



MEDICAL UNIVERSITY – PLEVEN

FACULTY OF PUBLIC HEALTH

DISTANCE LEARNING CENTRE

DEPARTMENT OF PUBLIC HEALTH SCIENCES

LECTURE No1

INTRODUCTION TO BIOETHICS

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THE 65- YEAR OLD MOTHER



- 65-year old woman after successful IVF with donor's ova and sperm, performed in 2010 (at 62-years of age), requested new procedure.
- In patient's view the sibling would provide support to the already born child in case of mother's death.
- Patient refuses consultation with a psychologist.

**You are the physician in this case.
What will you do?**



**WHAT ADDITIONAL INFORMATION DO
YOU NEED?**

- The patient herself is a psychiatrist and she is firmly convinced in the rightness of her decision.
- The patient believes that it is better to invest her savings in second IVF procedure and new pregnancy than to provide for the already born child.
- The patient is retired and lives alone with her child.
No relatives.

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LIFE COURSE PERSPECTIVES

LIFE COURSE-APPROACH

- Socially structured sequence of phases and trajectories
- Linked to social statuses, roles, options, and responsibilities
- Normative framework for personal choices and life decisions (“biographical schedule”)

LIFE COURSE-APPROACH I

AGE NORMS

Normative standards of age-appropriate behaviours.

- Deontic perspective
- Gender differences (double standard of aging)
- Subject to historical and intercultural variation

LIFE COURSE-APPROACH II

PHASE IDEALS

Evaluative measures of wellbeing and self-fulfillment at different life stages.

- Hedonistic perspective
- Biographical context
- Subject to historical and intercultural variation

LIFE COURSE-APPROACH III

DEVELOPMENTAL TASKS

Milestones of personal development and biographical timing.

- Between deontic and hedonistic (teleological)
- Individual life course
- Intersubjective approval/disapproval

AGE NORMS PERSPECTIVE

- Perceived naturalness of procreative phase and parent-child relation
- Negative normative evaluation of postponed parenthood
- Relation to responsibilities towards (prospective) children.
- She is “too old” to reproduce.
- It is not what women at this age are supposed to do.
- It is “unnatural”.

Backward-looking story

2010

- The patient – 62-year-old psychiatrist K.D. – Bulgaria's oldest first-time mother
- The authorities had refused to let her adopt a child because of her age
- 5th of May 2010 K.D. gave birth (in regional hospital) by caesarian section to Merry (900 gr.) and Jacqueline (500 gr.)
- Hypertension, respiratory problems, operated mioma uteri in the past ⇒ Difficult delivery
- K.D. was initially impregnated with triplets but medics decided to remove one of the embryos.
- Jacqueline died soon; Merry was transferred to capital city hospital



The motherhood status

*„I wanted a family but when I was frustrated by the adoption service, I realised the only way to make this happen would be to give birth to **my own children.**”*



„Age was not an obstacle for me. I so much wanted to have children. I would not like to look too much in the future. I hope that the babies will be well.”

She considers herself the mother even though not genetically related: monistic gestationalism + incorporation argument of parenthood + intentionalism + causalism

The motherhood status

Why not earlier? K.D. had conservative parents who were against conception without marriage. – **An incorporated norm that she dared to challenge just after her parents' death. Can you be a family of your own? Does everyone have a right to have a family?**

But now she has a FAMILY and the responsibility to this family doesn't allow her to take the risk of the second IVF?! – Family centered perspective because she is the only provider/carer in the family

CARE ETHICS / FAMILY ETHICS

- ethics of care emphasize the importance of relationships;
- the person depends on others and others dependent on her. The subject understands herself through her connection and involvement with the others;
- ethical problems are considered to be tensions and breaks in the relational network within which people are situated. Consequently, to resolve a case uncovering and understanding of the positions of everyone involved is necessary.

PHASE IDEALS

- Parenthood as traditional element of good life in middle adulthood.
- Late (postponed) parenthood as a new perspective for good life at older age.
- She is supposed to be satisfied with what she had achieved by now: both professional realization and childbearing.
- But does she have the family she wanted to? It seems that the answer is not, because she considers the child not having enough family support (now and in the future).
- It seems that she had wanted bigger family at the very beginning (three embryos, one reduced, two left and born but one died).

DEVELOPMENTAL TASKS

- Grandparenthood traditional stage in personal development/ generational cycle
- Shifting relations between late (postponed) parenthood and grandparenthood
- Simultaneity of parent and grandparent stage / role or blocked grandparenthood
- **At this age she is supposed to take care of grandchildren, not of her own young children**
 - It is different kind of relation and responsibility
 - Is she discarding the chance to be grandmother subjecting herself to a new risky pregnancy?

The
outcome



- Besides the patient and the physician in the discussion were involved the head midwife and two embryologists.
- The discussion resulted in refusal of second IVF procedure even though the patient was persistent in her wish.
- Re-assessment was not planned.

Team's considerations

- medical good for the patient
- beneficence for the already born child
- risk of orphanage for the already born child
- Legal framework for artificial reproduction after menopause

Bulgarian law

- Current legislation forbids transfer of embryos created with donor's ova in postmenopausal women.
- Paradoxically this legislation was adopted after the first IVF of this same patient which was widely discussed in the media at that time.

The law on assisted reproduction in Bulgaria at that time

Bulgarian Health Act: “Assisted reproduction is indicated where the health status of the man or of the woman does not allow natural reproduction.”

Age is not an element of the health status, it is a result of the normal process of human development.

The law forbade insemination of women above 45 years of age and ovarial puncture of women above 43 years. ⇒ **The court:** not a medical criterion, medical assessment is needed.

No requirement for official marriage. Allowed for single women.

2011: Transfer of embryos created with donor's ova cannot be performed on women above 51 years of age; later substituted with “**after menopause**”. ⇒ risk of abuses since the woman can choose where to be assessed.

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PRINCIPLISM APPLIED

DOMINANT THEORY IN BIOETHICS

Principlism (applied ethics)

Beauchamp & Childress 1979

Application of principles to problems of therapeutic practice, health care delivery, and medical and biological research.

The 4 Principles of bioethics

1. Respect for autonomy
2. Beneficence
3. Non-maleficence
4. Justice

RESPECT FOR AUTONOMY

It claims that individuals ought to be permitted personal liberty to determine their own actions according to the plans that they have chosen.

- AUTONOMOUS /COMPETENT PATIENTS
- NONAUTONOMOUS /INCOMPETENT PATIENTS

- Patients often have varying capacities to be autonomous, depending on internal and external constraints.
- **Internal constraints** on patient autonomy are mental ability, level of consciousness, age, and disease status.
- **External constraints** are the hospital environment, availability of nursing resources, the amount of information provided for informed choices, financial resources, etc.

HOWEVER be careful

AUTONOMY **doesn't necessarily imply independency** of other people but being able to control you own life. It is a common misconception. "I do not need other people" – very **American way** of understanding autonomy.

- It is rather: "Other people are objects of my desires. My self-interest involves other people. It might involve changing other people or wanting to be in certain relation to people." – **relational autonomy**.
- During your life you incorporate the influence of the environment that you cannot at certain point even distinguish as "something not yours".
- THEN you have to deal not only with the patient but with the people around him/her (the family or close friends that are more connected to the patient than the family).

Beneficence and non-maleficence

1. **Beneficence** - it is the obligation to do good and to avoid doing harm /2. **Non-maleficence**/.

- Medical good
- Religious good
- Social good
- Societal good

Justice

Treat the equal equally and the unequal unequally but in such a way that as a result from the unequal behaviour even the worst off benefit.

- non-discrimination

Respect for autonomy

The patient was autonomous BUT

- Is the patient's desire alone a good reason for medical intervention?
- How far do patient's rights go? and Should we as professionals satisfy all patient's desires?

Beneficence

The mother: Fulfilled existential goal

The child:

- Is it better to exist at any cost and any family situation or with the best possible future provided?
- How important is the idea of traditional family?
- Parent with life experience and social security

The society:

- New member
- Intelligent and caring parent but short life expectancy

Non-maleficence

The mother:

- Contraindications and side effects of hormone therapy
- Burdens of pregnancy and delivery
- Social stigmatization

The child:

- Quality of parenthood
 - Yes, but these are “accidental”. In our case we speak of wilful application of high technology despite the identified risks.
 - Risk of losing the only parent in early adolescence
- Social integration \Rightarrow risk of social isolation and psychological trauma

The society:

- Resource allocation in relation to IVF – not only question of money
- Endangered “traditional” values \Leftrightarrow **tolerance to differences**

Justice

Is the age limit a discrimination?

- Bulgarian Health Act forbids discrimination based on the age in the provision of health care.
- The menopause is a natural, biological process and cannot be regarded a disease \Rightarrow IVF after menopause is not a treatment but rather service \Rightarrow refusal is not discrimination

Parenthood as responsibility and not just a right? \Leftrightarrow How such a concept can be implemented in the other groups of “not qualifying” parents \Rightarrow if it can't be applied to them, then denying access to IVF only on the basis of age, would be discrimination

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Which ethical theories we have used/
mentioned?

- Care ethics / Family ethics
- Ethics of life course
- Principlism
- Deontology
- Hedonism
- Utilitarianism
-
- An ethics theory provides means to organize complex information, opposing values and interests of involved parties.

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What knowledge and skills we have needed?

KNOWLEDGE

- Medicine
- Philosophy
- Law
- Psychology
- Social sciences

SKILLS

- Reasoning
- Interpretation
- (Socratic) Questioning
- Analytical
- Elicitation
- Communication

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What bioethics is?

- Bioethics represents a dramatic revision of the centuries-old professional ethics that governed the behavior of physicians and their relationships with patients.
- ... the study of the ethical issues emerging from advances in biology and medicine.
- ... moral discernment as it relates to medical policy and practice.
- ... systematic study of moral dimensions – including moral intuitions, decisions, acts and policies – in life sciences and health care, employing different ethics methodologies in interdisciplinary context (Warren Reich).
- ***Ethics is a science searching for the answer of the question “What is good?” in respect to human actions.***

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What the course of medical ethics consist of?

Length of the course

- 1 semester
- 15 academic hours lectures (7 1/2 meetings)
- 15 academic hours seminars (7 1/2 meetings)
- Schedule with specified data available on the information board at the department

Aims

- Acquiring general understanding of the object area of contemporary bioethics
- Introduction to ethical documents
- Enabling students to identify, analyze and suggest solution to ethical problems in medical practice

Requirements during the semester

- Regular attendance of seminars and lectures
- Lectures do not repeat the textbook – they provide additional information – read the textbook in advance
- Two semestrial tests (one is training test for the exam)
- One individual assignment on case analysis (**obligatory**)
- Active participation is encouraged

Exam

- Two independent parts – test and case analysis
- Test pass threshold– 60%
- Assessment form for the case analysis – getting familiar with during the semester
- **Final mark = (0,30 x A*) + (0,60 x B*) + (0,10 x C*)**
+ lecture bonus

A - mark on case analysis

B - mark on the examination test

C - average mark of the semester

Question number	Attributed points	Total points
Questions 1 to 3	0.50 each	1,5
Questions 4 to 6	1 point each	3
Questions 7 to 11	1,5 point each	7,5
Questions 12 to 16	1 point each	4
Questions 17 to 19	1 point each	4
Questions 20 to 24	1 point each	5
Question 25 /open-ended question requiring 5 short answers in free style/	0.50 each right answer	2,5
Question 26 /open-ended question requiring 5 short answers in free style/	0.50 each right answer	2,5
Maximum total points		30

Number of points	Mark
18	3.00
19	3.25
20	3.50
21	3.75
22	4.00
23	4.25
24	4.50
25	4.75
26	5.00
27	5.25
28	5.50
29	5.75
30	6.00

Reference materials

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R EA **DINGS** **IN BIOETHICS**



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Thank you for your
attention!

COME PREPARED