**Ethics Lab**

- Philosophy: Love of Wisdom
- Bioethics: Ethics of applications of biology and medicine to human affairs.
- Divisions of Bioethics: Substantive issues, Organizational Ethics, Public Policy formation, Ethics and Culture, Theological Ethics, Clinical Decision Making, Biopolitics

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**Ethics Lab**

- AOA: Ethics & Values: [http://www.aoa.org/x4877.xml](http://www.aoa.org/x4877.xml)
- Code of Ethics
- Manual of Clinical Ethics
- Standards of Professional Ethics-AOA HOD 2011
- AAO--Committee on Ethics

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**Ethics Lab**

- Optometric Oath (AOA)

> With full deliberation I freely and solemnly pledge that: I will practice the art and science of optometry faithfully and conscientiously, and to the fullest scope of my competence. I will uphold and honorably promote by example and action the highest standards, ethics and ideals of my chosen profession and the honor of the degree, Doctor of Optometry, which has been granted me.
**Ethics Lab**
- Hippocratic Oath
- Original Version
- Modern Version
- Primum Non Nocere

**Ethics Lab**
- Ethical Decisions in Optometry
- Vision & Driving: Reporting Obligations to the DMV
- Referrals, Practice Building, Conflicts of Interest
- Coding for Medicare, Dealing with Minors, Billing Medicare, Ordering Diagnostic tests, Confidentiality, Informed Consent, Abandonment, Industry Relations, Employer-Employee-Staff Relationships

**Ethics & Genetics**
- My Genome, My Self
- How DNA and Amyloid Dances Around Evidence That It Is Not There

**Ethics Lab**
- Vision & Driving: Reporting Obligations to the DMV
- NY State--Drivers Must Keep NYS Informed of their Medical Conditions
- [www.dmv.com/ny](http://www.dmv.com/ny)
- Physician statements may be necessary to prove you are a safe driver.
- DMV Lists Medical Conditions affecting driving

**The Georgetown Technique**
- How FDA and Zijian Zhu Dance Around Evidence That It Is Not There

**Ethics & Genetics**

**Ethics Lab**
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- [www.dmv.com/ny](http://www.dmv.com/ny)
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- DMV Lists Medical Conditions affecting driving
Vision & Driving: Reporting Obligations to the DMV

Drivers with a Seizure History must be seizure free for one year to resume driving.

Unsafe drivers in NYS can be reported by a physician/NP or other concerned citizen. They may need to be notarized.


Ethical Decisions in Education
Honor Code & Cheating
Class Attendance & Compliance
Signatures & Attestations
You are defined by your actions

Belmont Report (Reference for IRB’s)
Ethical Principles and Guidelines for Research Involving Human Subjects
Boundaries Between Practice and Research

Basic Ethical Principles:
Respect for Persons
Beneficence (Do No Harm)
Justice

Applications:
Informed Consent
Assessment of Risk and Benefits
Selection of Subjects
HIPAA Considerations

A patient asked for LOMN to get computer glasses when Rx has not changed.
Patient with RP driving a school bus at night.
Patient asks for authorization for car windows tinted past the legal limit.
A 30 year old male is a 4 D tropic myope and is a long-standing patient who has run out of disposable contact lenses, and does not have a pair of glasses. He calls in when you are at lunch, and have a fully packed schedule of afternoon patients, with a few emergencies added in. He reports to your receptionist that his right eye is sort of red and swollen. His records show that he had the same sort of situation last year. Your receptionist schedules him tomorrow afternoon when you have more time to see him in your schedule. Your receptionist asks, “Do you want to speak with him?”

You are examining a 14 year old girl with a severe bacterial conjunctivitis in each eye. You believe this infection is caused by Chlamydia, which is a sexually-transmitted disease. Her mother is waiting for her in your reception room. Do you tell her mother what you are thinking, or just write prescription for an ophthalmic antibiotic drug?

L.L. is a newborn with a tracheoesophageal fistula and Down syndrome. His parents do not want to raise a disabled child and ask his doctor to withhold all treatment including food and fluid, so he will die peacefully. The pediatric surgeon points out that a reparative operation is indicated and has a very high probability of successfully closing the fistula thereby restoring normal feeding. The parents refuse permission. The pediatrician objects that it is morally wrong not to treat such a remedial defect. The nurses refuse to “starve” the infant. The case went to court and then to appeal. In both instances, the parents were upheld. What do you think is the ethically right thing to do? Why? Give ethical reasons.

J.B. is a 44 year old quadriplegic, a victim of cerebral spastic palsy. She voluntarily admits herself to a psychiatric hospital because she is depressed and has suicidal feelings. She wants to end her life by refusing food and insists that the physicians cooperate by giving her analgesics to ease her suffering as she starves to death. She feels she cannot live any longer with her quadriplegia and is a burden to her family and friends. They judge her mentally competent to make her own decisions. What would you do? Why? What are the ethical issues?

Socrates insists that Protagoras (Man is the Measure of All Things) cannot have it both ways.

Socrates: The problem of conduct is one of principle. If the principle is right it is universally right. It is not tarnished or reduced if large numbers of people do not agree.

Socrates: Man is not the measure of all things. It is up to the individual to find a way to understand that measure and apply it properly.
**Ethics Lab**

- Pythagoras The First Philosopher
- The Divinity of Number
- The First 4 Integers The “Tetraktys”
- Point, line, plane, solid-The Quasi Divine

**Ethics Lab**

- Trends in Optometry
- Systems Medicine: Interdisciplinary, Integrative
- Personalized Medicine
- Genetics, Nanotechnology, New Technologies
- Culturally Competent Care

**Ethics Lab**

- Substantive Issues
- Issues at the Beginning of Life
- Embryo research, blastomere diagnosis, fetal tissue use, In Vitro fertilization, contraception, cloning, genome mapping, germ line and somatic cell manipulation, rape, etc.

**Ethics Lab**

- Issues at the End of Life
- Withdrawing and withholding treatment, food, hydration, relief of pain and suffering, euthanasia and assisted suicide, advance directives (Living Will, Power of Attorney) definition of death, organ donation, futility, post mortem rights.

**Social Ethics**

- Allocation of Resources
- Personal vs Social ethics
- Do the sick have a claim on us
- Managed Care
- Profit Making
- Corporate ethics of health providers
- Society’s responsibility for providing health care

**Ethics Lab**

- Organizational Ethics: What is it?
- A formal, systematic, critical study of right and wrong, moral conduct in collective and corporate human actions, i.e. the ethics of and ethics in collective agency. Conflict of profit and care.
Primary Eye Care
- Ethics of Public Policy
- Health Care
- As a right, privilege, a moral obligation
- Allocation of resources
- vs. Other Social Goods
- Single Payer vs Competition; Role of government

Ethics Lab
- Theological Ethics
- Man as God’s Creation
- Scripture, Revelation, Tradition, Church Teaching, Moral Theology, Cosmic Religion

Ethics Lab
- Clinical Decision Making: Deciding Right & Wrong
- An ultimate source for morality
- A theory of justification A
  procedure for deciding

Ethics Lab
- Theories of Justification II
- Story and Parable
- Paradigm Cases
- Experience
- Practice
- Values

Ethics Lab
- Procedure for Deciding?
  - What is the ethical problem?
  - What are the facts?
  - What do you think is right and wrong, or good and bad action?

Ethics Lab
- Procedure for Deciding II
  - Why? Give ethical reasons.
  - What could be wrong with your opinion?
  - How do you respond to your objection?
    - Everything considered what do you think is the right or wrong thing?
Ethics Lab

- Procedure for Deciding III
  - Can you implement your decision?
  - If not, why not?
  - Can you compromise?
  - If not, what do you do?

Ethics Lab

- The Assessment of Patient Decision Making Capacity
  - Threshold Concept
  - Relative to a Particular Decision
  - Threshold Varies According to Gravity Decision

Ethics Lab

- Assessment of Patient Decision Making Capacity
  - Elements: Ability to Communicate, Understanding of Risks and Benefits, Able to make and express a decision, Able to explain decision in light of own values. Stability of decision, Fits the patients goals and life-long values and patterns of behavior.

Ethics Lab

- Limits on Patient Autonomy
  - Imminent Threat of Serious Harm to Identifiable Individuals, Public Health Concerns (Legal), Act would violate rational medicine (Futility); Act would violate Physician conscience, Emergencies (Act to Preserve Life), Conflicts of Interest, Therapeutic Privilege

Ethics Lab

- Patient Self Determination Act of 1990
  - Advance Directives: Living Will, Durable Power of Attorney for Health Care, Combined Documents, Serious discussions noted in charts, patient self-determination act

Ethics Lab

- Principle of Futility
  - It is not morally obligatory to offer or provide futile treatment.
  - Therefore, one may refrain from treating but this may be: Discretionary; may offer sometimes, or Prohibitive; obligatory not to offer
**Ethics Lab**

- Effectiveness
- Measurable changes in natural history of disease or symptoms
- Perceived by physician
- Objective

**Ethics Lab**

- Burdens
- "Cost" of proposed treatment, physical, emotional, fiscal, perceived jointly by patient and physician

**Ethics Lab**

- Clinical Futility
  \[ F = oc (E + Be) Bd \]
- \[ F = \text{Futility} \]
- \[ E = \text{Effectiveness} \]
- \[ Be = \text{Benefit} \]
- \[ Bd = \text{Burdens} \]

**Ethics Lab**

- Economics as Criterion
  - Morally valid: competent patient, incompetent patient: valid anticipatory declaration, morally valid surrogate
  - Morally invalid (incompetent patients)
  - Morally variable?

**Ethics Lab**

- Quality of Life as a Criterion
  - Morally valid
  - The competent patient
  - The incompetent patient: Valid anticipatory declaration; Morally valid surrogate
  - Morally invalid (incompetent patient): Declaration by physician, family institution, social or policy decision

**Ethics Lab**

- Age as a Criterion of Futility
- Chronology vs Physiology
- Chronology vs Effectiveness of Treatment
- Danger of Ageism: young/old value conflicts; economic and facial pressures
- What is "Normal lifespan?"
Age as a Rationing Criterion
Underestimates impact of Research, Pressure towards Euthanasia, Usurpation of Autonomy. Affluent will Bypass system; Social Impact: Devaluation of aged, Distrust in doctor, Trollope’s “Fixed Period” (Social allegory—age 67 move to leisure college before euthanasia)

Conflict Resolution
Negotiation, consultation and counseling; appointment of legal guardian, hierarchy of surrogates (moral, legal), ethical committee, court decision, withdrawal from case

A Practical Approach
Competent Patient/Surrogate Together with Physician
Define Futility Together (Exchange values, Set medical non-medical goals)
Set Time Limits (re-evaluate), Prepare and Discuss Meaning of Advance Directives, Early use of Ethics Committee, Physician Withdr/Fam Discharge Phys

The Principle of Double Effect (ex. homic self-def)
One Act, Two Effects
One Effect is Good, One is Bad
One Intends the Good, Not the Bad
The unintended bad is not cause of the intended good; All things consid: Good outweighs Bad

Informed Consent
Autonomous Decision
"Competent"
Individual
Disclosure: nature of procedure, risks, benefits, alternatives
Comprehended: “Please tell me in your own words what I just said.”

Conscientious Objection
Patient’s autonomy vs Physician conscience
42 year old WM. Your patient for 10 years with wife and 3 children. Observe CMV retinitis. You discuss with your patient his HIV status. He is visibly shaken and admits to a same sex affair. You have an appointment with the wife next week. He insists that you do not record the findings in the EMR and the HIE.

You are an associate in a practice you are hoping to buy. The owner is on vacation, and you examine a patient who has long-standing amblyopia OS but the vision is getting worse. Upon dilation you see a large choroidal melanoma and you are referring to an ophthalmologist. The patient is very upset and wants to know about the condition and whether or not this should have been diagnosed years ago?

In Honor of Edmund Pellegrino, M.D., Father of Modern Medical Bioethics, the John Carroll Professor of Medicine and Medical Ethics, Georgetown University, and Professor Emeritus of Medicine and Medical Ethics at Georgetown Univ.

“Medicine is a moral enterprise, and if you take away the ethical and moral dimensions, you end up with a technique. The reason it is a profession is that it’s dedicated to something other than its own self-interests.” Edmund Pellegrino, M.D., Georgetown Magazine, 1996.