

MEDICAL ETHICS IN UTAH

Looking Back and Looking Forward

I will retire in January. Named for Janus, the Roman god of beginnings and endings who could look toward the past and the future simultaneously, it seems the perfect month to appreciate and acknowledge what has been, then to turn and focus on what adventures and opportunities lie ahead.

Our Newsletter, Medical Ethics in Utah, has chronicled much of what I'm most proud of but it hasn't always revealed what I'm most grateful for: opportunities, institutions and individuals that have allowed me, our Division, and the discipline of Medical Ethics to grow and flourish in our state.

When I arrived in 1976 from the Centers for Disease Control in Atlanta for my Fellowship in Infectious Diseases at the University of Utah School of Medicine, I wasn't planning to stay for more than the requisite two years. I couldn't foresee the epidemics and events that would shape my career and I had no idea that I was in the right place with the right people that would enable me to respond and adapt to new paradigms in infectious diseases and in the practice of medicine.

In the 1980's, the emerging infectious disease, Staphylococcal Toxic Shock Syndrome presented a challenge and a puzzle that invited a multi disciplinary solution. I was fortunate to find collaborators like Charles Smith in the Infectious Diseases Division and the epidemiologists at the State Health Department who wanted to work together with me and my Research Associate Evelyn Kasworm on microbiologic and epidemiologic aspects of what came to be called TSS. The major risk factor for TSS, a particular type of tampon, was soon identified and the incidence of cases diminished.

That was not the case for another new syndrome, AIDS. First, a syndrome without a cause, it took years to establish that this transmissible and fatal infection was due to the previously unknown Human Immunodeficiency Virus. During those fearful years a second problem appeared. Many

physicians were reluctant to care for AIDS patients and the populations at greatest risk and some refused to do so. The residents I was training asked questions about the nature, extent and basis for any obligation to treat these patients. I had my own answer, but was unable to cite principles or historical examples that were persuasive. I realized how unprepared I was to answer these non technical but highly important questions about what doctors should do in potentially dangerous or uncomfortable situations.

Fortuitously, in 1989, an opportunity arose at the University of Chicago to pursue such questions and learn about and train in Clinical Ethics with the person who literally defined that field, Mark Siegler. When I asked for an unprecedented year away to acquire such different skills and bring them back I was surprised at the encouragement and support I received from the Chairs of the Departments of Internal Medicine at the Medical School and LDS Hospital, William Odell and Michael Vincent and the Dean, Cecil Samuelson.

During my year in Chicago I learned about medical ethics from medical specialists, lawyers, philosophers, sociologists, economists, and the HIV patients I interviewed for a project on treatment refusal. I grew intrigued by the medical humanities at a regular Great Books based discussion group for physicians led by Bernard Adelson and David Ozar at Evanston Hospital. I also learned how much I didn't know and how important it was to bring a multi disciplinary perspective to complex ethical problems. I returned to Utah with a vision for a new and diverse program that would bring together several experts already working independently on medical ethics problems. Fortunately, the LDS Hospital and successive Internal Medicine Chairs, Merle Sande, John Hoidal and Greg Elliott shared that vision and continued to provide support for me and the infrastructure and staff to operate our Division. Even more fortunate and absolutely essential for a program that doesn't generate clinical income has been the willingness of our Division members: pediatricians, Jeff Botkin, Armand Antommaria, and the late David Green,; philosophers



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I think it's time now for my colleagues and perhaps a new leader to bring our program to its full potential, which is surely to be among the finest in the United States.

Peggy Battin and Jim Tabery, and philosopher/lawyer Leslie Francis to volunteer their expertise and a significant amount of their time for multi disciplinary research and the extensive teaching we do with medical students, residents, attending physicians, healthcare providers, and the public. We've been reinforced by a cadre of Program Associates and discussion leaders: Mark Matheson, Brooke Hopkins, Rachel Borup, and Bryan Benham from the College of Humanities; writers Aden Ross and Susan Sample, and clinicians Lou Borgenicht, Howard Mann and Ali Choucair. Countless others have taught with me in our Resident Ethics Conferences and Medical Ethics course. I've been especially impressed by the colleagues from Law, David Williams, Elliot Williams, Terry Rooney, Robert Harrison, Roger Sharp; Philosophy, Bill Whisner, Peter Appelby, Peter Windt, Pat Hanna, Bruce Landesman; and Business, Cal Boardman who volunteered to share their experience and perspective in a somewhat alien and even potentially hostile environment. They consistently expanded the world view of our students and trainees and won their respect. Distinguished visitors who presented our Max and Sara Cowan and David Green Memorial Lectures and those who were featured speakers at our Annual Ethics Conferences did the same for academic and practicing faculty and a wonderfully diverse group of attendees from our University and regional community.

Insightful and generous leaders of the Tanner Humanities Center, Lowell Durham, Vincent Cheng, Holly Campbell, and Humanities Dean Robert Newman helped me bring the gift of the medical humanities to our Medical School, University, and community. We've had the privilege of brief or extended visits from Literature and Medicine scholars, Joseph Cady, Ann Hudson Jones, Kathryn Montgomery, and Monica Maillet. We've heard from nearly all the presidents of the American Society for Bioethics and Humanities and from humanitarian physician, Paul Farmer. John Hoidal helped me make medical humanities a permanent part of our medical school curriculum by adding literature, drama and film scholar and journal editor Therese Jones to our faculty and our Division. This complemented and balanced the medical ethics course introduced and led first by David Green and then by Jeff Botkin.

My service on the IRB and my role as its Chair from 1994 to 1999 afforded me the opportunity to work with the best researchers at our Medical School and find mutually agreeable responses to ethical challenges in clinical trials. Similarly, being on the Fourth Year Curriculum Committee since 1993, introduced me to some of our most thoughtful educators as we worked to expand required and elective educational opportunities that included our Senior Student Medical Ethics course and multiple electives focused on the doctor-patient relationship using literature, drama, film, and writing.

Our Monthly Literature and Medicine and Evening Ethics Discussions, held continuously since 1989, have given me the chance to meet, hear from, and share ideas with people and leaders drawn from political science, law, philosophy, the insurance and health care industry, religion, government, medicine, nursing and the patients and families we serve. They've brought us together to read fine, provocative, and sometimes practice changing works and to consider and work toward solutions for timely national, state, and local ethical problems and issues. I hope you

who have participated in these programs have enjoyed them as much as I have.

Two special projects have confirmed my enthusiasm for interdisciplinary collaboration. Our Robert Wood Johnson Foundation supported project to Improve End of Life Care from 1999 to 2002 combined the talents of nurses, physicians, social workers, policy makers, and business leaders and the management skills of HealthInsight, Kim Segal and Maureen Henry to change the way we think about and care for dying patients and their families. It left as its legacy an improved Advance Directive statute for the state of Utah. Our recently published book, The Patient as Victim and Vector: Ethics and Infectious Disease, was the result of a long and fruitful collaboration between philosopher Peggy Battin, philosopher/lawyer Leslie Francis, Infectious Disease physician Chuck Smith and myself.

I've been assisted, advised and inspired by my Division colleagues and associates. All of us have been helped immeasurably and I have sometimes been rescued by a line of Research Assistants that includes Barbara White, Jan Van Riper, Sara Taub, Jen Gully, Brian Warnick, Will Martinez, Beverly Hawkins, and Linda Carr-Lee who, after helping us teach and conduct research, went on to distinguish themselves in law, medicine, education and even medical ethics. We've had capable and often innovative assistance from our office coordinators, especially Pamela Anderson and Valerie Strasburger whether they've been with us for years or only months. I was privileged to have Evelyn Kasworm as my Research Associate, loyal advocate, political advisor and confidante for 29 years that spanned my career in Infectious Diseases and my twenty years in Medical Ethics.

Twenty years is long enough to conceive, deliver and raise a child to adulthood, but perhaps not for it to achieve its full potential. That takes someone with different skills and a new peer group that offers new ideas, new energy and new directions. I think it's time now for my colleagues and perhaps a new leader to bring our program to its full potential, which is surely to be among the finest in the United States.

Jeff Botkin, the University's Vice President for Research Integrity will be the leader for now and work with present and possibly new colleagues to continue many of our programs, albeit in some new and improved ways and explore with Medical School and other College leaders ways to support, enhance, and modify them.

I will stay nearby and explore my own new ways of serving Intermountain Healthcare, the Medical School, physicians in training and practice and the community. I expect to continue my adventures in International Health and service to youth in our community through the Salt Lake Club of Rotary International. I'm honored to be that Club's President Elect.

At this time of transition and hope I found words from former president Clinton that best capture my feelings. *We should, all of us, be filled with gratitude and humility for our present progress and prosperity. We should be filled with awe and joy at what lies over the horizon. And we should be filled with absolute determination to make the most of it.*

Jay A. Jacobson, MD, MACP

EVENING ETHICS & OTHER DIVISION PROGRAMS

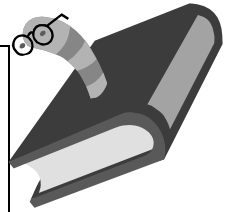
Evening Ethics & Other Division Program information will be forthcoming.
 We will keep our website updated with future dates, topics and other information.
www.utahmedicalethics.org

PHYSICIANS LITERATURE AND MEDICINE PROGRAM

The Tempest, by William Shakespeare
 January 14, 2008
 LDS Hospital, Amicus Boardroom

This year we'll be considering a variety of texts that deal with the theme of power. To introduce this series of readings we'll begin with Shakespeare's "The Tempest," which is one of his very last plays. In it he seems to reflect on many of the great subjects that had preoccupied him as a playwright: monarchy, usurpation, revenge, forgiveness, the life of the spirit, and the mystery of love. In the play Prospero, the usurped duke of Milan and a Renaissance magus or magician, uses his magical powers to bring his enemies to his mercy. Recent readers of the play have focused on the relationship between Prospero and Caliban, who was the only inhabitant of the island on which Prospero and his daughter were exiled twelve years before the play begins. Shakespeare wrote the play at a time when European powers were beginning to spread their colonial dominion across the globe, and the Prospero-Caliban relationship in the play's world bears a clear resemblance to that between contemporary European colonizers and colonized peoples in other countries. This and other power relationships--familial, governmental, personal--are explored with great subtlety in the play. You might pay special attention to Prospero's famous "revels" speech (4.1.146-63), which is often quoted by itself but which we have the opportunity to read in the context of the play as a whole. Consider also Prospero's renunciation of his magical powers in act 5--perhaps the most mysterious and significant action in the play. The epilogue spoken by Prospero continues the drama's sustained engagement with issues of power, bondage, freedom, and forgiveness. If we read it as embodying a wisdom precipitated through the play's conflicts, how might we interpret the sum of this wisdom? I very much look forward to discussing this and other questions with you when we meet to consider this extraordinary text.

For more information contact the DMEH at 801-408-1135.



Physicians Literature & Medicine Schedule for 2009		
Dates	Book & Author	Facilitator
January 14th	<i>The Tempest</i> , William Shakespeare	Mark Matheson
February 11th	<i>The Good Thief</i> , Hannah Tinti	Rachel Borup
March 11th	<i>The March</i> , E.L. Doctorow	Aden Ross
April 8th	<i>A Mercy</i> , Toni Morrison	Rachel Borup
May 13th	<i>Life in the Balance: A Physician's Memoir of Life, Love and Loss with Parkinson's Disease and Dementia</i> , Thomas Graboys and Peter Zheutin	Susan Sample
June 10th	<i>The Sexual Politics of Sickness</i> , Barbara Ehrenreich	Mark Matheson
July 8th	<i>Equus</i> , Peter Shaffer	Aden Ross
August 12th	<i>One Hundred Years of Solitude</i> , Gabriel Garcia Marquez	Tess Jones
September 9th	<i>Inside the Halo</i> , Maxine Kumin	Susan Sample
October 14th	<i>Pygmalion</i> , George Bernard Shaw	Mark Matheson
November 11th	TBA	Brooke Hopkins
December 9th	<i>The Secret Scripture</i> , Sebastian Barry	Aden Ross

ACTIVITIES AND PROGRAMS

Published by the Division of Medical Ethics and Humanities of the Departments of Internal Medicine at Intermountain Medical Center, LDS Hospital and the University of Utah School of Medicine

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Check the web!

www.utahmedicaethics.org

USR Bioethics Consultation Committee will meet at 7:00am.

Wed, Jan 7

The Division of Medical Ethics Resident House Staff Conference * will be on "Impaired Health Professionals—What To Do When Help Is Needed" at 12:30 p.m. in the UUMC Cartwright Conference Room. The facilitators will be Jim Tabery and Sean Morris.

Wed, Jan 7

UCR Ethics Committee will meet at 7:30am at the LDSH Pugh Board Room.

Fri, Jan 9

The Division of Medical Ethics Resident House Staff Conference * will be on "Impaired Health Professionals—What To Do When Help Is Needed" at 12:30 p.m. in the VAMC Tsagaris Conference Room. The facilitators will be Armand Antommaria and Mark Foote, MD.

Wed, Jan 14

The Physicians Literature and Medicine Discussion Group ** Our facilitator will be Mark Matheson, DPhil. The book will be *The Tempest*, by William Shakespeare. It will be held in the LDS Hospital, Amicus Boardroom. Dinner will start at 6:15 p.m. Discussion will begin at 6:30 p.m. Call the DMEH for more information at 408-1135.

Wed, Jan 14

The Division of Medical Ethics Resident House Staff Conference * will be on "Impaired Health Professionals—What To Do When Help Is Needed" at 12:30 p.m. in the IMC Doty Education Bldg, classrooms 3,4,5. The facilitators will be Jeff Botkin and Michael Crookston, MD.

Wed, Jan 21

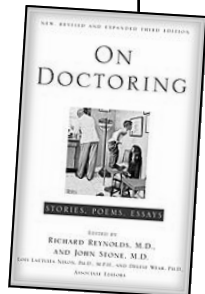
UUMC Ethics Committee will meet from noon to 1:30 p.m.

Thu, Jan 22

*,**These activities are approved for CME credit.

This month's humanities selection, for your enjoyment, is "Mistakes," by David Hilfiker.

David Hilfiker's "Mistakes," a chapter from his memoir *Healing the Wounds* and included in the second and third editions of *On Doctoring*, is arguably one of the best-known physician confessions of the past twenty-five years. Originally published as a "Sounding Board" article in the *New England Journal of Medicine* in 1984, it is a description of Hilfiker's unintentional abortion of a living fetus. The article evoked a number of letters to the editor, many of them praising Hilfiker's courage ("Who among us cannot describe similar personal 'horror stories'?") and many of them criticizing such a public disclosure of fallibility ("This sort of neurotic piece has no place in the *NEJM*."). Hilfiker writes of his growing guilt and his growing isolation because the "grand illusion" of perfection expected of doctors and the fact that physicians hide mistakes from patients, from other physicians, and from themselves hindered him from sharing his own suffering: "Unable to admit our mistakes, we physicians are cut off from healing. We cannot ask for forgiveness, and we get none. We are thwarted, stunted; we do not grow."



You can find this selection by checking our website at www.utahmedicaethics.org or by calling the DMEH at 408-1135.

CME Statements

Accreditation: The University of Utah School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Designation: The University of Utah School of Medicine designates these educational activities for a maximum of 1 * or 1.5 ** *AMA PRA Category 1 Credit(s)*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

ADA: The University of Utah complies with the Americans with Disabilities Act by providing qualified individuals with disabilities access to University programs, services and activities. A request for accommodation can be made by calling (801)408-1135. Reasonable prior notice is required.