medical care? What distinguishes paternalism from beneficence?

Required Reading:

Beauchamp and Childress, Principles of Biomedical Ethics, pp. 202-226.


Veatch, Patient, Heal Thyself, pp. 111-133


**Recommended Reading:**

Pellegrino and Thomasma. *For the Patient's Good*, remainder.


**Week IX: The Ethics of Health Promotion**

If, as Benjamin Franklin said, “an ounce of prevention is worth a pound of cure,” then it might be better for doctors, and even the state, to encourage health-promoting behaviors and habits rather than treating and paying for the effects of dangerous or unhealthy lifestyles. However, campaigns to prevent obesity, encourage people to quit smoking, or promote exercise are viewed by some as overly intrusive on people’s private lives. How should doctors view their role in telling patients how to live their lives? Should the government be undertaking public health campaigns that criticize legal, if unhealthy, personal behavior?

**Required Reading:**


**Recommended Reading:**


Thaler and Sunstein, *Nudge*, remaining chapters.


**Week X: Euthanasia, Physician-Assisted Suicide, and the Ethics and Politics of End-of-Life Care**

Some of the most controversial issues in medical ethics surround end-of-life care and decisions about how to die. Is euthanasia ethically permissible? Is there an ethical distinction between killing and letting die? Should doctors use their medical knowledge to help terminal patients die peacefully—or is that a violation of their ethical duty to respect life? What role should the state play in regulating how people die?

**Required Reading:**


**Recommended Reading:**


**Week XI: Justice and Health Care I: Scarcity, Inequality, and Distributive Justice**

How do theories of distributive justice inform our views about access to health-care resources? Is health care like any other scarce commodity, or does it have a unique status? How should scarce health resources be distributed? Are there times when aiming for equality in access to health care might violate other rights?

**Required Reading:**

Macklin, Mortal Choices, Chapter 10

Beauchamp and Childress, Principles of Biomedical Ethics, Chapter 7.


Recommended:


**Week XII: Justice and Health Care II: The Health Effects of Inequality**

The link between health and inequality goes further than just unequal access to health-care resources: a large body of sociological and epidemiological data suggests that socioeconomic inequality is a *cause* of poor health. Should this change how we view inequality in our society? What are the political implications of viewing inequality as a cause of morbidity and mortality? Is it the government’s job to improve health by promoting equality, or does that exceed the government’s legitimate role?

Required Reading:


Recommended Reading:

