RELIGION, BIOETHICS, AND MEDICINE
MACLEAN CENTER ETHICS FELLOWSHIP
SPRING 2019

Spring 2019 (Wed. 9-10:30 am in W-732 MacLean Library, Mitchell Hospital)
Course Directors: Aasim I. Padela, MD, MSc and M. Jeanne Wirpsa, MA, BCC

Course Description:
Religious traditions provide frameworks for understanding the human being and disease, and for attending to the moral dimensions of healthcare within the clinical encounter. For many patients (and healthcare providers) their religious identity strongly informs their health and healthcare behaviors, and religious authorities (texts as well as interpreters of those texts) provide ethical guidance by which to navigate the challenges of contemporary clinical medicine. This course will provoke learners to consider the religious dimensions of health and the clinician-patient relationship and will look closely at salient, clinical medical ethics challenges faced by adherents of various religious traditions and the theological/ethico-legal concepts that undergird these challenges.

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Course Materials: A course packet of selected mandatory readings will be provided to MacLean Ethics Fellows. Readings will also be made available through DropBox, and additional readings will be posted there as well.

Course Schedule: All lectures/discussions will be on Wednesdays 9-10:20 am in W-732 (MacLean Center Library)

Introduction to Course (March 13): Conceptual Frameworks – Padela and Wirpsa

- Religious Approaches to Ethical Issues in Medicine; Ontology of disease and healing.
- Complex Intersection of Religion and Medicine: Individuals and Institutions

Week 1 (April 3): Accommodation of Religion in Healthcare Delivery: Patient, Provider and Society – Padela and Wirpsa

Week 2 (April 10): Religion and Power in the Medical Care of Children – Professor Richard Miller

Weeks 3-7: Religious Perspectives on Bioethics and Medicine

Lecturers presenting on a specific religious tradition will use a case or cases and didactic presentation to address the following two questions:

1) *What is health, how does it relate to living a fulfilling/flourishing life, and what is the place/role of contemporary medicine in enhancing human flourishing from the perspective of your tradition?*

2) *What are some salient clinical ethical challenges faced by adherents of your faith tradition in their interaction with contemporary medicine and the theological/ethico-legal concepts that undergird these challenges?*

Week 3 (April 17): Catholic Christian Perspectives on Medical Ethics – John Hardt, PhD

Week 4 (April 24): Islamic Perspectives – Aasim Padela, MD

Week 5 (May 1): Jewish Perspectives – Ranana Dine, Research Assistant, MacLean Center

Week 6 (May 8): Protestant Christian Perspectives – Jeanne Wirpsa, Chaplain

- 9-9:45: Protestant Bioethical Tradition(s)
- 9:45-10:30: Responding to Beliefs in Miraculous Healing

Week 7 (May 15): Jehovah Witness & Role of Chaplain in Medical Decision Making

- 9-9:45: Jehovah Witness Tradition: Wirpsa - Interview TJ Bullock
- 9:45-10:30 The Role of the Chaplain in Medical Decision Making - Wirpsa

COURSE READINGS

Introduction to Course (Winter Session)

Required Reading:

- Curlin F. Religion and Spirituality in Medical Ethics. In Spirituality and Religion Within the Culture of Medicine, M. Balboni and J Peteet editors. Oxford University Press, 2017. Chapter 12, pp. 178-194.
- Fitzpatrick, S.J., Kerridge, I.H., Jordens, C.F.C. (Zoloth, L) et al. Religious Perspectives on Human Suffering: Implications for Medicine and Bioethics *J Relig Health* 2016; 55: 159-173. https://doi.org/10.1007/s10943-015-0014-9.

Supplemental Reading:

- Ferngren, G. Medicine and Spirituality: A Historical Perspective. In *Spirituality and Religion Within the Culture of Medicine*, M Balboni and J Peteet, editors. Oxford University Press, 2017. Chapter 19, pp. 305-324.

Week 1: Accommodation of Religion in Healthcare Delivery: Patient, Provider and Society

Required Reading:

- Campbell C. Imposing Death: Religious Witness on Brain Death. *Hastings Center Report*, Nov-Dec 2018. 48, no. 6 (2018): S56-S59. DOI: 10.1002/hast.957
- Campbell C. Religious Ethics and Active Euthanasia in a Pluralistic Society. *Kennedy Institute of Ethics Journal, (*September 1992 2, no. 3: 253-277. https://doi.org/10.1353/ken.0.0163

Supplemental Reading:

- Sulmasy, D.P., Finlay, I., Fitzgerald, F. et al. Physician-Assisted Suicide: Why Neutrality by Organized Medicine Is Neither Neutral Nor Appropriate. *Journal of General Internal Medicine* (2018) 33: 1394. https://doi.org/10.1007/s11606-018-4424-8

Week 2: Religion and Power in the Medical Care of Children - Richard Miller

Required Reading:

- Miller R., "A Fighter, Doing God's Will" in *Children, Ethics, and Modern Medicine* (Bloomington: Indiana University Press, 2003), 149-163.

Week 3: Catholic Christian Perspectives

Case: 16 week pregnant non-Catholic woman seeks healthcare in the only institution available in her community in rural Arkansas – a Catholic hospital with a commitment to providing charity care to the underserved. She presents emergently with a ruptured

placenta. The fetus/baby has a heartbeat. Is it ethically permissible for the OB to decline to perform a D & E?

Required Reading:

- United States Conference of Catholic Bishops. *Ethical and Religious Directives for Catholic Health Care Services.* Fifth Edition, 2009.
- Pellegrino, E. The Physician's Conscience, Conscience Clauses, and Religious Belief: A Catholic Perspective. *Fordham Urban Law Journal* 2002; 30 (1): 221-244. Available at: http://ir.lawnet.fordham.edu/ulj/vol30/iss1/13

Week 4: Islamic Perspectives

Required Reading:

- Padela AI. Islamic medical ethics: a primer. *Bioethics*. 2007; 21(3): 169-178.

Week 5: Jewish Perspectives

Case: 16 week pregnant Catholic woman seeks healthcare in the only institution available in her community – a Jewish hospital with a commitment to providing charity care to the underserved. She presents emergently with a ruptured placenta. The fetus/baby has a heartbeat. Is it ethically permissible for the religious Jewish OB to perform a D & E? What if only the fetus is at risk?

Required Reading:

- Newman L. Jewish Theology and Bioethics, *The Journal of Medicine and Philosophy* 1992; 17: 309-327.
- Gabby, E., McCarthy MW, Fins, JJ. The Care of the Ultra-Orthodox Jewish Patient. *Journal of Religion and Health* 2017; 56(2): 545-560.
- Ranana Dine, Traditional Sources on Jewish Medical Ethics.

Supplemental Readings:

- Davis D. Abortion in Jewish Thought: A Study in Casuistry. *Journal of the American Academy of Religion*, Vol. 60, No. 2 (Summer, 1992), pp. 313-324.
- Gillick, M. R. Artificial nutrition and hydration in the patient with advanced dementia: Is withholding treatment compatible with traditional Judaism? *Journal of Medical Ethics,* 2001; *27*(1): 12–15.

Week 6: Protestant Perspectives

Case: Mr. Williams is a 75-year-old African American Pentecostal Christian admitted with metastatic colo-rectal cancer and respiratory failure. The oncologists have no treatment options to offer to him and recommend comfort measures. Mr. Williams condition deteriorates and he is admitted to the ICU where he experiences multi-organ failure, is on a ventilator, CVVH, pressors, and remains (by de-fault) full code. Mrs. Williams and their three daughters refuse to engage in discussions about his care with the medical team. Mrs. Williams tells the team scripture informs her that the patient will live to be over 100 if his and their faith does not falter and that he has already been "healed in Jesus' name."

Required Reading:

- Martin Wendte, "Resurrected to live in an inclusive community of a new sight: A Christian Perpsective on health". Unpublished Paper delivered at *Religious Dimensions of Healthcare Delivery, A Multidisciplinary Workshop*, March 2, 2019.
- Trevor M. Bibler, Myrick C. Shinall Jr. & Devan Stahl (2018) Responding to Those Who Hope for a Miracle: Practices for Clinical Bioethicists, *The American Journal of Bioethics*, 18:5, 40-51, DOI: 10.1080/15265161.2018.1431702

Supplemental Reading:

- Stanley Hauerwas, (2005) Chapter 6. Must a Patient Be a Person to Be a Patient? *Journal of Religion, Disability & Health*, 8:3-4, 113-119, DOI: 10.1300/J095v08n03_13

Week 7: Jehovah Witness Perspective & Role of Chaplain in Medical Decision Making

Case: *Mrs. Vasquez, a 70-year-old Puerto Rican woman, arrives in the emergency department with a hemoglobin of 5.3. It is strongly suspected that she has leukemia, but test results are pending. Mrs. Vasquez is confused and somnolent due her anemic state. Her daughter Maria tells the team, "We are Jehovah Witnesses" so don't give her any blood products. Maria insists that her mother has an advance directive prohibiting the administration of whole blood products – but she can't produce a copy. The team checks the patient's belongings but find no wallet, purse, or other identifying documents with her. Is it ethically permissible to administer blood products? Is it ethically permissible to withhold blood products?*

Required Reading:

- Jehovah Witness speaker will bring educational materials
- Wirpsa MJ et al. (2018): Interprofessional Models for Shared Decision Making: The Role of the Health Care Chaplain, *Journal of Health Care Chaplaincy,* DOI:10.1080/08854726.2018.1501131.