Government 94gk: The Politics and Ethics of Medical Care
Harvard University
Fall 2020

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Meeting Time: TBD based on student availability. Note that the first (optional) meeting during shopping week will be on Thursday, August 20th, 3-4pm.

The course will meet online. The Zoom link is accessible through the course Canvas site.

Enrollment and First Meeting: To enroll in the class, you must enter the Government Department lottery (see https://undergrad.gov.harvard.edu/gov-94-seminars) by submitting the online lottery form by 5pm on Friday, August 21st. Lottery results will be released by August 24th at the latest.

Overview

This course is an introduction to medical ethics and the ways in which political theory can inform our understanding of the moral and political dimensions of medical care. Using case studies as a launching point, we will explore ideas about autonomy, paternalism, beneficence, and distributive justice, and their application to issues such as informed consent, medical privacy, and the right to refuse care. For Fall 2020, the course will focus in particular on ethical and policy dilemmas that have arisen during the coronavirus pandemic, including questions about the distribution of scarce resources, the health effects of inequality, and balancing the needs of public health with concerns about individual liberty. Readings include classics of moral and political philosophy, writings by contemporary medical ethicists, Supreme Court decisions, and some empirical and historical studies.

Requirements and Grading

As this is a seminar, the main requirement is to come to class prepared and participate actively in class discussions. For 4 out of the 12 weeks, you are expected to write short responses to the readings (approximately 400-600 words) that will be circulated among the class (via Canvas). These responses are due 24 hours before class meets to allow your fellow students and the instructor to read and reflect on them. Late response papers will not be accepted. They will be graded on a √, √+, √- scale.

You are also required to attend the instructor’s office hours at least once by the 6th week of the course. This is an opportunity for both you and the instructor to get to know each other better and to discuss any course-related issues that are on your mind. You can sign up for an appointment during office hours at the link above.
Your participation in class, which includes completing the short responses, will count for 40% of your final grade. There will be a short, in-class midterm quiz during week VII to evaluate your understanding of the philosophical issues covered in class, which will count for 20% of your final grade. The remaining 40% of your grade will be determined by a seminar paper (approx. 15-20 pages) on one of the topics raised in this course or another topic related to medical ethics, to be chosen in consultation with the instructor. A short (1-2 page) paper proposal is due to the instructor by the last day of class, and the paper itself is due during the final-exam period on a date to be determined by the Registrar's Office.

**Expectations for Online Learning**

This course is being offered online through Zoom. In order for us to replicate, as much as possible, the experience of being in a classroom, you are asked to do the following for each of the seminar meetings:

1) Find a quiet room with no distractions. Please ask friends and family not to disturb you while the seminar meets.
2) Ensure ahead of time that your internet access, camera, and microphone are working properly.
3) During the session, please keep your camera on at all times (unless you have to leave briefly to use the restroom). If your camera is off, it is assumed that you are not paying attention to the discussion.
4) Close other windows on your computer that aren’t necessary for the course. Please do not engage in any non-course-related internet activities (e.g., shopping, email) while the course is in session.

Please keep in mind that your active participation is important not only for your own learning, but also to ensure that others are able to benefit from your contributions to the class discussion.

**Absences**

Because of the seminar format, there is no way to make up a missed class, and since we only meet 13 times throughout the semester, your attendance at all course meetings is crucial. In light of the fact that everyone has multiple outside commitments and sometimes conflicts are unavoidable, each student is allowed to miss one class, no questions asked, without penalty. To avail yourself of this option, you must email the instructor at least 4 hours before class begins to say that you won’t be attending that day.

Additional absences will be excused only in emergency situations (e.g., illness) and will require documentation. Otherwise, they will result in significant grade deductions.
Collaboration Policy

Discussion and the exchange of ideas are essential to academic work. For assignments in this course, you are encouraged to consult with your classmates on the choice of paper topics and to share sources. You may find it useful to discuss your chosen topic with your peers, particularly if you are working on the same topic as a classmate. However, you should ensure that any written work you submit for evaluation is the result of your own research and writing and that it reflects your own approach to the topic. You must also adhere to standard citation practices and properly cite any books, articles, websites, lectures, etc. that have helped you with your work. If you received any help with your writing (feedback on drafts, etc.), you must also acknowledge this assistance. Please speak with the instructor if you have any questions about collaboration.

Course Readings

The readings for this course are a mix of philosophical writings and case studies, with a few court cases and empirical/historical studies as well. Some of the philosophical writings are neutral explorations of theories, and some take specific, occasionally extreme, positions on a particular topic. The readings have been chosen to stimulate discussion and encourage you to critically examine your own views. None is intended to convince you to adopt a particular stance on any issue (nor, for that matter, does the instructor necessarily agree with the views put forth).

The following books are required reading:


Recommended (required parts will be available online on the course Canvas site):


The remaining readings will be available for download on the course Canvas site.

Summary of Topics to be Covered

- **Week 0**: Optional shopping week meeting
- **Week I**: The goal(s) of medicine
- **Week II**: Background philosophical perspectives: liberalism, utilitarianism, principlism, and virtue ethics
- **Week III**: The role of the state in health care
- **Week IV**: Health care in the United States: Dilemmas of access, affordability, and fairness
- **Week V**: Autonomy I: freedom, self-determination, and competency
- **Week VI**: Autonomy II: consent, honesty, and deception
- **Week VII**: The conflicting obligations of physicians
- **Week VIII**: Beneficence and paternalism
- **Week IX**: The ethics of health promotion
- **Week X**: Inequality and distributive justice in health care
- **Week XI**: Triage and the distribution of scarce medical resources in an emergency
- **Week XII**: The health effects of inequality
- **Week XIII**: Balancing individual rights and liberty with public health during a pandemic

Because the semester is only 13 weeks long, we will not have time to delve into all of the diverse and growing areas of medical ethics, or bioethics more generally. Topics that we will unfortunately not have time to cover include the ethics of bioengineering, genetic enhancement, and stem cell research; abortion; research and experimentation with human subjects; and the rights of parents to make medical decisions about their children. Students in the course may choose to address any of these topics in their seminar papers, after consultation with the instructor.

Schedule of Topics and Readings

**Week 0: Introduction**

After reviewing the course goals and expectations, we will discuss the types of cases to be considered in the course and talk about the field of medical ethics generally.

**Required Reading**: None

**Recommended Reading**:


**Week I: The Goal(s) of Medicine**

What are the ends that medicine seeks to promote? Is the only goal to treat disease? Is medicine a purely scientific enterprise? Should we view medicine’s successes based on its effectiveness in normalizing biomedical test results, or whether it allows people to live fuller, more autonomous lives? What are the ethical values implicit in medical care?

**Required Reading:**


**Recommended:**


**Week II: Background Philosophical Perspectives**

We will look at different philosophies that ground ethical thinking in medicine, including utilitarianism, principlism, and virtue ethics. What is the most convincing foundation on which to make ethical judgments in medicine? Do we need a comprehensive ethical theory in order to make ethical decisions?

**Required Reading**


Beauchamp and Childress, *Principles of Biomedical Ethics*, pp. 1-5, 10-15, 24-25, 351-367, 375-385. [Note: This is difficult reading that quickly covers several complex ethical theories. Don’t worry if you don’t understand it all on the first read; we’ll go through it during class.]


**Recommended Reading:**


**Week III: The Role of the State in Health Care**

The state plays a pervasive role in health care, especially in how medical services are allocated, who pays for them, and how affordable they are. We will look at some of the most important ways in which the government policy influences medical care and discuss their ethical implications.
Required Reading:

Primer on health insurance [posted on Canvas]


Recommended Reading:


Kaiser Family Foundation. *How Private Health Coverage Works.* April 2008. [Note: this is a very helpful short guide to understanding private insurance and it is still largely up to date, but because it was written in 2008, it doesn’t talk about the recent changes to health insurance in the U.S. brought about by the Affordable Care Act.]

**Week IV: Health Care in the United States: Dilemmas of Access, Affordability, and Fairness**

The United States faces particular problems in the provision of equitable, quality, affordable health care. We’ll take the lessons learned last week about tradeoffs in health policy and apply them to the current situation in the U.S., focusing on the success and limitations of the Affordable Care Act (Obamacare) and concerns raised this past year by the coronavirus pandemic.

Required Reading:


https://www.newyorker.com/magazine/2017/10/02/is-health-care-a-right.

**Recommended Reading:**


**Week V: Autonomy I: Freedom, Self-Determination, and Competency**

Autonomy is one of the central tenets of modern medical ethics, but the Hippocratic Oath doesn't even hint at it. Where do our modern notions of autonomy come from? What are the limits of autonomy, and when should doctors view patients as incapable of making decisions about their own medical care?

**Required Reading:**


**Recommended Reading:**

Beauchamp and Childress, *Principles of Biomedical Ethics*, pp. 101-120.

Medical ethicists often stress the importance of gaining informed consent for medical procedures as a way of respecting patient autonomy. However, the usefulness of informed consent has been questioned by those who think patients are incapable of making truly informed decisions about complex medical procedures. Is informed consent a useful tool, or should we find better ways to respect patient autonomy? And how should doctors treat patients suffering from conditions such as addiction that undermine the capacity for autonomous decision making?

Required Reading:


Recommended Reading:
**Week VII: The Conflicting Obligations of Physicians**

**Midterm quiz in class**

What are the roles we expect doctors to play besides, or as part of, providing treatment to patients? Should doctors be trying to drive down the cost of medicine by considering factors besides the most scientifically promising treatment for patients? Should doctors be holding back from providing futile treatment, often at a high cost, to patients? And how should we view doctors who use their medical training for non-therapeutic ends—are they violating their ethical duties, or possibly helping in a greater cause?

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**Required Reading:**


Recommended Reading:


Week VIII: Beneficence and Paternalism

Doctors approach medical problems with a vastly greater understanding than patients of the biological causes of disease and the risks and benefits of treatments. Under what circumstances should doctors overrule the treatment decisions of a patient who may be uninformed or displaying poor judgment? Should doctors rather than patients be making the hard decisions in medical care? What distinguishes paternalism from beneficence?

Required Reading:


Veatch, Patient, Heal Thyself, pp. 111-133

Recommended Reading:


Week IX: The Ethics of Health Promotion

If, as Benjamin Franklin said, “an ounce of prevention is worth a pound of cure,” then it might be better for doctors, and even the state, to encourage health-promoting behaviors and habits rather than treating and paying for the effects of dangerous or unhealthy lifestyles. However, campaigns to prevent obesity, encourage people to quit smoking, or promote exercise are viewed by some as overly intrusive on people’s private lives. How should doctors view their role in telling patients how to live their lives? Should the government be undertaking public health campaigns that criticize legal, if unhealthy, personal behavior?

Required Reading:


Recommended Reading:


Thaler and Sunstein, *Nudge*, remaining chapters.


**Week X: Inequality and Distributive Justice in Health Care**

How do theories of distributive justice inform our views about access to health-care resources? Is health care like any other scarce commodity, or does it have a unique status? How should scarce health resources be distributed? Are there times when aiming for equality in access to health care might violate other rights?

**Required Reading:**

Macklin, *Mortal Choices*, Chapter 10

Beauchamp and Childress, *Principles of Biomedical Ethics*, pp. 249-258


**Recommended:**


**Week XI: Triage and the Distribution of Scarce Medical Resources in an Emergency**

Emergency situations like a pandemic highlight the difficulty of fairly allocating scarce medical resources. How have shortages of crucial medical resources been handled during
the COVID-19 pandemic? How should they have been handled? What are the ethical underpinnings of a triage system, and are they defensible?

Required Reading:


Recommended Reading


Week XII: The Health Effects of Inequality

The link between health and inequality goes further than just unequal access to health-care resources: a large body of sociological and epidemiological data suggests that socioeconomic and racial inequality are causes of poor health. Should this change how we view inequality in our society? What are the political implications of viewing inequality as a cause of morbidity and mortality? Is it the government’s job to improve health by promoting socioeconomic equality, or does that exceed the government’s legitimate role?

Required Reading:


Recommended Reading:


**Week XIII: Balancing Individual Rights and Liberty with Public Health during a Pandemic**

**Final paper prospectus due**

The world has not faced a pandemic of similar scope and severity to COVID-19 in over a century. What are—and what should be—the limits of governmental power to address it? Are restrictions on freedom of movement through quarantines and shutdowns a violation of people’s rights, or a necessary temporary measure to address a once-in-a-lifetime emergency situation? And what ethical principles should guide the urgent research into vaccines and treatments that could end the pandemic?

Required Reading:


*Compagnie Francaise de Navigation a Vapeur v. State Board of Health, Louisiana, 186 U.S. 380 (1902)* (excerpt)

*Jacobson v. Massachusetts, 197 U.S. 11 (1905)* (excerpt)


Recommended Reading:
