Philosophy 321: Philosophy of Medicine

A philosophical examination of the nature and practice of medicine. Topics covered may include: theories of the nature of health and illness and their implications for health care delivery; health care as a right vs. health care as a commodity; the nature of medicine as a profession and its implications for the health care professional-patient relationship; health care in a digital age and its implications for health care professionals and institutions; personhood and its implications for medical practice; research and experimentation and its role in health care; medicine and deliberate death.

Instructor: E-H Kluge Office: CLE B313 Office hours: Mondays and Thursdays from 10-11 and by appointment Calendar. Students are encouraged to discuss their examinations with the instructor.

Inappropriate behaviour and contraventions of academic integrity

Inappropriate behaviour and violations of standards of academic integrity as defined in the University Calendar will be dealt with in accordance with University Regulations.

Tentative Outline of Lectures and Discussions

1. The Nature of Health

Readings:

a. Boorse C. (1977). 'Health as a Theoretical Concept', Philosophy of Science 44:542–573 (available on-line through UVic Library)

b. Nordenfelt L. The concepts of health and illness revisited. *Medicine, Health Care and Philosophy* 2007 Mar;10(1):5-10. (available on-lie through UVic Library)

c. M.Wiklund, A.Öhman, C.Bengs and E.-B.Malmgren-Olsson. Social and gendered embodiment – a useful theoretical concept in youth mental health and physiotherapy (available on-line through UVic Library)

d. Wakefield J.C. (1992). 'The Concept of Mental Disorder: On the Boundary Between Biological Facts and Social Values', American Psychologist 47:373–388 (available online through UVic Library)

2. Health Care: Commodity vs. Right

Readings:

a. Kluge E-H. (2013). *Biomedical Ethics in a Canadian Context*. Chapter 9 (Book is on Reserve)

b. Romanow Report: *Building on Values: the future of health care in Canada* (available online through the UVic Library)

3. Medicine as a Profession

Readings:

a. Singh M. The cultural evolution of shamanism. *Behavioral and Brain Sciences*. 2017 Jul 6:1-83 (available on-line through UVic Library)

b. Susan Gaylord. Alternative therapies and empowerment of older women. *Journal of Women & Aging*. 1999;11(2-3):29-47 (available on-line through UVic Library)
c. Editorial: The Spirit of Apprenticeship in Medicine. JAMA. 1924;83(17):1337-1338.

(available on-line through the UVic Library)

4. Health Care–Professional Relationship

A. Traditional health care

Readings:

Kluge E-H. (2013). *Biomedical Ethics in a Canadian Context* Chapter 3
 Osler W. "Aequanimitas." Valedictory Address, University of Pennsylvania, May 1, 1889 (on CourseSpaces)

B. Telehealth and the modern practice of medicine

Readings:

1. Kluge E-H. "The Physician-Patient Relationship in eHealth and Telemedicine: An ethical conundrum" Proceedings of the Multi Conference on Computer Science and Information Systems (MCCSIS 2014) (available on CourseSpaces)

2. Vogenberg, Barash CI, and Pursel M. Personalized Medicine: Ethical, Legal, and Regulatory Issues. *P T*. 2010 Nov; 35(11): 624-626, 628-631, 642 (available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2993070/

C. Informed Consent: The implications of cultural variations in the concept of personhood

Readings:

1. Dheri P. (2016) *Health Care in a Multicultural Canada: the Ethics of Informed Consent and the Duty to Warn of Hereditary Risk* (available on CourseSpaces).

5. Treatment vs. care: Cure, care, palliation and deliberate death A. Cure, care and palliative care

Readings:

1. Mohanti BK. Ethics in Palliative Care. *Indian Journal of Palliative Care*. 2009 Jul-Dec; 15(2): 89–92. (available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2902121/)

B. Death

Readings:

1. Capron A. "Definition of Death". *Encyclopedia of Applied Ethics*. (available through UVic Library online)

2. Miller FG. Death and organ donation: back to the future. *Journal of Medical Ethics* 2009; 35:616–62 9available at <u>https://jme.bmj.com/content/medethics/35/10/616.full.pdf</u>

C. Abortion

Readings:

 Pope Paul VI. *Humanae vitae*. (available at http://w2.vatican.va/content/paulvi/en/encyclicals/documents/hf p-vi enc 25071968 humanae-vitae.html
 Cao W. (2013) The Regulatory Model of Abortion in China through a Feminist Lens. *Asian Women* 29:2 (available at http://www.e-asianwomen.org/xml/00826/00826.pdf
 Kluge E-H. When caesarian section operations imposed by a court are justified. Journal of Medical Ethics, 1988, 14, 206-211. (available at https://jme.bmj.com/content/medethics/14/4/206.full.pdf)

D. Euthanasia and Assisted Suicide

Readings:

Govt. of Canada. *Medical Assistance in Dying Act.* (2016); available at <u>http://www.parl.ca/DocumentViewer/en/42-1/bill/C-14/royal-assent</u>
 Ardelt M. (2003) Physician-assisted death., in CD Bryant et al, eds. *Handbook of Death and Dying.* available at

http://users.clas.ufl.edu/ardelt/physician_assisted_death.pdf

6. Research/Experimentation

Readings:

1. *Tri-Council Guidelines. Ethical conduct for Research Involving Humans* (2010) (Policy available at

http://www.pre.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf)

2. Henderson GE, Peay HL, Kroon E, et a. Ethics of treatment interruption trials in HIV cure research: addressing the conundrum of risk/benefit assessment. *Journal of Medical Ethics* 2018 Apr; 44(4): 270–276. (available at

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5869463/