MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION
Federal state autonomous educational institution
of higher education
«Far Eastern Federal University»
(FEFU)

SCHOOL OF BIOMEDICINE

«AGREED»
Head of education program
«General medicine»
_____ Khotimchenko Yu.S._____
(signature) (Full name)
«09» of July 2019

«APPROVED»
Director of the Department of Clinical Medicine
_____ Geltser B.I._____
(signature) (Full name)
«09» of July 2019

WORKING PROGRAM OF ACADEMIC DISCIPLINE (WPAD)
«Deontology»
Education program
Specialty 31.05.01 «General medicine»
Form of study: full time

year 2, semester 3
lectures 18 hours
practical classes 36 hours
laboratory works not provided
total amount of in-classroom works 54 hours
independent self-work 18 hours
control works ()
pass-fail exam year 2, semester 3
exam not provided

The working program is drawn up in accordance with the requirements of the Federal state educational standard of higher education (level of training), approved by the order of the Ministry of education and science of the Russian Federation from 09.02.2016 № 95.

The working program of the discipline was discussed at the meeting of the Department of fundamental and clinical medicine. Protocol No. 8, 09 of July 2019

Author: PhD, docent, Slabenko E.V.

ANNOTATION

The discipline "Deontology" is purposed for students enrolled in the educational program 31.05.01 "General medicine", and included in the basic part of the curriculum. Discipline is implemented on 2nd year, 3rd semester.

Development of the working program of the discipline was made in accordance with the Federal state educational standard of higher education in the specialty 31.05.01 "General medicine", the curriculum of training in the specialty 31.05.01"General medicine".

The total complexity of the discipline studying is 2 credits, 72 hours. The curriculum provides 18 hours of lectures, 36 hours of practical classes and independent self-work of the student (18 hours.). Overall in-class learning activity amounts to 54 hours. Pass-fail exam is in the 3rd semester.

The course program is based on the basic medical knowledge gained students:
ability to abstract thinking, analysis, synthesis (GCC-1);
the ability to use basic philosophical knowledge to form a worldview (GCC-2);
the ability to analyze the main stages and the laws of historical development of society to form civic position (GCC-3)

The training course "Deontology" has a close connection with the subjects taught in the previous courses of the humanitarian cycle – the history of the Fatherland, philosophy, and Economics. Biomedical ethics considers the problems posed by the progress of medical science and biomedical technologies.

The aim of the course is to train a medical specialist who has deeply learned the humanitarian foundations of his profession, who has knowledge about the socio – cultural context of both Russian and international importance of medical activities, in which the regulation of human relations is subordinated to the main task – the preservation of human health.

Tasks:

* increase students ' susceptibility to ethical issues;

* teach the art of ethical analysis;

* help students better understand the moral foundations of medical practice, both professional and personal, as well as patients;

* learn how to manage and resolve medical ethical conflicts.

As a result of the study of this discipline, students form the following General cultural/ professional competence (elements of competence).

Code and formulation of formed competences	**The stages of forming the competence**	
the ability to analyze the main stages and the laws of historical development of society to form civic position (GCC -3)	Knows	The moral and legal norms adopted in society
	Is able to	To compare and systematize legal and economic processes, events in Russia and the world community in their dynamics and interrelation, being guided by the principles of scientific objectivity and historicism
	Possesses	Assessment of certain legal and economic facts of Russian history in professional activity; evaluates from legal and economic points of view various scientific positions on professional activities
ability to act in unusual situations, to take social and ethical responsibility for decisions (GCC -4)	Knows	The moral and legal norms accepted in society; the basic ideas, principles and requirements of bioethics, philosophical bases of bioethics; the rights and moral obligations of the modern doctor; legal and moral rights of patients; the laws and regulatory legal acts regulating ethical and deontological principles in professional activity
	Is able to	To use the provisions and categories of ethics and bioethics, legal norms, laws, moral rules adopted in society for the study and analysis of various trends, facts and phenomena in the health care system for the consideration and analysis of one's own life position, abilities, opportunities, self-realization.
	Possesses	Skills of forming their own moral position, based on knowledge of laws and regulations on the most important problems of modern medicine; skills of public speech.

For the formation of the above-mentioned competences within the discipline of «Deontology", the following methods of active/interactive learning: lectures, conferences, problem lecture, lecture-visualization; seminars − debate, round table discussion (preparation and discussion of essays)

I. STRUCTURE AND CONTENT OF THE THEORETICAL PART OF THE COURSE (18 hours)

Module 1 Basics of Deontology

Lecture 1: Moral theories, being a good person − virtue ethics. The Ethical Basis of Human Rights, Emotions. **(2 hours)**

Summary:

The task of working out what we ought to do in face of the numerous dilemmas in Deontology and Bioethics seem to lie at least partly with moral philosophy in its specification of moral theories. Now we must look at the range of these theories and try to see how adequate they are to this task. To bring the various theories to life, I want you to imagine yourself faced with a moral dilemma, a situation in which you have to make a very difficult moral choice and it is hard to know which ′horn′ of the dilemma is the better one to opt for. The base on the kind of actual choices which some people have had to face, especially in situations in clinic − protection of Human Rights of patients and Human Rights of doctors or other emotional conflicts

Lecture 2: Perspectives, Duty to Rescue, Obligations to Future Generations **(2 hours).**

Summary:

- Moral theories as the 'heart' of bioethics.
- A metaphor, and metaphors can both illuminate and obscure our understanding. Merely following our heart can prevent us from noticing our prejudices, including our unquestioned ways of thinking. By describing bioethics in terms of different Western philosophical traditions, we may be missing important parts of the picture. So (to change the metaphor) we may need to alter the way we 'frame' bioethics in order to see it properly.
- What if our vision is distorted by our cultural assumptions?

- Bias towards our own gender, be it male or female?
- Blurred by our religious faith (or lack of it)? In this chapter I shall be describing a range of different perspectives on bioethics, in the hope of gaining a fuller picture of its richness and diversity.
- This is especially important when we realize that cultural diversity has become a global phenomenon and we need to learn to live with mutual understanding and respect between many different traditions and beliefs.

Lecture 3: Justice, Global Justice Discrimination, Stereotyping and Profiling International Justice and Biomedical Research. **(2 hours)**

Summary:

- How bioethics started with a radical critique of the way in which doctors and other health care professionals were acting ethically (or, at times, unethically).
- The subject then broadened out to include a wide range of issues related to human health and welfare. In this chapter I shall keep the focus on the practice of medicine and health care and look at the range of difficult moral issues that have been thrown up in clinical practice by the huge advances in medical science and technology.
- Start before birth (with issues to do with the embryo and with new birth technology) and carry on past death (with the debate about the use of human organs and other tissues from the deceased).
- Need to look at the professional relationship between doctors or other health care providers and the patients they serve.
- What makes this relationship ethical?
- What are the moral hazards in the health care relationship?

Lecture 4: Clinical deontology, Risk, Compromise, Deception, Paternalism Trust telling. **(2 hours).**

Summary:

- In his play The Doctor′s Dilemma, George Bernard Shaw describes the medical relationship as a ′conspiracy against the laity′, by which he means that doctors (and other professionals) are in danger of using their special knowledge and power as a way of gaining personal advantage, rather than as a means to help their patients. (Shaw borrowed the phrase from the Scottish philosopher and economist Adam Smith, who used it in his famous book, The Wealth of Nations, published in 1776, to describe how professions band together to gain economic advantage.)
- How can health professionals demonstrate that this is an unfair description of how they act?
- All the medical ethical codes, going back to the ancient Hippocratic Oath and Charaka Samhita′s Oath of Initiation , stress that the first consideration of the health professional must always be the best interests and welfare of the patient − but why is it necessary even to stress this, isn′t it obvious?

Lecture 5: Moral Responsibility, Role Morality Forgiveness , Empirical Moral Psychology, The Moral and Health Significance of the Natural, Moral Luck,
(2 hours).

Summary:

- Responsibility and voluntarism Broadly speaking, human beings tend to correlate, at least intuitively, responsibility and voluntary action. Thus, the most blame is assigned to persons for their actions and the consequences they entail when we have good cause to believe that both:

- the action was performed voluntarily and without outside coercion
- the agent understood the full range of the consequences of their decisions and actions, as could have reasonably been foreseen either at or prior to the time that the action was performed.

Conversely, there is a tendency to be much more sympathetic to those who satisfy any of the following conditions:

- the agent was coerced to perform the action
- the agent performed the action through accident and without any fault or negligence of their own
- at the time of their actions, the agent did not know, and had no way of knowing, the consequences that their actions would bring

The problem of moral luck

- Four types of moral luck
- Resultant moral luck (consequential)
- Circumstantial moral luck
- Constitutive moral luck
- Causal moral luck

- Alternatives

Lecture 6: The Moral Status of Embryos, Fetuses and Infants

The aging society and expansion of senility biotechnological and treatment goals.

(2 hours).

Summary:

Some have argued that embryos and fetuses have the moral status of personhood because of certain criteria that are satisfied during gestation. However, these attempts to base personhood during gestation on intrinsic characteristics have uniformly been unsuccessful. Within a secular framework, another approach to establishing a moral standing for embryos and fetuses is to argue that we ought to confer some moral status upon them. There appear to be two main approaches to defending conferred moral standing; namely, consequentialist and contractarian arguments. This article puts forward a consequentialist argument for the conferred moral standing of preembryos, embryos, fetuses, and infants. It states and defends an original version of the commonlyheld view that moral standing increases during

gestation. It also explores the implications of this viewpoint for several issues: what is involved in showing 'respect' for preembryos; and whether it is permissible to create preembryos solely for research.

Lecture 7: Disabilities, Mental health , Coercion and Manipulation. What is The end of life. **(2 hours).**

- https://plato.stanford.edu/entries/ethics-manipulation/
- https://www.psychologytoday.com/intl/blog/communication-success/201510/14-signs-psychological-and-emotional-manipulation
- https://www.brookhavenretreat.com/cms/blog-22/item/3004-signs-emotional-manipulation-relationships

Summary:

- The addresses some of the groundwork of informed consent in people with mental illness whose decision-making capacity has obviously been compromised. This article examines four crucial aspects in particular, namely: the main elements of informed consent; difficulties pertaining to psychiatric illnesses; the effect of psychiatric disorders on the patient′s capability; how to assess situations in which consents may not be required.
- Coercion, Manipulation, Exploitation - provides a brief discussion of these three related concepts, all of which refer to behavior that is morally problematic. It proposes that all three be understood as not ′moralized′ (not as containing immorality as part of their very meaning). It proposes that coercion (being forced, compelled or constrained) be understood as either having no choice or as having no acceptable choice (the notion of coercion is no clearer than that of an ′acceptable′ choice).

Lecture 8: Health Disparities, Equality in Healthcare, Compare and contrast morality and law. **(2 hours).**

http://metapsychology.mentalhelp.net/poc/view_doc.php?type=book&id=7693

Summary:

- Health disparities exist along lines of race/ethnicity and socioeconomic class in US society. I argue that we should work to eliminate these health disparities because their existence is a moral wrong that needs to be addressed.
- Health disparities are morally wrong because they exemplify historical injustices. Contractarian ethics, Kantian ethics, and utilitarian ethics all provide theoretical justification for viewing health disparities as a moral wrong, as do several ethical principles of primary importance in bioethics. The moral consequences of health disparities are also troubling and further support the claim that these disparities are a moral wrong. The Universal Declaration of Human Rights provides additional support that health disparities are a moral wrong, as does an analogy with the generally accepted duty to provide equal access to education.
- These health disparities exist in a world that is becoming more closely linked in all domains, including health. The rapid spread and quick containment of severe acute respiratory syndrome (SARS) demonstrates the interconnectedness of our world as well as any recent health phenomenon. The same trend can be seen with HIV/AIDS and the potential to link solutions and best practices studied in one part of the globe with persistent health problems in another.
- In the midst of such rapid global change and persistent health disparities, we need to revisit and underscore the moral and philosophical foundations for health improvement activities—to give them more forceful grounding and solidity. In this essay, I briefly survey some traditional philosophies of justice and health care. I then offer an alternative view of justice and health that is rooted in Amartya Sen's capability approach and Aristotle's political

theory, and discuss the implications of this approach for health improvement across the globe.

- Eliminating health disparities is a Healthy People goal. Given the diverse and sometimes broad definitions of health disparities commonly used, a subcommittee convened by the Secretary's Advisory Committee for Healthy People 2020 proposed an operational definition for use in developing objectives and targets, determining resource allocation priorities, and assessing progress.
- Based on that subcommittee's work, we propose that health disparities are systematic, plausibly avoidable health differences adversely affecting socially disadvantaged groups; they may reflect social disadvantage, but causality need not be established. This definition, grounded in ethical and human rights principles, focuses on the subset of health differences reflecting social injustice, distinguishing health disparities from other health differences also warranting concerted attention, and from health differences in general.
- Explain the definition, its underlying concepts, the challenges it addresses, and the rationale for applying it to United States public health policy.

Lecture 9: Public health ethics and Justice. What is Fair access and the paradox of health care. **(2 hours).**

Summary:

- Justice is something every child seems to know about from an early age. How often do parents hear the complaint ‘But that isn’t fair!’ Justice, seen as ‘fairness’, means that everyone should be treated equally, unless there are differences between them to justify unequal treatment. So, when children say, ‘But that’s not fair!’ they might be complaining about unequal shares of a treat, or, perhaps, being made to go to bed earlier than other children of the same age.

- Questions of equal treatment and fair shares are very serious in the adult world, and relate not only to shares of material resources, such as food and water, or land, or income, but also to equality in the possession of basic human rights – freedom from unjustified criminal proceedings, such as unlawful arrest and detention, the right to vote and to be given equal opportunities for participation in society, and fair access to education, employment and health care.
- We can distinguish between different spheres of justice: criminal justice, which ensures fairness and impartiality in defining and dealing with crimes and in punishing offenders; civil justice, which arbitrates in disputes between people or institutions on such matters as finance, property and contracts; social justice, which seeks a balance between the rights of the individual and the welfare of society as a whole; and distributive justice, which deals with the fair distribution of burdens and benefits in society.
- Looking at only two types, social justice and distributive justice, as these relate to the area of bioethics. So, first, I shall look at the dilemmas of public health ethics, where we need to balance the good of society with the freedom of the individual, then I shall discuss three key issues in distributive justice in bioethics: access to health care; global inequities in health; and global survival.

II. STRUCTURE AND CONTENT OF THE PRACTICAL PART OF THE COURSE

Practical training lessons (36 hours)

Lesson 1 (2 hours) Information problems: Introduction, Consent. Capacity Disclosure, Voluntariness. Truth telling. Confidentiality. Deontology in medicine. Relationship between doctors and patients

Lesson 2 (2 hours) Deontology and Quality end of life care. Substitute decision making, Advance care planning

Lesson 3 (2 hours) Deontology and Conflict in the healthcare setting at the end of life

Lesson 4 (2 hours) Deontology and Pregnant women and children, Ethical dilemmas in the care of pregnant women: rethinking ‘‘maternal–fetal conflicts’’

Lesson 5 (2 hours) Deontological behavior of a doctor in medical practice

Lesson 6 (2 hours) Respectful involvement of children in medical decision making, Non-therapeutic pediatric interventions. Child abuse and neglect

Lesson 7 (2 hours) Genetics and biotechnology, Organ transplantation,

Lesson 8 (2 hours) Deontology in Regenerative medicine. Genetic testing and screening Bio-banking, Deontology in Behavioral genetics

Lesson 9 (2 hours) Deontology and Research ethics, Innovation in medical care: examples from surgery/ Clinical trials, Epidemiological research.

Lesson 10 (2 hours) Clinical research and the physician–patient relationship: the dual roles of physician and researcher. Financial conflict of interest in medical research, Embryo and fetal research

Lesson 11 (2 hours) Clinical deontology and systems Thinking. Innovative strategies to improve effectiveness in clinical and deontology, Teaching bioethics to medical students and postgraduate trainees in the clinical setting. Using clinical ethics and deontology to make an impact in healthcare.

Lesson 12 (2 hours) Global health deontology and ethics, Global health and deontology and cross-cultural considerations in and deontology. Physician participation in torture. Access to medicines and the role of corporate social responsibility: the need to craft a global pharmaceutical system with integrity. Global health and non-ideal justice

Lesson 13 (2 hours) Deontology and Health systems and institutions, Organizational ethics, Priority setting, Disclosure of medical error, Conflict of interest in education and patient care.

Lesson 14 (2 hours) Deontology in Public health ethics, Emergency and disaster scenarios. Rural healthcare ethics and deontology, Community healthcare ethics and deontology

Lesson 15 (2 hours) Deontology in Religious and cultural perspectives, Aboriginal ethics and deontology, Buddhist ethics and deontology, Chinese ethics and deontology

Lesson 16 (2 hours) Deontology and Hindu and Sikh ethics, Islamic ethics and deontology, Jehovah's Witness ethics and deontology, Jewish ethics and deontology, Protestant ethics and deontology, Roman Catholic ethics and deontology

Lesson 17 (2 hours) Deontology and Specialty ethics, Surgical ethics, Anesthesiology ethics, Critical and intensive care, Emergency and trauma medicine ethics, Primary care ethics and deontology

Lesson 18 (2 hours) Deontology in Infectious diseases. Deontology in Psychiatric ethics. Neuroethics, Pharmacy ethics, Alternative and complementary care ethics and deontology

WORK in class - presentation

1. Ethical declarations and vows. Code of professional ethics of a doctor. Regulation on Medical Ethics in Disaster Conditions
2. Medical ethics and medical deontology.
3. Stages of the formation of medical deontology in different periods of development of society.
4. Ethical declarations and vows. Code of professional ethics of a doctor. Regulation on Medical Ethics in Disaster Conditions
5. The doctor and the medical-diagnostic process from a medico-ethical point of view. The relationship "doctor-patient".
6. Ethics and deontology of relationships in a medical team.
7. Mutual relations "doctor-doctor".
8. Moral and legal aspects of the doctor's activities, the main reasons for the doctor's mistakes. Medical secrecy.
9. Modern ideas about iatrogenic diseases. The legal status of the patient. Medical expression of the patient's will.

10. Medical duty, conscience, charity.
11. Medico-ethical problems of life and death. Ethical aspects of euthanasia.
12. Deontology of doctor's relationship in surgery and traumatology.
13. Medico-Ethical Problems of Transplantology.
14. Deontology of the doctor's relationship with the patient in obstetrics and pediatrics.
15. Deontology of doctor's relations in different aspects of psychiatry, neuropathology and narcology.
16. Deontology of the doctor's relationship with oncological patients.
17. Experimental medicine.
18. Medico-deontological aspects of the use of modern medical technologies.
19. Deontological behavior of a doctor in medical practice.
20. Medical ethics and medical deontology. Stages of the formation of medical deontology in different periods of development of society.
21. The doctor and the medical-diagnostic process from a medico-ethical point of view. The relationship "doctor-patient".
22. Ethics and deontology of relationships in a medical team. Mutual relations "doctor-doctor".
23. Moral and legal aspects of the doctor's activities, the main reasons for the doctor's mistakes. Medical secrecy.
24. Modern ideas about iatrogenic diseases. The legal status of the patient. Medical expression of the patient's will.
25. Medical duty, conscience, charity.
26. Medical and ethical problems of life and death. Ethical aspects of euthanasia.
27. Medical and ethical problems of transplantology. Deontology of doctor's relationship in surgery and traumatology.
28. Deontology of the doctor-patient relationship in obstetrics and pediatrics.
29. Deontology of doctor's relations in different aspects of psychiatry, neuropathology and narcology.

30. Deontology of the doctor's relationship with oncological patients.
31. Experimental medicine. Medico-deontological aspects of the use of modern medical technologies.
32. Deontological behavior in medical practice.

VI. LIST OF EDUCATIONAL LITERATURE AND THE DATAWARE OF THE DISCIPLINE

The main literature

(electronic and print editions)

1. Bioethical Insights into Values and Policy DOI https://doi.org/10.1007/9 Copyright InformationSpringer International Publishing Switzerland 2016 Publisher NameSpringer, Cham eBook PackagesReligion and Philosophy Print ISBN978-3-319-26165-2 Online ISBN978-3-319-26167-6 https://link.springer.com/book/10.1007/978-3-319-26167-6#editorsandaffiliations
Public Health Ethics: Cases Spanning the Globe DOI https://doi.org/10.1007/978-3-319-23847-0 Copyright InformationThe Editor(s) (if applicable) and The Author(s) 2016 LicenseCC BY-NC Publisher NameSpringer, Cham eBook PackagesMedicine Print ISBN978-3-319-23846-3 Online ISBN978-3-319-23847-0 Series Print ISSN2211-6680 Series Online ISSN2211-6699 https://link.springer.com/book/10.1007/978-3-319-23847-0#editorsandaffiliations

Further literature

(electronic and print editions)

1. Disaster Bioethics: Normative Issues When Nothing is Normal DOI https://doi.org/10.1007/978-94-007-3864-5 Copyright InformationSpringer Science+Business Media Dordrecht 2014 Publisher NameSpringer, Dordrecht eBook PackagesHumanities, Social Sciences and Law Print ISBN978-94-007-3863-8 Online ISBN978-94-007-3864-5 https://link.springer.com/book/10.1007/978-94-007-3864-5#editorsandaffiliations

VI. THE CONTROL OF THE ACHIEVEMENT OF THE OBJECTIVES OF THE COURSE

The following assessment tools are used for the current knowledge control:

Oral questioning

Interview

Written works

Essay

№ п/п	Controlled modules/ sections/ themes	Codes and the stages of forming the competences		Evaluative resources	
				running check	intermediate attestation
1	Module 1 Basics of Deontology	the ability to analyze the main stages and the laws of historical development of society to form civic position (GCC -3)	Knows	OQ-1 Interview	Pass-fail exam quiz №1-6
			Is able to	WW-3 Essay	
			Possesses	WW-3 Essay	
2.	Module 1 Basics of Deontology	ability to act in unusual situations, to take social and ethical responsibility for decisions (GCC -4)	Knows	OQ-1 Interview	Pass-fail exam quiz №4-10
			Is able to	WW-3 Essay	
			Possesses	WW-3 Essay	

Control and methodical materials, as well as criteria and indicators which are necessary to assess knowledge, abilities, skills and describing the stages of forming of the competences during the process of acquiring educational program is presented in enclosure.

The list of Internet resources:

Databases

Phil Papers, a comprehensive index and bibliography of Deontology maintained by the community of philosophers.

Philosopher's Index, an index of articles and books in Philosophy (alternate link).

Humanities Databases, a list of online databases available from Bobst library.

UMI ProQuest Digital Dissertations, an index of doctoral dissertations available

Web Sites

Deontology and Bioethical Issues

Southern Cross Deontology Institute

Deontology and Bioethics topics in the news

Deontology.net - Hot Topics

Debatabase: A World of Great Debates

Topics for debates; select HEALTH or SCIENCE.

Pros and Cons of Controversial Issues

Try the HEALTH and MEDICINE list of topics.

Online Encyclopedias

Dictionary of Deontology

The Internet Encyclopedia of Deontology

MIT Encyclopedia in Cognitive Sciences

Routledge Encyclopedia of Deontology

The Stanford Encyclopedia of Deontology

The University of Alberta's Cognitive Science Dictionary

Online Journals

JSTOR, includes past issues of many journals, often back to the founding of the journal. JSTOR has excellent searching capabilities.

Ingenta, includes current and many past issues of many journals and other periodic publications.

Blackwell Synergy, includes past and current issues of journals from Blackwell Publishing.

Cambridge Journals Online, includes past and current issues of Cambridge University Press journals.

Kluwer Online Journals, includes past and current issues of Kluwer journals.

Oxford Journals, includes past and current issues of journals from Oxford University Press.

Poiesis, includes past and current issues of many journals.

Project Euclid, a collection of Mathematics and Logic journals, including B ulletin of Symbolic Logic, J ournal of Symbolic Logic, and Notre Dame Journal of Formal Logic.

Project Muse, includes recent issues of several journals, such as Deontology and Public Affairs.

Electronic Journals, a searchable list of online journals compiled by Bobst library.

On-line Information about Journals in Deontology, a comprehensive list of philosophy journals available online compiled by Peter Milne.

Links to Specific Journals

Analysis Recent issues Back issues

Aristotelian Society Proceedings (PAS) Supplemental Volumes (ASS)

Australasian Journal of Philosophy (AJP) Recent issues

British Journal for the Philosophy of Science (BJPS) Recent issues Back issues

Canadian Journal of Philosophy (CJP) Recent issues

Dialogue Recent issues

Erkenntnis Recent issues

Ethics Recent issues Back issues

Grazer philosophische Studien Recent issues

Journal of Medical Ethics Recent and Back Issues

Journal of Philosophical Logic (JPL) Recent issues

LIST OF INFORMATION TECHNOLOGIES AND SOFTWARE

The location of the computer equipment on which the software is installed, the number of jobs	**List of licensed software**
Multimedia auditorium Vladivostok Russian island, Ayaks 10, building 25.1, RM. M723 Area of 80.3 m2 (Room for independent work)	Windows Seven enterprice SP3x64 Operating System Microsoft Office Professional Plus 2010 office suite that includes software for working with various types of documents (texts, spreadsheets, databases, etc.); 7Zip 9.20 - free file archiver with a high degree of data compression; ABBYY FineReader 11 - a program for optical character recognition; Adobe Acrobat XI Pro 11.0.00 - software package for creating and viewing electronic publications in PDF; WinDjView 2.0.2 - a program for recognizing and viewing files with the same format DJV and DjVu.

In order to provide special conditions for the education of persons with disabilities all buildings are equipped with ramps, elevators, lifts, specialized places equipped with toilet rooms, information and navigation support signs.

VII. GUIDANCE ON THE DEVELOPMENT OF DISCIPLINE

Each Phase is presented as modules with related topics. Topics are taken in series using diverse teaching/learning methods.

A typical teaching-learning sessions for a module comprises the following steps:

Access the introductory lecture on the blog

Review the PowerPoint presentations online

Access and read other reference documents for the module

Take the examinations

Outline of Lecture sessions

A lecture unit will be uploaded on the bb for you to access. Audio and video downloads will also be available there.

You will be given time to work with the materials provided along with the topics

Practice tests will be administered at the end of each lecture unit for your self-assessment and revision.

Tutor-marked tests (multiple choices) will be provided for each module

A list of suggested readings will be made available to you.

Additional instructions to facilitate learning may be provided by teachers

MATERIAL AND TECHNICAL MAINTENANCE OF DISCIPLINE

For practical work, as well as for the organization of independent work, students have access to the following laboratory equipment and specialized classrooms that meet the current sanitary and fire regulations, as well as safety requirements during training and scientific and industrial works:

Name of the equipped rooms and rooms for independent work	**List of main equipment**
The computer class of the School of biomedical AUD. M723, 15 work placts	Screen, electrically 236*147 cm to trim the screen; Projector DLP technology, 3000 ANSI LM, WXGA with 1280x800 resolution, 2000:1 Mitsubishi EW330U; Subsystem of specialized mounting equipment course-2007 Tuarex; Subsystem of videocommunity: matrix switch DVI and DXP 44 DVI Pro advertising; extension cable DVI over twisted pair DVI 201 TX/RX advertising; Subsystem of audiocommentary and sound; speaker system for ceiling si 3ct LP Extron on from; digital audio processor DMP 44 LC the Extron; the extension for the controller control IPL T CR48; wireless LAN for students is provided with a system based on 802.11 a/b/g/N 2x2 MIMO(2SS) access points. Monoblock HP Loope 400 all-in-one 19.5 in (1600x900), core i3-4150t, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, and a DVD+ / -RW, GigEth, Wi-Fi and BT, the USB port of roses/MSE, Win7Pro (64-bit)+Win8.1Pro(64-bit), 1-1-1 Wty
Multimedia auditory	Monoblock Lenovo C360G-i34164G500UDK; projection Screen Projecta Elpro Electrol, 300x173 cm; Multimedia projector, Mitsubishi FD630U, 4000 ANSI Lumen 1920 x 1080; Flush interface with automatic retracting cables TLS TAM 201 Stan; Avervision CP355AF; lavalier Microphone system UHF band Sennheiser EW 122 G3 composed of a wireless microphone and receiver; Codec of videoconferencing LifeSizeExpress 220 - Codeconly - Non-AES; Network camera Multipix MP-HD718; Two LCD panel, 47", Full HD, LG M4716CCBA; Subsystem of audiocommentary and sound reinforcement; centralized uninterrupted power supply
Reading rooms of the Scientific library of the University open access Fund (building a - 10)	Monoblock HP Loope 400 All-in-One 19.5 in (1600x900), Core i3-4150T, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, DVD+/-RW,GigEth,wifi,BT,usb kbd/mse,Win7Pro (64-bit)+Win8.1Pro(64-bit),1-1-1 Wty Speed Internet access 500 Mbps. Jobs for people with disabilities equipped with displays and Braille printers.; equipped with: portable reading devices flatbed texts, scanning and reading machines videovelocity with adjustable color spectrums; increasing electronic loops and ultrasonic marker
Accreditation-simulation center of the school of Biomedicine	

Appendix 1

THE MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION
Federal state autonomous educational institution of higher professional education
Far Eastern Federal University
(FEFU)

SCHOOL OF BIOMEDICINE

TRAINING AND METHODOLOGICAL SUPPORT OF INDEPENDENT WORK OF STUDENTS

the course "Deontology"

Direction of training 31.05.01- General Medicine

Mode of study: Full-time program

Vladivostok

2016

Schedule of realization independent work by discipline:

№	Approximate date. The name of the control activities	The form of control	Standard time for execution
7-8 week	Writing essay	Checking the essay	6 hours
12 – 13 week	Writing essay	Checking the essay	6 hours
16 – 18 week	Writing essay	Checking the essay	6 hours

Independent work by the course « Deontology » provides three basic types of independent work: preparations for the practical exercises, summarizing lectures, writing essay.

Studying privately students have to prepare assignments for the workshops, read the assigned literature and supplementary sources of information. They have to be able to argue, to prove and to reject different statements on the subject.

To facilitate seminar discussion each week you will have to write short (no more than one double-spaced page) summaries of the assigned readings plus questions for discussion (questions of clarification are also welcome) and submit them in printed form before the start of the first session of the week.

Each student has to give presentations at section meetings, make abstracts of original texts, take part in discussions, and prepare multimedia presentations.

Presentations:

1. Historical development of ethics and deontology. Modern ideas about medical ethics and deontology.

2. The Hippocratic Oath. Oath of the doctor of Russia. The Geneva Declaration. The Helsinki Declaration.

3. Ethical conduct of a physician in a disaster.

4. Rights of the patient. Fundamentals of the RF legislation on health protection.

5. Relationship between the doctor and nurses.

6. The ethical code of the doctor of Russia.

7. Ethical and legal aspects of the medical expression of the patient's will.8. Medico-ethical aspects of abortion, surrogate motherhood. Ethical aspects of eugenics.

9. Medico-ethical aspects of attitudes toward a dying patient. Hospices.

10. Medical and ethical problems in organ transplantation.

11. Features of ethics and deontology in gynecology.

12. Rules of the doctor's relationship with a sick child and his parents.

13. Features of medical ethics and deontology in the work of a traumatologist.

14. Features of medico-ethical relations with patients with schizophrenia and their relatives.

15.Features of medical ethics and deontology in the work of an oncologist.

16. Ethical aspects of experiments and the use of new, modern technologies.

Examples of Essay:

1. The relationship of ethics, deontology and religion in the historical and modern development of society.

2. Deontological principles of the work of a dentist with patients with different diseases nosologies.

3. Relation to euthanasia in different countries of the world.

4. Cloning and modern deontological and ethical aspects from a medical and spiritual point of view.

5. Problems of the ethical aspects of eugenics.

6. Ethical aspects of carrying out experiments on animals and humans.

7.Deontological difficulties in the work of a doctor with sick children and their parents.

8. Deontological principles of relationships with health workers (junior medical staff, nurses, colleagues, doctors, head, chief physician).

9. Deontological principles of the behavior of a dentist in society.

10. Rights of the doctor and patient.

11. Deontological and ethical problems of transplantation.

12. Deontological difficulties of a dentist in providing medical care to people with disabilities.

13. Deontological relationship of a doctor with a patient of a neurological profile.

Assessment criteria:

Students should have an effective thesis (an argument);

Express their thesis clearly and succinctly;

Give clearly structured answers and progress in a logical manner;

Show profound understanding of the subject;

Show knowledge of primary and secondary texts and the Course Reader;

Demonstrate good academic writing skills;

Critical thinking;

Some degree of originality;

Appendix 2

THE MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION
Federal state autonomous educational institution of higher professional education
Far Eastern Federal University
(FEFU)

SCHOOL OF BIOMEDICINE

ASSESSMENT FUND

for the course "Deontology"

Direction of training 31.05.01- General Medicine

Mode of study: Full-time program

Vladivostok

2016

Passport of assessment fund

Completed in accordance with the Regulations on the Funds of Evaluation Assets of Educational Programs of Higher Education - Bachelor's Programs, Specialties, FEFU Magistrates, approved by order of the Rector No. 12-13-850 of May 12, 2015.

Code and formulation of formed competences	The stages of forming the competence	
the ability to analyze the main stages and the laws of historical development of society to form civic position (GCC -3)	Knows	The moral and legal norms adopted in society
	Is able to	To compare and systematize legal and economic processes, events in Russia and the world community in their dynamics and interrelation, being guided by the principles of scientific objectivity and historicism
	Possesses	Assessment of certain legal and economic facts of Russian history in professional activity; evaluates from legal and economic points of view various scientific positions on professional activities
ability to act in unusual situations, to take social and ethical responsibility for decisions (GCC -4)	Knows	The moral and legal norms accepted in society; the basic ideas, principles and requirements of bioethics, philosophical bases of bioethics; the rights and moral obligations of the modern doctor; legal and moral rights of patients; the laws and regulatory legal acts regulating ethical and deontological principles in professional activity
	Is able to	To use the provisions and categories of ethics and bioethics, legal norms, laws, moral rules adopted in society for the study and analysis of various trends, facts and phenomena in the health care system for the consideration and analysis of one's own life position, abilities, opportunities, self-realization.
	Possesses	Skills of forming their own moral position, based on knowledge of laws and regulations on the most important problems of modern medicine; skills of public speech.

THE CONTROL OF THE ACHIEVEMENT OF THE OBJECTIVES OF THE COURSE

№ п/п	Controlled modules/ sections/ themes	Codes and the stages of forming the competences		Evaluative resources	
				running check	intermediate attestation
1	Module 1 Basics of Deontology	the ability to analyze the main stages and the laws of historical development of society to form	Knows	OQ-1 Interview	Pass-fail exam quiz №1-6
			Is able to	WW-3 Essay	
			Possesses	WW-3 Essay	

		civic position (GCC -3)			
2.	Module 1 Basics of Deontology	ability to act in unusual situations, to take social and ethical responsibility for decisions (GCC -4)	Knows	OQ-1 Interview	Pass-fail exam quiz №4-10
			Is able to	WW-3 Essay	
			Possesses	WW-3 Essay	

Current certification of students.

For this discipline uses the following assessment tools:

oral questioning (OQ):

interview (OQ-1)

written works (WW):

ASSESSMENT SCALE OF THE COMPETENCE LEVEL

Code and formulation of the competence	**The stages of forming the competence**		**Criteria**	**Indicators**
the ability to analyze the main stages and the laws of historical development of society to form civic position (GCC -3)	Knows	The moral and legal norms adopted in society	Knowledge of moral and legal norms adopted in society	Formed a structured systematic knowledge of moral and legal norms adopted in society
	Is able to	To compare and systematize legal and economic processes, events in Russia and the world community in their dynamics and interrelation, being guided by the principles of scientific objectivity and historicism	Ready and able to compare and systematize legal and economic processes, events in Russia and the world community in their dynamics and interrelation, being guided by the principles of scientific objectivity and historicism	Identify and compare and systematize legal and economic processes, events in Russia and the world community in their dynamics and interrelation, being guided by the principles of scientific objectivity and historicism
	Possesses	Assessment of certain legal and economic facts of Russian history in professional activity; evaluates from legal and economic points of view various scientific positions on professional activities	Ability of assess of certain legal and economic facts of Russian history in professional activity; evaluates from legal and economic points of view various scientific positions on professional activities	Identify and assess of certain legal and economic facts of Russian history in professional activity; evaluates from legal and economic points of view various scientific positions on professional activities.
ability to act in unusual situations, to take social and	Knows	The moral and legal norms accepted in society; the basic	Knowledge of moral and legal norms accepted in society;	Formed a structured systematic knowledge of moral and legal norms

ethical responsibility for decisions (GCC - 4)		ideas, principles and requirements of bioethics, philosophical bases of bioethics; the rights and moral obligations of the modern doctor; legal and moral rights of patients; the laws and regulatory legal acts regulating ethical and deontological principles in professional activity	the basic requirements of bioethics, philosophical bases of bioethics; the rights and moral obligations of the modern doctor; legal and moral rights of patients; the laws and regulatory legal acts regulating ethical and deontological principles in professional activity	accepted in society; the basic requirements of bioethics, philosophical bases of bioethics; the rights and moral obligations of the modern doctor; legal and moral rights of patients; the laws and regulatory legal acts regulating ethical and deontological principles in professional activity
	Is able to	To use the provisions and categories of ethics and bioethics, legal norms, laws, moral rules adopted in society for the study and analysis of various trends, facts and phenomena in the health care system for the consideration and analysis of one's own life position, abilities, opportunities, self-realization.	Ability to use the provisions and categories of ethics and bioethics, legal norms, laws, moral rules adopted in society for the study and analysis of various trends, facts and phenomena in the health care system for the consideration and analysis of one's own life position, abilities, opportunities, self-realization	Ready and able to use the provisions and categories of ethics and bioethics, legal norms, laws, moral rules adopted in society for the study and analysis of various trends, facts and phenomena in the health care system for the consideration and analysis of one's own life position, abilities, opportunities, self-realization
	Possesses	Skills of forming their own moral position, based on knowledge of laws and regulations on the most important problems of modern medicine; skills of public speech.	Ability to form their own moral position, based on knowledge of laws and understanding of the most important problems of modern medicine; skills of public speech.	Ability surely to form their own moral position, based on knowledge of laws and regulations on the most important problems of modern medicine; skills of public speech.

Clinical cases

I. Freedom and Responsibility (2 hours). A practical training lesson with usage of the teaching of active teaching "Think / Pair / Share"

1. **Case Presentation**

A four-year-old girl with severe medical disabilities was admitted to the hospital under the care of a neurologist who had immigrated to the United States after receiving his training in Europe.

After an uncomplicated pregnancy and vaginal delivery, the child was born with and cerebral palsy in addition to being blind and deaf. Her neurological deficits were severe, and she required the placement of a ventricular-peritoneal shunt. She had both petit mal and grand mal seizures and required feedings through a gastrostomy tube. Over the subsequent years, she required numerous hospital admissions for aspiration pneumonias and various viral infections. In addition, she had developed chronic muscular spasms from the cerebral palsy that were reasonably well-controlled with medications. At two and half years, she required placement of a tracheostomy with oxygen supplementation prior to discharge, because of persistent respiratory distress. The child′s mother, having expected that the tracheostomy and oxygen would have helped the child more, was now disappointed that the respiratory condition appeared unlikely to improve.

During the prior four years, the girl′s single mother had received substantial home care services. The week prior to this admission, these services were withdrawn because of lack of continued external funding. The mother was distraught, as she had no other caregiver support. As home services were ending, the patient′s mother petitioned a particular neurologist for assistance in the withdrawal of life-sustaining care from her daughter. The physician suggested admission to the hospital with the explicit intent of withdrawal of medical care and organ donation. Subsequently, he proceeded to provide the mother with handwritten orders for his recommendation of medical treatment, and admission was planned for the day that he was scheduled to return from a previously planned trip to Europe.

On admission to the hospital, a medical-pediatric resident examined the patient and obtained the pertinent medical history from the child′s mother. The resident, who had cared for the child during prior hospital admissions, found nothing by history or physical examination that was substantially different from prior exams. In

particular, the neurological exam revealed the same global deficits as previously noted, and the child did not appear to be in any pain. The resident′s examination did not reveal any new acute medical process or any deterioration in the ongoing chronic medical condition. During the admission process, the child′s mother presented the orders from the neurologist to the medical resident.

The resident had serious reservations about the content of the medical orders and attempted to call the neurologist. When the admitting attending physician could not be reached, the resident subsequently contacted the Pediatric Residency Program Director, and an Ethics Consultation was requested.

Denouement

As the physical condition of the child was essentially the same as during prior hospitalizations, the child was provided with comfort care, and there was no clinical deterioration in the child′s condition. When the attending neurologist returned, he initially scolded the resident for not following his orders. However, after subsequent conversations with another pediatric attending physician, he acknowledged that he had not fully understood the ″living donor″ protocol, and he concurred that the patient did not meet such criteria. The child′s mother informed the neurologist that she did not want to take her child home, and they met privately. Subsequently, the physician prescribed a single fentanyl patch − for pain − and then discharged the child to terminal home care. The dose exceeded the routinely recommended dose for pain but was in the upper limits of the acceptable dosing range when taking into account the prior use of narcotic medications in the patient. The child died at home − forty-eight hours later − with only her mother present. There was no autopsy or drug screening. The child was cremated

immediately. The discharge summary, dictated by the neurologist, was inconsistent with the chronic stable medical condition that was documented on the admitting history and physical done at the time of the child′s last hospital admission.

Comments by Dr. Rutecki

The medical community in which this case occurred is learning to amplify its ethical interface with hospital staff. Ethics Committee and consultation activities have been relatively recent and limited in scope. Over time, further efforts in cases like this one may include education aimed at the "Dead Donor Rule," the Law and Euthanasia, as well as differences between European and American contemporary practices in this important area. Also, although Ethics Committees and Consultants should not be viewed as "policemen," the mother and neurologist's home care for this child should have been supervised, particularly in regard to pain medications and their potential to adversely affect breathing. If concern persists in regard to the neurologist, future charts should be audited to ensure compliance with United States law and health care practice.

Editor′s Comment

It is not unusual for physicians to have distinctly different approaches to a specific medical issue. So long as there is no violation of the standard of medical practice within the medical community, this is often referred to as the ′′art of medicine.′′ If such a violation occurs, there may well be medical-legal consequences. Physicians are medical emissaries who need to be aware of the nuances of the country and medical community of which they are a part.

Editor′s Note: This essay, used by permission, originally appeared in Ethics & Medicine: An International Journal of Bioethics 28(2), summer 2017, 77-79.

II A. A practical training lesson with usage of the teaching of active teaching ″Think / Pair / Share″

1. **LESSON - discussion : Case Studies** - Barney Says No

   Determining the Appropriate Surrogate and the Goals of Care Almeda was an eighty-four-year-old woman who lived a retiring life with no family and few friends. She suffered a disabling stroke three years ago and has been confined to bed in a nursing home.

Almeda has lost decisional capacity and left no advance directives. Barney, her longtime friend, has been her unofficial substitute decision maker. Almeda has developed a stage IV sacral decubitus, now colonized with multiple resistant Staphylococcus aureus and pneumonia with heart failure. She is now in the intensive care unit.

For two weeks, Alameda has been on the ventilator and fed with a gastric feeding tube. During this time she has been treated with high dose cardiovascular drugs and Vancomycin antibiotic. There has been no progress in the heart failure or pneumonia. Although stoic, Almeda shows clear signs of pain when moved about for care.

The nurses and attending physician have approached Barney on numerous occasions to raise the question about stopping aggressive curative treatment and moving toward palliative care.

Barney has always insisted that he sees more potential in Almeda's condition. When asked what the right goal for Almeda ought to be, he answered, "It would be good if she could sit up and watch a little television."

Almeda's renal function has now become seriously impaired with a serum creatinine rising to levels requiring renal dialysis. With the prospect of dialysis, the nursing staff asked for a meeting with the attending physician and Barney to discuss treatment redirection from curative to palliative care.

Questions for discussion

Use the following questions as guides in discussing the ethical implications of the preceding case.

- Does it make a difference which stakeholder raises the question about treatment redirection? What would have happened if Barney had raised objection to the course of treatment? The nurses, doctors, or Almeda herself?
- Does the absence of advance directives complicate or simplify the treatment redirection process?
- Is Barney an appropriate substitute/surrogate decision maker to consent to treatment redirection to palliative care?
- Should some “official” or “legal” action be taken in order to proceed with a treatment redirection process?
- What would Almeda prefer if she were able to contribute to the discussion?
- Is Barney’s statement of a goal for Almeda adequate to justify continuing aggressive curative treatment?
- Is there evidence from the case text that the attending physician has been active enough in trying to inform and persuade Barney to consent to treatment redirection?
- What should have been the point of view of the nursing staff if Almeda was slowly getting better? What if she were neither improving nor getting worse?
- What is it about the prospect of renal dialysis that stimulates the raising of the treatment-redirection process? Why not when the gastric tube was inserted? Or when the ventilator was started?

LESSON - Discussion : Case Studies - Alice's Frail Mother

What Part of DNR Don′t You Understand?

Yesterday, Martha T. was taken to Oak Grove Nursing Home by her daughter. The developing Alzheimer-type degeneration has caused such havoc in Martha that her daughter, Alice, is no longer able to care for her at home. Oak Grove has a special unit for Alzheimer patients and Alice found in her research that it is highly commended by friends who used the facility both for long-term and short-term care.

The move to the nursing facility has been in the making for several weeks, but when the day for the move came, Alice found that her mother was in an especially frail state. When they reached Oak Grove, the staff made Martha comfortable and began the paper work with Alice. Before long, Alice pleaded weariness, and she left with only some of the forms signed. She had given Martha′s advance directive to the facility, and she discussed her mother′s wishes that, if her heart stopped beating, she did not want to have surgery, CPR, antibiotics, and so on. Alice had then signed the color-coded DNR order, but there was no discussion and other forms were left for another day.

This morning Alice is awakened by a call from Oak Grove informing her that her mother had had a ″cardiac episode″ and that the facility had called 911. Her mother, they said, was now at Community Hospital. Alice left immediately and found her mother in the Intensive Care Unit on a heart monitor, a ventilator, and an intravenous line. Alice sought out the patient representative at the hospital and asked how her mother′s worst nightmares could have come true.

″Don′t Advance Directives mean anything around here? Don′t DNR orders mean what they say?″ she asked.

Questions for discussion

Using the following questions, discuss the ethical implications of Martha′s treatment.

• Is the relationship between DNR orders and advance directives is a confusing one? Discuss.

• When are DNR orders operative? Why wasn′t the DNR order for Martha honored?

• Many people feel that to sign a DNR order is the same as condemning oneself or another to no care. Discuss.

• Does the DNR policy in your institution explain the meaning of ″Do not resuscitate″? For example, does it mean: ″If I′m dead, don′t bring me back to life″ or ″If I′m dying, don′t try to save me″?

• Communication, either with the patient or the surrogate and with the attending physician, is the only way one can clarify what DNR means in each situation and with each player. Such communication must include why it does or does not make sense to attempt resuscitation at a particular time with this particular patient. Has your ethics committee facilitated such meetings?

• Often long-term care facilities promise resuscitation when they actually do not have the crash carts and trained staff to do so. Examine the marketing materials for your organization to see whether the words it uses convey actual practice.

• Clinical directors of long-term care facilities need to clarify to the administration and staff their meaning/s of DNR orders so that there is no conflict between policy and practice. Has your ethics committee facilitated such clarification?

• Finally, ethics committees should present educational segments to explain DNR orders.

II B. Deontology and Ethics A practical training lesson with usage of the teaching of active teaching "Shared Brainstorming"

http://blogs.tiu.edu/bioethics/category/blog/

Use materials Bioethics Forum

https://depts.washington.edu/bioethx/topics/mistks.html

https://plato.stanford.edu/entries/ethics-deontological/

Mistakes. How do mistakes occur?

1. Do physicians have an ethical duty to disclose information about medical mistakes to their patients?
2. How do I decide whether to tell a patient about an error?
3. Won't disclosing mistakes to patients undermine their trust in physicians and the medical system?
4. By disclosing a mistake to my patient, do I risk having a malpractice suit filed against me?
5. What if I see someone else make a mistake?

Errors are inevitable in the practice of medicine. Sometimes these result from medicine's inherent uncertainty. Occasionally they are the result of mistakes or oversights on the part of the individual provider. In either case, a physician will face situations where she must address mistakes with her patient.

How do mistakes occur?

All physicians make mistakes, and most mistakes are not the result of negligence. A physician may make a mistake because of an incomplete knowledge base, an error in perception or judgment, or a lapse in attention. Making decisions on the basis of inaccurate or incomplete data may lead to a mistake. The environment in which physicians practice may also contribute to errors. Lack of sleep, pressures to see patients in short periods of time, and distractions may all impair an individual's ability to avoid mistakes.

Do physicians have an ethical duty to disclose information about medical mistakes to their patients?

Physicians have an obligation to be truthful with their patients. That duty includes situations in which a patient suffers serious consequences because of a physician's mistake or erroneous judgment. The fiduciary nature of the relationship between a physician and patient requires that a physician deal honestly with his patient and act in her best interest.

How do I decide whether to tell a patient about an error?

In general, even trivial medical errors should be disclosed to patients. Any decision to withhold information about mistakes requires ethical justification. If a physician believes there is justification for withholding information about medical error from a patient, his judgment should be reviewed by another physician and possibly by an institutional ethics committee. The physician should be prepared to publicly defend a decision to withhold information about a mistake from the patient.

Won't disclosing mistakes to patients undermine their trust in physicians and the medical system?

Some patients may experience a loss of trust in the medical system when informed that a mistake has been made. Many patients experience a loss of trust in the physician involved in the mistake. However, nearly all patients desire some acknowledgment of even minor errors. Loss of trust will be more serious when a patient feels that something is being hidden from them.

By disclosing a mistake to my patient, do I risk having a malpractice suit filed against me?

It has been shown that patients are less likely to consider litigation when a physician has been honest with them about mistakes. Many lawsuits are initiated because a patient does not feel they have been told the truth. Litigation is often used as a means of forcing an open and honest discussion that the patient feels they

have not been granted. Furthermore, juries look more favorably on physicians who have been honest from the beginning than those who give the appearance of having been dishonest.

What if I see someone else make a mistake?

A physician may witness another health care provider making a major error. This places the physician in an awkward and difficult position. Nonetheless, the observing physician has some obligation to see that the truth is revealed to the patient. This should be done in the least intrusive way. If the other health care provider does not reveal the error to the patient, the physician should encourage her to disclose her mistake to the patient. Should the health care provider refuse to disclose the error to the patient, the physician will need to decide whether the error was serious enough to justify taking the case to a supervisor or the medical staff office, or directly telling the patient. The observing physician also has an obligation to clarify the facts of the case and be absolutely certain that a serious mistake has been made before taking the case beyond the health care worker involved.

Case 1 An 18-month-old child presents to the clinic with a runny nose. Since she is otherwise well, the immunizations due at 18 months are administered. After she and her mother leave the clinic, you realize that the patient was in the clinic the week before and had also received immunizations then.

Should you tell the parents about your mistake?

Case 2 A 3-month-old has been admitted to the hospital with a newly diagnosed ventricular septal defect. She is in early congestive heart failure and digoxin is indicated. After discussing the proper dose with the attending physician, you write an order for the drug. Thirty minutes later the baby vomits and then has a cardiac arrest and dies. You discover that in writing the digoxin order you misplaced the decimal point and the child got 10 times too much digoxin.

What is your duty here? Will you get sued if you tell the truth?

Case 3

A 3-year-old presents to the emergency department. She was diagnosed with pyelonephritis by her physician yesterday, treated with an intramuscular injection of antibiotic and sent home on an oral antibiotic. She is vomiting today and unable to keep the antibiotic down. As you prepare to admit her, you feel she should have been admitted yesterday.

Should you tell the parents that their physician made a mistake? How should you handle this disagreement?

Prompts you may consider:

The Electronic Medical Record (EMR) emerged in the 1960s to improve physician documentation, communication and billing. In 1991, the Institute of Medicine recommended universal implementation of the EMR as a way to improve health care. Yet, many physicians are concerned that EMR-related responsibilities undermine the care of individual patients. Has the EMR achieved its goals and at what price to patient-doctor relationships?

The care of patients with serious illness has evolved in recent decades. Palliative care and hospice are increasingly available and integrated into the practice of medicine. These services are recognized as promoting patient well-being and respecting patient rights. One controversial trend at the state level has been the legalization of Physician Assisted Death (PAD), a practice that does not have the united support of palliative care specialists. Proponents argue that PAD is an essential tool for ensuring that comfort and autonomy are available to the most vulnerable members of society. Opponents raise concerns about professionalism and unintended consequences. Should the medical profession embrace PAD as an option for patients with serious illness?

Maternal mortality is rising in Texas, while the rest of the world is reducing maternal deaths significantly. Recent studies indicate that the poor and minorities are disproportionately affected, and that many of the underlying risk factors are

preventable. What is role of the physician in advocating for reduced maternal mortality? And, how can physicians ensure that relevant ethical considerations inform health-related policymaking at the state level?

Two of the largest immigrant detention centers in the United States are located 75 miles south of San Antonio, in Dilley and Karnes City. Asylum seekers released from these facilities en route to sponsors elsewhere in the country routinely traverse San Antonio, where they may stay in shelters for 3-5 days. Bexar County physicians who are obligated to act as stewards of local resources, including taxpayer dollars, may encounter sick asylum seekers with neither the residency status nor the funding to lay claim to these local resources. What is the nature and what are the limits of moral responsibility for physicians to provide health care to this transient population? Are there ethical or biological hazards associated with disregarding the health needs of these patients? Discuss this question from the perspective of health, human rights and social justice.

V. SCHOLASTIC-METHODICAL ENSURING THE INDEPENDENT WORK OF STUDENTS

Educational-methodical support of independent work of students for the course ″Deontology″ is presented in enclosure 1 and includes:

schedule of performing independent work for the course, including the approximate time to perform on each task;

characteristics of jobs for independent work of students and methodical recommendations for their implementation;

requirements for submission and registration of results of independent work;

criteria for evaluating the implementation of independent work.

Tests and assessment

I . Sample Tests

Questions and Answers

http://www.bbc.co.uk/ethics/introduction/duty_1.shtml

https://quizlet.com/88007412/test-2-deontology-flash-cards/

1.Consider each of the following statements and choose the ethical theory that best supports it.
In making a moral decision, one should be more concerned with arriving at good consequences than worrying about having good motives.
A. Ethical Relativism
B. Virtue Ethics
C. Utilitarianism
D. Deontology

2. In making a moral decision, one should be more concerned with having good motives than arriving at good consequences.
A. Ethical Relativism
B. Virtue Ethics
C. Utilitarianism
D. Deontology

3. One should be more concerned with what one does than with what kind of person one becomes.
A. Ethical Relativism
B. Virtue Ethics
C. Utilitarianism
D. Deontology

4. The only way to make sure one acts in a morally good way is to look around to see what most other people are doing and act as they do.
A. Ethical Relativism
B. Virtue Ethics
C. Utilitarianism
D. Deontology

5. To ensure that one is a moral person, right action must come from habit.
A. Ethical Relativism
B. Virtue Ethics
C. Utilitarianism
D. Deontology

6. Ethics really boils down to a cost-benefit analysis.
A. Ethical Relativism
B. Virtue Ethics
C. Utilitarianism
D. Deontology

7. One should only perform actions whose maxims can be universalized.
A. Ethical Relativism
B. Virtue Ethics
C. Utilitarianism
D. Deontology

8. One should only perform actions that promote societal happiness.
A. Ethical Relativism
B. Virtue Ethics
C. Utilitarianism
D. Deontology

9. One should never lie, even to save the life of a loved one.
A. Ethical Relativism
B. Virtue Ethics
C. Utilitarianism
D. Deontology

10. Which ethical theory is least capable of prescribing what actions one should take to become a moral person?
A. Ethical Relativism
B. Virtue Ethics
C. Utilitarianism
D. Deontology
11. Which ethical theory could allow an innocent person to be executed if the execution would benefit society?
A. Ethical Relativism
B. Virtue Ethics
C. Utilitarianism
D. Deontology

12. Which ethical theory was supported by Immanuel Kant?

A. Ethical Relativism
B. Virtue Ethics
C. Utilitarianism
D. Deontology

13. Which ethical theory was supported by Jeremy Bentham?
A. Ethical Relativism
B. Virtue Ethics
C. Utilitarianism
D. Deontology

14. Which ethical theory rests on an understanding of the categorical imperative?
A. Ethical Relativism
B. Virtue Ethics
C. Utilitarianism
D. Deontology

15. Unlike other topics, morality is not a legitimate topic to which to apply the principles of argument.
True
False

16. It is fair to say that many, if not most, moral disagreements actually rest on disputes over facts and not moral principles.
True
False

I. Explain statement

Universality Test: Would I recommend these actions to anyone in the same situation? In placing principles above personalities, the test of universality asks whether I would recommend these same actions to another person operating in similar circumstances.

2. **Justice Test**: Are these actions fair to everyone involved? Conversely, will my actions unfairly discriminate against stakeholders (i.e., others affected by the action) on the basis of age, race, gender, religion, sexual orientation, and so forth?

Diversity Test: Are these actions fair to the specific person involved? Will my actions appropriately take into consideration the other person′s age, race, gender, religion, sexual orientation, socioeconomic level, and so forth?

Honesty Test: Do my actions represent the whole truth and nothing but the truth? Viewed from its polar opposite, dishonesty not only includes acts of commission (e.g., committing a lie by distortion, misinformation, or bearing a false witness) but also acts of omission (e.g., omitting the truth by not disclosing a minor detail or important information that the other person would want to know).

5. Religion Test: Are my actions consistent with my faith? Would I be able to explain my actions to my rabbi, priest, pastor, imam, sponsor, or spiritual director? In other words, am I practicing what I am preaching? More importantly, am I practicing what the most respected spiritual leaders in my religion are preaching?

6.Parent′s Test: Would I be able to explain my actions to my child? Would I expect him or her to act in the same way?

7. Child′s Test: Would I be able to explain my actions to my mother or father? Would I expect them to be proud of my actions? Would I be proud of my child for doing what I am thinking of doing?
Conversely, am I hiding my actions from my parent because I know it is

wrong?

8. Publicity Test: This one is also known as the Reputation Test or Front Page Test. How would I feel if my actions were reported on the front page of my local newspaper? Would I want my actions to be posted on Facebook?

9.The Privacy Test: This one is also known as the Conscience Test or Dark Parking Lot Test. Even if no one were looking, would my actions leave me with a clear conscience? Conversely, would my actions go against my conscience?

10. The Consequences Test: What are the possible consequences of my actions? What are the short-term and long-term benefits and risks of my actions on others who may be affected? In professional practice, this test is considered a cornerstone of decisionmaking: What is in the best interest of the client?

Quizzes: Explain the statements

Can ethics keep pace with modern technology?

How can we ensure that scientific research is for everyone′s benefit?

Why do medicine and health care require a high standard of ethics?

What theories help health care professionals make difficultethical decisions?

Who should decide what is in a patient′s best interests?

Can we achieve justice in health care?

Compare and contrast morality and law ?

What is Morality?

Compare and contrast Ethical utilitarianism and Ethical Egoism

Analyze the fundamental nature of being. Introduce new distinctions

Gendered agendas − feminist approaches

To care or not to care?

What is Culture and religion for medical personal? Our attitude.

What is Clinical ethics ?

The clinical relationship − a conspiracy against the laity?

What is Life before birth ?

What is Transplantation and regenerative medicine ?

What is Mental health ?

What is The end of life? Discuss about definitions

What is transplantation After death ?

What is Research ethics and Research integrity?

What is Research and the future ?

What is Justice and Public health ethics ?

What is Fair access and the paradox of health care ?

Assessment criteria:

Students should have an effective thesis (an argument);

Express their thesis clearly and succinctly;

Give clearly structured answers and progress in a logical manner;

Show profound understanding on the subject;

Show knowledge of primary and secondary texts and the Course Reader;

Demonstrate good academic writing skills;

Critical thinking;

Some degree of originality;

Assignments for practical training lessons and laboratory-based work.

Studying privately students have to prepare assignments for the workshops, read the assigned literature and supplementary sources of information. They have to be able to argue, to prove and to reject different statements on the subject.

Each student has to give presentations at section meetings, make abstracts of original texts, take part in discussions, and prepare multimedia presentations.

To practice the above-listed skills and pass the course, students will be required to attend most of the lessons and are encouraged to participate actively. Except for the topics in the first week, students are also expected to read the assigned texts for each workshop in advance, and bring in a written form (about 1 page long) summary of the main argument of the text assigned for that lesson as well as questions and comments with regard to stand point taken in the text.

For the written assignments, students will identify the main question addressed by the author and the main argument to that question.

The questions and comments should focus on: What are the main strengths and weaknesses of the author′s approach? And why?

To facilitate workshop discussion each week you will have to write short (no more than one double-spaced page) summaries of the assigned readings plus questions for discussion (questions of clarification are also welcome) and submit them in printed form before the start of the first session of the week.

The quality of the summaries you write is essential for successful completion of the course. They should be well organized, concise, state the main point(s) of the author(s) and show that you have carefully read and reflect upon the text.

Students will be expected to attend all classes and to actively participate in class discussions. Participation in lectures and discussion will be reflected in the final grade (20%). A requirement of the course is that students complete the required reading each week. There will be two methods of examination: four mid-term tests (40%) and closed book written examination at the end of the course (40%).

Essay topics:

Explain why you think bioethics are or are not important. In other words, what is the purpose of an individual or society developing a system of beliefs and policies with regard to bioethics? How might such a system help a person or society function? What are some of the potential pitfalls?

Analyze what is meant by the three principles of autonomy, beneficence, and justice in bioethics. How did these principles come to be identified and why are they important? Give at least one example of how each principle might play out in a bioethics situation.

What is the difference between beneficence and non-maleficence? Why is it or is it not important to draw this distinction when articulating a bioethics stance? Write a persuasive essay convincing your reader with specific examples that this difference either does or does not matter.

Explain the principle of human dignity as it relates to bioethics. What are some of the philosophical issues and beliefs that help you understand what human dignity means? Why might this principle be an important one in specific situations? How does it relate to other principles in bioethics

Essay subjects

Are humans the only beings capable of experiencing fear and pain? If so,

how do we as humans prepare ourselves to carry what could be questionable experiments knowing what they will do to another living being? Do we merely distance ourselves from compassion? Do we justify I as this other being wouldn’t understand the significance what is about to happen and the possible end result?

If we are not the only beings capable of experiencing fear and pain do

we continue on with such procedures anyways? Does it matter if these other beings can or can't feel and experience pain and fear? Do the ends truly justify the means?

Assessment criteria for oral and written assignments:

The student should:

have an effective thesis (an argument);

Express their thesis clearly and succinctly;

Give clearly structured answers and progress in a logical manner;

Show profound understanding on the subject;

Show knowledge primary and secondary texts and the Course Reader;

Demonstrate good academic writing skills;

Critical thinking;

Some degree of originality;

Rubric for written assignments:

Content

Outstanding: 18-20 points

Good: 14-17 points

Average: 11-13 points

Poor: 0-10 points

The content of the answer (mini-essay) will be evaluated on the basis of:

Adequate attention to all portions of the question;

Relevance to classroom practice;

Justification of ideas;

Clear argument with appropriate examples;

Thoughtful references to authoritative sources;

B. Writing (format, structure, language, spelling)

5 points

Well organized; carefully reasoned;

Good sense of unity, clarity and coherence;

Varied and appropriate word usage;

Developed sentence structure;

Few, if any, grammatical or spelling errors;

3-4 points

Essay is organized; but not carefully reasoned;

Adequate unity, clarity and coherence;

Appropriate word usage;

Minimal grammatical and spelling errors;

0-2 points

Poorly organized; bad logic, superfluous ideas;

Little unity, clarity and coherence;

Poor word usage;

Numerous grammatical and spelling errors;