

Updated: 8/2025
HCB 521 Clinical Ethics Practicum

Course Director Phyllis Migdal MD, MA

Supplemental Faculty: Maria Basile MD, Kathleen Culver DNP, RN, CPNP, MA, Lori Herling RN, MSN, Grace LaTorre DO, MS, ACHPN, Rina Meyer MD, Michael Schuster MD, Clare Whitney PhD, MBE, RN, Kevin Zacharoff MD

Semester: Fall 2025

Schedule: Tuesday 6:00-9:00 pm

Where: Department of Family, Population, and Preventive Medicine, Room 067

The goals of clinical ethics are to identify, analyze, and resolve ethical problems that arise in the care of patients. While a theoretical understanding of ethical issues is essential, the details of actual clinical practice are often more complex and contextual than abstract principles would have one believe. Medical considerations, ethical and legal dimensions, comparisons with similar cases (casuistry), cultural beliefs, psychological conditions, familial circumstances, “stakeholders,” time constraints, heightened emotions, communication barriers, and a host of other factors make clinical ethics a matter of getting to plausibly “good” outcomes. This course will review the development of institutional ethics committees, theories of ethical reasoning and survey various topics that arise in clinical ethics.

Readings – required text (can be purchased on Amazon, AbeBooks, Biblio, Apple Books)

- AR Jonson, M Siegler, WJ Winslade, *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*, 9th Edition (New York: McGraw-Hill, 2021).
This is “the” classic manual that is commonly used by clinicians and the most successful “how to” book in the field.
- Relevant articles will be emailed weekly, one week prior to discussion.

Course Structure

The first several weeks of the course are introductory about the nature and function of ethics committees and clinical ethics consultations, including background about the development of modern institutional ethics committees, and the role of hospital risk management and patient safety. The process of case mediation and the “how to” of consultation, are also discussed. The course will then turn to an array of clinical areas and cases.

Week 1 (August 26): Introduction
(Phyllis Migdal MD, MA)

The historical development of clinical ethics committees, their composition, and their primary roles (policy, consultation, education) will be discussed. We will also introduce the function of providing clinical ethics consultation in small teams. How does this practice work? What are its strengths? How often is this service requested and by whom? What is the relationship of the ethics committee to offices of (a) Legal Risk Management and (b) Patient Advocacy?

Readings:

Ethics committees in health care institutions. (2016). AMA code of medical ethics opinion 10.7. Retrieved from: <https://www.ama-assn.org/delivering-care/ethics/ethics-committees-health-care-institutions>

Aulisio, M.P., & Arnold, R.M. (2008). Role of the ethics committee: Helping to address value conflicts or uncertainties. *Chest*, 134(2), 417-424.

Stony Brook Medicine “Ethics Consultation”

Who’s Who in the Hospital Setting

Begin reading:

Jonsen, Siegler & Winslade, *Clinical Ethics 8th Edition: A Practical Approach to Ethical Decisions in Clinical Medicine*, **Introduction and Topic One**

**Week 2 (September 2): Hospital Risk Management
(Lori Herling RN, MSN)**

This discussion provides an overview of hospital risk management, focusing on how it supports patient safety, ethical decision-making, and organizational integrity. We will cover key types of risk in healthcare settings, the processes used to identify and mitigate them, and how these activities align with bioethical principles. Participants will better understand the systems and strategies that promote a culture of safety and transparency.

Learning Objectives:

By the end of this session, participants will be able to:

- Explain the role of hospital risk management in patient safety and quality care.
- Identify common categories of risk and their ethical implications.
- Describe how risk management and bioethics connect in healthcare practice.
- Define strategies used to prevent and address adverse events.

Readings:

American Society for Health Care Risk Management. Professional Overview: Health Care Risk Manager. https://www.ashrm.org/about/hrm_overview

Beauchamp, TL, & Childress JF. (2019) *Principles of Biomedical Ethics*. 8th edition. New York: Oxford University Press. (Chapter 5: Nonmaleficence, 116-159, Chapter 6: Beneficence, 160-195).

UC Davis PSNet editorial Team. (2024). Disclosure of errors. *Agency for HealthCare Research and Quality*. Department of Health and Human Services. <https://psnet.ahrq.gov/primer/disclosure-errors>

McCormick, TR. (nd). Principle of bioethics. *UW Department of Bioethics and Humanities*.

Continue reading:

Jonsen, Siegler & Winslade, *Clinical Ethics 8th Edition: A Practical Approach to Ethical Decisions in Clinical Medicine*, **Topic Two**

Week 3 (September 9): Introduction to Case Analysis and Approaches to Ethical Reasoning

(Phyllis Migdal MD, MA)

The basics of clinical case write-ups and clinical case analysis (inductive details, ethical principles involved, casuistical dimensions, the Jonsen rubric, who decides, framing goals, shared decision making and its basis/limits, etc.) will be discussed. The ethics chart note is intended to serve multiple purposes and understanding how to properly structure one is essential to both this course and to the usefulness of any future writing in this area you might do. A template to model your clinical ethics note assignment on will also be reviewed.

Readings:

Ethics Case Consultation Toolkit Summary Template

Exemplary Clinical Ethics Chart Note

Maio G. (2017). Fundamentals of an Ethics of Care. In: Krause F, Boldt J, editors. *Care in Healthcare: Reflections on Theory and Practice* [Internet]. Cham (CH): Palgrave Macmillan; 2018, 51-63. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK543745/> doi: 10.1007/978-3-319-61291-1_4

Schumann, J.H., & Alfandre, D. (2008). Clinical ethical decision making: The four topics approach. *Seminars in Medical Practice*, 11, 36-42.

Stony Brook Med - Steps in Practical Judgement

Varkey, B. (2021). Principles of clinical ethics and their application to practice. *Medical Principles and Practice*, 30, 17-28.

Optional: discusses charting a clinical ethics consultation

Courtenay R. Bruce, et al., (2014). Practical guidance for charting ethics consultation. *HEC Forum*, 26, 79-93.

Keep working your way through topic two: Jonsen, Siegler & Winslade, *Clinical Ethics 8th Edition: A Practical Approach to Ethical Decisions in Clinical Medicine*, **Topic Two**

Week 4 (September 16): Ethical Case Resolution and Mediation **(Clare Whitney PhD, MBE, RN)**

In this week, we will discuss an approach to clinical ethics consultation through mediation. Clinical ethics mediation involves core pillars of neutrality, conflict resolution, and enhancing communication between conflicting parties. Professional mediators seek to manage and find mutually acceptable resolutions to clinical conflicts stemming from conflicting values, perceptions of disrespect, and miscommunications, misunderstandings, or other breakdowns in communication. We will discuss the framework of identifying Positions and Interests, the limitations of Principlism in the context of ethics consultation, and common communication techniques used by ethics mediators.

Readings:

Bergman, E. J. (2015). Identifying sources of clinical conflict: A tool for practice and training in bioethics mediation. *The Journal of Clinical Ethics*, 26(4), 315-323.

Fiester, A.M. (2015). Teaching nonauthoritarian clinical ethics: Using an inventory of bioethical positions. *Hastings Center Report*, 45(2), 20-26.

Fiester, A. M. (2015). Weaponizing principles: Clinical ethics consultations and the plight of the morally vulnerable. *Bioethics*, 29(5), 309-315.

Fiester, A. (2012). The “Difficult” patient reconceived: An expanded moral mandate for clinical Ethics. *The American Journal of Bioethics*, 12(5), 2-7.

Fiester, A. (2007). The failure of the consult model: Why “Mediation” should replace “Consultation”. *The American Journal of Bioethics*, 7(2), 31-32.

Cases for 4-Topic Presentations to be emailed

**Week 5 (September 23): Palliative Care
(Grace LaTorre DO, MS)**

Palliative Care focuses on providing relief of physical, emotional and spiritual pain and distress experienced by patients with serious life-limiting illnesses, while providing support and guidance to their families/caregivers. Ethical dilemmas can often arise in the care of patients with serious illness or who are at the end-of-life. Important ethical issues that are frequently encountered will be discussed, as well as strategies on how to address these.

Readings:

Akdeniz, M., Yardimci, B., & Kavukcu, E. (2021). Ethical Considerations at the End -of-Life Care. *SAGE Open Medicine*, 12(9).

Rinderle, T., & Willettt, J. (2021). Bioethical Distinctions of End-of-Life Care Practices. *Palliative Care Network of Wisconsin*, Fast Fact: 422.

Continue reading:

Jonsen, Siegler & Winslade, *Clinical Ethics 8th Edition: A Practical Approach to Ethical Decisions in Clinical Medicine*, **Topic Three**

**Week 6 (September 30): Nutrition/Feeding/PEGS
(Maria Basile MD, MBA)**

One of the complications of later-stage Alzheimer's Disease (AD) and other advanced dementias is the difficulty associated with adequate feeding and nutrition. Early in the course of the disease, this may manifest simply as irregular feeding patterns. As neurologic function becomes increasingly compromised, patients eventually suffer a lack of control over swallowing both solids and liquids. Family and friends are often faced with the unfortunate reality of watching a loved one suffer not only the drawn-out cognitive decline associated with these diseases, but also a terminal stage whereby achieving basic nutrition and hydration becomes an everyday challenge.

Through the 1980's and mid-1990's, application of the PEG (percutaneous endoscopic gastrostomy) tube (invented in 1979) procedure for patients with advanced dementia became commonplace and replaced the older practice of assisted oral feeding. The relatively simple procedure, which passes a feeding tube directly through the nearby skin and then directly into the stomach itself, was thought to present a humane method for keeping these patients adequately fed and hydrated by bypassing the compromised swallowing mechanism. It was also hoped that PEG tube placement would reduce associated complications such as bed sores from malnutrition and aspiration pneumonia from poor swallowing. However, by 2000 a number of key articles were published seriously questioning the value and the ethics of PEG use in individuals with end-stage AD. Since then, debate has raged over the PEG and its uses among deeply forgetful people and others with conditions where significant barrier to adequate feeding and nutrition are encountered.

Our session will focus on the clinical ethical literature around this topic, which we will discuss in detail. We will also examine a number of clinical cases where PEG use is considered.

Readings:

Casarett, D., Kapo, J., & Caplan, A. (2005). Appropriate Use of Artificial Nutrition and Hydration – Fundamental Principles and Recommendations. *NEJM*, 353(24), 2607-2612.

Farraday, J, Abley, C et al. (2024). An ethnography of mealtime care for people living with dementia in care homes. *Dementia*, Vol 23(6), 907 – 926.

Hoffman, M.R. (2019). Tracheostomies and PEGs: When Are They Really Indicated. *Surg Clin N Am*, 99, 955-965.

Monroe County Medical Society Community-wide Guidelines. Benefits/Burdens of Tube Feeding/PEG Placement for Adults. (2020). (PDF provided).

Post, S.G. (2001). Tube Feeding and Advanced Progressive Dementia. *Hastings Center Report*, 31(1), 36-42.

Schneider, P.L., Fruchtman, C., Indenbaum, J., Neuman, E, Wilson, C., Keville, T. (2021). Ethical Considerations Concerning use of Percutaneous Endoscopic Gastrostomy Feeding Tubes in Patients with Advanced Dementia. *The Permanente Journal*, 25(3), 1-1. Doi: 10.791/tpp/20.302.

Case Studies:

Virtual Mentor American Medical Association Journal of Ethics
July 2002, Volume 4, Number 7: 191-194.

Virtual Mentor
Ethics Journal of the American Medical Association
February 2005, Volume 7, Number 2

AMA Journal of Ethics April 2021, Volume 23, Number 4: E298-304, How Should Compassion Be Expressed as a Primary Clinical and Ethical Value in Anorexia Nervosa Intervention?

Week 7 (October 7):

In class 4-Box Case Presentations

Continue reading:

Jonsen, Siegler & Winslade, *Clinical Ethics 8th Edition: A Practical Approach to Ethical Decisions in Clinical Medicine*, **Topic Three and Four**

Cases for clinical chart note assignment to be emailed

**Week 8 (October 21): Ethical Issues in Clinical Pediatrics
(Kathleen Culver, DNP, RN, CPNP, MA, Rina Meyer, MD)**

In this week's class, we will explore the unique ethical challenges facing pediatric patients and their health care providers. In pediatrics, most decisions are made by surrogate decision-makers, calling into question the concept of "best interest of the child" and requiring us to identify the appropriate decision-makers. We will look at a case that highlights these issues. Additionally, adolescent patients are at the cusp of their ability to make autonomous decisions. We will explore what happens when these decisions differ from the decisions of either their parents or the medical team. Finally, we will look at one of the most vulnerable pediatric populations – developmentally disabled children – and explore the challenges inherent in their care, and the multiple players involved.

Readings:

Baines, P. (2008). Medical Ethics for Children: Applying the Four Principles to Paediatrics. *Journal of Medical Ethics*, 34, 141-145.

Cummings, C.L. & Mecurio, M.R. (2010). Autonomy, Beneficence, and Rights. *Pediatrics in Review*, 31(6), 252-255.

Fost, NC. (1985). Ethical Issues in the Care of Handicapped, Chronically Ill, and Dying Children. *Pediatrics in Review*, 6(10), 291-296.

Continue reading:

Jonsen, Siegler & Winslade, *Clinical Ethics 8th Edition: A Practical Approach to Ethical Decisions in Clinical Medicine*, **Topic Four**

DUE: Chart note

Week 9 ((October 28): (Michael Schuster MD)

Cancer medicine: the goal is always cure, or is it?

Sample questions to be discussed:

1. When is the right time to say, "there is no more treatment."
2. You're undocumented, have no insurance or resources, and you don't speak a word of English. How do I treat you?
3. I can cure the patient but you don't want treatment. Now what?
4. What chance for cure is enough of a chance?
5. Don't tell me anything. You're the doctor, just do what you think is best.

6. A patient is made DNR. Then, the daughter from California shows up and overturns everything.
7. Clinical trial issues
8. I disagree with almost everything you say. Can I still be your doctor?

Readings:

Northe, N., Palmer, A., Enck, G., Masciari, C.F., Neumann J., & Gallagher, C.M. (2024). Evolving landscape of ethics in oncology: A journey through the past, present, and future. *American Society of Clinical Oncology Education Book*, 44(3),e100043.

Continue reading:

Review text and choose a topic of interest for presentation (11/19 & 12/3)

Jonsen, Siegler & Winslade, *Clinical Ethics 8th Edition: A Practical Approach to Ethical Decisions in Clinical Medicine*

**Week 10 (November 4): Ethics of Reproductive Technology – Pre-Implantation Diagnosis and Selection, Designer Babies and Gene Editing
(Phyllis Migdal, MD, MA)**

In this section we will explore the ethics of assisted reproductive technologies (ART), including preimplantation genetic testing (PGT), polygenic embryo screening, and a case involving the deaf culture. Ethical concerns are in the forefront concerning the use of these technologies.

Sample questions to consider for discussion:

1. Are these advancements moving to a society as envisioned in the 1932 Aldous Huxley novel, *Brave New World*, or in the 1997 movie *GATTACA*?
2. Are regulations needed or should advancements go unchecked?
3. What regulations would you enact?
4. How does (or should) disparity in reproductive technologies affect policy and decision-making?
5. Eugenics or advancing technology?
6. What is the societal impact of ART?

Video: Will be watched in class

Polygenic Embryo Screening: The Promise and Perils of Selecting Our Children's Traits.

<https://youtu.be/2DbkGWHTM9I?si=ycVINGU0TS51cRi5>

Readings:

Ethics Committee of the American Society for Reproductive Ethics. (2022). Use of reproductive technology for sex selection for nonmedical reasons: An Ethics Committee Opinion. *Fertility and Sterility*, 117(4), 720-726.

Caplan, A., & Quinn, GP. (2023). Bartering your eggs: A rotten deal. Posted in: *The Hastings Bioethics Forum*.

Furrer R.E., Barlevy, D., Pereira, S., Carmi, S., Lencz, T., & Lazaro-Munoz, G. ((2024). Public attitudes, interests and concerns regarding polygenic embryo screening. *JAMA Open Network* 7(5), e2410832.

Kozlov, M. (2022). The controversial embryo tests that promise a healthier baby. *Nature*, 609, 668-671.
Merkison, J.M., Chada, A.R., Marsidi, A.M., Spencer, J.B. (2023). Racial and Ethnic Disparities in Assisted Reproductive Technology: A Systematic Review. *Fertility and Sterility* 119(3), 341-347.

Siermann, M, Valcke, O, Vermeesh, JR, Raivio, T, Tsuiko, O, Borry, P. (2024). “Are we not going too far?”: Socio-ethical considerations of preimplantation genetic testing using polygenic risk scores according to healthcare professionals. *Social Science & Medicine*, 343, 116599.

Fahmy, MS., (2011). On the supposed moral harm of selecting for deafness. *Bioethics* 25(3), 128-136.

Mand, C., Duncan, R. E., Gillam, L. Collins, V., & Delatycki, M. B. (2009). Genetic selection for deafness: The views of hearing children of deaf adults. *Journal of Medical Ethics*, 35(12), 722-728.

Spriggs, M., (2002). Lesbian couple create a child who is deaf like them. *Journal of Medical Ethics* 28(5), 283.

Optional:

Hladek, G., (2009). Cochlear implants, The Deaf culture, and ethics: A study of disability, informed – surrogate consent, and ethnocide. *The Institute for Applied and Professional ethics*, Ohio University.

Groce, N. E. (2016). Deafness on Martha’s Vineyard. *Encyclopaedia Britannica*.

<https://www.britannica.com/science/deafness-on-Marthas-Vineyard>

After Class:

- **Brief discussion after class about presentation (PPT) of topic of interest from the text**
- **Sign-up for either group 1 or group 2 (November 25 or December 2)**
- **Email the topic of interest of your discussion**

Week 11 (November 11): Pain (Kevin Zacharoff, MD)

Over the past 5 years, the prevalence of chronic pain in adults in the United States has increased from one person in every five (20%) to one in every four (25%). Certainly, the “aging of America” is contributing to this increase, but the simple fact is that pain is one of the most common reasons that people seek medical attention in the United States today. In 2000, pain was designated as the “5th vital sign” giving every patient the right to expect to have their pain assessed and treated by their healthcare providers. Several ethical dilemmas have surfaced since, including the increased or over-prescribing of opioid medications for patients with pain, a lack of oversight of suspicious marketing and dispensing of opioid analgesics by pharmaceutical companies and drug distributors, and increases in abuse, misuse, addiction, and overdoses related to these medications. The development of the “opioid overdose epidemic” has led to ethical dilemmas related to balancing the safe, compassionate, and effective treatment of pain against negative outcomes (including overdose deaths) associated with the increased use of opioid medications used to achieve these goals. Additionally, potentially deadly illicit opioids such as fentanyl mixed with heroin and other illicit substances like xylazine have further blurred the lines between responsible parties for this increasingly fatal epidemic and possible solutions to it. The emergence of the Coronavirus (COVID) pandemic in some ways magnified the societal impact

of these phenomena with more people dying of opioid-related overdoses than ever before, especially people of color, low socioeconomic status, and other social determinants of health. Post-COVID overdose data does not show any decrease in overdose fatalities in disparate patient populations. This session along with reading materials will provide a forum for discussion and ethical exploration of this and related important situations facing healthcare and society today.

Readings:

American Medical Association. 2024 Overdose Epidemic Report. <https://end-overdose-epidemic.org/highlights/ama-reports/2024-report/>

Assaf RD, Morris MD, Straus ER, Martinez P, Philbin MM, Kushel M. Illicit Substance Use and Treatment Access Among Adults Experiencing Homelessness. *JAMA*. 2025 Apr 8;333(14):1222-1231.

Aviv, R. "Prescription for Disaster: The Heartland's Pain-pill Problem," *The New Yorker*, May 5, 2014.

Baker, MD, MPH, James. I Didn't Truly Understand Opioid Addiction Until It Killed My Son. May 7, 2024. MedPage Today.

Campopiano von Klimo M, Nolan L, Corbin M, Farinelli L, Pytell JD, Simon C, Weiss ST, Compton WM. Physician Reluctance to Intervene in Addiction: A Systematic Review. *JAMA Netw Open*. 2024 Jul 1;7(7):e2420837.

Chen JH. A Piece of My Mind. The Patient You Least Want to See. *JAMA*. 2016 Apr 26;315(16):1701-2.

Hartford EA, Blume H, Barry D, Hauser Chatterjee J, Law E. Disparities in the emergency department management of pediatric migraine by race, ethnicity, and language preference. *Acad Emerg Med*. 2022 Sep;29(9):1057-1066.

Kahn, Jennifer Jan. Chronic Pain Is a Hidden Epidemic. It's Time for a Revolution. *The New York Times*, January 12, 2025.

Kariisa M, Seth P, Jones CM. Increases in Disparities in US Drug Overdose Deaths by Race and Ethnicity: Opportunities for Clinicians and Health Systems. *JAMA*. 2022 Aug 2;328(5):421-422.

Katzman JG, Gallagher RM. Pain: The Silent Public Health Epidemic. *Journal of Primary Care & Community Health*. 2024;15.

Katzman JG, Gallagher RM. Pain: The Silent Public Health Epidemic. *Journal of Primary Care & Community Health*. 2024;15.

Lucas JW, Sohi I. Chronic Pain and High-impact Chronic Pain in U.S. Adults, 2023. *NCHS Data Brief*. 2024 Oct;(518):CS355235.

Morales ME, Yong RJ. Racial and Ethnic Disparities in the Treatment of Chronic Pain. *Pain Med*. 2021 Feb 4;22(1):75-90.

Volkow, N. Stigma and the Toll of Addiction. *The New England Journal of Medicine*. April 2, 2020.

Yong, RJ, Mullins, PM, Bhattacharyya, N. Prevalence of chronic pain among adults in the United States, *PAIN*: April 02, 2021

Week 12 (November 18): ‘The Farewell’**(Phyllis Migdal MD, MA)**

We will watch the movie “The Farewell” which examines a family’s decision about revealing (or not) a terminal diagnosis to their beloved grandmother. We will explore the virtues of truth-telling, the practical understanding of informed consent and the concept of cultural humility. Further the ethics of care will be explored and how this relates to the concept of a good death or compassionate care surrounding a ‘good’ illness.

Readings:

Antommmaria, AH, Collura, A, Antiel, RM, & Lantos, JD. (2015). Two infants, same prognosis, different parental preferences. *Pediatrics*, 135(5), 918-923.

Lekas, HM, Pahl, K, & Lewis, CF. (2020). Rethinking cultural competence: Shifting to cultural humility. *Health Services Insights*, 13, 1-4.

Ade Vries, M & Leget, CJW. (2012). Ethical dilemmas in elderly cancer patients: A perspective from the ethics of care. *Clinical Geriatric Medicine*, 28, 93-104.

Week 13 (November 25): Discussion of topics of interest from Jonsen, Siegler, Winslade – Group 1

In class presentation of a topic of interest, ~15–20 minute presentation, and 5-10 minute discussion from your readings in the text. Explore the clinical ethical issue in depth and the key take-aways or learning points as the topic relates to ethical decision making.

Week 14 (December 2): Discussion of topics of interest from Jonsen, Siegler, Winslade – Group 2

In class presentation of a topic of interest, ~15–20 minute presentation, and 5-10 minute discussion from your readings in the text. Explore the clinical ethical issue in depth and the key take-aways or learning points as the topic relates to ethical decision making.

Week 15: (December 7): Position Paper due**MA Program Attendance Policy:**

Most courses for the Master’s program in Medical Humanities, Compassionate Care, and Bioethics are held in-person; those that are offered virtually are clearly indicated. In both cases attendance is required.

For students in the joint MD/MA program, exceptional clinical requirements may necessitate a remedial arrangement to attend two or possibly three class sessions remotely, as discussed with the course director at the beginning of the semester. MD/MA students who are joining the class virtually will be expected to utilize a desktop laptop, or tablet

computer with audio, video, and screen sharing capabilities in a location that is distraction free. (Seminar sessions are not recorded).

Absences must be remediated as the instructor designates and will include timely completion of all scheduled reading and written assignments as well as additional instructor determined requirements.

Any questions regarding this policy should be brought to the attention of the course instructor and, as necessary, the MA Program Directors (Drs. Post and Basile).

GRADING POLICY for HCB 521:

General Requirements:

Attendance and Absences:

- In-person attendance in class is required, individual exceptions, as outlined in the MA Program Attendance Policy, may be granted if prior notice is given. If an illness causes you to miss class a make-up assignment will be given and due the following week. Virtual participation due to illness is not permissible.
- Absences must be excused prior to class.
- If you miss a class or if absence was not excused a 3-5 page write-up is required about the topic of the week you missed.
 - The assignment is due at the next scheduled class meeting.
- If more than 2 classes are missed a grade deduction will occur.
 - 3 absences: grade deduction, B+
 - 4 absences: grade deduction, B
 - 4 or more class absences: grade deduction, C

Late assignments:

- Must have permission
- Grade deduction

Written assignments and in-class presentations:

- Written assignments must be your original work, **Generative AI** (including but not limited to ChatGPT, Bing, etc.) may not be used to complete any assignment, including in-class presentations, clinical ethics note or the position paper. The purpose of these assignments is to develop critical thinking, presentation and written skills. You may use AI programs to help generate ideas but note the information and citations may not be accurate and any use must be cited. You may not submit any work generated by AI as your own, your work will be assessed for the use of AI. Grade deduction will apply.

All papers must include:

- Name on title page
- Page number
- APA or MLA in-text and reference list citations

Specific Requirements:

1. Classic case-presentation – 4-box approach, PowerPoint Presentation (20%)

- a. Case analysis using a systematic process to identify and defend an ethical dilemma using ethical principles.
 - i. Cases to be distributed in class
- b. Presentation using the Four Topics Chart described in Jonsen, et al.
 - i. Identify the Issue
 1. Provide an overview of the case
 2. Outline the options
 3. Construct ethical arguments
 4. Evaluate the arguments provided in the classical case
 - ii. Make a decision/recommendation
 1. Since cases are historical provide support for or against the decision
 2. Provide the ethical analysis that supports your decision
 - iii. Form and discuss 2 reflective questions about the case
 1. To stimulate further discussion about the ethical dilemma
2. Students will be asked to turn in an **ethics chart note** following a specific template that we will discuss early in the course. **(20%)**.
3. Students will **lead an in-class ~15-20 minute discussion of a topic of interest** from the *Clinical Ethics* text. **(20%)**
4. Students will turn in a **~7-page position paper on any topic covered in the course**, but **different** from your in-class discussion of a topic of interest, drawing from the assigned readings and further research. You may use the topic as a springboard for your thoughts and positions that go beyond the discussion in class. Outside resources may be used to contribute to the strength of your position and should be cited in APA or MLA format. **(20%)**

Writing a Position Paper: (adapted from Xavier University guide, 2014)

- a.) The purpose of a position paper is to present one side of an arguable opinion to generate support on an issue. It describes a position on an issue and the rationale for that position.
- b.) The position paper also presents the **counterargument** or the opposing position, but advocates for the side position that you take based on the evidence you present.
- c.) Choose an issue where there are clearly varying opinions that can be argued and substantiated.
- d.) Narrow your topic, define and limit your issue.
- e.) **Format:**
 - i. Introduction: (Identifies the issue and states your position)
The first section begins with the selection of a topic that has multiple viewpoints and written to capture the reader's attention. The introductory paragraph includes a statement of your position (thesis), and how the paper will proceed in terms of arguments in favor of your position and the counterarguments that you will elaborate on in the body of your paper.
 - a. Introduction of the topic
 - b. Background information
 - c. State your thesis (your view on the issue)

- ii. *The main body:* (Provides supporting evidence, discussion of both sides of the issue, arguments and counterarguments)
Develops the thesis discussed in the introduction. The body of your paper includes supporting information for your position from the class readings or other sources. Further, this section includes why alternative positions are incorrect or not as strong as the position you support.
 - iii. *Conclusion:*
Summarizes the main strengths of your position and highlights a further question for a future discussion.
- 5. The remaining **20%** will be class attendance, assigned readings and participation. It is important to be an active and vocal contributor to discussion.
 - a. Students are expected to demonstrate that they have read the material through contributing to class discussion, volunteering their interpretation of the readings and defending their points of view.

Student Accessibility Support Center Statement

If you have a physical, psychological, medical, or learning disability that may impact your course work, please contact the Student Accessibility Support Center, Stony Brook Union Suite 107, (631) 632-6748, or at sasc@stonybrook.edu. They will determine with you what accommodations are necessary and appropriate. All information and documentation is confidential.

Students who require assistance during emergency evacuation are encouraged to discuss their needs with their professors and the Student Accessibility Support Center. For procedures and information go to the following website: <https://ehs.stonybrook.edu/programs/fire-safety/emergency-evacuation/evacuation-guide-disabilities> and search Fire Safety and Evacuation and Disabilities.

Academic Integrity Statement

Each student must pursue his or her academic goals honestly and be personally accountable for all submitted work. Representing another person's work as your own is always wrong. Faculty is required to report any suspected instances of academic dishonesty to the Academic Judiciary. Faculty in the Health Sciences Center (School of Health Professions, Nursing, Social Welfare, Dental Medicine) and School of Medicine are required to follow their school-specific procedures. For more comprehensive information on academic integrity, including categories of academic dishonesty please refer to the academic judiciary website at http://www.stonybrook.edu/commcms/academic_integrity/index.html

Critical Incident Management

Stony Brook University expects students to respect the rights, privileges, and property of other people. Faculty are required to report to the Office of Student Conduct and Community

Standards any disruptive behavior that interrupts their ability to teach, compromises the safety of the learning environment, or inhibits students' ability to learn. Faculty in the HSC Schools and the School of Medicine are required to follow their school-specific procedures. Further information about most academic matters can be found in the Undergraduate Bulletin, the Undergraduate Class Schedule, and the Faculty;-Employee Handbook.