

**Proposed Master's Degree in Health Ethics
Division of Community Health and Humanities
Faculty of Medicine**

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1. Background

Health ethics (also known as “bioethics”, “health care ethics” or “medical ethics”) is a multidisciplinary academic field of study that addresses emerging, complex, and often controversial issues in the life sciences. It is also a practical discipline that aims to equip health care professionals with the requisite knowledge and skills to navigate the difficult moral terrain that characterizes the delivery of contemporary health services. The proposed Master's degree in Health Ethics aims to cater to both the academic and the professional aspects of the field. In the former it will equip advanced students from a variety of fields (e.g. philosophy, medicine, nursing, social work, allied health professions, etc.) with the theoretical background to conduct original research on emerging issues. On the professional side, students and health care professionals will be equipped with the advanced knowledge and critical thinking skills necessary to manage complex ethical issues that occur regularly on the front lines of health care delivery.

There are currently only four programs in the country that offer master's level training in health ethics (McGill, U of Montreal, and 2 programs at U of T). Thus anyone from our province wishing to receive advanced training in the field must be able to move to one of these locations or to arrange to commute on a regular basis in order to complete the program. This is either impractical or impossible for the vast majority of local health care professionals who would be interested in receiving advanced training in health ethics. We believe a well designed program in health ethics would be attractive to local health care professionals and to students in Atlantic Canada who are interested in pursuing potential career opportunities in the field.

Much has happened in the past 10 years both in terms of the expanding field of health ethics and with regard to our local situation to suggest that it may now be time to think about offering a program of advanced training/education in health ethics. Rapid advances in medical science, particularly with regard to genetics and genomics, reproductive technologies, stem cell research and the like, have put increasing demands upon those working in research ethics. With the long anticipated proclamation of the legislation to establish a Provincial Health Research Ethics Authority there will be additional demands for those trained in research ethics. At the same time, the reorganization of our provincial health care system coupled with stricter hospital accreditation standards with regard to clinical ethics, has resulted in an exponential increase in demand for clinical ethics services, not just in Eastern Health, but across the province. The Faculty of Medicine has responded by increasing our complement of full time faculty in health

ethics from one in 1998, to three by the Fall of 2009. However, even with this increase the demand for research and clinical ethics services continues to outstrip the supply. By way of example, in the Fall of 2010 Eastern Health offered an Ethics Certificate Program to health care professionals across the province. Almost 300 individuals (nearly all of them employed in the province's regional health authorities) registered to participate in the program. All three of the full time ethicists in the Faculty of Medicine were heavily involved in delivering aspects of this program of study. Given the expanding demand for health ethics services the provincial government has recently announced support for a new Provincial Health Ethics Network of NL (PHENNL) that will coordinate clinical ethics services across the province. Through an arrangement with PHENNL we are currently conducting a search for a fourth ethicist for a full-time appointment to begin in the Fall of 2012. The success of the network will be contingent to some degree on the availability of well trained individuals not only in St. John's, but in other centres across the province. Master's level training in health ethics will be one way to address this expanding need.

The remainder of this document will describe the basic program structure, the fit with current programs within the Division of Community Health and Humanities and elsewhere in the university, an outline of the faculty members involved in delivering the program, an overview of the proposed courses, a discussion regarding program demand, a review of program admission criteria, a discussion of program fees, a discussion of the resource implications of adding such a program, and finally a conclusion. A series of Appendices follow providing further documentation in support of this proposal.

2. Program Structure

The Master's degree in health ethics will be designed so that it can be completed over 4 semesters, if pursued full-time. Full time students will take 3 semester-long courses in each of the first 2 semesters, for a total of 6 courses. In semesters 3 and 4, students will take a semester-long practicum in health ethics, while also completing a final project, which can be either (a) a thesis, (b) 3 research papers that are equivalent in total amount of work to a thesis, or (c) a capstone project. Students would have the option of taking the practicum and beginning research on a final project in the summer if their goal is to finish the program in 4 consecutive semesters.

Students could complete the program on a part-time basis as well. There is no standard sequence of courses for part-time students, since the needs and plans of each student will be different. However, some general rules apply: students cannot begin the practicum or a final project until all other course-work is complete; and University regulations require that the maximum period for a graduate program is 7 years from first registration.

The following summarizes the structure for full-time study:

| | |
|---------------------------|--|
| <i>Semester 1:</i> | 2 mandatory courses + 1 elective |
| <i>Semester 2:</i> | 1 mandatory course + 2 elective courses |
| <i>Semesters 3 and 4:</i> | Health ethics practicum – 1 semester, Summer, Fall or Winter |
| | Final Project |
| | - Thesis, OR |
| | - 3 research papers (equivalent in work to a thesis), OR |
| | - Capstone project |

We plan to target an entry goal of 10 students per year. This is a modest number of students, which is in line with the number of students admitted to the M.P.H. program and the M.Sc.Med. program in Community Health.

In general, the Master's degree in health ethics would be pursued as either a research degree or a professional degree. For students who would like to pursue further graduate work in health ethics (i.e. at the Ph.D. level) a research-intensive thesis option is available (information about the thesis option can be found in Appendix B). For students who wish to pursue more applied training in health ethics, there is a practicum in health ethics which gives practical experience, along with a capstone project at the end of the degree which can be tailored to the student's interests and chosen setting in the health care system (information about the practicum can be found in Appendix A, and information about the capstone project can be found in Appendix B). The faculty members responsible for delivering this degree program have experience in health ethics research, as well as in applied areas of health ethics, such as clinical ethics, ethics policy development, and research ethics.

3. Fit with Current Graduate Programs in the Division

The Division of Community Health and Humanities currently offers a number of graduate programs.

- A graduate diploma in Community Health
- An M.Sc.Med. in Community Health
- An M.Sc.Med. in Applied Health Services Research (in conjunction with Dalhousie University, the University of New Brunswick, and UPEI)
- A Master's of Public Health (M.P.H.)
- A Ph.D. in Community Health

The Division does not offer undergraduate degree programs.

Our plan is that the new Master's program would culminate in the degree Master of Health Ethics. This is a new appellation for a degree. Despite its novelty, we believe that "Master of Health Ethics" is the best and most honest of the options available. Existing regulations in the Faculty of Medicine do not allow the faculty to grant the degree of M.A. in Health Ethics. Furthermore, the M.Sc.Med. degree does not seem appropriate for this degree program, given that the subject matter of health ethics is not "scientific" in the most common use of the word. If we look for precedents, at one time M.B.A. and M.P.H. were new degree titles, and now they are prestigious designations. Furthermore, Memorial University offers a Master of Employment Relations (M.E.R.) degree, and a Master of Maritime Management (M.M.M.) degree, among other degrees with uncommon names.

The proposed Master's program in health ethics deals with subject matter distinct from any offered by the existing graduate programs in Community Health and Humanities. Consequently, many of the courses in the health ethics program will be created de novo (see 6 below for an overview of new courses, and Appendix A).

Some of the courses currently taught in the Division could be suitable electives for some health ethics students, depending on their research interests. For example, MED 6102 "Critical Theory in Health and Society" may be of benefit to students with an interest in theoretical approaches to the concept of health, and MED 6280 "Community Health Research Methods" could be taken by students who wish to pursue empirical research in health ethics. A course such as MED 6288 "Policy and Decision Making" could appeal to students who plan to focus on ethical issues in health policy.

Though the proposed graduate program will be distinct from the Division's current graduate offerings, a Master's in health ethics will nonetheless be a good fit. A Master's in health ethics would balance out the mandate of the Division. At the moment, the Division has expertise in health ethics that is untapped by any of our existing graduate programs. A new program in this area would give the ethicists opportunities to teach graduate students in their own areas of expertise.

4. Fit with Other Programs in Ethics at the University

The Department of Religious Studies offers an MA degree with an area of study in ethics and social justice. The MA in Religious Studies appears to be quite different from the degree program we are proposing. Health ethics is not a stated research interest of any faculty member in Religious Studies.

Students pursuing an MA in Philosophy could possibly write a thesis on a health ethics topic, but an MA in Philosophy with a thesis on a topic in health ethics is not equivalent to a Master's degree in health ethics. Our proposed program provides more comprehensive instruction in the discipline, and greater opportunity for practical engagement in the activities of ethicists.

The Department of Philosophy also offers a Diploma program in Applied Ethics with a stream in bioethics. The Diploma has a field work component and requirements for a number of courses in ethics at the undergraduate level.

Over the years, ethicists in the Division of Community Health and Humanities have interacted with students participating in this Diploma program. We feel that a Master's-level program in health ethics would complement the existing Diploma program in the Philosophy Department. A Master's degree offers a higher level of instruction in health ethics (graduate versus undergraduate level), more comprehensive course-work in the theory and methods of health ethics, and more in-depth opportunities for practical engagement in ethics activities. Furthermore, a Master's degree is a distinction with greater recognition among employers and academics than a Diploma. Other universities in Canada offer similar complementary pairings of programs in health ethics. The Université de Montréal, for example, offers two diploma options in bioethics alongside a Master's degree and Ph.D. in Bioethics (see Appendix C for a description of the program at U de Montréal).

5. Faculty

The faculty members listed here are organized into two groups. The core group of ethicists (group (a)) will be responsible for teaching most of the courses in the proposed graduate program, and for supervising most of the final projects.

Those in group (b) who have expertise in health ethics or closely related subjects could make a variety of contributions. For example, Dr. Andrew Latus – currently in his final year of a residency in psychiatry – has Ph.D.-level training in ethics. We envision that Dr. Latus could teach a special topics course in mental health ethics and other courses. Dr. Barbara Barrowman is a physician and a lawyer who teaches health law in the undergraduate medical curriculum. We envision that Dr. Barrowman could co-teach the mandatory course “Important Cases in Health Ethics” since this course will often involve discussion of the legal resolution of paradigmatic health ethics cases. Many of those listed in group (b) would also be able to serve on committees supervising final projects, and could contribute to the activities of the health ethics practicum.

(a) *Core faculty of ethicists:*

| Faculty Member and Title | Research Interests | Experience |
|---|--|---|
| Daryl Pullman, Ph.D. Professor of Medical Ethics Division of Community Health and Humanities | research ethics, ethics and aging, privacy, issues related to genetic research and therapy, human dignity and moral epistemology | <ul style="list-style-type: none"> Over 20 years of clinical ethics experience in health care systems of Ontario and Newfoundland and Labrador Over 10 years of experience serving on a research ethics board |
| Fern Brunger, Ph.D. Associate Professor of Health Care Ethics Division of Community Health and Humanities | research ethics, ethics and genetics, cross-cultural clinical ethics, the ethics of research involving identifiable communities, mental health ethics, health research involving aboriginal people | <ul style="list-style-type: none"> Over 8 years of clinical ethics experience in Newfoundland and Labrador Co-chair of MUN research ethics board (Human Investigations Committee) for 3 years |
| Chris Kaposy, Ph.D. Assistant Professor of Health Care Ethics Division of Community Health and Humanities | public health ethics, reproductive ethics, neuroethics, disability theory, health ethics methodology | <ul style="list-style-type: none"> Over 2 years of clinical ethics experience in Newfoundland and Labrador (approaching 100 ethics consultations) |
| New ethicist to be hired by Eastern Health / Faculty of Medicine – to begin by Fall 2012 | | |

(b) *CHH faculty and EH staff with related expertise:*

| Name and Title | Expertise | Potential Role |
|--|----------------------|---|
| Barbara Barrowman, M.D., LL.B. Adjunct Professor of Health Law Division of Community Health and Humanities | health law | could co-teach “Important Cases in Health Ethics”, could teach elective in health law, contribute to final projects involving health law issues |
| Andrew Latus, M.D., Ph.D. Resident Physician in Psychiatry Faculty of Medicine / Eastern Health | mental health ethics | could teach special topics course in mental health ethics, contribute to final projects involving mental health ethics |

| | | |
|--|--|--|
| | | issues |
| Rick Singleton, D.Min. Director of Pastoral Care and Ethics Eastern Health Ph.D. Candidate in Health Ethics Oxford University | clinical ethics, ethics policy, organizational ethics | organize practicum activities, contribute to final projects involving clinical ethics, organizational ethics, ethics policy issues |
| Natalie Bandrauk, M.D., M.Sc. Assistant Professor of Medicine Faculty of Medicine | intensive care, clinical ethics | could contribute to practicum activities, contribute to final projects involving clinical ethics issues |
| Victor Maddalena, Ph.D. Assistant Professor in Health Policy and Health Service Delivery Division of Community Health and Humanities | health policy | could teach “Introduction to the Health System”, contribute to final projects involving health policy issues |
| Maria Matthews, Ph.D. Associate Professor of Health Policy/Health Care Delivery Division of Community Health and Humanities | health policy | could teach “Introduction to the Health System”, contribute to final projects involving health policy issues |
| Natalie Beausoleil, Ph.D. Associate Professor of Social Science and Health Division of Community Health and Humanities | social science and health | could contribute to final projects requiring social science methodology |
| Diana Gustafson, Ph.D. Associate Professor of Social Science and Health Division of Community Health and Humanities | social science and health | could contribute to final projects requiring social science methodology |
| Rebecca Schiff, Ph.D. Assistant Professor of Aboriginal Health Division of Community Health and Humanities | social policy, poverty, public health, food security, homelessness | could teach “Theories of Social Justice in Health”, contribute to final projects |

6. Overview of Courses

The courses selected for this degree program are similar to the course offerings of other graduate programs in health ethics in Canada (see Appendix C for a description of these programs).

Initials indicate current faculty that could teach each course.

Mandatory courses:

- Introduction to the health system¹ (1st semester) (VM/MM)
- Health ethics theory (2nd semester) (DP/CK)
- Important cases in health ethics (1st semester) (DP/FB/CK with BB)
- Health ethics practicum (semester 3 or 4) (DP/FB/CK)

Electives:

- Theories of social justice in health² (RS/DP/CK)
- Research ethics (FB/DP)
- Public health ethics (FB/CK)
- Special topics in health ethics

Examples of topics which could be offered:

- Reproductive ethics (CK)
- Neuroethics (CK)
- End of life care (DP)
- Ethics and genetics (FB/DP)
- Mental health ethics³ (FB/AL)
- Disability theory (CK)
- Technology and ethics (DP/CK)

The particular topics that could be offered in the Special Topics in Health Ethics course reflect the major areas of research in health ethics. We intend the Special Topics course to be flexible and to deal with issues at the cutting edge of the discipline. The topics studied in the course will therefore vary over time as new issues emerge and the discipline alters its focus.

¹ It is planned that this course would be offered to students in other graduate programs in the Division – for example, to the students in the various streams of the Ph.D. program.

² We are developing the course “Theories of social justice in health” with the intent of offering it to health ethics students as well as to students in the planned Community Health Ph.D. stream in Social Justice, Equity, and Health.

³ A course in mental health ethics was offered in 2010-2011 as a directed reading course by Dr. Fern Brunger to students in the Community Health graduate programs. In fact, as a group, the ethicists in Community Health and Humanities are able to teach all of these topics as directed reading courses.

With the exception of the health ethics practicum, we plan to allow students in other programs in the Division and across the university to enroll in these courses as electives. Furthermore, qualified senior undergraduate students may enroll in some courses with the permission of the instructor. For instance, “Health ethics theory” and “Theories of social justice in health” may be of interest to senior undergraduate philosophy students. Since many of the courses deal with important well-known issues subject to debate in the academy and in the media, we anticipate that our course offerings could be popular electives.

7. Demand

There are several indicators that there will be sufficient student demand for this program.

- As mentioned earlier, the health ethics certificate program for health care workers had an enrollment of around 300 people in the Fall of 2010.
- Eight of these participants expressed an interest in the Master’s degree in Health Ethics when our plans for developing a program were advertised.

The ethicists regularly come into contact with local students interested in pursuing further studies in health ethics, but who go elsewhere to study.

- One of the ethics facilitators in the Pastoral Care and Ethics department of Eastern Health recently completed the M.H.Sc. in Bioethics at the University of Toronto.
- In 2010-11 at least two undergraduate philosophy students with interests in health ethics applied to other Canadian graduate programs.
- Furthermore, there are at least two recently-admitted students in Community Health graduate programs with interests in health ethics who would likely have applied instead to a Master’s program in health ethics had it already been in existence.
- There are two physicians working in Eastern Health who pursued Master’s degrees in health ethics at other universities during their residencies or soon afterward. Our degree program could be appealing to medical residents.

After studying departmental websites and making inquiries with program coordinators, we have compiled the following table documenting the enrollment numbers of health ethics Master’s programs in Canada. As mentioned earlier, there are four different Master’s-level programs in health ethics in Canada. ⁴

⁴ Besides these four programs, it is possible to study health ethics in the context of a Master’s degree program in many Canadian university philosophy departments. It is also possible to study for graduate degrees in interdisciplinary studies with a health ethics focus in some Canadian universities – Dalhousie and UBC are

| University | Program | Approximate number of students admitted per year |
|------------------------|---|--|
| University of Toronto | M.H.Sc. in Bioethics | 12 |
| University of Toronto | Collaborative Program in Bioethics ⁵ | 7 |
| McGill University | Master's Program in Bioethics | 8-16 |
| Université de Montréal | M.A. (Bioéthique) ⁶ | 10-12 |

The modest number of annual admissions in each of these programs likely signifies an unmet demand. For example, McGill receives 15-20 applications per year, and admits 8-16 of these students.⁷ There are a number of applicants each year who do not gain admission to this program. Furthermore, as is obvious from this table, there are no Master's degree programs dedicated exclusively to health ethics in Atlantic Canada.

We expect that graduate training in health ethics will increase the employment options of our students. The proposed program will create opportunities in three areas.

- Immediate employment after graduation: In 2010 (the year in which research for this proposal began) there were job advertisements for clinical ethicists at St. Joseph's Health Care in London, Ontario, and the Jewish Rehabilitation Hospital in Montreal. In addition, the Toronto Rehab hospital has sought to hire a manager for their research ethics board, as has the MUN Faculty of Medicine. The requirements for education and experience outlined in these advertisements match the education and experience we plan to provide in the proposed degree program.
- Further education and training: Graduating students will be eminently qualified to pursue Ph.D. studies in health ethics in Canada, the US or abroad. Graduates would also be excellent candidates for the paid fellowship program in clinical and organizational ethics at the Joint Centre for Bioethics at the University of Toronto, or the paid clinical ethics

examples. However, we have included none of these programs (philosophy MAs or interdisciplinary studies degrees) in this chart because they are not equivalent to the degree program we are proposing. Students in these other programs do not receive a degree in health ethics. Please refer to Appendix C for a description of each of the programs listed in the table.

⁵ The University of Toronto Collaborative program in Bioethics also has Ph.D. students enrolled. We have only stated the number of admissions of those studying at the Master's level.

⁶ The Université de Montréal also offers Ph.D. programs in Bioethics and a Diploma and Microprogram for professionals who do not want to pursue a whole degree. We have only stated the numbers admitted to their M.A. program.

⁷ We do not have figures on the number of applicants to other programs.

residency at the Royal Alexandra Hospital in Edmonton. A further Ph.D., fellowship, or residency would make our graduates highly employable.

- Upward mobility in existing employment: We anticipate that many of our students will be health care professionals. A graduate education in health ethics could help such students advance in their organizations, or take on new responsibilities. We envision as well that some students will be employed in educational roles for the health care professions (for example, social work, pharmacy, nursing). A degree in health ethics could enable professionals in these roles to teach courses in ethics for their particular professional group.

8. Admission Criteria

As with other graduate programs in the university, we will require applicants to have completed a first degree from a recognized university with at least a second class standing (i.e. a 'B' average). Depending on the number of qualified applicants, this minimal requirement of a 'B' average may not guarantee admission into the program. Admissions will be determined by a committee of faculty members involved with the program, in keeping with current policies and procedures in the Division.

We will not require students to have an undergraduate degree in any particular discipline. Health ethics is a multi-disciplinary field. However, we will require that students complete at least one philosophy course with substantial ethics content (e.g. Philosophy 2230 "Moral Philosophy" at MUN).

At present we have made no plans for allocating or reserving seats for students with particular backgrounds (e.g. students with MDs, BNs, other undergraduate degrees, or students from under-represented cultural or ethnic groups). At this stage of the planning process we do not know exactly from whom applications to this program will come. This issue can be revisited after the program is underway if there are any imbalances or gaps in admissions that require rectification.

9. Fees

Students will be charged the standard fees for studying in a graduate program in the Faculty of Medicine. Students would normally follow University payment plans A or B for graduate tuition (see http://www.mun.ca/become/graduate/fees_funding/Graduate_Tuition.php).

Successful applicants to the program may be eligible for funding through faculty members' grants, and will be encouraged to apply for scholarships from granting agencies (e.g. CIHR) for which they qualify. Students opting to complete any of the three final projects would be fellowship eligible.

10. Resource Implications

It is anticipated that the resource implications will be minimal. Please consult Appendix F for the letter written by Paul Chancey, director of the Centre for Institutional Analysis and Planning, regarding resource implications.

Inevitably the workload of faculty members delivering the program will increase. There will be new courses to teach, a practicum to supervise, and final projects to supervise. The three ethicists in the Division of Community Health and Humanities will be most affected by this increase in teaching load. However, the appointment of an additional faculty member in health ethics will distribute the teaching load even further. Funding for the creation of PHENNL includes funds for hiring a new ethicist for the network by the Fall of 2012. Eastern Health has made an arrangement with the Faculty of Medicine so that the new ethicist will be based in the Division of Community Health and Humanities.

The three current ethics faculty members in the Division would be able to deliver the necessary courses for the graduate program by teaching 1 course each per semester. The additional ethics faculty member would reduce this load. If the supervision of student final projects is distributed evenly, with a maximum cohort of 10 students per year, each of the 4 ethics faculty members would supervise a maximum of 2-3 projects per year.

The following table summarizes the teaching load, taking into account the new hire.

| | Pullman | Brunger | Kapocy | New Ethicist | Other | Total |
|---------------------------|---|---|---|---|---|--------------------------------------|
| Fall | Important cases OR Elective | Important cases OR Elective | Important cases OR Elective | Important cases OR Elective | Intro to health system (taught by VM or MM) | 2 required courses 1 elective |
| Second year class: | OR Practicum | OR Practicum | OR Practicum | OR Practicum | | 1 practicum |
| Winter | Health ethics theory OR Elective | Elective | Health ethics theory OR Elective | Health ethics theory OR Elective | Elective (students could take suitable elective inside or outside Division) | 1 required course 2 electives |
| Second year class: | OR Practicum | OR Practicum | OR Practicum | OR Practicum | | 1 practicum |
| Summer | Practicum (supervised by DP or FB or CK or new ethicist) | | | | | 1 practicum |
| Final Project Supervision | 2-3 students | 2-3 students | 2-3 students | 2-3 students | | max. 10 projects |

The ethicists in Community Health and Humanities share a secretary who could be given the administrative duties for this program.

A new graduate program in health ethics will mean a small increase in the number of graduate students in the Faculty of Medicine. This increase in enrollment in the Faculty will translate into a corresponding need for additional funds for the support of graduate students through the Office of Research and Graduate Studies in the Faculty of Medicine. However an increase in graduate student enrollment has been projected in the strategic plans of the Faculty. We anticipate that any additional funding allocated for graduate student support in the Faculty of Medicine can be decided upon as part of the Faculty's regular strategic planning process.

When the building of the new wing of the medical school is completed by 2013, more classroom facilities will be available. It is not expected that the number of students entering this program will create an undue demand on space in the Faculty of Medicine, even before the new wing is complete. Students will not have office space in the Division of Community Health and Humanities. Current graduate students in the division have no dedicated office space. A new cohort of health ethics graduate students would be entitled to use the existing common rooms available to graduate students.

11. Conclusion

One of Memorial University's primary objectives is "to establish new programs to meet the expanding needs of the province". In order to address the recognized need for an expansion of the ethics service in Eastern Health and across the province, the provincial government has funded the creation of the Provincial Health Ethics Network of NL and the Provincial Health Research Ethics Authority. The Master's program in health ethics is meant to be an important component of this expansion of the ethics service in the province.

The proposed involvement of the Master's program with the Eastern Health ethics service would draw upon the strength of the ethics service, which has been recognized for its excellence in the past two rounds of accreditation of the regional health authority by Accreditation Canada. Graduate level education in health ethics would also build upon the strength of the ethics service by increasing the number of qualified ethicists who could contribute to provincial health ethics initiatives.

The Master's-level program proposed here would position the Faculty of Medicine at Memorial University as a leader in health ethics education in the Atlantic region. No university East of Montreal has a program like it.

This program would furthermore be a meaningful addition to the educational mandate of the Division of Community Health and Humanities. The current degree programs in the Division do not fully draw upon the expertise of the ethics faculty. A Master's degree in health ethics would give students a unique educational opportunity in this field.

Appendix A – New Courses Proposed for the Master’s in Health Ethics

**II. TO BE COMPLETED FOR SPECIAL/SELECTED TOPICS COURSE
REQUESTS ONLY**

For Special/Selected Topics Courses, there is no evidence of

- | | Instructor' s Initials |
|--|------------------------|
| 1 . duplication of thesis work; | _____ |
| 2 . double credit; | _____ |
| 3 . work that is a faculty research project; | _____ |
| 4 . overlap with existing courses. | _____ |

Recommended for offering in _____ Semester, 200_____.
Length of session if it is less than a semester. _____

III. This Course Proposal has been prepared in accordance with General Regulations governing the School of Graduate Studies and was approved by:

Sharon Peeters
Head of Academic Unit

April 13, 2011
Date

Christy
Instructor of Course

April 20 2011
Date

IV. This Course was Approved by the Faculty/School/Institute Council

Sharon Peeters
Secretary, Faculty/School/Institute Council

Jan 26 2012
Date

MED 6800 Health Ethics Theory

Course Description:

This course discusses the ethical theories that are used in reasoning about ethical issues in the health system. Topics include theories of normative ethics, such as utilitarianism, Kantian ethics, virtue ethics, care ethics and feminist ethics. Meta-theoretical issues will also be addressed, such as the debate between principlism and casuistry, theories of reflective equilibrium, and the possibility of moral knowledge. All theoretical approaches will be illustrated through application to ethical issues in the health system – for example, issues of resource allocation, informed consent, confidentiality.

Reading List:

Week 1: Introduction

Objectives:

- Present an overview of the course content
- Get to know members of the class.

Week 2: Moral Theory

Objectives:

- Gain a general understanding of what a moral theory is
- Distinguish between different levels of moral theory: e.g. meta-ethics, normative ethics, ethical principles
- Discuss why context (i.e. within the health system) can influence which moral theory is / ought to be taken up

T.L. Beauchamp and J.F. Childress (2009) “Moral Theories” *Principles of Biomedical Ethics* 6th Edition. Oxford University Press, pp.333-367.

S. Sherwin (1999) “Foundations, Frameworks, Lenses: The Role of Theories in Bioethics” *Bioethics* 13(3, 4): 198-205.

Week 3: Virtue Theory

Objectives:

- Gain an understanding of what virtue theory is, including the features that distinguish virtue theory from other theories of normative ethics
- Outline arguments for and against virtue theory – as a theory that is meant to capture truths about our ethical obligations

Discuss the usefulness of virtue theory in the context of health care / health system decision-making

Beauchamp and Childress (2009) "Moral Character," pp.30-63.

Alasdair MacIntyre (1999) *Dependent Rational Animals: Why Human Beings Need the Virtues*. Open Court.

Week 4: Ethics of Care

Objectives:

Gain insight into the distinguishing features of an ethics of care.

Consider arguments for and against the ethics of care as a theory that represents, justifies, and documents our moral obligations

Discuss the unique features of an ethic of care that make it especially insightful in the analysis of some ethical issues in health care / the health system

A.L. Carse and H.L. Nelson (1996) "Rehabilitating Care," *Kennedy Institute of Ethics Journal* 6: 19-35.

E.F. Kittay (1999) *Love's Labor*. Routledge. (selected chapters)

Week 5: Principlism

Objectives:

Gain a detailed knowledge of the principlist position in health ethics, including knowledge of the paradigmatic four principles

Uncover the philosophical foundations of principlism

Discuss the justification for adopting a principlist approach in health ethics

Beauchamp and Childress (2009) chapters 4-7

Week 6: The Contextualist Challenge to Principlism

Objectives:

Gain a detailed knowledge of the objections to the principlist position in health ethics

Develop an understanding of casuistry, including arguments justifying this anti-principlist position

Discuss whether contextualist casuistry or principlism present a better understanding of our ethical obligations in health care / health systems

S. Toulmin (1981) "The Tyranny of Principles," *Hastings Center Report* 11(6): 31-39.

A.R. Jonsen (1999) "Morally Appreciated Circumstances: A Theoretical Problem for Casuistry," *Philosophical Perspectives on Bioethics*. L.W. Sumner, J. Boyle, eds. pp. 37-49.

J.D. Arras (1991) "Getting Down to Cases: The Revival of Casuistry in Bioethics," *Journal of Medicine and Philosophy* 16(1): 29-51.

Week 7: Anti-Theory

Objectives:

Outline the limits of theory in health ethics

Discuss arguments for and against theory in health ethics

Develop an understanding of the anti-theoretical position in health ethics theory

C. Elliot (1999) "A General Antitheory of Bioethics," *A Philosophical Disease: Bioethics, Culture, and Identity*. Routledge, pp. 141-164.

J.L. Nelson (2001) "'Unlike Calculating Rules'? Clinical Judgment, Formalized Decision Making, and Wittgenstein," *Slow Cures and Bad Philosophers: Essays on Wittgenstein, Medicine, and Bioethics*. C. Elliot, ed. Duke University Press. pp.48-69.

C. Diamond. (1991) "Eating Meat and Eating People," *The Realistic Spirit: Wittgenstein, Philosophy, and the Mind*. MIT Press.

Week 8: The Common Morality

Objectives:

Expose the justificatory dependence of principlism on a belief in the common morality

Gain an understanding of what Beauchamp and Childress mean by "common morality"

Discuss arguments supporting the idea of a common morality

Apply the idea of common morality to cases in health ethics

Beauchamp and Childress (2009) "Moral Norms" pp.1-29.

Beauchamp and Childress (2009) "Method and Moral Justification" pp.368-402

Week 9: Critics of the Idea of a Common Morality

Objectives:

Outline limitations to the idea of a common morality, including cases in health ethics in which such an idea might be unhelpful
 Discuss objections to arguments advancing a belief in common morality
 Assess whether these objections can be answered

R.M. Veatch (2003) "Is There a Common Morality?" *Kennedy Institute of Ethics Journal* 13(3): 189-192.

L. Turner (2003) "Zones of Consensus and Zones of Conflict: Questioning the 'Common Morality' Presumption in Bioethics," *Kennedy Institute of Ethics Journal* 13(3): 193-218.

D. DeGrazia (2003) "Common Morality, Coherence, and the Principles of Biomedical Ethics," *Kennedy Institute of Ethics Journal* 13(3): 219-230.

T.L. Beauchamp (2003) "A Defense of the Common Morality," *Kennedy Institute of Ethics Journal* 13(3): 259-274.

Week 10: Reflective Equilibrium

Objectives:

Gain an understanding of the meta-ethical theory of reflective equilibrium, including its philosophical provenance
 Discuss whether reflective equilibrium as a method of philosophical reasoning can ever be avoided
 Apply the method of reflective equilibrium to cases in health ethics

H. Richardson (1990) "Specifying Norms as a Way to Resolve Concrete Ethical Problems," *Philosophy and Public Affairs* 19(4): 279-310.

D. DeGrazia (1990) "Moving Forward in Bioethical Theory: Theories, Cases, and Specified Principlism," *Journal of Medicine and Philosophy* 17: 511-539.

N. Daniels (1996) "Wide Reflective Equilibrium in Practice," *Justice and Justification*. Cambridge University Press, pp.333-352.

Week 11: Feminist Approaches

Objectives:

Gain an understanding of the contribution of feminist ethical thought to issues in health ethics
 Discuss the justification for taking a feminist approach to issues in health ethics

Address the limitations of non-feminist theories in health ethics, and any limitations of a feminist approach

M.O. Little (1996) "Why a Feminist Approach to Bioethics?" *Kennedy Institute of Ethics Journal* 6(1): 1-18.

S. Sherwin et al. (1998) *The Politics of Women's Health*. Temple University Press (selected chapters).

Week 12: Narrative Ethics

Objectives:

- Discuss the unique contribution that stories can make to moral reasoning
- Address that fact that identity (cultural, gendered, personal, biographical) arising out of narrative is a factor at play in health ethics issues
- Consider objections to the claims of narrative ethics in the health ethics context

H.L. Nelson (2001) *Damaged Identities, Narrative Repair*. Cornell University Press

Week 13: Contractualism and its Limitations

Objectives:

- Reveal the diversity of theories underpinning the fundamental relationship in health ethics between health care workers and their charges (patients, clients, residents, the population at large)
- Consider whether a contractualist framework is adequate to capture the nature of this relationship
- Discuss alternatives to a contractualist understanding

M.C. Nussbaum (2006) *Frontiers of Justice: Disability, Nationality, Species Membership*. Harvard Belknap Press. (selected chapters)

R.E. Goodin (1985) *Protecting the Vulnerable: A Reanalysis of our Social Responsibilities*. University of Chicago Press. (selected chapters)

MED 6801 Important Cases in Health Ethics

Course Description:

In this course we will discuss and analyze famous cases in health ethics. Many of these cases have influenced the development of health ethics as an academic discipline and are partly responsible for the presence of ethics committees and clinical ethicists in health organizations. Each week will focus on one case, or on a set of similar cases. Whenever possible, we will feature Canadian cases. Students will learn central concepts in health ethics through discussion of the cases – concepts such as substitute decision-making, the ethics of withdrawing life-sustaining care, clinical equipoise, capacity to consent to treatment, and so on. Students will be required to conduct research beyond the readings provided by the instructor, and must be prepared to discuss their research in class.

Reading List (Note – the readings here are meant to be a starting point. Individual students will be expected each week to research, recommend readings, and direct the discussion for each case study. Consequently, readings for each study will go beyond those listed here):

Week 1: Introductions

Objectives:

- Present an overview of the course content
- Enable the students to get to know each other

Week 2: Dialysis allocation

Objectives:

- Gain an understanding of the stakes involved in resource allocation decisions at the micro-level
- Extract the ethical principles and issues involved in the allocation of kidney dialysis machines in the 1960s
- Discuss how micro-allocation decisions are made in the contemporary context (e.g. with donor organs)

S. Alexander (1962) “They Decide Who Lives, Who Dies,” *Life* Nov 9 1962: 102-125.

G.J. Annas (1985) “The Prostitute, the Playboy, and the Poet: Rationing Schemes for Organ Transplantation,” *American Journal of Public Health* 75(2): 187-189.

Week 3: Baby Doe

Objectives:

Using the Baby Doe cases from the 1980s as a jumping off point, discuss the scope and limits of parental decision-making authority in the care of newborns
Outline the ethical rationale for limiting parental decision-making for neonates, including any limitations in our current processes for neonatal ethical decision-making.

R. Munson (2008) "The Baby Doe Cases," *Intervention and Reflection: Basic Issues in Medical Ethics*. 8th Edition. Thomson Wadsworth, pp.636-638.

Week 4: Tuskegee and Willowbrook

Objectives:

Identify the ethical issues involved in the Tuskegee and Willowbrook episodes
Examine research ethics guidelines in the *Belmont Report* which was prompted by these episodes
Examine current research ethics guidelines
Identify limitations of our current research ethics guidelines

A.M. Brandt (1978) "Racism and Research: The Case of the Tuskegee Syphilis Study," *Hastings Center Report* 8(6): 21-29.

S.M. Reverby (2000) *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*. University of North Carolina Press (selections)

Munson (2008) *Intervention and Reflection*. pp. 38-39, 44-51 (various authors writing about the Willowbrook experiments)

Belmont Report, found at <http://ohsr.od.nih.gov/guidelines/belmont.html>

Week 5: *Tremblay v. Daigle* and *Winnipeg Child and Family Services (Northwest Area) v. G.(D.F.)*

Objectives:

Gain an understanding of the legal standing of the fetus
Discuss the moral standing of the fetus, including the moral obligations that the fetus's biological parents might bear to the fetus
Discuss whether the legal standing of the fetus is ethically adequate

Tremblay v. Daigle [1989] 2 S.C.R. 530

Winnipeg Child and Family Services (Northwest Area) V. G.(D.F.) [1997] 3 S.C.R. 925

Week 6: Quinlan, Cruzan, and Schiavo

Objectives:

Develop an understanding of the complex processes and ethical justifications involved in substitute decision-making for people in a permanent vegetative state
Discuss whether the institutions and process we have in place for such decision-making are intellectually and ethically sound

R. Munson (2008) “Karen Quinlan: The Debate Begins,” and “The Cruzan Case: The Supreme Court Upholds the Right to Die,” *Intervention and Reflection*, pp.689-693.

J. Wolfson (2005) “Erring on the Side of Theresa Schiavo: Reflections of the Special Guardian Ad Litem,” *Hastings Center Report* 35(3): 16-19.

R. Dresser (1994) “Missing Persons: Legal Perceptions of Incompetent Patients,” *Rutgers Law Review* 46(2): 609-719.

Week 7: Sue Rodriguez and Robert Latimer

Objectives:

In the context of the Canadian case involving Sue Rodriguez, discuss the ethical arguments for and against assisted suicide
Consider whether physician assisted suicide ought to be legalized
With the Canadian case involving Robert Latimer in mind, discuss the ethical arguments for and against euthanasia, including objections from the perspective of disability rights

Rodriguez v. British Columbia (Attorney General) [1993] 3 S.C.R. 519.

R. v. Latimer [2001] 1 S.C.R. 3

J. Downie and S. Bern (2008) “Rodriguez Redux,” *Health Law Journal* 16: 27-54.

Week 8: SARS

Objectives:

Analyze the duty of care of health care workers during an infectious disease outbreak that threatens their health and safety
Analyze the reciprocal obligations that society bears to health care workers who are placed in harm’s way during an outbreak

Consider the determinants of justified ethical decision-making in a disaster scenario

L. Reid (2005) "Diminishing Returns? Risk and the Duty to Care in the SARS Epidemic," *Bioethics* 19(4): 348-361

E.J. Emanuel (2003) "The Lessons of SARS," *Annals of Internal Medicine* 139: 589-591.

G.L. Eastwood, D. Fu-Chang Tsai, D.S. Chen, and J. Dwyer (2006) "What Should the Dean Do?" *Hastings Center Report* 36(4): 14-16.

Week 9: *Starson v. Swayze*

Objectives:

Outline the norms of assessing capacity in a patient/client/resident

By reflecting on the Canadian Supreme Court *Starson v. Swayze* consider the ethical justifications and standards for judgments of incapacity

Discuss whether the legal processes and standards for capacity assessment are ethically adequate

Starson v. Swayze [2003] 1 S.C.R. 722

Allen Buchanan and Dan W. Brock (1986) "Deciding for Others: Competency," *Millbank Quarterly* 64(2): 67-80.

Week 10: *Cameron v. Nova Scotia*

Objectives:

By reflecting on the case of in vitro fertilization, outline the ethical considerations involved in decisions to include or exclude services from publicly-funded provincial health coverage

Discuss whether in vitro fertilization and other services ought to be funded by the provinces

Consider whether the legal justifications given in *Cameron v. Nova Scotia* match ethical justifications

Cameron v. Nova Scotia (Attorney General) [1999] 172 N.S.R. (2d) 227 (C.A.)

M. Giacomini, J. Hurley, and G. Stoddart (2000) "The Many Meanings of Deinsuring a Health Service: The Case of in Vitro Fertilization in Ontario," *Social Science and Medicine* 50(10): 1485-1500.

Week 11: ACTG Study 076

Objectives:

Analyze the ethical obligations that researchers bear to research participants in low-income countries involved in their research studies

Gain an understanding of the concept of clinical equipoise

Consider the ethical arguments for making judgments of clinical equipoise relative to the geographical and socio-economic contexts in which research participants live

Adopt and defend a position on whether ACTG Study 076 was ethical research

P. Lurie and S. Wolfe (1997) "Unethical Trials of Interventions to Reduce Perinatal Transmission of the Human Immunodeficiency Virus in Developing Countries," *NEJM* 337: 853-856.

M. Angell (1997) "The Ethics of Clinical Research in the Third World," *NEJM* 337: 847-849.

H. Varmus and D. Satcher (1997) "Ethical Complexities of Conducting Research in Developing Countries," *NEJM* 337: 1000-1005

D.B. Resnik (1998) "The Ethics of HIV Research in Developing Nations," *Bioethics* 12(4): 286-306.

Week 12: Dr. Nancy Olivieri

Objectives:

Examine the institutional and economic forces that precipitated the case involving Dr. Nancy Olivieri

Discuss the ways in which corporate pharmaceutical influence can endanger the ethics of clinical research

Discuss remedies for this influence, some of which may be identified in *The Olivieri Report*

J. Thompson, P. Baird, and J. Downie (2001) *The Olivieri Report: The Complete Text of the Report of the Independent Inquiry Commissioned by the Canadian Association of University Teachers*. Lorimer.

Week 13: Henrietta Lacks

Objectives:

Discuss the ethical obligations involved with research involving human tissue, organs, body parts, including the obligations that researchers bear to the families

of those who are deceased, and whose bodies have been used for scientific research

Examine the role of race and class in the treatment of Henrietta Lacks' family

R. Skloot (2010) *The Immortal Life of Henrietta Lacks*. Crown Publishing.



**SCHOOL OF GRADUATE STUDIES
Request for Approval of a Graduate Course**

TO: The Dean, School of Graduate Studies
 FROM: Faculty/School/Institute Community Health and Humanities, Faculty of Medicine
 SUBJECT: Regular Course Special/Selected Topics Course
 Course Number and Title: MED 6803 - Research Ethics

I. TO BE COMPLETED FOR ALL REQUESTS

- A. COURSE TYPE: Lecture Course Lecture Course with Laboratory
 Laboratory Course Undergraduate course (must specify the additional work at the graduate level)
 Directed Readings Other (Please Specify)

B. Can this course be offered by existing Faculty members? Yes No

C. Will this course require new funding (including payment of instructor, labs and equipment, etc.)? If yes, please specify: No

D. Credit Hours for this Course: 3

E. Estimated Number of Contact Hours Per Semester: 39

F. Course Description: (Reading list is required.)
 Please see attached course description and reading list

| G. Method of Evaluation | Percentage | |
|---|------------|-----------|
| | Written | Oral |
| Class Tests | _____ | _____ |
| Assignments | <u>40</u> | <u>40</u> |
| Other (Specify) <u>participation + attendance</u> | <u>20</u> | _____ |
| Final Examination | _____ | _____ |
| TOTAL: | <u>100</u> | |

II. TO BE COMPLETED FOR SPECIAL/SELECTED TOPICS COURSE REQUESTS ONLY

For Special/Selected Topics Courses, there is no evidence of

| | Instructor' s Initials |
|---|------------------------|
| 1. duplication of thesis work; | _____ |
| 2. double credit; | _____ |
| 3. work that is a faculty research project; | _____ |
| 4. overlap with existing courses. | _____ |

Recommended for offering in _____ Semester, 200____.

Length of session if it is less than a semester. _____

III. This Course Proposal has been prepared in accordance with General Regulations governing the School of Graduate Studies and was approved by:

Sharon Redden
Head of Academic Unit

April 13, 2011
Date

[Signature]
Instructor of Course

April 20, 2011
Date

IV. This Course was Approved by the Faculty/School/Institute Council

Sharon Redden
Secretary, Faculty/School/Institute Council

Jan 26 2012
Date

MED 6803 Research Ethics

Course Description:

Research ethics is a sub-discipline of health ethics that studies the ethical conduct of scientific research. This course will deal specifically with ethical issues in research that involves humans as participants (as opposed to animal research, research in the physical sciences, or the study of documents). Topics may include: informed consent in the research context, the nature and design of clinical trials, the processes and standards of ethics review by research ethics boards, and scientific misconduct.

Reading List:

Principal Texts:

1. Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council of Canada (2010) *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, found at: www.pre.ethics.gc.ca.
2. E.J. Emanuel, C. Grady, R.A. Crouch, R.K. Lie, D. Wendler, and F.G. Miller (eds.) (2008) *The Oxford Textbook of Clinical Research Ethics*. Oxford University Press.

Week 1: Introduction – What is research? What is research ethics?

In this class we will provide a general outline of what the course is about, including a description of the process of research ethics review, and the norms informing such review.

Objectives:

Present an overview of the course content

Allow the students and the instructor to get to know each other

Week 2: Research Design I

This class will provide an introduction into how research protocols are designed, the scientific epistemology informing research design, and the ethical considerations that inform research design.

Objectives:

Investigate the distinction between medical research and medical treatment

Develop an understanding of the key concepts of equipoise, and randomization

Consider some of the problems associated with research design from an ethical perspective

R.J. Levine (2008) “The Nature, Scope, and Justification of Clinical Research: What is Research? Who is a Subject?” *The Oxford Textbook of Clinical Research Ethics*. Oxford University Press.

S. Joffe and R.D. Truog (2008) “Equipose and Randomization” *The Oxford Textbook of Clinical Research Ethics*.

D.L. Weed and R.E. McKeown (2008) “Epidemiology: Observational Studies on Human Populations” *The Oxford Textbook of Clinical Research Ethics*.

M. Agrawal and E.J. Emanuel (2008) “Phase I Oncology Research” *The Oxford Textbook of Clinical Research Ethics*.

Week 3: Research Design II

Objectives:

Develop an understanding of the ethical norm of risk-benefit analysis

Gain an understanding of the concept of harm in its various forms

Gain an understanding of the concept of benefit in its various forms

D. Wendler and F.G. Miller (2008) “Risk-Benefit Analysis and the Net Risks Test” *The Oxford Textbook of Clinical Research Ethics*.

N.M.P. King and L.R. Churchill (2008) “Assessing and Comparing Potential Benefits and Risks of Harm” *The Oxford Textbook of Clinical Research Ethics*.

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada (2010) “**Clinical Trials**” *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, pp. 147-168, found at: www.pre.ethics.gc.ca.

Week 4: Equipose and Placebo Use

Objectives:

Outline the potential ethical conflict between the epistemological norm of placebo controls versus the ethical norm of equipose

Analyze the ethical critique of the use of the concept of clinical equipose as an ethical standard in research ethics review

Consider arguments for and against clinical equipose

Develop an understanding of the concept of therapeutic misconception

F.G. Miller (2008) “The Ethics of Placebo-Controlled Trials” *The Oxford Textbook of Clinical Research Ethics*.

B. Freedman (1987) "Equipoise and the Ethics of Clinical Research" *NEJM* 317(3): 141-145.

F.G. Miller and R. Brody (2003) "A Critique of Clinical Equipoise: Therapeutic Misconception in the Ethics of Clinical Trials" *The Hastings Center Report* 33(3): 19-28.

Week 5: Informed Consent in Research

Objectives:

Investigate the determinants of informed consent in research

Further develop an understanding of the concept of therapeutic misconception and the threat it poses to informed consent

Gain an understanding of the consent process required by Canadian research ethics guidelines

D.W. Brock (2008) "Philosophical Justifications of Informed Consent in Research" *The Oxford Textbook of Clinical Research Ethics*.

P.S. Appelbaum and C.W. Lidz (2008) "The Therapeutic Misconception" *The Oxford Textbook of Clinical Research Ethics*.

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada (2010) "**The Consent Process**" *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, pp. 27-45, found at: www.pre.ethics.gc.ca.

Week 6: Research Inclusion I

Objectives:

Examine how a focus on the protection of research subjects resulted in the unjust exclusion of groups (such as women) from clinical research

Trace how the exclusion of women from research was bad for women as a group because it resulted in a lack of medical knowledge relevant to the treatment of women

Consider the ethical norm of fair participant selection as a way of avoiding the injustice of research exclusion

Anna Mastroianni and J. Kahn (2001) "Swinging on the Pendulum: Shifting Views of Justice in Human Subjects Research" *The Hastings Center Report* 31(3): 21-28.

R. Dresser (1992) "Wanted: Single, White Male for Medical Research" *The Hastings Center Report* 22(1): 24-29.

L.A. Meltzer and J.F. Childress (2008) “What is Fair Participant Selection?” *The Oxford Textbook of Clinical Research Ethics*.

Week 7: Research Inclusion II

Objectives:

Trace the efforts to include ethical norms of fair participant selection in Canadian research ethics guidelines

Discuss how current research practices unjustly and dangerously exclude pregnant women from health research

Consider arguments for the inclusion of pregnant women in health research

F. Baylis, J. Downie, and S. Sherwin (1999) “Women and Health Research: From Theory, to Practice, to Policy” *Embodying Bioethics: Recent Feminist Advances*, pp. 253-268. Rowman and Littlefield.

A.D. Lyerly, M.O. Little, and R. Faden (2008) “The Second Wave: Toward Responsible Inclusion of Pregnant Women in Research” *The International Journal of Feminist Approaches to Bioethics* 1(2): 5-22.

F. Baylis and C. Kaposy (2010) “Wanted: Inclusive Guidelines for Research Involving Pregnant Women” *JOGC* 32(5): 473-476.

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada (2010) “**Fairness and Equity in Research Participation**” *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, pp. 47-53, found at: www.pre.ethics.gc.ca.

Week 8: Governance of Health Research

Objectives:

Gain an understanding of the regulation of health research in Newfoundland, in Canada more broadly, in the US, and internationally.

Compare differences between jurisdictions

Evaluate the approach of different jurisdictions

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada (2010) “**Introduction**” and “**Ethics Framework**” *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, pp. 5-17, found at: www.pre.ethics.gc.ca.

J.P. Porter and G. Koski (2008) “Regulations for the Protections of Humans in Research in the United States: The Common Rule” *The Oxford Textbook of Clinical Research Ethics*.

Newfoundland and Labrador (2006) *An Act to Establish a Health Research Ethics Authority for the Province*, found at: http://www.hrea.ca/downloads/HREA_Act.aspx.

J.E. Idanpaan-Heikkila and S.S. Fluss (2008) “International Ethical Guidance from the Council for International Organizations of Medical Sciences” *The Oxford Textbook of Clinical Research Ethics*.

Week 9: Research Ethics Board Review

Objectives:

Examine the role of research ethics boards in research ethics review in Canada and elsewhere

Consider different models of research ethics board review

Entertain some critiques regarding the effectiveness of research ethics board review

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada (2010) “**Governance of Research Ethics Review**” *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, pp. 67-88, found at: www.pre.ethics.gc.ca.

A.J. Bowen (2008) “Models of Institutional Review Board Function” *The Oxford Textbook of Clinical Research Ethics*.

M.A. Speers (2008) “Evaluating the Effectiveness of Institutional Review Boards” *The Oxford Textbook of Clinical Research Ethics*.

Week 10: Scientific Misconduct

Objectives:

Develop an understanding of the concept of conflict of interest – its logic, potential sources of conflict interest

Detail the influence of industry (such as pharmaceutical corporations) on academic research

Trace the potential negative impact of that influence on the ethics of research

Consider the incidence of scientific fraud and related concepts such as fabrication and falsification

Discuss ways of avoiding scientific fraud

E.J. Emanuel and D.F. Thompson (2008) “The Concept of Conflicts of Interest” *The Oxford Textbook of Clinical Research Ethics*.

E.G. Campbell and D. Blumenthal (2008) “Industrialization of Academic Science and Threats to Scientific Integrity” *The Oxford Textbook of Clinical Research Ethics*.

D.B. Resnik (2008) “Fraud, Fabrication, and Falsification” *The Oxford Textbook of Clinical Research Ethics*.

Week 11: International Research

Objectives:

Discuss the complexities of research conducted internationally

Highlight the potential for exploitation of populations in host countries, and ways of ensuring that does not happen

Detail ethical norms of responsiveness to host community needs, returning the results of research to those communities, and involving host communities in the design, planning, and process of health research

E.J. Emanuel (2008) “Benefits to Host Countries” *The Oxford Textbook of Clinical Research Ethics*.

S. Holm and J. Harris (2008) “The Standard of Care in Multinational Research” *The Oxford Textbook of Clinical Research Ethics*.

A.J. London (2008) “Responsiveness to Host Community Health Needs” *The Oxford Textbook of Clinical Research Ethics*.

Week 12: Research Involving Aboriginal Populations

Objectives:

Outline the unique ethical demands of research involving aboriginal populations

Examine experiences of such research, and ethical insights derived from conducting research involving aboriginal populations

Analyze current Canadian guidelines for research involving aboriginal populations

B. Lo and N. Garan (2008) “Research with Ethnic and Minority Populations” *The Oxford Textbook of Clinical Research Ethics*.

J. Kaufert et al. (1999) “Evolving Participation of Aboriginal Communities in Health Research Ethics Review: the Impact of the Inuvik Workshop” *International Journal of Circumpolar Health* 58(2): 134-144.

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada

(2010) “**Research Involving the First Nations, Inuit and Métis Peoples of Canada**”
Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, pp. 105-133, found at: www.pre.ethics.gc.ca.

Week 13: Evidence-Based Medicine and the Link between Research and Treatment

Objectives:

Gain and understanding of the function that research plays in establishing standards for clinical practice

Appreciate the link between research and decision-making beyond the clinical encounter: e.g. in public health, institutional decision-making

Examine critically the claims of evidence-based medicine, and analyze the potential that poor research practices have for creating poor health outcomes when treatment depends on research findings

D.L. Sackett, W.M. Rosenberg, J.A. Gray, R.B. Haynes, and W.S. Richardson (1996)
“Evidence Based Medicine: What it is and What it isn’t” *BMJ* 312(7023): 71-72.

J.C. Tilburt (2008) “Evidence-Based Medicine Beyond the Bedside: Keeping an Eye on Context” *Journal of Evaluation in Clinical Practice* 14(5): 721-725.

K. Borgerson (2009) “Valuing Evidence: Bias and the Evidence Hierarchy of Evidence-based Medicine” *Perspectives in Biology and Medicine* 52(2): 218-33.



**SCHOOL OF GRADUATE STUDIES
Request for Approval of a Graduate Course**

TO: The Dean, School of Graduate Studies
 FROM: Faculty/School/Institute Community Health and Humanities, Faculty of Medicine
 SUBJECT: Regular Course Special/Selected Topics Course
 Course Number and Title: MED 6804 - Public Health Ethics

I. TO BE COMPLETED FOR ALL REQUESTS

- A. COURSE TYPE: Lecture Course Lecture Course with Laboratory
 Laboratory Course Undergraduate course (must specify the additional work at the graduate level)
 Directed Readings Other (Please Specify)

B. Can this course be offered by existing Faculty members? Yes No

C. Will this course require new funding (including payment of instructor, labs and equipment, etc.)? If yes, please specify: no

D. Credit Hours for this Course: 3

E. Estimated Number of Contact Hours Per Semester: 39

F. Course Description: (Reading list is required.)
please see attached course description and reading list

| G. Method of Evaluation | Percentage | |
|---|------------|-----------|
| | Written | Oral |
| Class Tests | _____ | _____ |
| Assignments | <u>40</u> | <u>40</u> |
| Other (Specify) <u>attendance + participation</u> | <u>20</u> | _____ |
| Final Examination | _____ | _____ |
| TOTAL: | <u>100</u> | |

**II. TO BE COMPLETED FOR SPECIAL/SELECTED TOPICS COURSE
REQUESTS ONLY**

For Special/Selected Topics Courses, there is no evidence of

| | Instructor' s Initials |
|--|------------------------|
| 1 . duplication of thesis work; | _____ |
| 2 . double credit; | _____ |
| 3 . work that is a faculty research project; | _____ |
| 4 . overlap with existing courses. | _____ |

Recommended for offering in _____ Semester, 200_____.
Length of session if it is less than a semester. _____

III. This Course Proposal has been prepared in accordance with General Regulations governing the School of Graduate Studies and was approved by:

Sharon Hickey
Head of Academic Unit

April 13, 2011
Date

Chris King
Instructor of Course

April 20 2011
Date

IV. This Course was Approved by the Faculty/School/Institute Council

Sharon Hickey
Secretary, Faculty/School/Institute Council

Jan 26 /2012
Date

MED 6804 Public Health Ethics

Course Description:

Public health practice is beset with ethical issues. Public health activities are directed at the health of the population as a whole. Sometimes, this focus can conflict with the rights of individuals. This course will begin with an introduction to public health practice, which will give students a grounding in the methods, norms and procedures of public health. Guest lecturers from the Division of Community Health and Humanities who are involved in public health practice may be brought in to give students a real-life understanding of their activities. The rest of the course will be devoted to ethical analysis of issues in public health such as: coercion in public health interventions, resource allocation, the ethics of vaccine programs and vaccine research, and the perennial concern of balancing individual rights versus the common good.

List of Topics and Readings:

Week 1: Public health practice: an introduction I

Objectives:

Provide an overview of the course content

Gain an introductory understanding of the activities of public health through a guest lecture and discussion

Introduction to the class and a public health practitioner as guest speaker

Week 2: Public health practice: an introduction II

Objectives:

Develop a further understanding of the activities of public health through a second guest lecture and discussion.

Learn about the development of public health ethics as a sub-discipline of health ethics in the context of the prominence of other sub-disciplines such as clinical ethics, research ethics, and the ethics of new health technologies

Public health practitioner as guest speaker

R. Bayer and A.L. Fairchild (2004) "The Genesis of Public Health Ethics" *Bioethics* 18(6): 473-492.

Week 3: Ethics and Public Health: A Comprehensive Introduction I

Objectives:

Through reading and discussing an introductory text in public health ethics, gain insight into the applicability of theories of moral reasoning, such as utilitarianism, deontology and human rights principles, to ethical dilemmas in public health

S. Holland (2007) *Public Health Ethics*. Polity Press. Part I.

Week 4: Ethics and Public Health: A Comprehensive Introduction II

Objectives:

Through reading and discussing an introductory text in public health ethics, reveal and analyze ethical issues in epidemiology, public health screening programs, and immunization programs.

Discuss some of the key moral concepts in public health ethics, such as the concept of coercion, and the concept of health itself

S. Holland (2007) *Public Health Ethics*. Polity Press. Part II.

Week 5: Public health law: an introduction

Objectives:

Analyze and discuss the legal norms and parameters related to public health

Develop an understanding of the ethical foundations of these legal norms

Develop an understanding of the ethico-legal concepts of privacy and confidentiality and the way these concepts are applied in Canadian law

N.M. Ries (2008) "Legal Foundations of Public Health in Canada" *Public Health Law and Policy in Canada*. Lexis Nexus Canada.

E. Gibson (2008) "Public Health Information, Privacy and Confidentiality" *Public Health Law and Policy in Canada*. Lexis Nexus Canada.

Week 6: Differences with clinical ethics: the perspective of public health

Objectives:

Contrast the signature ethical perspective of public health ethics with the perspective prevalent in clinical ethics

Contrast ethical obligation to an individual with ethical obligation to a population

Understand how the ethical demands within a clinical environment may necessitate a change from an ethics focused on obligations to individuals to an ethics focused on obligations to the wider population

G. Rose (1985) "Sick Individuals and Sick Populations" *International Journal of Epidemiology* 14(1): 32-38.

M.D. Christian et al. (2006) "Development of a Triage Protocol for Critical Care During an Influenza Pandemic" *CMAJ* 175(11): 1377-1381.

Week 7: Health promotion

Objectives:

Learn about what is included in the subject of health promotion

Develop a critical understanding of the philosophical and ethical presuppositions of health promotion research

Trace the lines of tension in health promotion initiatives that lead to ethical dilemmas

Attempt to formulate a balanced ethical response to those dilemmas

J. Eakin, A. Robertson, B. Poland, D. Coburn, and R. Edwards (1996) "Towards a Critical Social Science Perspective on Health Promotion Research" *Health Promotion International* 11(2): 157-165.

R. Bayer and J.D. Moreno (1986) "Health Promotion: Ethical and Social Dilemmas of Governmental Policy" *Health Affairs* 15(2): 72-85.

Week 8: Diffuse obligations: social determinants of health

Objectives:

Gain an understanding of the social determinants of health – including such important ethical norms as equality and justice

Consider arguments showing that a just society is a society that is good for one's health

Analyze the ethical obligation to promote justice as a means of promoting health

G. Sreenivasan (2007) "Health Care and Equality of Opportunity" *The Hastings Center Report* 37(2): 21-31.

N. Daniels, B.P. Kennedy, and I. Kawachi (1999) "Why Justice is Good for Our Health: The Social Determinants of Health Inequalities" *Daedalus* 128(4): 215-251.

Week 9: Ethics and infectious disease I

Objectives:

Consider the ethical puzzle of prevention that bedevils the ethics of vaccination programs – including arguments that attempt to solve the puzzle

Examine the case of HPV vaccine as an introduction into some ethical issues in vaccine programs – transparency in policy making, communications issues, cost-benefit analysis, resource allocation, corporate involvement, etc.

Apply the concepts of human rights and health equity to global health ethics issues involving vaccines

Angus Dawson (2004) "Vaccination and the Prevention Problem" *Bioethics* 18(6): 515-530.

A. Lippman, R. Melnychuk, B. Shimmin, and M. Boscoe (2007) "Human Papillomavirus, Vaccines and Women's Health: Questions and Cautions" *Canadian Medical Association Journal* 177(5): 484-487.

J.N. Erdman (2009) "Human Rights in Health Equity: Cervical Cancer and HPV Vaccines" *American Journal of Law and Medicine* 35: 365-387.

Week 10: Ethics and infectious disease II – Pandemic

Objectives:

Examine ethical obligations of public health practitioners during a disaster scenario such as a deadly pandemic

Consider the justice of different vaccine allocation strategies during an influenza pandemic

Examine the real-life example of H1N1 influenza vaccine allocation through an ethical lens

Critically discuss an ethics decision-making framework for pandemic influenza

J.D. Arras (2005) "Rationing Vaccine During an Avian Influenza Pandemic: Why it Won't be Easy" *Yale Journal of Biology and Medicine* 78(5): 287-300.

E.J. Emanuel and A. Wertheimer (2006) "Who Should Get Influenza Vaccine When Not All Can?" *Science* 312: 854-855.

A. Thompson, K. Faith, J. Gibson, and R. Upshur (2006) "Pandemic influenza Preparedness: an Ethical Framework to Guide Decision-Making" *BMC Medical Ethics* 7(12): found at <http://www.biomedcentral.com/1472-6939/7/12>.

S. Khraishi and C. Kaposy (2010) "The Prioritization of the H1N1 Vaccine in Canada in 2009" found at: http://www.noveltechethics.ca/site_healthpolicy.php?page=497.

Week 11: Screening the public: standards and implications

Objectives:

Identify the ethical issues related to genetic screening programs used for public health purposes

Consider the ethical arguments for and against the use of genetic screening for disability – including any possible public health justifications

Trace the ethical implications of widespread access to genetic screening tools

S. Burris and L.O. Gostin (2002) “Genetic Screening from a Public Health Perspective: Three ‘Ethical’ Principles” *A Companion to Genethics*, J. Burley and J. Harris, eds. Blackwell Publishers.

Adrienne Asch (1999) “Prenatal Diagnosis and Selective Abortion: A Challenge to Practice and Policy” *American Journal of Public Health* 89(11): 1649-1657.

Week 12: Public health, priority-setting, and resource allocation

Objectives:

Through the use of case studies, consider the ethical issue of public funding for marginally beneficial and/or expensive drugs and therapies, from the perspective of public health

Illuminate the hard choices that must be made in resource allocation – weighing costs and benefit at a population level

Formulate ethical resources for facing such hard decisions

L.M. Fleck (2006) “The Costs of Caring: Who Pays? Who Profits? Who Panders?” *Hastings Center Report* 36(3): 13-17.

R.M. Veatch (1986) “DRGs and the Ethical Reallocation of Resources” *Hastings Center Report* 16(3): 32-40.

Week 13: Global health ethics

Objectives:

Consider the impact of arguments showing that an ethical commitment to public health entails a commitment to global health

Gain some understanding of the health and quality of life of people in impoverished circumstances and impoverished nations

Evaluate arguments for the claim that we have ethical obligations to promote the health of those who are distant from us

N.E. Kass (2004) “Public Health Ethics: From Foundations and Frameworks to Justice and Global Public Health” *Journal of Law, Medicine and Ethics* 32(2): 232-242.

T.W. Pogge (2005) “Responsibilities for Poverty-Related Ill Health” *Ethics and International Affairs* 19(1): 9-18.



**SCHOOL OF GRADUATE STUDIES
Request for Approval of a Graduate Course**

TO: The Dean, School of Graduate Studies
 FROM: Faculty/School/Institute Community Health and Humanities, Faculty of Medicine
 SUBJECT: Regular Course Special/Selected Topics Course
 Course Number and Title: MED 6807-6814
Special Topics in Health Ethics

I. TO BE COMPLETED FOR ALL REQUESTS

- A. COURSE TYPE: Lecture Course Lecture Course with Laboratory
 Laboratory Course Undergraduate course (must specify the additional work at the graduate level)
 Directed Readings Other (Please Specify)

B. Can this course be offered by existing Faculty members? Yes No

C. Will this course require new funding (including payment of instructor, labs and equipment, etc.)? If yes, please specify. no

D. Credit Hours for this Course: 3

E. Estimated Number of Contact Hours Per Semester: 39

F. Course Description: (Reading list is required.)
 please see attached course description

| G. Method of Evaluation | Percentage | |
|---|------------|-----------|
| | Written | Oral |
| Class Tests | _____ | _____ |
| Assignments | <u>40</u> | <u>40</u> |
| Other (Specify) <u>attendance + participation</u> | <u>20</u> | _____ |
| Final Examination | _____ | _____ |
| TOTAL: | <u>100</u> | |

II. TO BE COMPLETED FOR SPECIAL/SELECTED TOPICS COURSE REQUESTS ONLY

For Special/Selected Topics Courses, there is no evidence of

- | | |
|---|-----------------------|
| | Instructor's Initials |
| 1. duplication of thesis work; | _____ |
| 2. double credit; | _____ |
| 3. work that is a faculty research project; | _____ |
| 4. overlap with existing courses. | _____ |

Recommended for offering in _____ Semester, 200____.
 Length of session if it is less than a semester. _____

III. This Course Proposal has been prepared in accordance with General Regulations governing the School of Graduate Studies and was approved by:

Sharon Humber
 Head of Academic Unit

April 13, 2011
 Date

Chris King
 Instructor of Course

April 20 2011
 Date

IV. This Course was Approved by the Faculty/School/Institute Council

Sharon Humber
 Secretary, Faculty/School/Institute Council

Jan 20 / 2012
 Date

MED 6807-6814 Special Topics in Health EthicsCourse Description:

This course will provide a comprehensive and up-to-date analysis of an issue of concern in health ethics. Topics will vary and will be chosen by the instructor in consultation with students in the health ethics program and with faculty. The topics addressed may be highly specialized, or may provide an introduction to an important sub-field of health ethics. This course could cover issues in: reproductive ethics, neuroethics, end-of-life care, ethics and genetics, mental health ethics, disability theory, technology and ethics, and so on. This course will not duplicate material taught in other courses in health ethics.

Readings:

Because the subject matter of the course will vary, readings cannot be stipulated beforehand.

General Objectives:

Students will gain an in-depth understanding of an issue in health ethics through a detailed study of sources, arguments, and commentaries on the issue

Students will be able to evaluate arguments on all sides of the issue

Students will take a position of their own and formulate an argument defending that position, and will be able to answer objections to the argument they have formulated

Students will be able to express themselves clearly and knowledgeably in written and oral form when discussing the topic covered in the course



SCHOOL OF GRADUATE STUDIES
Request for Approval of a Graduate Course

TO: The Dean, School of Graduate Studies
 FROM: Faculty/School/Institute Community Health and Humanities, Faculty of Medicine
 SUBJECT: Regular Course Special/Selected Topics Course
 Course Number and Title: MED 6806 - Introduction to the Canadian Health System

I. TO BE COMPLETED FOR ALL REQUESTS

- A. COURSE TYPE: Lecture Course Lecture Course with Laboratory
 Laboratory Course Undergraduate course (must specify the additional work at the graduate level)
 Directed Readings Other (Please Specify)

B. Can this course be offered by existing Faculty members? Yes No

C. Will this course require new funding (including payment of instructor, labs and equipment, etc.)? If yes, please specify: no

D. Credit Hours for this Course: 3

E. Estimated Number of Contact Hours Per Semester: 39

F. Course Description: (Reading list is required.)
 please see attached syllabus

| G. Method of Evaluation | Percentage | |
|--|------------|-------|
| | Written | Oral |
| Class Tests | _____ | _____ |
| Assignments | <u>90</u> | _____ |
| Other (Specify) <u>student participation</u> | <u>10</u> | _____ |
| Final Examination | _____ | _____ |
| TOTAL: | <u>100</u> | _____ |

II. TO BE COMPLETED FOR SPECIAL/SELECTED TOPICS COURSE REQUESTS ONLY

For Special/Selected Topics Courses, there is no evidence of

- | | |
|---|-----------------------|
| | Instructor's Initials |
| 1. duplication of thesis work; | _____ |
| 2. double credit; | _____ |
| 3. work that is a faculty research project; | _____ |
| 4. overlap with existing courses. | _____ |

Recommended for offering in _____ Semester, 200_____.
 Length of session if it is less than a semester. _____

III. This Course Proposal has been prepared in accordance with General Regulations governing the School of Graduate Studies and was approved by:

Steve Buckley
 Head of Academic Unit

April 13, 2011
 Date

Vicente Medel
 Instructor of Course

April 21/11
 Date

IV. This Course was Approved by the Faculty/School/Institute Council

Sharon Rivers
 Secretary, Faculty/School/Institute Council

Jan 26 2012
 Date

**Introduction to the Canadian Health System
MED 6806
Course Outline**

Version: January 20, 2011

Instructor:

Victor Maddalena, PhD,
Assistant Professor, Health Policy
Faculty of Medicine
Division of Community Health and Humanities
Health Sciences Centre Room#
Tel: 709-777-8539
Fax: 709-777-7382
e-mail: victorm@mun.ca

Introduction

The goal of this course is to provide a broad overview of the Canadian healthcare system. This course will examine the history and evolution of Canada's health care system, including important milestones in the development of federal and provincial health policy, legislation and regulation, funding and delivery of health services, key governmental and organizational structures and processes that are foundational to health service delivery. This course will also examine the role that non-governmental, for-profit, health professional, voluntary and charitable not-for profit organizations play in the delivery of health services. The course will also examine the role that complementary and alternative approaches to health care play in the delivery of health services.

Objectives

Upon successful completion of this course, students will be able to:

- ❑ Understand the evolution of Canada's health care system;
- ❑ Describe the contribution of dominant values, ideas and policy paradigms in shaping Canadian health policy;
- ❑ Explain the contribution of political, social, and economic forces and actors in the development of Canadian health care service delivery;
- ❑ Explain and critique the role of key stakeholders in crafting Canada's health care system including: politicians, bureaucrats, the media, professionals, provider institutions and consumer interest groups;
- ❑ Identify the responsibility for health services among Federal, Provincial and Municipal levels of government;
- ❑ Describe the funding of health services and the resource allocation decision-making processes for health services.

- Describe the process that governments utilize when developing and evaluating health policy.
- Understand the structures and processes associated with health service governance, and service delivery.

Key Concepts

- Historical evolution of Canada's health care system;
- Values and ideology underlying the Canadian health care system;
- Funding and resource allocation process arising from federal and provincial agreements;
- Roles of NGO, for profit and not-for profit organizations;
- Health human resources;
- Federal and provincial roles responsibilities for health service delivery and policy;
- Alternative approach to health and health care;
- Public participation in health care.

Course Format

- Classes will commence on XXXX and conclude on XXXX. All classes will be on XXX from XX to XX.
- **Readings:** A number of readings will be assigned each week. The readings provide insight into fundamental aspects of the health care system. Readings will be taken from text books, as well as relevant peer reviewed journals, grey literature, government reports and on-line sources. All readings will be made available on D2L.
- **Lectures:** Each week, an overview of the topic and key points from the readings will be presented in lecture format. Guest speakers will be invited for specific topics.
- **Class Participation:** Class participation accounts for 10% of the course evaluation. Students are expected to provide regular input on the discussion questions during the weekly classes.
- **Student Assignments:** (Described below)

Summary of Course Assignments/Method of Evaluation

Students will be evaluated according to the following course requirements:

| | |
|-----------------------|-------------|
| Short Paper | 15% |
| Briefing Note | 25% |
| Term Paper | 25% |
| Book Review | 25% |
| Student Participation | 10% |
| Total | 100% |

In general:

- Please proofread your papers and assignments for spelling and grammar!
- Write in an acceptable academic style; do not write in point form.
- If you use someone's material, use references (APA Format)
- Please do not exceed page length for assignments.
- Students will be responsible for reading assigned readings.
- Do Not use Wikipedia as a source!!**

Description of Course Assignments

1. Short Paper (contemporary Health Issue in the media)

Students will be required to prepare a 2-page (single spaced) 12 point font, 1 inch margins) paper on an issue directly related to the Canadian health care system (federal or provincial) that is in the news. Students should follow the following headings while preparing their short paper:

- Title of the news story
- Source of the news story (Attach the newspaper article or cite the URL if web-based)
- Define the problem. Why is this issue in the news? Who are the major players and what are their positions on the issue?
- What is the potential, intended, or actual impact (+/-) on the health of the population as a result of the issue?
- Conclusions

Note: Use 12 point font, one inch margins, single spaced. Paper not to exceed 2 pages (references may be cited on a 3rd page). Cover page not required.

Value: 15%

Due Date: XXX

2. Briefing Note

Associations, NGOs, for-profit or not-for-profit societies representing the various health professions or special interests frequently conduct research or surveys in an attempt to lobby or influence policy-makers, or to influence public support on a particular issue.

You will be given three position papers from which you will be required to select one to use as the source document for this assignment. The position papers will be examples of documents that organizations have submitted to government with the express purpose of trying to influence various aspects of the health care system and/or health policy.

When you have selected and read a copy of the Position Paper, you will be required to prepare a (three page) Briefing Note for the Deputy Minister as if you are a Policy Analyst working in the Department of Health and Community Services. Follow the Briefing Note format that will be presented and discussed in class. Review the document with the aim of summarizing and analyzing its essential messages from the perspective of the Department of Health and Community Services having to respond to their position.

The Briefing Note will be marked based on the student's ability to concisely summarize and present the key points in the position/research paper, provide an analysis of the issues, and assess how the views presented will potentially influence the health care system.

Note: Use 12 point font, 1 inch margins, 3 pages, single spaced. Follow the format distributed in class.

Value: 25%

3. Term Paper:

Students will be expected to select, research, analyze and present a paper on an issue related to the Canadian health care system. The selection of a relevant issue is the responsibility of the student in consultation with the instructor. Choose a health issue that is currently in the news or is of special interest to you. Your topic does not necessarily have to fall within the "health care system", but it should be a topic that has an impact on the health of the population.

In your presentation of the issue, address the following questions as appropriate:

- Why is this issue of interest?
- Why is this issue relevant to the health of the population?
- If the issue is controversial, what are the various views?

- ❑ What are the potential long-term impacts (positive or negative) associated with this issue?
- ❑ How does this issue contribute to the overall advancement of a reformed health care system for Newfoundland and Labrador or Canada?
- ❑ What are the views of different stakeholders?
- ❑ What are the costs and opportunity costs associated with this issue?
- ❑ Concluding recommendations, opinions, potential future actions or implications.

Do not feel limited to the above questions. In general your paper should describe the issue, the controversy and what is the relevance of the issue to the health of the population.

Your paper should be a maximum of 7 pages in length. References and cover page are extra. Please use 12-point font, standard margins, double spaced.

Value 25%

4. Book Review

Navigating the health care system can be a challenging experience for many Canadians. The books selected for this assignment focus on aspects of consumer interaction with health services. Students will write a book review on one of the following texts:

- a. Simmie, S. (2002). *The Last Taboo: A Survival Guide To Mental Health Care In Canada*. McClelland & Stewart.
- b. Decter, M (2008). *Navigating Canada's Health Care*. Penguin Group Canada.

The book review should focus on the following:

- Summarize the author's main thesis
- How is the author's thesis relevant to health care in Canada today?
- Provide a critical analysis of the author's main thesis.

Your paper should be a maximum of 7 pages of text, (i.e. excluding cover page and references) in length. Please use 12-point font, standard margins, double spaced

Value: 25%

5. Class Participation/Article Presentation

Each student will be required to briefly present at least one of the articles designated as required reading for the course. Students will be evaluated on their ability to succinctly present a summary/critique of the article/chapter and lead a brief class discussion. **A one-page maximum (single spaced 12 point font) written summary of the article is required.** The one page summary should include: (approximately one paragraph each) a brief overview of the primary objective of the article, strengths and weaknesses of the article, and finally, one or two questions that will assist in leading the class discussion.

Value: 10%

Required Texts

To be determined.

University Policy on Plagiarism

All students in this class are to read and understand the policies on plagiarism and academic honesty referenced in the University Calendar 2008-2009, Section 4.11.4 Academic Offences, available at

<http://www.mun.ca/regoff/calendar/sectionNo=regs-0748> . Ignorance of policies is no excuse for violations.

Weekly Class Outlines

Week 1- Introductions and Course Overview

Week 2 – A Brief History of Canada’s Health System

Objectives:

- To introduce students to the history and structure of the Canadian health care system;
- To introduce the concept of federalism as it relates to health policy;
- To introduce the Canada Health Act.
- To introduce students to the history of public health in Canada.

Readings

- Armstrong P & Armstrong, H (2008). About Canada: Health Care. Halifax: Fernwood Publishing Chapter 2: How did we Get Here?
- Bryant T (2009). An Introduction to Health Policy. Toronto: Canadian Scholar’s Press.
 - Chapter 6: Overview of the Canadian Health Care System

- “Canada’s Health Care System” (pdf) Access via web: http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2005-hcs-sss/2005-hcs-sss-eng.pdf
- The Canada Health Act Access via web:
 - <http://laws.justice.gc.ca/en/C-6/>
- This is Public Health: A Canadian History: <http://cpa100.ca/history/history-e-book>

Online Resources:

Making Medicare: The History of Health Care in Canada, 1914-2007
<http://www.civilization.ca/cmc/exhibitions/hist/medicare/medic00e.shtml>

Week 3 – The Organization of Health Services: Provincial Structures and Regional Governance

Objectives:

- To introduce students to the structure of the provincial health service delivery system;
- To examine the process of implementation of regionalization in the Canadian health care system;
- To introduce students to the principles and practice of public sector governance as it relates to health system stewardship.

Readings

- (e-J) Church, J., & Barker, P. (1998). Regionalization of health services in Canada: A critical perspective. International Journal of Health Services, 28(3), 467-486.
- (e-J) Lewis, S. & Kouri, D. (2004). Regionalization: Making sense of the Canadian experience. Healthcare Papers, 5(1), 12-31.
- (e-J)Neville, D.B., Barrowman, G., Fitzgerald, B., & Tomblin, S. (2005). Regionalization of health services in Newfoundland and Labrador: Perceptions of the planning, implementation and consequences of regional governance. Journal of Health Services Research and Policy, 10(Supplement 2), 12-21.
- Maddalena, V. (2006). Governance, public participation and accountability: To whom are regional health authorities accountable? Healthcare Management FORUM, Fall/Automne, 32-37.
- Maddalena V (2010). An exploration of policy options to assist district health authorities in attending to the health need of African Canadians: A Case Study. Leadership in Health Services, 23(1), 1751-1879.

Week 4 – The Financing of Health Services

Objectives:

- To introduce concepts related to the funding of health services in Canada;
- To examine the changing profile of health funding in Canada since the creation of publicly funded health care in Canada.

Readings

- Bryant T (2009). An Introduction to Health Policy. Toronto: Canadian Scholar's Press.
 - Chapter 6: Overview of the Canadian Health Care System
 - Chapter 10: Canadian Federalism – the Canadian Social Union and Health Policy

Online Readings

- a. Braën A (2002). Health and the Distribution of Powers in Canada. Web access: <http://dsp-psd.pwgsc.gc.ca/Collection/CP32-79-2-2002E.pdf>
- b. Health Expenditures in Canada
http://canadaonline.about.com/gi/o.htm?zi=1/XJ&zTi=1&sdn=canadaonline&cdn=newsissues&tm=18&gps=305_232_1362_595&f=10&tt=14&bt=0&bts=0&zu=http%3A//secure.cihi.ca/cihiweb/dispPage.jsp%3Fcw_page%3Dstatistics_results_topic_macrospend_e%26cw_topic%3DHealth%2520Spending%26cw_subtopic%3DMacro%2520Spending
- c. Funding Health Care in Canada
<http://www.hc-sc.gc.ca/hcs-sss/finance/index-eng.php>

Week 5 – Health Human Resources

Objectives:

- To examine the role of health professionals in the delivery of health services in Canada;
- To examine the regulatory process in the education and licensing of health professionals in Canada;
- To examine the interrelationship among supply, production and demand for health professionals in health services;

Readings:

1. A Framework for Collaborative Pan-Canadian Health Human Resources Planning Prepared by the HHR Planning Subcommittee of the Advisory Committee on Health Delivery and Human Resources (ACHDHR). September 2000, Revised March 2007 http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/hhr/2007-frame-cadre/2007-frame-cadre-eng.pdf
2. Birch, S., O'Brien-Pallas, L., Alksnis, C., Tomblin Murphy, G., and Thomson, D. (2003). Beyond demographic change in health human resources planning: An extended framework and application to nursing. *Journal of Health Services Research and Policy*, 8(4), 225-229.
3. Maddalena V & Crupi A (April 2008). Synthesis Report on the Nursing Shortage in Canada: A Renewed Call for Action! Prepared for Canadian Federation of Nurses Unions, Ottawa. ISBN:978-0-9784098-1-4
4. Nursing Sector Study Corporation (May 2005). Building the future: An integrated strategy for nursing human resources in Canada: Phase I Final Report. . . . The Nursing Sector Study Corporation: Ottawa.
5. Sargeant JK, Adey T, McGregor F, Pearce P, Quinn D, Milev R, Renaud S, Skakum K, Dada N. (2010). Psychiatric Human Resources Planning in Canada. <http://publications.cpa-apc.org/media.php?mid=1015>

Week 6 – Rural, Northern and Remote Health Care in Canada**Objectives:**

- To explore the challenges associated with delivering health care in rural, northern and remote communities in Canada.

Readings

1. Simmons, L.A., Anderson, E.A. & Braun, B. (2008). Health needs and health care utilization among rural, low-income women. *Women and Health*, 47. (4). Pp. 53 – 69.
2. Eberhardt, M.S. & Pamuk, E.R. (2004). The importance of place of residence: Examining health in rural and non-rural areas. *American Journal of Public Health*, 94. (10). Pp. 1682 – 1686.
3. Statistics Canada. The health of rural Canadians: A rural-urban comparison of health indicators. *Rural and Small Town Canada Analysis Bulletin* (Cat. no. 21-006-XIE), October 2003; 4, (6).
4. Romanow, R. *Commission on the future of health care in Canada -- Final Report. Chapter 7 - Rural and remote communities.* November 28, 2002.
5. (e-J) Pierce, C. (2001). The Impact of Culture on Rural Women's Descriptions of Health. *Journal of Multicultural Nursing and Health*, 7(1), p. 50-53.
6. Fitzgerald, M. et al. (2001). Impact of Rural Living on the Experience of Chronic Illness. *Australian Journal of Public Health*, 9, 235-240.

7. (e-J) Casey, M., Thiedecall, K. & Kligner, J. (2001). Are Rural Residents Less Likely to Obtain Recommended Preventive Healthcare Services? American Journal of Preventive Medicine, 21 (ER3), p. 182-188.
8. (e-J) Haber, D. (2001). Health in Rural Settings: Contexts for Action. Family and Community Health, 24(1), p.82.
9. (e-J) Ricketts, T.C. (2000) Health Care in Rural Communities. Western Journal of Medicine, 173 (5), p. 294.

Online Resources:

Canada's rural communities: Understanding Rural Health and its Determinants <https://secure.cihi.ca/estore/productSeries.htm?pc=PCC336>

Week 7 – Complementary and Alternative Health Practices

Objectives:

- To examine the growth in complementary and alternative health practices in Canada;
- To understand how complementary health practices are being integrated in contemporary health practices;

Readings:

1. Andrews GJ, Boon H (Feb 2011) CAM in Canada: places, practices, research. Complementary Therapies in Clinical Practice, 17(1).
2. Bodeker, G. Burford, G. (2007) (Eds.) *Traditional Complementary and Alternative Medicine*. London, UK: Imperial College Press. p. 1-12
3. Canadian Association of Naturopathic Doctors (2011) Web resource: <http://www.cand.ca/index.php?36> Accessed January 3, 2011.
4. Fontaine. K. L. (2011). *Complementary and Alternative Therapies for Nursing practice. Chapter 1: Introduction*. Upper Saddle River, New Jersey: Pearson Education, Inc..
5. National Centre for Complementary and alternative Medicine (NCCAM). Web resource: *Homeopathy: An introduction*. Retrieved Jan 1, 2011, from <http://nccam.nih.gov/health/homeopathy/>.
6. National Centre for Complementary and Alternative Medicine (NCCAM). Web resource: *Naturopathy: An Introduction*. Retrieved Jan 1, 2011. <http://nccam.nih.gov/health/naturopathy/naturopathyintro.htm>
7. (e-J) Saks, M. (July 2001). Alternative Medicine and the Health Care Division of Labour: Present Trends and Future Prospects. Current Sociology, 49(3), 119-134.
8. Wolsko, P. et.al. (August 2000). Alternative/Complementary Medicine: Wider Usage Than Generally Appreciated. Journal of Alternative and Complementary Medicine, 6 (4), pp. 321-326.

9. Cramer, E. et al. (2003). Is Naturopathy as Effective as Conventional Therapy for Treatment of Menopausal Symptoms? The Journal of Alternative and Complementary Medicine, 9 (4), 529-538.
10. Barrett, B. (2003). Alternative, Complementary, and Conventional Medicine: Is Integration Upon Us? The Journal of Alternative and Complementary Medicine, 9(4), 417-427.
11. Long, A.F. & MacKay, H.C. (2003). The Effects of Shiatsu: Findings from a Two-Country Exploratory Study. The Journal of Alternative and Complementary Medicine, 9(4), 539-547.

Week 8 – Public Participation in Health Care in Canada

Objectives:

- To examine the role of the public in shaping health care in Canada;
- To examine the role of NGOs, volunteer and charitable organizations and private health care in Canada;

Readings:

1. Smith, BL (2003). Public Policy and Public Participation Engaging Citizens and Community in the Development of Public Policy. Prepared for Population and Public Health Branch Atlantic Regional Office Health Canada. http://www.phac-aspc.gc.ca/canada/regions/atlantic/pdf/pub_policy_partic_e.pdf
2. Abelson J, Eyles J. Public participation and citizen governance in the Canadian health system. Discussion paper submitted to the Commission on the Future of Health Care in Canada. Cat.No.CP32-79/7-2002E-IN; July 2002.
3. Fooks C, Maslove L. Rhetoric, fallacy or dream? Examining the accountability of Canadian health care to citizens. Health Care Accountability Papers No. 1. Canadian Policy Research Network; March 2004. Available from: www.cpm.ca
4. Pivik JR. Practical strategies for facilitating meaningful citizen involvement in health planning. Discussion Paper 23. Commission on the Future of Health Care in Canada; September 2002.

Week 9 – the Influence of the Pharmaceutical and Technological Industries

Objectives:

- To examine the role of the pharmaceutical industry in shaping health policy and service delivery

- To examine the role of the technology industry in shaping health policy and service delivery

Readings:

1. Clarke JN (2008). Health Illness and Medicine in Canada. 5th Edition. Oxford University Press. Chapter 15: The Medical Industrial Complex. P. 374-438.
2. Kitsis, EA (2011). Physicians and the pharmaceutical industry: working together on conflict of interest. American Journal of Bioethics. 11(1): 51-52.
3. Rothman SM, Raveis VH, Freidman A, Rothman DJ (2011). Health Advocacy Organizations and the Pharmaceutical Industry: An analysis of disclosure practices. American Journal of Public Health, January 13, 2011 (e-pub ahead of print).
4. Witty, A (2011). New strategies for innovation in global health: A pharmaceutical industry perspective. Health Affairs (Millwood) Jan. 30. (1), 118-126.
5. Katz D, Caplan AL, Marz JF (2010). All gifts large and small: Toward an understanding of the ethics of pharmaceutical industry gift giving. American Journal of bioethics, Oct 10: (10), 11-17
6. den Exter A (2009). European Commission takes on Big Pharma. Lancet, Aug 22, 374(9690); 599-600.
7. Cassels A (2008). Big Pharma and good corporate citizenship. CMAJ, Aug 26: 179(5), 411-412.

Video Resource:

Documentary: Big Bucks, Big Pharma: Marketing Disease & Pushing Drugs
<http://topdocumentaryfilms.com/big-bucks-big-pharma/>

Week 10 – The Influence of Health Reform Initiatives on Health Care in Canada

Objectives:

- To examine the role of inquiries, Task Forces and Royal Commissions in the shaping of health care in Canada;
- To explore the role of the public, media, professional stakeholder groups in the response to health reform initiatives.

Readings:

- Bryant T (2009). An Introduction to Health Policy. Toronto: Canadian Scholar's Press.
 - Chapter 7 – Health Care Reform in Canada

- Browne, A. (2004). Healthcare reform in Canada: The Romanow Report. Cambridge Quarterly of Healthcare Ethics, 13, 221-225.
- Simpson, J. (2004). Post-Romanow, post Kirby: Has Anything changed? Canadian Family Physician, 50, 208-212.
- Lewis, S. & Kouri, D. (2004). Regionalization: Making sense of the Canadian experience. Healthcare Papers, 5(1), 12-31.
- Neville, D.B., Barrowman, G., Fitzgerald, B., & Tomblin, S. (2005). Regionalization of health services in Newfoundland and Labrador: Perceptions of the planning, implementation and consequences of regional governance. Journal of Health Services Research and Policy, 10(Supplement 2), 12-21.

Week 11 – Contemporary Issue

This class will focus on a contemporary issue that is prominent in the news related to the Canadian Health Care System.

Week 12 - The Future of Health Care in Canada

Objectives:

- To introduce students to emerging social, economic and political factors influencing the future of health care in Canada.

Readings:

- a. Bryant (2009). An Introduction to Health Policy. Toronto: Canadian Scholar's Press. Chapter 12 The Future of Health Policy in Canada

Week 13 –TBA and Course Wrap up



**SCHOOL OF GRADUATE STUDIES
Request for Approval of a Graduate Course**

TO: The Dean, School of Graduate Studies
 FROM: Faculty/School/Institute Community Health and Humanities, Faculty of Medicine
 SUBJECT: Regular Course Special/Selected Topics Course
 Course Number and Title: MED 6815 - Health Ethics Practicum

I. TO BE COMPLETED FOR ALL REQUESTS

- A. COURSE TYPE: Lecture Course Lecture Course with Laboratory
 Laboratory Course Undergraduate course (must specify the additional work at the graduate level)
 Directed Readings Other (Please Specify) *practicum placements*

B. Can this course be offered by existing Faculty members? Yes No

C. Will this course require new funding (including payment of instructor, labs and equipment, etc.)? If yes, please specify: no

D. Credit Hours for this Course: 3

E. Estimated Number of Contact Hours Per Semester: 40

F. Course Description: (Reading list is required.)
 please see attached course description

| G. Method of Evaluation | Percentage | |
|--|------------|-----------------------------|
| | Written | Oral |
| Class Tests | _____ | _____ |
| Assignments | <u>50</u> | _____ |
| Other (Specify) <i>specified on course outline</i> | <u>50</u> | _____ |
| Final Examination | _____ | _____ |
| TOTAL: | <u>100</u> | <i>practicum activities</i> |

**II. TO BE COMPLETED FOR SPECIAL/SELECTED TOPICS COURSE
REQUESTS ONLY**

For Special/Selected Topics Courses, there is no evidence of

- | | Instructor's Initials |
|---|-----------------------|
| 1. duplication of thesis work; | _____ |
| 2. double credit; | _____ |
| 3. work that is a faculty research project; | _____ |
| 4. overlap with existing courses. | _____ |

Recommended for offering in _____ Semester, 200_____.
Length of session if it is less than a semester. _____

III. This Course Proposal has been prepared in accordance with General Regulations governing the School of Graduate Studies and was approved by:

Sharon Keenan
Head of Academic Unit

April 13, 2011
Date

[Signature]
Instructor of Course

April 20, 2011
Date

IV. This Course was Approved by the Faculty/School/Institute Council

Sharon Keenan
Secretary, Faculty/School/Institute Council

Jan 26 2012
Date

MED 6815 – Health Ethics Practicum

The practicum in health ethics is a required course that is taken in any semester (Summer, Fall, Winter) after the completion of the first two semesters of the Master's in health ethics.

A practicum is an opportunity to give the student exposure to the daily realities of health ethics in a variety of settings. The course will be a practical counterpart to the text- and classroom-based courses in the Master's program. The practicum will give students a chance to integrate the knowledge they have acquired in their previous courses with the habits and skills required of an ethicist working in the clinical, research, and policy milieu of health care.

Students will participate as active observers in three placements of about 4 weeks in length. The goal will be to give students a diversity of experience. Students will have one placement in each of the three categories.

1. Clinical ethics
2. Research ethics
3. Health policy

Examples:

1. A student could participate in activities of the Eastern Health ethics service, or in the activities of the (soon-to-be-created) Provincial Health Care Ethics Network. Such activities include participating in clinical ethics consultations, and in EH ethics committee meetings, or ethics staff meetings. At least one ethicist (Pullman, Brunger, or Kaposy) participates in each ethics consultation in EH, and one ethicist is a member of each of the ethics committees, so it would not be difficult to provide students access to these activities.
2. Students could participate in Human Investigations Committee (HIC) meetings. They could be given research protocols beforehand to read through and prepare for HIC meetings, and participate in discussions just as a regular member of the HIC would participate. Dr. Brunger is co-chair of HIC, so it would not be difficult to involve students in the committee's activities.
3. Students could sit in on EH management committee meetings, or participate in EH policy advisory committee meetings. We could arrange for a student to observe the operations of the EH public relations department, or the legal services department. A four-week placement in the provincial government's Department of Health and Community Services is also a possibility. The ethicists and the members of the EH Pastoral Care and Ethics department have links to many of these committees and departments.

Further details:

- Each semester the practicum will be supervised by a faculty member. The practicum supervisor and the student will arrange placements together at the beginning of the semester.
- Students will be required to devote a minimum of 40 hours during the semester participating in placement activities.
- The student may be asked to serve as a resource person during his or her placements. This may involve conducting research on an issue faced by one of the ethics committees, or may involve leading an education session for a group of health care workers. Background research and preparation for educational activities would count towards the student's time participating in placement activities.
- The practicum will require some overlap and flexibility in placement activities in order to maximize educational opportunities. For example, if a fascinating clinical ethics consultation occurs after a student has moved on from placement in clinical ethics to a placement in research ethics, the practicum would allow the student to participate in the consultation nonetheless.
- Students will document all activities in a journal. The journal will also be a venue in which the student reflects on his or her placement activities. The student must document ethical issues she encounters, how these issues were (or were not) resolved, and her thoughts about the experience. Placement journals will be graded by the practicum supervisor in consultation with site supervisors.
- The student will also be required to write a research paper that analyzes an ethical issue he or she encountered during the practicum.

Theories of Social Justice in Health
MED 6XXX
Course Outline

Note: unlike the other courses, this course has not yet been approved by the Faculty of Medicine. Approval will be sought at a later date

Version: January 4, 2012

Day/Time: TBA
Location: TBA
Office Hours: TBA

Instructor: Rebecca Schiff, PhD,
Assistant Professor, Aboriginal Health
Division of Community Health and Humanities
Faculty of Medicine
Labrador Institute
CNA Building, Happy Valley-Goose Bay
Tel: 709-899-0298
e-mail: rschiff@mun.ca

Course Description

Social justice is about the ways in which power and valued resources are distributed in society. This is a topic of interest and importance for a wide range of academic disciplines, including sociology, social theory, political philosophy, public policy, and health sciences. The first half of the course will introduce students to the subject on a theoretical and conceptual level. The second half will be concerned with the application of these theories and concepts to contemporary issues and debates in health and healthcare. This course will examine how oppression at personal, structural, and systemic levels affects different groups in society. This course provides an in-depth analysis of issues of social justice in health and health care. Questions of justice arise when multiple parties lay claim to finite resources and all claims cannot be accommodated, or when some groups are oppressed by current power structures. Do we have a right to be healthy? Should we all have equal access to health care? Is injustice built into our health care systems? Why is health to be valued as a social or individual good? We will attempt to answer such questions by reading and discussing various theories of justice as they relate to health.

Prerequisite

Permission of the instructor.

Course Requirements

- TBA

Course Competencies

The goal of this course is to explore theories of social justice and their application in the context of health and healthcare. At the successful completion of this course students will be able to:

1. Demonstrate an understanding of the concepts, definitions, and dominant philosophical theories of social justice and human rights.
2. Demonstrate an understanding of how theories of social justice and human rights apply to health and health care.
3. Identify, critically review, and discuss the ethical considerations raised through theories of social justice in regards to provision of and access to health and healthcare.
4. Demonstrate an understanding of the ways in which poverty and the intersectionality of marginalisation augment vulnerability. This includes an examination of features that predispose individuals, families or communities to marginalisation and vulnerability i.e. cross-cutting issues of income, race, ethnicity, culture, gender, disabilities, sexual orientation, employment, education will be examined.
5. Demonstrate an understanding of the concepts and principles of some of the methodological and ethical challenges associated with conducting research with marginalised communities.
6. Identify and discuss the unique challenges faced by marginalised groups with a particular focus on how the broad determinants of health influence the health status of marginalised groups.
7. Understand, analyse, and discuss the ways in which health policy, social policy, human rights legislation, governance structures, and social movements influence access to health and healthcare for marginalised groups.

Course Format

- Coursework will commence on September 7, 2011 and conclude on December 2, 2011.
- Course organization: The course is organized according to three Sections.
 - o Section I examines dominant philosophical theories of social justice and human and the application of these theories to communities that are marginalised in access to health and healthcare.
 - o Section II examines ways in which emerging theories of research, governance, and social movements for social justice inform the development of health policy and social policy.
- Readings: Various readings will be assigned each week. The readings provide insight into fundamental aspects of social justice issues in health.
- Students will be expected to comment, critique, review, and answer questions each week as assigned by the instructor.

Students with Special Needs

If you have a documented disability or require accommodations to obtain equal access to this course, please meet with me at the beginning of the semester or check out the services available through the Glenn Roy Blundon Centre.

Other Recommended Resources for Students

For help with writing skills, the Writing Centre has resources designed specifically for distance students. See the website for more information: <http://www.mun.ca/writingcentre/services/distance/index.php>

There are a variety of tutorials and drop-in services to assist you, as a graduate student, with a variety of learning needs such as writing a scholarly paper.

For help with specific personal concerns or other difficulties that are preventing you from doing your academic best, get confidential help by contacting the University Counseling Centre through or go to the Smallwood Centre, 5th floor, Rm. 5000 or call 737-8874.

For help with resources for online learning, including Desire2Learn and Elluminate Live! Technology, please consult the technical support department at Distance Education, Learning and Teaching Support (DELTS):

- By Phone - Local: 864-8700 (option 3) Toll Free: 1-866-435-1396
- By Fax - 709-864-4070
- <http://www.distance.mun.ca/forms/support/step1.php>

Evaluation of Student Performance

Evaluation of all activities will be based on the following guidelines:

- 92-100 Demonstrates outstanding comprehension and synthesis of material as well as highly sophisticated analytical and critical thinking; Points are always clearly articulated and easy to follow. Always prepared to actively participate in class activities. Offers precise, accurate, thoughtful responses to questions and promotes a superior level of discussion.
- 85-9 Demonstrates superior understanding of material as well as sophisticated analytical and critical thinking; Points are clearly articulated and easy to follow. Prepared to actively participate in class activities. Offers accurate and thoughtful responses to questions and promotes a high quality level of discussion.
- 75-84 Demonstrates familiarity with the material as well as some evidence of critical thinking; Points are generally well articulated. Usually prepared to participate in class activities; Responds well to most questions and promotes a good quality discussion.
- 65-74 Demonstrates basic familiarity with the material; points are raised but not developed or supported; or provides a summary of material with little analysis or reflection. Seldom prepared to participate in class activities. Demonstrates some difficulty responding to questions. Impedes critical discussion.
- 0-64 Demonstrates minimal or poor familiarity with material; analysis is absent, simplistic or unsupported; Points are poorly articulated; Provides only crude summary of material; Little evidence of preparation. Demonstrates significant difficulty responding to questions. Impedes, disrupts or detracts from critical discussion.

Assignments give you the opportunity to demonstrate your understanding and ability to integrate, evaluate and apply the principles and concepts learned in this course. Letter grades will be assigned in accordance with the MUN School of Graduate Studies guidelines. [Typically, students must pass or achieve 65% in EACH component of the course to successfully complete the course.]

Summary of Course Assignments/Method of Evaluation

Students will be evaluated according to the following course requirements:

| | |
|-----------------------|------|
| Term Paper | 45% |
| Reading Review | 20% |
| Group assignment | 20% |
| Participation/Posting | 15% |
| <hr/> | |
| Total | 100% |

In general for ALL assignments:

1. **Proofread** your assignments for spelling and grammar!
2. **Include a title page** with your name, date, course number and word count
3. **Number your pages!**
4. **DO NOT use bulletpoint format**; it is critical to develop the ability to describe an argument (your own or another person's argument) without using bulletpoints
5. **Reference** and use an acceptable referencing style (e.g. APA; Chicago; SS&M). Do not assume that what you know as fact is a fact; research everything to ensure that your statements and claims are accurate
6. **Do not exceed page length** for assignments
7. **Do Not use Wikipedia** (or similar websites e.g. dictionary .com) as a source!!
8. **Backup** your work often. **Computer failures do not fall in the category of acceptable circumstances for late assignments**
9. Personal opinions **ARE NOT acceptable** for critical analysis. **Your work for this course should be based in scholarly research and supported by evidence.**
10. **Contact the instructor** if you are not sure about requirements or expectations for an assignment or are having difficulty

Formatting criteria for written assignments

All written assignments must be:

- Submitted in .doc or .rtf format
- Submitted into the appropriate dropbox in D2L
- 12 pt font, Times News Roman, 2.0 space, standard margins of 2.54 cm on all sides

DUE DATE POLICY

Assignments are due by 11:59pm on the due date. Late papers will be penalized 3% per day late. No papers will be accepted if they are submitted one week (seven days) or more after the due date.

Exceptions will be made only in the case of acceptable circumstances (i.e. serious illness) and acceptable documentation. In the event of such a case, the request for an extension **must be made BEFORE the due date**. Unfortunately, computer failures do not fall in the category of acceptable circumstances.

Description of Course Assignments

A. Term Paper: Students will be expected to select, research, analyze and present a term paper on an issue related to social justice in health. The selection of a relevant issue is the responsibility of the student in consultation with the instructor.

Students will obtain approval for their paper topic by submitting an abstract, outline, and starting reference list for their paper. **Your outline should be in bullet-point form** using a hierarchical format. Your starting reference list should include at least 4 peer-reviewed (scholarly) references. **This is due by October 3. This is worth 5% of your final mark** for this course.

Your paper should be 5000 – 6000 words (about 20 - 25 pages in length). Additional pages are allowed for references and a cover page.

Other general guidelines for your term paper:

1. Subtitles can be a very useful tool for organising and clearly indicating your main points. Feel free to use subtitles to organise your argument for the reader.
2. Use direct quotes **only** as support for your argument; if you are going to use a quote then you should make your point first and then use a quote to provide further support or explanation. **ALL** direct quotes should have page numbers where you found the quote (paragraph number for websites)
3. **Reference, reference, reference.** If in doubt: reference. It is better to have too many references than not enough. If something you are saying could be interpreted as a "debatable" point then use a reference (or several) to back it up. Do not use references in your introduction or conclusion paragraph.
4. Have an introduction and conclusion. Your introduction and conclusion should **ONLY** summarise the main points of your paper; i.e. in the introduction say what you are going to say and in the conclusion say what you said (the main points) in your paper. **NEVER** introduce new ideas, facts, or recommendations in your conclusion. If, for example, you want to "recommend areas for further research" then you need to do this in the body of your paper. You can then repeat it in your conclusion but should not introduce it as a new idea in your conclusion.
5. Try to make sure that your argument has a logical flow and that there are no big jumps made between ideas or main points; a good way to ensure logical flow is to make sure that between each main point there is a transition sentence or paragraph which connects the previous main point to the next.

Value: Term Paper **45%**

Please Note: Students will also do a short (informal) presentation of their term paper (5-10 minutes max.)

Students will be graded on the following:

1. Abstract, Outline, and Starting Reference list
5 points
2. Format and presentation (this includes grammar, sentence structure, writing style, formatting, organization and citation of references).
10 points
3. Critical analysis, discussion, research
15 points
4. Structure and organisation (introduction, conclusion, organisation and coherent presentation)
10 points
5. "Oral" Presentation
5 points

Total Value: 45 points

Due Date: November 11 (& presentation as assigned)

B. Reading Review

Students will be required to submit a review of one of the assigned readings for a selected week of class. You will select your reading in the first week of class. Students are expected to provide questions to stimulate discussion among other class members. You must provide in your review:

1. A summary of the author's argument (Overall message and main points)
2. Critical analysis of the author's findings, recommendations, arguments, or conclusions
3. Questions to stimulate discussion

The review should be 500 – 750 words (approximately 2 to 2.5 pages) in length

General guidelines for your reading review

1. Do not use bullet point format
2. Make sure that your summary of the article is no longer than half of the total length of your assignment (no longer than 250 words or 1 page)
3. Do not use personal opinions for your critique (e.g. "I liked the author's writing style" or "The writing was good and well organized" or "I agree with the author"); Your critique should reflect critically on the issues presented in the article, **be based in scholarly research, and supported by evidence**
4. **You do not need a title page but should include your name, page numbers, full reference for your article and reference list**

Total Value 20%

Due Date: As assigned

Students will be graded on the following:

1. Format and presentation (this includes grammar, sentence structure, writing style, formatting, organization and citation of references).
4 points
2. Summary of the article (structure, coherence, ability to be concise)
8 points
3. Critical analysis (research of issue, originality of critique, questions)
8 points

Value: Reading Review

20%

Due Date: As assigned

Total Value: 20%

Due Date: Monday of the week of your assigned reading (i.e. date located next to your week number in the “weekly outline” section of this syllabus)

C. Group assignment: Briefing Note

Associations or societies representing the various health professions frequently conduct research or surveys in an attempt to lobby or influence policy-makers, or to win public support on a particular issue.

Select from among the following Position Papers and prepare a Briefing Note.

- i. *Community Food Security (2007). Position of Dietitians of Canada* Web access: http://vancouver.ca/COMMSVCS/socialplanning/initiatives/foodpolicy/tools/pdf/0704_DC_CFS_pos_paper.pdf
- ii. Rural obstetrics. Joint position paper on rural maternity care. Joint Working Group of the Society of Rural Physicians of Canada (SRPC), The Maternity Care Committee of the College of Family Physicians of Canada (CFPC), and the Society of Obstetricians and Gynaecologists of Canada (SOGC). Web access: *Can Fam Physician*. 1998 April; 44: 831–843. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2277824/pdf/canfamphys00050-0141.pdf?tool=pmcentrez>
- iii. CAEP Position Statement on Gun Control. Web access: <http://www.caep.ca/CMS/%7BBBF622016-6941-4410-AAC3-86133443F685%7D.pdf>

When you have obtained and read a copy of the document, prepare a (four page) Briefing Note for the Deputy Minister as if you are a Policy Analyst Team working in the Department of Health and Community Services. Review the document with the aim of summarizing and analyzing its essential messages from the perspective of the Department of Health and Community Services having to respond to their position. The Briefing Note will be marked based on the groups’ ability to concisely summarize and present the key points in the position/research paper, provide a critical analysis of the issues, and assess how the views presented will influence the health care system.

You must provide in your review:

1. A summary of the position paper (Overall message and main points)
2. Key Considerations which focus on a critical analysis of the recommendations or arguments of the position paper based upon your own research into the issue
3. Recommendations to the Department of Health and Community Services based on a combination of the arguments found the position paper and your own research

The review should be 1000 – 1250 words (approximately 4 to 5 pages) in length

General guidelines for your reading review

5. You may use bulletpoint format for the Recommendations section of your briefing note; Do not use bullet point format in your Summary and Key Considerations sections
6. Make sure that your summary of the article is no longer than half of the total length of your assignment (no longer than 500 words or 2 pages)
7. Do not use personal opinions for your critique (e.g. "I liked the author's writing style" or "The writing was good and well organized" or "I agree with the author"); Your critique should reflect critically on the issues presented in the article, **be based in scholarly research, and supported by evidence**
8. **You do not need a title page but should include your names, page numbers, full reference for your article and reference list**

Value: Briefing Note

20%

Due Date: October 21

Each student will be expected to submit a short (1/2 page) critical reflection on their own contribution and their group members' contribution to the group process

Students will be graded on the following:

4. Format and presentation (this includes grammar, sentence structure, writing style, formatting, organization and citation of references).
4 points
5. Summary of the issue (structure, coherence, ability to be concise)
8 points
6. Critical analysis (research of issue, originality of critique, recommendations)
8 points

D. Class Participation

Each week students are required to:

1. Participate in weekly class discussions. Inform the instructor IN ADVANCE if they are unable to participate for a particular week
2. Individually respond to the readings for the week and to each of the assigned questions for that week by posting comments in the designated areas in the course websites.

Students will be evaluated on their ability to critically (AND respectfully) respond to class discussion topics and readings.

Value 15%

Weekly Outline

SECTION I: THEORETICAL PERSPECTIVES ON JUSTICE

Week 1 (Month Day) Course Introduction

Class Objectives:

1. Provide an overview of course content and introductions of students and instructor

Required Readings:

None

Week 2 (Month Day) Introduction to Theories of Justice in Health

Class Objectives:

1. Develop knowledge of the predominant theories and concepts of justice in their many variant forms
2. Develop an understanding of the various answers to the ancient question – “what is justice?”
3. Develop an understanding of the relationship and interactions between overarching concepts of justice and health

Required Readings:

1. Cohen, R.L. (1986). Chapter 1 “Introduction” in **Justice: views from the social sciences**. New York: Plenum Press.
2. Daniels, N. (2002). “Justice, Health, and Healthcare” in *Medicine and social justice: essays on the distribution of health care*, Rhodes, M., P. Battin, A. Silvers (Eds). New York: Oxford University Press. Pp. 6-23.
3. Menzel, P.T. (2002). “Justice and the Basic Structure of Health-Care Systems” in *Medicine and social justice: essays on the distribution of health care*, Rhodes, M., P. Battin, A. Silvers (Eds). New York: Oxford University Press. Pp. 24=37

Week 3 (Month Day) Introduction to Social justice

Class Objectives:

1. Develop a knowledge and understanding of the history and development of social justice discourse
2. Develop an understanding of the basic concepts underlying theories of social justice

Required Readings:

1. Miller, D. 1999. The Scope of Social Justice in **Principles of Social Justice**. Cambridge: Harvard University Press. Pp. 1 – 21.
2. Jackson, B. 2005. The Conceptual History of Social Justice. *Political Studies Review*. 3: 356-373.

Week 4 (Month Day) Human rights & Social Justice

Class Objectives:

1. Develop a knowledge and understanding of human rights history, theory, discourse.
2. Develop an understanding of the relationship and interaction between human rights and social justice discourse.

Required Readings:

1. Ghai, Y. Human Rights and Social Development: Towards democratisation and social justice. Programme Paper #5. Geneva: United Nations Research Institute for Social Development. Pp. 1 – 43.

SECTION II: THEORIES OF SOCIAL JUSTICE IN HEALTH

Week 5 (Month Day) Utilitarianism

Class Objectives:

1. Develop an understanding of utilitarian theories and their application to social justice discourse.
2. Develop ability to critically analyse the ways in which utilitarian theory is applied to the design of healthcare systems and delivery of healthcare.

Required Readings:

1. Chapters 1, 2, & 5 in: Mill, John Stuart (1906). Utilitarianism. Chicago, IL: University of Chicago Press.
http://books.google.com/books?id=nhERAAAAYAAJ&printsec=frontcover&source=gbs_v2_summary_r&cad=0#v=onepage&q=&f=false.
2. Häyry, M. (2002). “Utilitarian Approaches to Justice in Healthcare” in Medicine and social justice: essays on the distribution of health care, Rhodes, M., P. Battin, A. Silvers (Eds). New York: Oxford University Press. Pp. 53-64.

Week 6 (Month Day) Social Justice: Rawls’ Theory of Justice and its Critics

Class Objectives:

1. Develop an understanding of Rawl’s Theory of Justice, its role in contemporary social justice discourse, and critiques of this theory.
2. Develop ability to critically analyse the ways in which Rawlsian theory is applied within the context of healthcare systems and health services delivery.
3. Develop an understanding of recent theories which reflect on concepts of redistribution of power and cultural recognition as the most significant issues in social justice discourse.

Required Readings:

1. Kukathas, C. and Petit, P. (1990). "John Rawls: A Theory of Justice" in Rawls: A Theory of Justice and Its Critics. Cambridge: Polity Press.
2. Meikle, V. "Rawls 'a Theory of Justice'" and its Critics." *McGill Law Journal*. April 1, 2001. <http://www.thefreelibrary.com/Rawls+%22a+Theory+of+Justice%22+and+its+Critics.-a0116527085>.
3. Moskop, J.C. (1983). Rawlsian Justice and a human right to healthcare. *Journal of Medical Philosophy*. 8(4): 329-38.

Week 7 (Month Day) Challenges to Theories of Distributive JusticeClass Objectives:

1. Develop an understanding of Rawl's Theory of Justice, its role in contemporary social justice discourse, and critiques of this theory.
2. Develop ability to critically analyse the ways in which Rawlsian theory is applied within the context of healthcare systems and health services delivery.
3. Develop an understanding of recent theories which reflect on concepts of redistribution of power and cultural recognition as the most significant issues in social justice discourse.

Required Readings:

1. Young, I.M. (1990). Introduction in **Justice and the Politics of Difference**. Princeton: Princeton University Press. Pp. 3 – 14.
2. Fraser, N. (1995). Recognition or Redistribution: A critical reading of Iris Young's Justice and the Politics of Difference. *Journal of Political Philosophy*. 3(2): 166-180.
3. Farmer, P. (2005). Chapter 5 in **Pathologies of power: health, human rights, and the new war on the poor**. Berkeley: University of California Press. Pp. 139 – 159.
4. Spencer, M.S. (2008). A Social Worker's Reflections on Power, Privilege, and Oppression. *Social Work*. 53(2): 99-101. <http://courts.mi.gov/scao/services/CWS/Materials/10-056-09-CPP-TabD.pdf>

Week 8 (Month Day): Identity Politics and Intersectionality in Social Justice DiscourseClass Objectives:

1. Develop an understanding of conceptualisations of identity and theories of group politics as central issues in social justice discourse.
2. Develop an understanding of the significance of theories of intersectionality in understanding social justice theory and social justice in health.

Required Readings:

1. Braveman, P., Gruskin, S. (2003). Defining Equity in Health. *Journal of Epidemiology and Community Health*. 57(4): 254 – 258.
2. Schulz, Amy J. (Ed); Mullings, Leith (Ed). (2006). Intersectionality and Health: An Introduction in **Gender, race, class, & health: Intersectional approaches**. San Francisco: Jossey-Bass. Pp. 3-17.

SECTION III: ACHIEVING SOCIAL JUSTICE IN HEALTH**Week 9 (Month Day) Achieving Social Justice in Health through Human rights**Class Objectives:

3. Develop a knowledge and understanding of human rights history, theory, and relationship to concepts of social justice.
4. Develop an understanding of the relationship and interaction between human rights and social justice discourse.

Required Readings:

3. Farmer, P. (2005). Introduction in **Pathologies of power: health, human rights, and the new war on the poor**. Berkeley: University of California Press. Pp. 1 – 22.
4. Baumrin, B.H. (2002). “Why There Is No Right to Healthcare” in *Medicine and social justice: essays on the distribution of health care*, Rhodes, M., P. Battin, A. Silvers (Eds). New York: Oxford University Press. Pp. 78-83.
5. Hessler, K. and Buchanan, A. (2002). “Specifying the Content of the Human Right to Healthcare” in *Medicine and social justice: essays on the distribution of health care*, Rhodes, M., P. Battin, A. Silvers (Eds). New York: Oxford University Press. Pp. 84-101

Week 10 (Month Day) Social Movements for Social Justice in HealthClass Objectives:

1. Develop an understanding of theories of social change and social movement theory.
2. Develop ability to identify and critically analyse social movements in health.
3. Develop ability to critically analyse the ways in which utilitarian and Rawlsian theory manifests in social movements in health.

Required Readings:

1. Brown, P., Zavestosk, S., McCormick, S., Mayer, B., Morello-Frosch, R., Altman, R.G. (2004). Embodied Health Movements: New approaches to social movements in health. *Sociology of Health and Illness*. 26(1): 50-80.

Week 11 (Month Day) Governance and the Future for Social Justice in HealthClass Objectives:

1. Develop ability to critically analyse varied approaches to governance for social justice in health.
2. Develop understanding of the importance of achieving social justice for improved global health outcomes.
3. Develop ability to critically analyse the ways in which utilitarian and Rawlsian theory manifests in discourse on governance for social justice in health.

Required Readings:

1. Ruger, J.P. (2006). Ethics and governance of global health inequalities. *Journal of Epidemiology and Community Health*. 60(11): 998-1003.
2. Himmelman, A.T. (2001). "On the Theory and Practice of Transformational Collaboration: From social service to social justice" In *Creating Collaborative Advantage*, C. Huxham, Ed. London: Sage Publications.
3. Daniels, N., Kennedy, B.P., Kawachi, I. (1999). Why justice is good for our health: The social determinants of health inequalities. *Daedalus*. 128(4): 215-251.

Week 12 (Month Day) Student Presentations**Week 13 (Month Day) Course wrap-up and evaluation****Misconduct, Plagiarism, and Copyright information****Academic Misconduct**

The University has a policy on academic misconduct that I support and will enforce. Academic misconduct takes many forms and includes, but is not limited to plagiarism, submitting a product prepared in whole or in part by another person, buying or selling term papers, and submitting the same piece of work twice for academic credit. For more details, you are encouraged to consult the University calendar. If you need further clarification, make an appointment with a librarian or someone in the Writing Centre.

University Policy on Plagiarism

All students in this class are to read and understand the policies on plagiarism and academic honesty referenced in the University Calendar 2008-2009, Section 4.11.4 Academic Offences, available at <http://www.mun.ca/regoff/calendar/sectionNo=regs-0748> . Ignorance of such policies is no excuse for violations.

The lectures and displays (and all material) delivered or provided in “Theories of Social Justice in Health” by Rebecca Schiff, including any visual or audio recording thereof, are subject to copyright owned by Rebecca Schiff. It is prohibited to record or copy by any means, in any format, openly or surreptitiously, in whole or in part, in the absence of express written permission from Rebecca Schiff any of the lectures or materials provided or published in any form during or from the course.

Appendix B – Final Projects

In their second year of study towards the Master's in health ethics, a final project is required. Students have the option of (a) researching and writing a thesis, (b) researching and writing three research papers, or (c) conducting a capstone project. Each of the options requires supervision by a faculty member. Each of these options are fellowship eligible.

Thesis

The thesis is a substantial piece of original research in health ethics. Students who choose the thesis option will be supervised by one of the ethicists in conjunction with a committee of other faculty members. The supervisor and committee will assist in developing the research idea, and guiding the student in undertaking the project. All of the regulations and procedures currently in force regarding the writing of a thesis for the M.Sc.Med. in Community Health will also apply to the thesis option in the Master's program in health ethics.

The thesis option is intended for students who would like to pursue a research-intensive Master's degree. This option would be ideal for students who plan to continue on to a Ph.D. program in health ethics.

MED 6820 – Health ethics research papers

For this option, students will conduct research on three topics and write three high-quality research papers. The topics could be closely related aspects of a more general theme, or they could be three unrelated topics that capture the student's interest. Students who choose this option must be supervised by a faculty member who will help guide the research. The project will be considered complete when each paper has been approved by the supervising faculty member and another faculty member qualified to evaluate the work. Since researching and writing the research papers will be considered equivalent to a thesis in the amount of work, students may be required to polish and revise their research papers multiple times before they are approved. The student and supervising faculty member will meet regularly to discuss the progress of the research papers. These meetings will be documented in reports to the office of research and graduate studies. (An official form will need to be created for this purpose).

This option may appeal to students who want to conduct research but do not wish to focus on one topic or to produce a single lengthy piece of writing. This sort of final project will be suitable for students who intend to treat the Master's in health ethics as a terminal degree.

MED 6825 – Health ethics capstone project

For this option, the student will work together with a faculty supervisor and external organizational representatives to develop a project that addresses a practical need within a healthcare organization or institution. For instance, an ethical issue faced by an organization may require some background research, stakeholder consultation, or analysis. The student would lead the initiative, and create a ‘deliverable’ at the end (e.g. a set of recommendations, an ethical framework for thinking about the issue, a syllabus for an ethics education initiative). The deliverable will be considered complete subject to approval by the faculty supervisor in consultation with representatives of the organization for which the project is being undertaken. The student and supervising faculty member will meet regularly to discuss the progress of the project. These meetings will be documented in reports to the office of research and graduate studies. (An official form will need to be created for this purpose).

When a capstone project involves research, originality is not expected – rather, students will be expected to synthesize existing research, apply research knowledge to the organizational issue, and communicate their findings to those who will use the knowledge.

This option is intended for students more interested in the practical side of health ethics, or for students with no intention of pursuing further graduate study in the field. It would be suitable for those who consider the Master’s in health ethics to be a terminal degree.



SCHOOL OF GRADUATE STUDIES
Request for Approval of a Graduate Course

TO: The Dean, School of Graduate Studies
FROM: Faculty/School/Institute Community Health and Humanities, Faculty of Medicine
SUBJECT: Regular Course Special/Selected Topics Course
Course Number and Title: MED 6820 - Health ethics research papers

I. TO BE COMPLETED FOR ALL REQUESTS

- A. COURSE TYPE: Lecture Course, Lecture Course with Laboratory, Laboratory Course, Undergraduate course, Directed Readings, Other

B. Can this course be offered by existing Faculty members? Yes No

C. Will this course require new funding (including payment of instructor, labs and equipment, etc.)? If yes, please specify. no

D. Credit Hours for this Course: 3

E. Estimated Number of Contact Hours Per Semester: 39

F. Course Description:(Reading list is required.) Please see attached description of this option for a final project.

Table with 3 columns: Method of Evaluation, Written, Oral. Rows include Class Tests, Assignments, Other (Specify), Final Examination, and TOTAL.

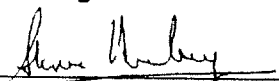
**II. TO BE COMPLETED FOR SPECIAL/SELECTED TOPICS COURSE
REQUESTS ONLY**

For Special/Selected Topics Courses, there is no evidence of

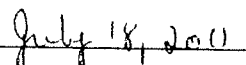
- | | Instructor' s Initials |
|--|------------------------|
| 1 . duplication of thesis work; | _____ |
| 2 . double credit; | _____ |
| 3 . work that is a faculty research project; | _____ |
| 4 . overlap with existing courses. | _____ |

Recommended for offering in _____ Semester, 200_____.
Length of session if it is less than a semester. _____

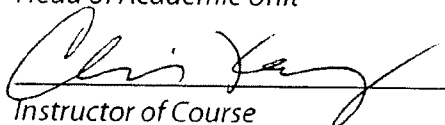
III. This Course Proposal has been prepared in accordance with General Regulations governing the School of Graduate Studies and was approved by:



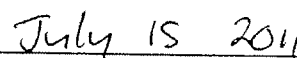
Head of Academic Unit



Date

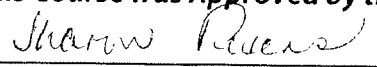


Instructor of Course

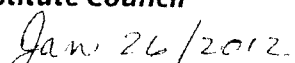


Date

IV. This Course was Approved by the Faculty/School/Institute Council



Secretary, Faculty/School/Institute Council



Date



**SCHOOL OF GRADUATE STUDIES
Request for Approval of a Graduate Course**

TO: The Dean, School of Graduate Studies
 FROM: Faculty/School/Institute Community Health and Humanities, Faculty of Medicine
 SUBJECT: Regular Course Special/Selected Topics Course
 Course Number and Title: MED 6825 - Health ethics capstone project

I. TO BE COMPLETED FOR ALL REQUESTS

- A. COURSE TYPE: Lecture Course Lecture Course with Laboratory
 Laboratory Course Undergraduate course (*must specify the additional work at the graduate level*)
 Directed Readings Other (*Please Specify*)

B. Can this course be offered by existing Faculty members? Yes No

C. Will this course require new funding (including payment of instructor, labs and equipment, etc.)? If yes, please specify: no

D. Credit Hours for this Course: 3

E. Estimated Number of Contact Hours Per Semester: 39

F. Course Description: (*Reading list is required.*)
 Please see attached description of this option for a final project.

| G. Method of Evaluation | Percentage | |
|-------------------------|------------|-------|
| | Written | Oral |
| Class Tests | _____ | _____ |
| Assignments | <u>100</u> | _____ |
| Other (Specify) _____ | _____ | _____ |
| Final Examination | _____ | _____ |
| TOTAL: | <u>100</u> | _____ |

**II. TO BE COMPLETED FOR SPECIAL/SELECTED TOPICS COURSE
REQUESTS ONLY**

For Special/Selected Topics Courses, there is no evidence of

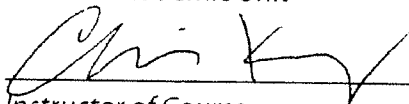
- | | Instructor's Initials |
|---|-----------------------|
| 1. duplication of thesis work; | _____ |
| 2. double credit; | _____ |
| 3. work that is a faculty research project; | _____ |
| 4. overlap with existing courses. | _____ |

Recommended for offering in _____ Semester, 200_____.
Length of session if it is less than a semester. _____

III. This Course Proposal has been prepared in accordance with General Regulations governing the School of Graduate Studies and was approved by:



Head of Academic Unit

July 18, 2011
Date


Instructor of Course

July 15 2011
Date

IV. This Course was Approved by the Faculty/School/Institute Council


Secretary, Faculty/School/Institute Council

Jan 26 2012
Date

Appendix C – Master’s-Level Health Ethics Degree Programs in Canada

There are four different Master’s-level programs in health ethics in Canada.

- University of Toronto M.H.Sc. in Bioethics
- University of Toronto Collaborative Program in Bioethics
- McGill University Master’s Program in Bioethics
- Université de Montréal M.A. (Bioéthique)

As is noted earlier in this program proposal, it is possible to study health ethics in the context of a Master’s degree program in many Canadian university philosophy departments, and it is also possible to study for graduate degrees in interdisciplinary studies with a health ethics focus in some Canadian universities – Dalhousie and UBC are examples. We have not included a description of these programs in this Appendix because (strictly speaking) an MA degree in philosophy or an interdisciplinary studies Master’s are not equivalent to the specialized degree in health ethics we are proposing. Graduate course work in philosophy does not have the same focus on health ethics as would a Master’s devoted exclusively to this discipline. An interdisciplinary studies graduate student would be unlikely to have the same opportunities for organized practical experience in health ethics as we have proposed in this program.

We provide here a description of the four health ethics programs so that our proposal can be compared with existing Canadian graduate degrees in this field.

University of Toronto M.H.Sc. in Bioethics

Website: <http://www.jointcentreforbioethics.ca/education/mhsc.shtml>

The M.H.Sc. in Bioethics is intended to be a professional degree for “clinical practitioners and health care administrators who wish to increase their knowledge and skills in bioethics”.

The degree has a modular format, and is completed in two years. International students can complete the degree in one year.

There are 5 required courses in the first year, and 6 required courses (including a practicum) in the second year.

| | | |
|----------------|-----------------------------------|-------------------------------|
| <i>Year 1:</i> | Topics in Bioethics | Legal Approaches to Bioethics |
| | Foundations Seminar 1 | Resource Allocation Ethics |
| | Empirical Approaches to Bioethics | |

| | | |
|----------------|------------------------------------|---|
| <i>Year 2:</i> | Foundations Seminar 2 | Research Ethics |
| | Ethics Committees and Consultation | Practical Bioethics |
| | Bioethics Independent Study | Applied Learning in Bioethics (Practicum) |

University of Toronto Collaborative Program in Bioethics

Website: <http://www.jointcentreforbioethics.ca/education/cpb.shtml>

The Collaborative Program is intended for research students specializing in bioethics. Students enter the program by applying to one of the collaborating graduate units at the university, and then applying separately to the Collaborative Program in Bioethics. The collaborating units are

- Department of Rehabilitation Science
- Department of Health Policy, Management and Evaluation
- Institute of Medical Science
- Faculty of Law
- Faculty of Nursing
- Department of Philosophy
- Department of Public Health Sciences
- Centre for the Study of Religion
- Faculty of Social Work

Students are based in their home academic unit. To complete the program, students must take 3 courses (as part of the requirements for their degree in their home unit)

- A course in the philosophical foundations of bioethics
- A course on issues and case-studies in bioethics
- An ethics-related course from a list of courses administered by their home academic unit

The length of their program of study is determined by the length of the degree in their home unit. Students must also complete a thesis on a bioethics topic supervised by a faculty member on the Collaborative Program Committee.

McGill University Master's Program in Bioethics

Website: <http://www.mcgill.ca/biomedicalethicsunit/masters/>

The McGill program in Bioethics is meant to be flexible – appealing to health care professionals who want additional training in bioethics, as well as to students who have recently completed

their undergraduate studies. Application to the program takes place in two stages. First, the student must apply to a home discipline. Then the application is considered by the admissions committee of the bioethics program. The base disciplines affiliated with the bioethics program are

- Faculty of Religious Studies
- Department of Philosophy
- Faculty of Law
- Faculty of Medicine

Students are based in their home discipline, and must take two compulsory courses in bioethics:

- Bioethics Theory
- Bioethics Practicum

Students must also take an additional bioethics-related course offered by one of the affiliated disciplines, and write a thesis on a bioethics topic.

The program usually takes 2 years to complete. Students receive the degree of their respective home discipline.

Université de Montréal M.A. (Bioéthique)

Website: <http://www.bioethique.umontreal.ca/en/studies/masters.shtml>

The Université de Montréal program offers two streams: a research M.A. with a thesis, and a professional M.A. with directed study. Students are based in the Department of Social and Preventive Medicine in the School of Public Health.

Requirements for the M.A. vary, depending on the stream chosen by the student. The thesis-based degree requires 21 credits plus the thesis, and the directed study option has a 30 credit requirement, plus 15 credits of directed study. Both options have 3 required courses:

- A foundations course in bioethics
- A course in research methods in bioethics
- A Master's seminar in bioethics.

The program offers a practicum in bioethics, which is an elective.

Completion of either option would take about 2 years.

Appendix D – Proposed Regulations Governing the Degree

XX. Regulations Governing the Degree of Master of Health Ethics

Professor and Dean

J. Rourke

Professor and Associate Dean

XX

Professor and Assistant Dean

XX

The degree of Master of Health Ethics is offered by the Faculty of Medicine, delivering an advanced program of study for students from various academic fields who are interested in a flexible graduate degree designed to prepare them for a career in ethics within health care organizations or, for those students completing the research option, further study in health ethics at the Ph.D level.

The **General Regulations** of the School of Graduate Studies and the Degree Regulations outlined below will apply.

XX.1 Qualifications for Admission

Admission to the Master of Health Ethics is limited and competitive. The regulations and procedures for admission are as given under the **General Regulations** of the School of Graduate Studies governing Master's degrees. In addition, to be considered for admission applicants must have successfully completed a minimum of one senior level undergraduate course in Philosophy with substantial ethics content.

XX.2 Program of Study

1. The Master of Health Ethics degree is offered by full or part-time study. Candidates may choose one of three program options : (i) Thesis option, (ii) Non-thesis, Capstone Project option and (iii) Non-thesis, Research Papers option. It is anticipated that full-time students will complete the program in 4 semesters in accordance with **Table I - Master of Health Ethics Recommended Course Sequence for Full-Time Students**.
2. The program of study is the responsibility of the Supervisory Committee composed of a Supervisor and at least two other faculty members. It is the responsibility of the Supervisory Committee to meet regularly (at least annually) with the student and to provide guidance at all stages of the candidate's program. An annual report prepared by the Supervisor and signed by the student and all members of the committee is required to be submitted to the Assistant Dean of Research and Graduate Studies (Medicine).
3. All candidates must complete the following course requirements:
 - MED 6800
 - MED 6801
 - MED 6806
 - 3 elective courses (9 credit hours) chosen in consultation with the Supervisor. Elective courses may be selected from the elective courses listing below (excluding MED 6820, 6821, 6822 and 6825) or from other courses approved by the Supervisor.
4. In addition, all candidates must complete a Health Ethics Practicum (MED 6815). The practicum will include three placements during the semester in which it is taken, one in each of the following areas of health ethics: clinical ethics, research ethics and health ethics policy. Each placement will be approximately four weeks in length and students will be required to devote a minimum of 40 hours in overall placement activities. All course work identified in clause 3 above must be completed prior to initiation of the practicum.
5. Students must also complete one of the following in accordance with the program option to which they have been admitted:
 - a. A thesis, submitted in accordance with General Regulations **Theses and Reports** of the School of Graduate Studies.
 - b. Three Health Ethics Research Papers (represented as MED 6820)
Research topics will be chosen in consultation with, and approved by, the Supervisor. Students must register for the course MED 6820 in every semester during which they are completing one or more of the Research Papers necessary to satisfy this requirement. A grade of NC (No credit) will be awarded in all semesters prior to the final semester. A grade of 'B' or better is required in each of the three required Research Papers in order to successfully complete this requirement and receive a grade of 'Pass' in the final semester. Each paper will be evaluated by the supervising faculty member and another faculty member qualified to evaluate the work.

- c. A Health Ethics Capstone Project (MED 6825).
The Capstone Project will be chosen in consultation with, and approved by, the Supervisor. Students must register for the course MED 6825 in every semester during which they are completing the Capstone Project. A grade of NC (No credit) will be awarded in all semesters prior to the final semester. The completed Capstone Project will be evaluated by the supervising faculty member along with a representative of the external organization for which the project was undertaken.

Table I – Master of Medical Ethics Recommended Course Sequence for Full-Time Students

| Semester | Courses |
|---|---|
| Semester 1 Fall | MED 6806 Introduction to the Canadian Health System MED 6801 Important Cases in Health Ethics Elective Course |
| Semester 2 Winter | MED 6800 Health Ethics Theory Elective Course Elective Course |
| Semesters 3 & 4 Spring & Fall | MED 6815 Health Ethics Practicum, and completion of one of the following: <ul style="list-style-type: none"> • MED 6820 Health Ethics Research Papers • MED 6825 Health Ethics Capstone Project • Thesis |

XX.3 Courses

A selection of the following graduate courses shall be offered to meet the requirements of candidates, as far as the resources of the Faculty allow:

MED 6800 Health Ethics Theory
MED 6801 Important Cases in Health Ethics
MED 6803 Research Ethics
MED 6804 Public Health Ethics
MED 6806 Introduction to the Canadian Health System
MED 6807-6814 Special Topics in Health Ethics
MED 6815 Health Ethics Practicum
MED 6820 Health Ethics Research Paper
MED 6825 Health Ethics Capstone Project

Appendix E – Modifications Required in Existing Regulations

Please refer to the regulations listed in the *Calendar* under the title: “Regulations Governing the Degree of Master of Science in Medicine”

(found at <http://www.mun.ca/regoff/calendar/sectionNo=GRAD-0307>).

The required additions are underlined.

“The Faculty of Medicine offers the degree of Master of Science in Medicine in eight program areas: Applied Health Services Research, Cancer and Development, Cardiovascular and Renal Sciences, Clinical Epidemiology, Community Health, Human Genetics, Immunology and Infectious Diseases, and Neurosciences. Each program area has a Co-ordinator who is responsible for communicating the interests of the programs to the Faculty of Medicine Graduate Studies Committee and participates in the admission of graduate students into the program in Medicine. The Faculty of Medicine also offers the degrees of Master of Public Health and Master of Health Ethics.”

Appendix F – Letters of Support

The following individuals have provided letters of support for various aspects of the proposed graduate program in health ethics.

The letters of support follow this chart.

| Name | Title | Date of Letter | Aspect of Proposed Program |
|-----------------------|---|-----------------------|---|
| Mr. Paul Chancey | Director, MUN Centre for Institutional Analysis and Planning | December 2 2010 | Analysis of resource implications |
| Ms. Linda Purchase | Ethics Office, Human Investigations Committee, MUN Faculty of Medicine | January 13 2011 | Commitment to participate in research ethics phase of practicum |
| Dr. James Bradley | Head, Dept. of Philosophy | January 18 2011 | Support for program |
| Dr. Rick Singleton | Director, Pastoral Care and Ethics, Eastern Health | April 9 2011 | Commitment to participate in clinical ethics phase of practicum |
| Ms. Beverly Clarke | VP Regional Children's and Women's Health, Mental Health and Ethics, Eastern Health | April 8 2011 | Support for program, particularly clinical ethics phase of practicum |
| Ms. Janine Hickey | Human Resources Strategist, Eastern Health | February 21 2011 | Support for practicum placements within Eastern Health, confirming Affiliation Agreement between EH and Faculty of Medicine |
| Ms. Lisa Browne | Acting Director of Quality and Risk Management, Eastern Health | April 9 2011 | Commitment to participate in ethics policy phase of practicum |
| Ms. Elizabeth Kennedy | Director of Clinical Efficiency, Eastern Health | April 9 2011 | Commitment to participate in ethics policy and clinical ethics phases of practicum |
| Mr. Larry Kelly | Regional Director of Rehabilitation and Palliative Care Program, Eastern Health | April 11 2011 | Commitment to participate in ethics policy and clinical ethics phases of practicum |

| | | | |
|--------------------|---|-----------------|--|
| Ms. Marian Crowley | Director, Access and Privacy Office, Eastern Health | April 29 2011 | Commitment to participate in ethics policy and clinical ethics phases of practicum |
| Ms. Glenda Compton | Regional Director, Long Term Care Program, Eastern Health | June 7 2011 | Commitment to participate in ethics policy and clinical ethics phases of practicum |
| Dr. Kim Ian Parker | Head, Dept. of Religious Studies, MUN | December 9 2011 | Support for program |




Centre for Institutional Analysis and Planning

St. John's, NL, Canada A1C 5S7
Tel: 709 737 4016 Fax: 709 737 4775
www.mun.ca

December 2, 2010

TO: DR. CHRISTOPHER KAPOSY, DIVISION OF COMMUNITY HEALTH AND HUMANITIES, FACULTY OF MEDICINE

FROM: PAUL CHANCEY,  DIRECTOR CIAP

SUBJECT: **PROPOSED MASTER'S DEGREE IN HEALTH CARE ETHICS,
DIVISION OF COMMUNITY HEALTH AND HUMANITIES**

In accordance with the process for establishing new graduate programs at Memorial, I have reviewed the proposal for a Master's degree in Health Care Ethics.

My understanding of the proposal is that students will be charged the standard tuition rate which indicates that the program is not a premium fee program that would require more in-depth analysis on the part of CIAP. As I understand it, the program will take advantage of existing capacity and expertise and will require minimal additional resources. Based on the information that has been provided to me, it appears the resource implications of the program have been appropriately considered and other units that may be impacted by the program have been consulted as necessary.

I wish you every success in the implementation of the program.

c.c. Dr. E. Simpson, Vice-President (Academic) *Pro Tempore*
Dr. N. Golfman, Dean of Graduate Studies
Dr. J. Rourke, Dean of Medicine



Faculty of Medicine

Human Investigation Committee

2nd Floor, Bonaventure Place

95 Bonaventure Avenue

St. John's, NL Canada A1B 2X5

Tel: 709 777 6974 Fax: 709 777 8776

hic@mun.ca www.med.mun.ca/hic

January 10, 2011

Chris Kaposy, Ph.D.
Assistant Professor of Health Care Ethics
Division of Community Health and Humanities
Faculty of Medicine
Memorial University of Newfoundland
Health Sciences Centre
St. John's NL A1B 3V6

Dear Chris

In response to your email dated November 22, 2010 in which you requested a letter of support for the proposed ethics graduate degree program, the Human investigation Committee would be happy to provide a 4 week student practicum . During this practicum, after signing an oath of confidentiality, the student would be able to: receive protocols in advance of Committee meetings, attend meetings, observe office activities behind the scenes, attend policy advisory committee meetings, and attend board meetings where appropriate. This practicum placement will be supported and directed by the Ethics Officer and Co-chairs of the Human Investigation Committee.

We see this practicum as an important component of an ethics graduate program and as a valuable opportunity to educate others and to share the role and responsibilities of a research ethics committee.

Sincerely

A handwritten signature in cursive script that reads "Linda H. Purchase".

Linda Purchase
Ethics Officer, HIC

Cc Dr Fern Brunger, Co-Chair HIC
Dr Majed Khraishi, Co-Chair HIC