

**SW 705****Ethical Dilemmas in Health for Social Work and Other Health Professions****Fall 2014****Tuesday evenings 6pm-9pm****SSWB, Room 3816**

Edith C. Kieffer, MPH, PhD

Office hours: by appointment, SSW Room 3770

Email: [ekieffer@umich.edu](mailto:ekieffer@umich.edu)

**COURSE DESCRIPTION:** From a beginning in efforts to protect human rights in biomedical research, the field of health-related ethics, sometimes called “bioethics” has grown rapidly. It now encompasses such major areas as equity of access to, and delivery of, health care services, and the impact of the rapid proliferation of technologies (e.g. genetic and advanced diagnostic testing, prenatal, mind-altering and life-prolonging treatments) on how human life is defined, and on health care decisions and quality of life. While many of these issues, and the dilemmas they create, focus on the rights and burdens of individuals and families, ethical dilemmas in health have increasingly far-reaching implications for communities and societies. These dilemmas pose challenges to social workers, social service and health care practitioners, administrators, policy makers and social and health scientists. Issues that have traditionally been private concerns are increasingly played out in the public arena, with passionate constituencies and extensive, and often inflammatory, media attention. The key roles and importance of well-trained and practiced social workers and other health care providers, administrators, planners and policy makers, in assuring equitable treatment and protecting individuals, communities and societies, provide the central rationale for this course.

This course uses ethics frameworks and codes from social work, medicine, public health, nursing, psychology and others health-related fields for decision-making, both generally and as applied to specific dilemmas, using a case-study approach. The course also discusses conflicts between professional ethics codes and federal, state and local laws, regulations and codes.

**COURSE CONTENT:** The scope of the intersection between health and ethics is huge. This course cannot cover all issues, topics and dilemmas in one semester. A partial list of potential topics includes: content and application of social and health professional ethics codes and frameworks to health-related decisions and policies; ethical issues in health care resource distribution and allocation; conflicts between autonomy and beneficence in public health interventions; the role of social and health professionals and ethics consultants in hospital ethics review committees; competence assessment and health care decisions; informed consent, confidentiality and human subjects protection in health care and health research; access to, and the impact of genetic, fertility and reproductive technologies; advanced care planning, advanced directives and end-of life decisions, including neonatal and intensive care later in life or in “futile” situations; maternal/fetal conflicts of interest such as drug treatment or child abuse prosecution, coerced or forced maternal and fetal drug and surgical treatment; cross-cultural issues in bioethical decisions; the role of the internet and the media in framing bioethics and health care policy decisions. Additional issues and topics may be explored by seminar participants during assignments and class discussions.

**COURSE DESIGN:** This course is conducted as a **seminar**. This design assumes that all participants

are adult learners who are responsible for, and actively engaged in, the learning process. You are the primary actor in developing your knowledge, understanding and skills through class activities, presentations (instructor, guests and your own), reading, listening, discussion and from your developing experiences and insights. My role, as class instructor, is facilitator and guide. My teaching is less about lecturing than about planning class activities and identifying and providing many, but not all learning resources that you will use throughout the semester and beyond. However, you are responsible for your own learning and much of the quality of your class experience. By University/School policy, I also evaluate your immediate classroom-related learning, and provide grades. This is a “hands-on” course. Beginning with an introduction of ethical principles and frameworks used to guide health-related practice and research, a case-study approach will be used to examine common dilemmas faced in practice from the perspective of policy-makers, health and social service agency directors and practitioners, communities, families and individuals. As course participants, you will learn and practice methods for analyzing ethical dilemmas from a variety of perspectives, including the professional and personal. You will develop, present and participate in analyses of ethical issues and participate in decision-making meetings. The course methods and resources include readings, presentations by the instructor, guests and class participants, small and whole class discussions, analyses of ethical issue case studies, debates in short and more in-depth analysis papers and in “mock” case presentations and meetings. In keeping with its interdisciplinary approach, students from different disciplines and/or areas of study and practice will be expected to draw upon and share their previous learning and work experience in the context of the course content.

**COURSE OBJECTIVES:** Upon completion of the course, participants will be able to:

1. Describe the key principles of social work and other health professional ethics codes that guide ethical decision-making and apply them in the context of social justice, human rights, autonomy, resource allocation and responsibility.
2. Identify how similarities and differences in principles and decision-making methods, across professional codes, may contradict and/or complement one another in health-related practice, and in relation to local, state, national and/or international law, codes and regulations.
3. Assess how your personal values may differ from, or are similar to the values of your profession in several health-related ethical dilemmas.
4. Demonstrate how individual, family and community resources, educational level, gender, ethnicity, religion or spirituality, age, sexual orientation, marital status and other characteristics (of decision-makers and those affected by their decisions) may affect ethical decision-making.
5. Analyze and discuss the role of media in framing discussions and decisions related to ethics and health, as it affects the general public and specific population groups.
6. Demonstrate their ability to apply ethics frameworks and critical thinking to selected ethical dilemmas that arise in health care settings, and in health policy development and implementation, through written analyses and through their assigned roles during case study/case conference meetings and public hearings.
7. Use an interdisciplinary case study/case conference approach to practice decision-making applied to several contemporary health policy and health care issues including genetics, maternal/fetal conflict, fertility and reproduction, beginning and end-of-life decisions (care, quality and length of life) and allocation of health-related resources.

## **RELATIONSHIP OF THE COURSE TO FOUR CURRICULAR THEMES**

**1. *Multiculturalism and Diversity:*** Attention to multiculturalism and diversity, and understanding the impact of these, is imperative to the ethical conduct of practice and research in social work and other health-related professions, and in the context of families, communities and society. Course participants will identify ways in which ability, age, sex, class, resource availability, color, culture, ethnicity, family structure, gender, sexual orientation, marital status, national origin, race, religion or spirituality) influence the distribution of health-related resources, how they influence, and are influenced by, ethical frameworks in various related fields and circumstances.

**2. *Social Justice and Social Change:*** Social justice is one guiding framework of ethical decision-making. Conversely, achieving social justice in health requires ethical decision-making processes. This course will address how ethical frameworks for decision making contribute to creating a system where the benefits of health promoting environments and resources, including health care, are distributed equally across populations. Course participants will analyze and discuss how ethical decision-making processes influence, and are influenced by scientific, socio-cultural, and social justice issues.

**3. *Promotion, Prevention, Treatment and Rehabilitation:*** Course participants will review and analyze a variety of case studies that illustrate how ethical issues and dilemmas affect individual, family, organizational, community and societal well being across the spectrum from promotion to rehabilitation, in a variety of settings and populations.

**4. *Social and Behavioral Science Research:*** While the course is practice-based, successful practice must be based on ethically conducted research. Course participants will review and apply research from social work and other health professional, behavioral and social science fields in group discussion, case studies presentations and papers. The evolving place of bioethics in biomedical, social and behavioral science research initiatives of the federal government and foundations will be discussed. The evolution, function and impact of human subjects review boards will be studied.

**RELATIONSHIP OF THE COURSE TO SOCIAL WORK ETHICS AND VALUES:** The Social Work Code of Ethics underlies the framing and implementation of the course. For example, in exploring the history and application of ethical frameworks, this course begins with an explicit overview of NASW'S Code of Ethics and compares and contrasts it to ethics codes in other disciplines. Students will explore social work ethics and values in a variety of contexts and practice settings that affect health and well-being through their readings, class discussions and assignments. Every effort will be made to encourage students from a variety of social and health professions to take the course in order to make it correspond to the "real world" of interdisciplinary decision-making during case conferences, legislative processes, and other formal and informal means of interdisciplinary communication.

**INTENSIVE FOCUS ON PODS:** Biomedicine has been guilty of some of the greatest violations of human rights in history including forced sterilizations of developmentally disabled and ethnic minority group members, selective abortion of female fetuses, Nazi and Tuskegee human experimentation, and withholding medical treatment of prisoners and other oppressed groups. Historically, presently and, likely in the future, many of the greatest health-related dilemmas arise from inequitable access to, or discriminatory application or withholding of health-related research and treatment based on race, ethnicity, gender, age, sexual orientation, ability, access to resources, and other individual and population-based characteristics. This course addresses these in readings, case examples and student papers and presentations. The key roles and importance of well-trained and practiced social workers and other health providers, administrators, planners and policy makers in assuring equitable treatment and protecting individuals, communities and societies, provide the central rationale for this course.

## **LEARNING RESOURCES: READINGS/CTOOLS WEBSITE AND MORE**

We will not have a textbook for this class. You will be using a variety of materials, including chapters from several books, journal articles, newspaper and magazine articles (professional journals and popular print media, along with shows broadcast by PBS, NPR and other media). I will make many of these available through our CTOOLS website, all in the Resources folder. You will find, use and share others through your research, individually and with other members of the class.

The CTools Resources folder is organized with general materials first, e.g. the Course Syllabus, Reading Lists and Assignments Folder, and a General Resources and Links folder that contains ethics codes, decision making frameworks, bioethics-focused databases, organizations, and journals. This General Resources and Links folder will grow as the semester proceeds. It will provide you with ample material for your work in this course, and into the future, but do not limit yourself to what you find here. *You may also access University of Michigan ethics resources through this folder.* The University houses several centers for ethics research centers which provide a wealth of resources, experts and seminars. This folder also contains links to the UM Health System's general ethics committee link and specific links to the adult and pediatric ethics committees.

Increasing understanding of the meanings and applications of the concepts and terms discussed in the week 1 readings will be assumed for all in-class discussions, group and individual assignments. Materials for each class session are organized on your reading lists and in CTOOLS in *required materials* and *supplemental materials* categories. Required materials are those that are expected to provide the background you need to fully participate in class activities, both inside and outside of the classroom. Required materials listed on the reading list and in its corresponding CTOOLS folder should be the same. Supplemental materials provide further resources. Some, but not all of the supplemental materials on the reading list will be found in the corresponding CTOOLS folder. Conversely, I will add materials to the CTOOLS supplemental readings folder during the semester based on things that I, you and your colleagues find.

Be advised that there may be some changes in the class schedule or reading lists if opportunities present themselves or by necessity. Assignment due dates and most if not all of the assigned readings will not change, unless otherwise discussed and agreed upon.

## **CLASS REQUIREMENTS**

### **Attendance and participation:**

Because of the participatory nature of this course, class attendance is required. Please notify me at the beginning of the semester if religious observances, or other unavoidable obligations will conflict with class or due dates for assignments so that we can make appropriate arrangements. With my approval, up to two absences may be "made up" by completing a summary of the key points of each of the seminar readings and any additional activity that I assign related to the topic/activities of the day. You must contact me within 24 hours of the missed class to arrange for this option. Any assignment due on a missed class day must be emailed to me before 6:10 pm on the day of the class. Students with 2 absences that are not "made up" will receive a one level (e.g. A to A-) reduction in your final grade. Each additional absence will reduce your final grade an additional level. Class will begin promptly at 6:10 pm. Be cognizant of the disruptive nature of coming to class late. Coming to class more than 10 minutes late more than once, or leaving early, unless you have received prior authorization, will be considered an absence. If you arrive after the class has begun, please enter the classroom as quietly as possible and wait until break to catch up with what is going on. It is your responsibility to get materials, handouts, or class notes from one of your classmates if you are unable to be in class. All class members are expected to be attentive to speakers and discussants and extend courtesy and respect to others, even if their values, opinions and attitudes differ from yours.

**Discussions/Group Activities:** Discussions and group activities are a critical aspect of active learning at the graduate level so well-prepared and active participation is required and will be an important aspect of your participation grade. As an adult learner, you are expected to prepare for class by reading and thinking about the topic of the day, preparing analytical materials, class discussion notes and other written work, and actively contributing to small and large group activities and discussions. Your contributions must show evidence of reflection on the content and meaning of readings/class materials, and participation in classroom presentations, activities and discussion. **Work Expectation:** At the graduate/professional school level, the University of Michigan expects students to spend at least 2

hours a week in class preparation for each course credit hour, i.e. at least 6 hours per week, outside of class time, for this course.

**Professional Behavior:** As a professional/professional-in-training, you are expected to demonstrate courtesy, attention to, and respect for the instructor, fellow students as individuals, and the class itself, in non-verbal and verbal communications and other behavior. Failure to behave professionally will result in a reduction in the participation portion of your grade.

**Special considerations:** If you require special classroom or other considerations for instruction, please let me know as soon as possible. SSW policy is to provide equitable educational opportunities for students with documented disabilities. If you feel that you may need an accommodation for a disability, please contact me privately to discuss your specific needs, as soon as possible. Some aspects of this course, the assignments, the in-class activities, and the way the course is usually taught may be modified to facilitate your participation and progress. As soon as you make me aware of your needs, we can work with the [Office of Services for Students with Disabilities](#) (SSD) to help us determine reasonable academic accommodations for students with documented disabilities. They can be reached at [734-763-3000](tel:734-763-3000) and in room G-664 Haven Hall.

**Use of electronic devices:** All electronic devices, including but not limited to cellular/smart phones, pagers, tablets and laptop computers will be turned off at all times during class, unless you have made prior arrangements with me, for cause.

**Deadline expectations:** All reading, written and other assignments must be completed and ready for use by the start of class on the specified due date (see schedule). Assignments submitted late will be graded down one full grade. Assignments submitted more than two days late will not be accepted. Exceptions require permission of the instructor prior *before the due date*.

**Format of written assignments:** All papers must be typewritten in Arial, 11 point font and one inch margins. Each assignment indicates whether single or double spacing, and which topic headings are required. Properly formatted citations must be included, using either APA or AMA format.

\* APA citation style: American Psychological Association (2010). *Publication Manual of the American Psychological Association* (Sixth Edition). Washington, D.C.: American Psychological Association. SSW librarian guide: <http://guides.lib.umich.edu/content.php?pid=617612&sid=5109227>

\* AMA citation style: Here is the free searchable guide to AMA Manual of Style (references section). <http://www.amamualofstyle.com/> Examples at: <http://www.lib.jmu.edu/citation/amaguide.pdf>

A Guide to Citation Management: <http://guides.lib.umich.edu/citationmanagement>

**See also: General Expectations for Written Work, Academic Standards and Academic Conduct and Integrity, below, following Assignments and Grades.**

**EVALUATION AND GRADES** Your class grade will be based on my evaluation of the following:

- Class participation (25%)
- News media analysis (article/show) (15%: 10% written summary; 5% discussion facilitation)
- Brief issue analyses: 3 analyses (30%; 10% each):  
Genetic technologies, maternal-fetal conflict, neonatal intensive care
- Final paper – Analysis of ethical dilemma of your choice\* (30%)

**TOTAL**        100 points

**Detailed assignments are located later in this syllabus.**

**Final grades will be assigned using the following point scale:**

A+ = 99 - 100	B+ = 86 - 89	C+ = 74 - 77
A = 95 - 98	B = 82 - 85	C = 70 - 73
A- = 90 - 94	B- = 78 - 81	C- = 66 - 69

Both content and format will be considered in assigning grades. **Lower grades will result from late submission of assignments, failure to follow assignment and formatting guidelines, sloppiness, inappropriate grammar and misspellings.**

The criteria for letter grades are:

**A+, A or A-** Mastery of subject content, demonstration of critical analysis, creativity and/or complexity in completion of assignment. A+ will be a very rare grade. The difference between A and A- is based on the degree to which these skills are demonstrated.

**B+** Mastery of subject content beyond expected competency, but has not demonstrated additional critical analysis, creativity or complexity in the completion of the assignment.

**B** Mastery of subject content at level of expected competency – meets course expectations

**B-** Less than adequate competency, but demonstrates student learning and potential for mastery of subject content.

**C or C-** Demonstrates a minimal understanding of subject content. Significant areas need improvement in order to meet course requirements.

**E** Student has failed to demonstrate minimal understanding of subject content.

**GENERAL EXPECTATIONS AND RESOURCES FOR WRITTEN WORK:**

You must use scholarly literature to support your presentation of material. You need to use multiple sources and synthesize them. Do not rely on direct quotations from your sources; instead summarize them in your own words. Quotations, if used at all, should be very minimal, used for special emphasis only, and clearly identifiable and referenced.

- Written work should incorporate the standards of critical thinking, analysis and writing (described below). In evaluating your written work, I will apply these standards.
- You may find it useful to have someone who is unfamiliar with your subject read your paper before you turn it in. An outside reader can tell you if your writing is not clear, if you omitted a word or phrase, or if you used the wrong word. Spell checkers and grammar checkers are useful tools, but not as reliable as a human reader. Nonetheless, they provide a warning that something should be corrected!
- Writing skills assistance resources
  - The School of Social Work Office of Career Services (room 1696; request appointments by email at [ssw-cso@umich.edu](mailto:ssw-cso@umich.edu) or Phone:(734) 763-6259. This assistance can include reviewing paper drafts at any stage, along with the text of the assignment and questions and concerns that you might have. Be sure to allow enough time for this service to be most effective.
  - Sweetland Writing Center (734-764-0429; <http://www.lsa.umich.edu/sweetland/>)
  - English Language Institute <http://www.lsa.umich.edu/eli>

## ACADEMIC STANDARDS AND CODES OF CONDUCT

### Standards for Critical Thinking, Analysis and Writing:

**Critical thinking** is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action. In its exemplary form, it is based on universal intellectual values that transcend subject matter divisions: clarity, accuracy, precision, consistency, relevance, sound evidence, good reasons, depth, breadth, and fairness. (Michael Scriven & Richard Paul, presented at the 8th Annual International Conference on Critical Thinking and Education Reform, Summer 1987).

See also: Richard Paul and Linda Elder, *The Miniature Guide to Critical Thinking Concepts and Tools*, Foundation for Critical Thinking Press, 2008) and <http://www.criticalthinking.org/pages/defining-critical-thinking/766>

All written work will be evaluated in accordance with the standards of critical analysis and thinking and should strive to meet the following intellectual standards:

- **CLARITY:** Could you elaborate further on that point? Could you express that point in another way? Could you give an illustration? Could you give an example?
- **ACCURACY:** Is that really true? How could we check that? How could we find out if that is true?
- **PRECISION:** Could you give more details? Could you be more specific?
- **RELEVANCE:** How is that connected to the question? How does that bear on the issue?
- **DEPTH:** How does your answer address the complexities in the question? How are you taking into account the problems in the question? Is that dealing with the most significant factors?
- **BREADTH:** Do we need to consider another point of view? Is there another way to look at this question? What would this look like from a variety of points of view?
- **LOGIC:** Does this really make sense? Does that follow from what you said? How does that follow? Before you implied this and now you are saying that; how can both be true?

### Academic Conduct and Integrity:

The conduct of a student enrolled in courses offered by the School of Social Work must be consistent with that of a professional person. Courtesy, honesty, and respect should be shown by students toward faculty members, guest lecturers, administrative support staff, and fellow students. Similarly, students should expect faculty to treat them fairly, show respect for their ideas and opinions and strive to help them achieve maximum benefits from their experience.

### Written and oral materials prepared for this course must adhere to NASW Editorial Policy, the NASW Code of Ethics and the UM and SSW:

#### NASW Code of Ethics:

*4.04 Dishonesty, Fraud and Deception:* Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception.

4.08 *Acknowledging Credit*: (a) Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed. (b) Social workers should honestly acknowledge the work of and the contributions made by others. **NASW Editorial policy**: “In the interest of accurate and unbiased communication, the NASW publications program subscribe to a belief in the importance of avoiding language that might imply sexual, ethnic, or other kinds of discrimination, stereotyping, or bias. NASW is committed to the fair and equal treatment of individuals and groups.

**University of Michigan Library website: Academic Integrity in Social Work**

<http://guides.lib.umich.edu/swintegrity>

This guide provides outstanding resources, guidance and examples related to a variety of topics, including understanding and avoiding plagiarism, understanding acceptable and unacceptable collaboration and group work, use of data, citations using APA style and a variety of related subjects.

**School of Social Work Student Guide Student Code of Academic and Professional Conduct**

**Section 12 covers the [Student Code of Academic and Professional Conduct](#)**. You are responsible for reviewing and understanding its requirements. Briefly, student academic misconduct refers to behavior that may include plagiarism, cheating, fabrication, falsification of records or official documents, intentional misuse of equipment or materials (including library materials), and aiding and abetting the perpetration of such acts. The preparation of reports, papers, and examinations that are assigned on an individual basis, must represent each student’s own effort. For group assignments, you have an equal share of responsibility for work necessary to complete the assignment completely and ethically, and for the final product. All reference sources must be indicated clearly and completely in both individual and group assignments. The use of assistance from other students or aids of any kind during a written examination, except when the use of aids such as electronic devices, books or notes has been approved by an instructor, is a violation of the student code of conduct.

**Section 12.02 covers plagiarism** (representing someone else's ideas, words, statements or works as one's own without proper acknowledgment or citation). Plagiarism also includes self-plagiarism.

<http://ssw.umich.edu/studentguide/2012/page.html?section=12.02&volume=1>

Plagiarism is stealing, a violation of academic integrity and community, and one of the most serious forms of academic and professional misconduct. Section 12.02 states: “Plagiarism, like other forms of cheating and misconduct, is taken very seriously at the University of Michigan and is grounds for expulsion from the University. It is your responsibility to familiarize yourself with the information presented in Section 12. Further resources are available at <http://www.lib.umich.edu/academic-integrity/resources-students> .” This Department of English letter is widely posted throughout the university and is a useful reference if you have any questions about what constitutes plagiarism and its potential consequences. <http://www.lsa.umich.edu/english/undergraduate/advising/plagNote.asp>

If you engage in plagiarism, including self-plagiarism, in this course, you will fail both the assignment and the course. There will be no exceptions. I will also refer the details of the situation and related materials to the SSW administration for further action. Plagiarism is grounds for expulsion from the University of Michigan.

**S.W. 705 Fall 2014 Syllabus Agreement**

**AGREEMENT: I have read this SW 705 (Winter 2014) syllabus and understand its contents. I agree to adhere to the Academic Conduct and Integrity and NASW Code of Ethics:**

Name (Print): \_\_\_\_\_

Name (Signature): \_\_\_\_\_ DATE: \_\_\_\_\_



## SW 705 SCHEDULE FALL 2014

### September

- 2 Class and health ethics overview; Introduction to health ethics concepts
- 9 Health ethics decision making: frameworks and influences
- 16 Public health ethics principles and frameworks
- 23 Health resource allocation and access
- 30 Genetics  
**Issue analysis paper due**

### October

- 7 Fertility and Reproduction
- 14 **Fall study break**  
**Final Paper Dilemma paragraph with refs, due October 15, 5pm**
- 21 Chronic Disease and disability
- 28 Hospital ethics processes; Maternal-fetal and parent-child dilemmas  
**Issue analysis paper due**

### November

- 4 Ethical dilemmas in mental and behavioral health
- 11 Neonatal Intensive Care  
**Issue analysis paper due**
- 18 Organ transplantation
- 25 Palliative and End-of-Life Care

### December

- 2 Aging: caregiving, quality of life, treatment decisions, care management
- 9 Research ethics  
**Final paper due**

## SW 705 Fall 2014 News Media Analysis Assignment 15% (10% written, 5% oral)

Ethical dilemmas in health are constantly in the news. In fact, much of the public's perception of these issues is influenced by the way these news stories are portrayed, ranging from careful and well-researched studies of issues to inflammatory and not-so-well documented articles.

**The objectives** of this assignment are to 1) familiarize yourself with ethical dilemmas in health as portrayed in major newspapers, public radio and television and their websites; 2) analyze how the media frame and discuss ethical dilemmas, including the impact of framing and content on public discussion; 3) engage yourself and your classmates in an analysis discussion related to an ethical dilemma of interest to you, using an story found in a newspaper (e.g. Washington Post, New York Times, Christian Science Monitor), radio (e.g. NPR), or TV (e.g. PBS or other reputable) show.

### Presenter Responsibilities/Steps:

1. Make it a habit to review media coverage of ethical dilemmas in health.
2. Select a news story about an ethical dilemma in health. The story must have adequate depth to present, at minimum: a) a clear ethical dilemma with at least 2 dimensions or sides to the issue, b) background factual information about dilemma; c) discussion of who is affected with data and/or examples/case situations. If in doubt, review your story with me, by sending me the link and your brief statement of the ethical dilemma presented in the story (#1 of assignment).
3. Post the news story in the CTOOLS Forum folder no later than 5pm on the Friday before your assigned date. Your posting must include the article citation (date, author, source, article title) and link, labeled as follows: Lastname\_firstname\_duedate, e.g. Smith\_Joy\_October 1.
4. Prepare your 4-5 page double-spaced page written report, which must include the headings and related content in the outline below.
5. Bring two copies of your written report to class on the evening of your presentation: one for yourself and one that you will give to the instructor no later than 6:10pm.
6. Present a brief summary of the article (no more than 3 minutes). Focus on stating the dilemma and key factors associated with its two (or more) sides.
7. Facilitate a 10 minute discussion that analyzes the dilemma. Use your prepared discussion questions and key points that you prepared for each question to moderate the discussion.

**REPORT OUTLINE** Your written report must include these headings and content:

- 1) Ethical dilemma in health. Briefly identify the dilemma, including at least 2 sides of the issue.
- 2) Background, issues and facts. Present/describe each side of the dilemma, including who is affected, with data and/or examples/case situations briefly noted.
- 3) Analysis of the dilemma. a) Discuss the consequences of the dilemma for individuals, families, health provider(s)/systems, community and society; b) discuss how the story was portrayed, including how the average reader/listener/viewer (without ethics training) might perceive the issue as a result of how it was portrayed.
- 4) Discussion Questions and Key Points. Present at least two discussion questions that are designed to stimulate discussion. Under each discussion question, list several points that you hope will arise from the discussion.

**On the top of the document, you must include:** a) your name, b) date of submission, c) story name, d) story date, e) story author, f) media source, e.g. NYTimes, NPR...g) link to the story.

**Class Member Responsibilities/Steps:** 1) Before class: Retrieve, read/listen, and prepare to discuss the news stories of the day, and 2) On class day: Participate actively in the discussion of the story content, implications and ways the dilemmas are portrayed by the media.

**SW 705 Fall 2014 Brief Issue Analysis Papers, General Guidelines 30% total; 10% each paper**

You will have **3** brief issue analysis papers due during the semester. These analysis papers will relate to the following topics: 1) Genetic technologies (due September 30); 2) Maternal/Fetal and/or parent/child dilemmas (due October 28) 3) Neonatal Intensive Care (due November 11);

Aims: These brief issue analysis papers have 2 aims:

Aim 1: to provide you with the individual opportunity to apply **3** different analysis processes to **3** different issues that pose major ethical dilemmas to individuals, families, health systems and society, and to summarize your thinking in written form.

Aim 2: to provide you with a written guide to your participation in class activities related to each of these topics.

Materials and methods: You will be provided with a different Issue Analysis Paper Structure for each topic. You must follow the structure exactly. You will also receive, or have posted in CTOOLS, resource materials needed for the analyses.

Bullet points, spacing and page count:

Your responses must be provided in bullet points, typed, single spaced, with Arial 11 with 1 inch margins. The bullet points must be complete sentences. Although the average length is 3 pages, the length of your paper may vary. The key is that you provide adequate detail to make the necessary points to address the assignment requirements.

References:

In these short issue analysis papers, I should be able to see that you are using all of the assigned readings of the day. I should also be able to see that you are using prior readings that relate to your analysis, e.g. ethical concepts. However, you are not required to include a reference list for these short issue analysis papers.

Credit/Grading: You must turn in each of the **3** papers by the start of class time on the day the assignment is due. You must bring **2** copies of your paper to class -- one for the instructor and one for you to use during the related class activity that will be held on the same day. Your work will be graded according to these general guidelines, the specific guidelines for each paper, and general criteria for mastery in the course syllabus.

**Instructions for each of the 3 papers are located on the following pages.**

**SW 705 Issue Analysis Paper - Genetic Technologies DUE: September 30, 2014 10%**

Genetic technologies, in themselves, may be neutral (not good or bad). However, they have the potential to be abused or provided incompletely or inadequately, leading to harm for individuals, and/or populations. Assuming that genetic technologies are here to stay, and to continue to expand in their complexity, it is critical that social workers and other health professionals familiarize themselves with the complex issues involved, including their implications for individuals, families and society. It is also important to have considered both your personal feelings and your role as a professional in research, practice or policy development related to these issues. To prepare for class discussion, review the ideas and information contained in the required readings. List several key ideas related to each of the questions below.

1) identify some of the positive (individual and societal) aspects of the increasing availability of genetic technologies:

Individual

Societal

2) identify some risks (individual and societal) of the increasing availability and use of genetic technologies:

Individual

Societal

3) For each of the factors (a, b and c), below, provide and discuss ONE example of how the factor could influence access to, or the outcome of, genetic testing; AND suggest a possible protective strategy to minimize harm:

a. Social inequalities - including socioeconomic status, gender, race/ethnicity

Example:

Protective strategy:

b. Sociocultural/worldview - including culture, religion, philosophy of life

Example:

Protective strategy:

c. Legal - including federal, state, local laws or the lack thereof

Example:

Protective strategy:

**Ethical Dilemmas contrasting Maternal-Fetal or Parent-Child Interests**

1. Everyone - read at least Devettere 2010 (Maternal-Fetal) and Morrison 2009 (Parent-Child) to assure an overview to each area of ethical decision making.
2. a. Choose one area (maternal-fetal or parent-child) for your paper. This will also be the area in which you will work in a small group on the day of the class. b. Read the assigned readings and both cases assigned that topic area. c. Choose one case in the topic area. Note: The cases are posted to CTOOLS in the folder for this assignment.
3. Prepare your issue analysis paper by writing key ideas related to the questions below.
4. Bring 2 copies of your paper to class on November 5, one to submit and one to use during your discussion.

Answer/discuss the following questions. Write the questions before your response.

Choose Maternal-Fetal OR Parent-Child and check one case within that area:

Maternal-Fetal:  Mr/Ms Newton OR  Jenna Smith

OR

Parent-Child:  Juan OR  Jenny

1. What action(s) do you recommend in your assigned case?
2. What are possible consequences if this action is taken?
  - a. this case (individual, family, health system)
  - b. societal
3. What alternative action(s) might be done?
4. What are possible consequences if this alternative action(s) is taken?
  - a. this case (individual, family, health system)
  - b. societal
5. How might your recommended action influence decisions in related situations?

(examples: for maternal-fetal, a related situation might be other surgeries or use of legal substances like alcohol or cigarettes; for parent-child, a related situation might be refusing vaccinations or other withholding other medical treatment)

Grading: for full credit, your written analyses must:

- show evidence that you have used the required readings of the day and the case background to think through responses
- consider alternative decisions
- consider individual, family, health system implications, for this specific case
- consider societal implications of your decision and the alternative decision
- consider how these decisions might influence decisions in related situations

6. Group discussion activities on October 28:

- 1) discuss the various actions and consequences of your assigned case;
- 2) attempt to move toward a consensus on what should have been done in the case;
- 3) discuss the consequences of the decision recommendation(s) for this case and society;
- 4) discuss applications of the decision recommendations for related situations.

Your group must record and present its work to the class. If consensus is not achieved, report the options and consequences that were identified.

Group presentation: Start with a 1 minute introduction to the assigned case, followed by a 5 minute presentation of the action(s) recommended by your group and rationale for this(these) recommendation(s).

## **CASE – JENNA – Maternal-Fetal**

### **Question**

Does a mother have complete autonomy over her body if using illegal drugs during pregnancy or can a medical professional force intervention?

### **Case**

Jenna Smith is a 23-year-old who recently found out she was pregnant with her first child. She came into a local clinic two weeks ago complaining of nausea, vomiting, and migraines. Medical staff ran some routine tests, including a pregnancy test, which tested positive.

Based on patient self-reported history and an ultrasound, Ms. Smith is 22 weeks pregnant, well into her second trimester. She claims she had no idea she was pregnant and has not made any lifestyle adjustments as a result. Her self-reported drug habits include recreational usage of several illegal drugs including cocaine. She also reports taking prescription drugs that are not hers and that she cannot name, just that they were given to her by a friend for her migraines.

Ms. Smith is instructed to halt all drug-related activity at once and given referrals to local substance abuse counseling agencies within her geographic area. She also schedules a follow-up appointment in 3 weeks at the clinic to check on her status and the status of the baby.

At her follow-up appointment three weeks later, Ms. Smith continues to complain of nausea and migraines associated with her pregnancy. Upon giving her social history again, Ms. Smith admits to some recreational cocaine usage as well as using the unknown prescription drug again from her friend. She reports that she visited one substance abuse agency but left after one individual session due to feeling judged by the clinician because she is pregnant.

The doctor seeing Ms. Smith explains to her that he cannot support her cocaine usage and will have to intervene medically if she does not stop using drugs immediately. He says he can file a child protective services report and have her hospitalized to stop child endangerment immediately. She responds that he can't do that because she's in charge of her body and the 'thing' in her isn't a child yet.

## **CASE - MR. AND MRS. NEWTON – Maternal-Fetal**

### **Question**

Is it ethical to undergo prenatal surgery for a fetus with diagnosis of spina bifida?

### **Case Story**

Mr. and Mrs. Newton, ages 39 and 37, respectively, are expecting a child. They've been trying to conceive for five years. Two previous conceptions resulted in miscarriages before 20 weeks – the first at 16 weeks and the second at 10 weeks. Mrs. Newton is currently at 20 weeks of pregnancy. If she maintains this pregnancy, it will result in the Newton's first child.

At the 20-week ultrasound, the ultrasound tech notices an abnormality in the fetus. Further testing confirms that the child has myelomeningocele, or spina bifida. Individuals with this condition are born with a hole in their spinal cords resulting in major disabilities including paralysis and bowel and bladder dysfunction. There is also a severe risk of a type of brain malformation, associated with hydrocephalus (water on the brain) and developmental abnormalities. Post-natal surgery is an option for some families, though early intervention does not always reduce negative outcomes. About 10% of infants born with spina bifida die.

The Newtons' physician informs them that new prenatal surgery is available and that Mrs. Newton is a good candidate. The surgery would be performed in two weeks and would aim to correct the abnormality caused by spina bifida before birth. After surgery, Mrs. Newton would be restricted to bed rest until 37 weeks when the infant will be delivered by cesarean section. Vaginal birth is impossible due to the nature of fetal surgery intervention.

The Newtons' physician informs the couple about the pros and cons to fetal surgery. According to a recent study, infants who underwent fetal surgery were half as likely to need a brain shunt one year after birth to drain excess fluid as infants who underwent post-natal surgery. Additionally, fetal surgery infants were twice as likely to walk without crutches or other aides as those who underwent surgery after birth.

However, infants who undergo prenatal surgery are born an average of three weeks before others, at 34 weeks. Because of this prematurity, infants are 21% more likely to develop respiratory distress syndrome. Additionally, over one third of mothers experience tearing or thinning of the uterus, increasing risk of problems in future pregnancies.



## **CASE - JENNY – Parent-Child**

### **QUESTION**

Is it ethically permissible to withdraw support from this disabled six-year-old child with cerebral palsy who has a potentially reversible condition (pancreatitis) when her parents disagree?

### **CASE STORY**

Jenny is a six-year-old girl who developed sluggishly and had several critical illnesses in the early months of her life. After extensive workup, she was diagnosed just before one year of age with cerebral palsy and developmental delay (of unknown cause) and possible autism.

Her parents continued to be hopeful that she would improve, but when she was about two-and-one-half they acknowledged that she would have little further development and would need ongoing total care. They felt unable to provide long-term care for her at home and believed their marriage in jeopardy from the stress of caring for her. They made arrangements for foster care, though they retain custody. For the past three years she has remained in the foster home without further hospitalization, though her condition remains fragile. Her parents see her two times per week. They have three older children.

Jenny was admitted four days ago with dehydration and possible sepsis, has been found to have acute pancreatitis, and has now developed adult respiratory distress syndrome. Her acute condition has stabilized, and her caregivers in the intensive care unit (ICU) believe she has more than 95 percent chance of surviving this crisis and returning to her baseline condition, though she will likely need ICU support for two to three more weeks.

Jenny's mother says she has come to terms with her poor prognosis, and she believes Jenny is suffering pointlessly even at her baseline status. She is no longer comfortable with vigorous life-prolonging treatment. However, her husband, both foster parents, and her professional caregivers believe it is premature to make this decision because her baseline condition, in their estimation, is satisfactory and her short-term prognosis is good. She is now on a ventilator at moderate settings, she is medically paralyzed and sedated, and she is receiving total parenteral nutrition (TPN) and antibiotics.

Both foster parents and Dad describe her as joyful when she is healthy, which they report is about 50 percent of the time. She is bothered with frequent respiratory and urinary infections, as well as significant gastrointestinal problems (reflux, constipation, abdominal pain). She smiles, snuggles, vocalizes (no words), loves music, and recognizes individuals. She rarely cries.

Her parents are both concerned and thoughtful. Dad works regular hours as an architect. Mom reports that her views of disability and quality of life are significantly affected by providing care for her father for many years as he died slowly from cancer. She participated in limitation of treatment decisions for him. She has been in therapy for some time for anxiety and depression.

Foster Mom is a licensed respite care provider who cares for three disabled children and her own two healthy children. Foster Dad works part time as a financial planner and helps with child care at home.

## **CASE - JUAN – Parent-Child**

### **QUESTION**

Is it permissible to follow the parents' request to withhold information from their ten-year-old son regarding the scheduled surgery to amputate several gangrenous extremities?

### **CASE STORY**

Juan is a ten-year-old Hispanic boy admitted to the pediatric intensive care unit (ICU) three weeks ago with a life-threatening meningococcal infection<sup>8</sup>. He has been treated vigorously but developed fulminant sepsis (positive cultures of both blood and cerebrospinal fluid); kidney failure that required temporary dialysis; disseminated intravascular coagulation,<sup>9</sup> which ultimately resulted in multiple sites of gangrene of his extremities. He continues to require mechanical ventilation and he receives total parenteral nutrition.

The plastic surgery consultant has recommended the following amputations: the right leg below the knee, the right fingers, and the left hand. There had been some question of how much the patient can comprehend since he may have suffered some brain damage as well; his electroencephalogram is severely abnormal. The true mental status of the patient has been difficult to establish because of the heavy sedation needed to control his agitation and pain.

Juan's parents have consented to the amputations, but his father asked that Juan not be told before surgery what was going to happen. The pediatric ICU nurses believe this child has a right to know and are very uncomfortable with this failure of disclosure.

On examination, the patient is sedated, intubated, and has multiple areas of blackened skin over several areas of his extremities, trunk, and abdomen. He is able to shake his head yes or no appropriately to simple questions, and is able to move all extremities.

8. A bacterial infection, primarily involving the surface of the brain, which may also affect many other tissues, including causing gangrene.

9. Disseminated intravascular coagulation is a disorder of the blood in which the blood clots abnormally within the blood vessels so there are insufficient clotting factors remaining to prevent hemorrhage. It has several causes, including severe infection.

## Ethical Issues in Neonatal Intensive Care

### Learning Objectives:

1. Develop knowledge about the issues resulting from the increasing capability of technology to prolong the lives of extremely preterm and ill newborn infants, including impacts on the infants, families, professionals working with them, and society.
2. Examine ethical dilemmas involved in decisions to use neonatal intensive care, from multiple perspectives, including your own as a professional and personally.
3. Consider decisions that could be made in the assigned case and consequences of these decisions for infants, families and community/society, including the relative allocation of societal resources for prevention, treatment and follow-up care of intensive care survivors and their families.
4. Practice decision making in a team of people representing multiple perspectives.

### Personal Preparation Process:

1. Read and think about the required readings of the day.
2. Read the attached case study and related materials.
3. Think about your personal feelings about the case and decision options (there are NO right or wrong feelings here; it's critical to have given this thought, allowed yourself your feeling and reflection). How might your feelings influence the decision recommendations you might make in your assigned family or professional role? How might you go about reconciling conflicts between your personal feelings and your role? (For students assigned to be parents, please think about both your personal feelings/issues and those you might imagine as a parent in this situation. They may be the same or different.)
4. Review general considerations (next page) for use in preparing your paper and for discussion.
5. Write **your issue analysis paper**

### The questions for your analysis are:

1. From the point of view of your role, identify issues related to the infant and family that could influence the decision in this case.
2. From the point of view of your role, identify issues related to community and society that would influence the decision in this case.
3. From the point of view of your role, identify your decision recommendations in this case.
4. Thinking broadly (go beyond your role), discuss the consequences of this decision for the infant, family, community and society.

**General considerations:** (food for thought, along with the articles and your own perspectives). I will look for evidence that you have considered at least some of these when I review/grade your paper and your group's efforts:

To what extent should "quality of life" criteria be given weight in this case?

Should the exclusive criterion for these decisions be "best interests" of the infant?

How are "best interests" defined? medically? socially?

Does the availability of technology oblige society to use it in all cases? Is NICU technology and its use always ethical?

Who benefits from NICU technology?

Should the parents' level of social support, coping capacity, religious/cultural beliefs, other children, and/or financial situation play any role in the decision?

Should the hospital's financial position be a consideration since the infant is uninsured?

Should the adequacy of the community's health, educational and social services for children with special needs play any role in the decision?

What, if any, is society's obligation to provide financial, emotional and other support to families whose wishes to withhold or withdraw treatment are overruled?

Society has embraced artificial viability through governmental and private support for research and insurance. Does society have an equal obligation to support preventive care? Why? Why not?

How can the committee deal with the uncertainty that is inherent in the prognosis?

#### Small Group Discussion Process:

1. First, your group will function as a modified ethics committee deliberating what should be done in this case. Group members should examine issues related to the case from the perspectives of the role to which each of you was assigned. Keep in mind the objectives of this assignment; you may not be able to arrive at a consensus.

- a) Identify issues related to the infant and family that could influence the decision;
- b) Identify issues related to community and society that would influence the decision;
- c) Discuss at least 2 decision recommendations that could be made in this case.
- d) Discuss consequences for infant, family, community and society of each recommendation.

2. Discuss how you might reconcile your personal beliefs/feelings about the decision recommendations that emerged from the group and your professional (or family) role.

#### Whole Class Discussion Process:

1. Present a brief summary of your group's work to the class, including what, if any, consensus was achieved, and how group members reconciled personal versus professional perspectives.

2. Whole class discussion, including recommendations for hospital, public health and other programs and policies.

## **SW 705 Short Issue Analysis Paper - Ethical Issues in Neonatal Intensive Care Role Descriptions (for ideas/guidance only)**

**Parents:** Parents are faced with and influenced by complex situations and enormously conflicting feelings, including (but not limited to) feelings of love and nurture for this new baby as well as other children and family members; and factors such as religion, health status of parents and other family members, relationships between the parents and with other family members, language, cultural beliefs, job type/demands/stability, finances, and community environment.

**Physicians:** Neonatologists, OB-GYNs, pediatricians and family practitioners may, within and between groups, and individuals have many views. Neonatologists may be torn between concern for the suffering of infants and families - immediately and in the cases of death or handicaps, and the joy of normal or near normal survivors, the pride they feel in the technological advances in the field and in saving a particularly ill infant or the challenge of testing new or improved technologies. Pediatricians and OB-GYNs may be influenced by their roles in caring for the mother and child before and long after the birth.

**Nurses:** NICU nurses may also include a range of experiences similar to those with the physicians, but are much more involved with the actual delivery of treatment, and have intensive contact with infants and families. Therefore, the stresses of causing and witnessing painful procedures and the grief and joys of families are particularly powerful for nurses. Nurses are more likely to be aware of family situations than physicians.

**Social workers:** Social workers are often the major staff involved with counseling the families, particularly related to non-medical aspects of the situation, including grief counseling, family situation, finances, and searches for, and links to, community assistance.

**Hospital administrators:** Hospital administrators have responsibility for the finances of the hospital (ironically NICU's are major money makers when insurance coverage (private or government) is optimal. However, the care of some uninsured infants is never reimbursed. Decisions about care cannot be made (overtly) based on ability to pay. Administrators are also responsible for maintaining hospital ethnics committees and assuring that federal and state laws are not violated.

**Community Human Service Agency Directors:** These agencies (state, local and private and/or religious, non-profit) usually have inadequate budgets to serve potential clients. Nonetheless, they attempt to advocate for people with special needs, may provide counseling, rehabilitation, education, transportation and respite care to families. In the past, many of these agencies developed relatively comprehensive networks of services, but most have been struggling with greatly reduced budgets in recent years and cut the range of services and # of families served.

## SW 705 Ethical Dilemmas in Health

### ETHICAL DILEMMA ANALYSIS - FINAL PAPER (8-10 double spaced pages, excluding references)

**Objectives:** This final paper assignment is designed to provide you with the opportunity to:

- 1) Identify and develop an in-depth analysis of an ethical dilemma of your choice.
- 2) Use the Ethics Decision Making Framework (Modified by Kieffer for SW 705), and the published literature and other resource materials to fully explore the dilemma.

Note: As you prepare and write the analysis, use **consultation** (#5 on the framework), modified as follows: For this paper, use the published literature and other available resources to provide additional information that will help you to make your decision. Use and citation of references is required!

### **Deadlines:**

On October 15, by 5:00 pm, you must upload a well-developed Statement of the Dilemma paragraph (#1 on the framework) to your drop box). This statement must identify the ethical dilemma, and clearly specify at least 2 sides of the dilemma. References are required. I will approve or provide feedback on your topic no later than October 28. Early submissions of the introduction paragraph are strongly encouraged.

December 9 - The final paper is due no later than 6:10 pm.

### **Evaluation and grading:**

This paper is 30% of your total class grade (i.e. 30 points). You must use the outline above, with its headings. I will evaluate the paper using the grading criteria provided in the syllabus regarding mastery of the material and general expectations and format for written work.

Mastery of the material includes, but is not limited to demonstration of:

Your understanding of concepts commonly used in health ethics;

Your understanding of the consequences of ethical dilemmas on individuals, families, groups, organizations and community/society;

Your understanding of how such factors as ethnicity, culture, religion, political ideology, resources, age, gender, sexual orientation and personal values may affect decision making regarding each action;

Your understanding of the relationship of your work to ethics codes in social work and other health professions, and to laws and/or regulations relevant to the topic;

Your use of scholarly literature and other high quality resource materials for your research, including but not limited to, required course materials. Use of blogs, personal opinion pages and similar resources should only be used sparingly to illustrate a perspective, in combination with other well-documented or scholarly materials.

Any paper that includes plagiarized material will result in a failing grade for the paper and the course.

## ETHICAL DILEMMA ANALYSIS - FINAL PAPER OUTLINE

This outline follows the analytical steps 1-6, with some modifications, of the Ethics Decision Making Framework (Modified by Kieffer for SW 705). Your paper must follow the following outline and section headings and related content.

### **Statement of Dilemma** (one paragraph - #1 on the framework)

Identify the ethical dilemma, and briefly, but clearly, at least 2 sides of the dilemma.

### **Facts Related to the Dilemma** (Gather the facts and identify those affected) - #2 on the framework)

Provide the facts related to each side of the dilemma, including identifying the individuals, families, groups and organizations most likely to be affected by the ethical decision. If there are legal and/or regulatory aspects of the dilemma, identify them here.

### **Possible Courses of Action (what should be done) and Consequences** (#3 on the framework)

#### Course of Action 1 (Give it a name) –

- a) what could be done (include who could do it)
- b) what are the consequences of doing it this way for individuals, families, groups, organizations and community/society

#### Course of Action 2 (Give it a name)

- a) what could be done (include who could do it)
- b) what are the consequences of doing it this way for individuals, families, groups, organizations and community/society

### **Analysis of Reasons in Favor of, and Opposed to, Each Course of Action** (#4 a- 4e on the framework)

For each course of action above (use headings with the names for each course of action that you used above), examine the reasons **in favor of**, and **opposed to**, each course of action from the perspective of 4a-4e, below. Incorporate #5 of the framework (consultation) by referencing the literature throughout this analysis. Use these subheadings:

- a. Social work principles and values;
- b. Social work ethical standards;
- c. Other relevant codes of ethics and legal principles
- d. Ethical theories, principles and guidelines
- e. Ethnicity, culture, religion, political ideology, resources, age, gender, sexual orientation and personal values that may influence each course of action. Be especially aware of those that conflict with your own personal values.

### **Decision** (#6 on the framework)

State your decision from the perspective of a social worker/your discipline. Document your decision and briefly describe the most compelling reasons for your decision. This last part essentially provides the justification for your decision.

### **References (these do not “count” toward the 10 page double-spaced page limit)**

Provide a complete reference list for all published AND other materials. Your paper must include at least 8 references from reputable scholarly journals and/or book chapters, including but not limited to required course materials. Other resources may be used in addition. All references must be appropriately cited (see syllabus).

## SW 705 Ethical Dilemmas in Health

### REVIEW SHEET FINAL PAPER - ETHICAL DILEMMA ANALYSIS (8-10 double spaced pages, excluding references)

#### Evaluation and grading:

This paper is 30% of your total class grade (i.e. 30 points).

I will evaluate the paper using the grading criteria provided in the syllabus regarding mastery of the material and general expectations and format for written work. Your paper must be written in your own words. Quotations, if used at all, should be very minimal, used for special emphasis only, and clearly identifiable and referenced. If you have any questions about writing this paper, please ask me and, for writing questions and assistance, please contact The School of Social Work Office of Career Services (room 1696; request appointments by email at [ssw-cso@umich.edu](mailto:ssw-cso@umich.edu) or Phone:(734) 763-6259. This assistance can include reviewing paper drafts at any stage, along with the text of the assignment and questions and concerns that you might have. Be sure to allow enough time for this service to be most effective.

Mastery of the material includes, but is not limited to demonstration of:

\_\_Your understanding of concepts, ethics principles and guidelines commonly used in health ethics;

\_\_Your understanding of the relationship of your work to ethics codes, values, standards and principles in social work and other health professions; and laws and/or regulations relevant to the topic;

\_\_Your understanding of the consequences of ethical dilemmas on individuals, families, groups, organizations and community/society;

\_\_Your understanding of how such factors as ethnicity, culture, religion, political ideology, resources, age, gender, sexual orientation and personal values may affect decision making regarding each action;

\_\_Your use of scholarly literature and other high quality resource materials for your research, including but not limited to, required course materials. Use of blogs, personal opinion pages and similar resources should only be used sparingly to illustrate a perspective, in combination with other well-documented or scholarly materials.

\_\_ You must use the outline provided in the assignment, with its headings and subheadings. You may add additional subheadings, if you wish.

Any paper that includes plagiarized material will result in a failing grade for the paper and the course.



## **The Ethics Decision-Making Framework MODIFIED by Kieffer, 2011, 2013**

### **Bolded steps are used for the final paper assignment**

Modified by Kieffer for SW 705, taken from Reamer, F.G. (2006). Ethical decision-making and dilemmas: a framework. In *Social Work Values and Ethics* (3rd ed.), pg. 73; New York, NY: Columbia University Press.

- 1. Statement of Dilemma. Identify the ethical dilemma, including at least 2 sides.**
- 2. Gather facts associated with the dilemma, including individuals, families, groups and organizations likely to be affected by the ethical decision**
- 3. Tentatively identify viable courses of action, and for each action: identify the participants involved and the consequences (including benefits and risks) of taking that action for individuals, families, groups, organizations and community/society.**
- 4. Examine the reasons in favor of, and opposed to, each course of action, including:**
  - a. Social work principles and values**
  - b. Social work ethical standards**
  - c. Other relevant professional codes of ethics and legal principles**
  - d. Ethical theories/principles and guidelines**
  - e. Ethnicity, culture, religion, political ideology, resources, age, gender, sexual orientation and personal values that may influence each course of action. Be especially aware of those that conflict with your own personal values.**
- 5. Consult with colleagues and appropriate experts (e.g. agency administrators, supervisors and staff, ethics committees, ethics scholars, attorneys, published literature on the issue)**
- 6. Make the decision and document the decision and the decision-making process**
7. Monitor and evaluate the outcome
8. Reflect on the decision; revise as needed using this process

**Key Codes of Ethics Relevant to Health Ethics (this is not an exclusive list; see also CTOOLS)**

American College of Emergency Physicians — <http://www.acep.org/content.aspx?id=29144>

American College of Healthcare Executives — [http://www.ache.org/ABT\\_ACHE/code.cfm](http://www.ache.org/ABT_ACHE/code.cfm)

American Counseling Association — <http://www.counseling.org/Resources/aca-code-of-ethics.pdf>

American Dental Association —  
[http://www.ada.org/~media/ADA/About%20the%20ADA/Files/code\\_of\\_ethics\\_2012.ashx](http://www.ada.org/~media/ADA/About%20the%20ADA/Files/code_of_ethics_2012.ashx)

Association Medical Association —  
<http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page>

American Nurses Association —  
<http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses>

American Pharmacists Association — <http://www.pharmacist.com/code-ethics>

American Psychological Association — <http://www.apa.org/ethics/code/index.aspx?item=3>

American Public Health Association — <http://www.apha.org/NR/rdonlyres/1CED3CEA-287E-4185-9CBD-BD405FC60856/0/ethicsbrochure.pdf>

National Association of Social Workers — <http://www.socialworkers.org/pubs/code/code.asp>

National Association of Black Social Workers —  
<http://www.nabsw.org/mserver/CodeofEthics.aspx>

National Society of Genetics Counselors -  
<http://www.nsgc.org/Advocacy/NSGCCCodeofEthics/tabid/155/Default.aspx>

**COURSE READING LIST IS A SEPARATE HANDOUT AND IS ALSO LOCATED IN THE CTOOLS FOLDER: SYLLABUS, READING LISTS AND ASSIGNMENTS**