The 2017 Annual

University of Miami Bioethics Debate

Case Packet

(Adapted from the 2017 National Undergraduate Bioethics Conference Case Packet)

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Case 1:

A medium-sized for-profit hospital considers purchasing a life support machine for its intensive care unit. Extracorporeal life support (ECLS) externally provides both cardiac and respiratory support to maintain an adequate amount of exchange of oxygen and carbon dioxide to sustain life. ECLS works by intravenously removing blood from the patient and artificially removing the carbon dioxide and oxygenating red blood cells. Generally, it is used solely as a life-sustaining intervention for patients with heart and lung failure.

Hospitals face pressure to purchase and maintain such machines in order to keep up with the state of the art in medicine and compete in the marketplace. Administrators implicitly and in some cases explicitly pressure clinicians to diagnose and treat patients in ways that ensure the hospital optimizes the cost-benefit trade-off that is associated with such expensive machine **s** .

Hospitals have to justify costs and expenditures incurred with such equipment, preferably by offsetting revenues. These costs include initial purchase and installation, operations, maintenance, upkeep, and so forth. In addition, there are direct and indirect costs associated with maintaining patients on such machines. These costs are often difficult to justify, even if government funding for prolonged care is available. Such prolonging of biological life is often considered as futile care. Recent high profile cases poignantly illustrate these problems.

Question: How should a hospital balance obligation to patient care against the need to remain financially solvent and viable?

Case 2:

A 32-year-old male is admitted to the hospital with pneumonia. Upon further investigation, the patient is diagnosed with HIV. He has never been diagnosed with HIV before. He is predicted to have a good chance of managing and living with his HIV infection if he continues to get regular medical treatment.

Each day the patient's wife visits the patient, and offers her support. As far as she knows, the patient is only being treated for pneumonia; she is unaware that the patient has been diagnosed with HIV. The patient and his wife do not have any children.

Several days into the patient's hospital admission, the patient's attending physician asks him if he is going to tell his wife about his HIV infection. The patient simply says "No!" without further explanation, and will not provide any more explanation upon additional questioning.

The physician is deeply distressed by the patient's refusal to notify his spouse about his HIV infection, and uncertain about what to do next.

This particular physician is especially struggling with what to do because a year ago, in a similar situation, she chose to notify a patient's sexual partner about the patient's HIV infection without the patient's permission. A few days after the patient was discharged from the hospital, the physician learned from a medical colleague that the patient's sexual partner had subsequently physically beaten the patient and left her seriously injured and alone. The physician remains haunted by that case and the consequences that resulted from her actions.

Question: The hospital would like to develop a general policy about disclosure of HIV status to a patient's sexual partner(s) in order to better address situations like this case in the future. What position and approach to disclosure should the hospital take in the policy? What is your rationale?

Case 3:

In October 2016, the organization Doctors Without Borders turned down donation from Pfizer of

one million doses of PCV13, marketed as Prevnar 13. This vaccine innoculates against a normally fatal pneumonia. Worldwide, 1.4 million children a year die from this disease.

Prevnar 13 has been available since 2009. Pfizer has copyrights on the vaccine, as well as several on the processes used to produce the vaccine. Currently, only two companies manufacture the vaccine, Pfizer and GlaxoSmithKline (GSK). Doctors Without Borders has been interested in the vaccine since its release, but the price of the vaccine has always been too high to acquire the vaccine without donation.

The decision to turn down the vaccine did not come easy, according to Jason Cone, the Executive Director of Doctors Without Borders in the United States. While the donated vaccines would be useful, Cone explains that these are, "often used as a way to make others 'pay up.' By giving the pneumonia vaccine away for free, pharmaceutical corporations can use this as justification for why prices remain high for others, including other humanitarian organizations and developing countries that also can't afford the vaccine." In a blog post, Cone explained that companies that donate vaccines restrict how the vaccines may be used. Moreover, the continued donation of vaccines crucial to the on-going success of governmental and non-governmental vaccination programs depends entirely on companies offering donations. Cone writes of the crisis being faced in Uganda currently. Despite Pfizer's commitment to the donation of Diflucan to Uganda, the nation is experiencing a shortage of the vaccine. This vaccine prevents against cryptococcal meningitis, which causes 625,000 deaths a year worldwide.

Instead of free Prevnar 13, Doctors Without Borders wants Pfizer to reduce the price of the vaccine so that they may purchase the vaccine when it is needed. A similar request and months of petitioning led GSK to lower the cost of the 3 shot series to less than $10 for humanitarian organizations. While Pfizer has publically committed to give up to 740 million of the vaccines at a discounted rate to Global Alliance for Vaccines and Immunization (GAVI) through 2025, it has refused to offer lower pricing to NGOs.

This might make good business sense, however, and this business sense might ultimately be a boon for vaccine production and creation. Vaccine development is expensive and historically the profit margin on vaccines has been quite low. Several decades ago, many pharmaceutical companies abandoned their vaccine divisions because there was not much profit to be made and many were losing money. The increase in the cost of vaccines over the past few years has brought an increase in profits for pharmaceutical companies, but it has also brought with it more investment in vaccine development. Moreover, even though profits have gone up, vaccine sales still only account for 2-3% of pharmaceutical company profits. Some economists argue that even with vaccines produced by pharmaceutical companies who have managed to make vaccine production profitable, lower prices on these vaccines have caused shortages in the US market.

Questions: How far do the social responsibilities of a business extend? Are a drug company's responsibilities different than another type of business' responsibilities?

Case 4:

Amy's husband, Bob, has just died tragically in an accident. Before Bob's death, the couple had agreed that they would like to have children together one day, though they never had a

conversation about exactly when they would start their family. After Bob was pronounced dead, Amy began inquiring about a process called posthumous sperm retrieval, a procedure in which doctors would retrieve Bob's sperm, potentially allowing Amy to become pregnant with Bob's child.

Amy is still committed to the couple's shared goal of one day starting a family. She doesn't want to raise just any child; she wants to raise *Bob's* child. She thinks that their earlier conversations about someday having a family make it morally permissible for doctors to go ahead with the retrieval procedure.

But some of Bob's family members are uneasy about Bob fathering a child after his death. They feel uncomfortable with the fact that the retrieval would occur without Bob's consent and find the whole process objectionably intrusive. Amy, they argue, does not own or have a right to Bob's sperm.

Question: In light of the lack of written consent, would posthumous sperm retrieval be unethical? What moral difference, if any, does the opinion of Bob's family members about the procedure make?

Case 5:

Your dog won't stop sleeping; he seems morose and uninterested in his usual activities. He's picked up some compulsive habits. He just doesn't seem like himself. For humans, these

symptoms would be diagnosed as depression. However, for animals, depression and other mental illnesses are harder to diagnose or are not diagnosed at all. Scientists have increasingly studied mental illness within animals. A 2014 Wall Street Journal article featured a veterinarian who worked with gorillas at Boston's Franklin Park Zoo. The veterinarian found that gorillas with mood disorders were successfully treated with "human" psychiatric drugs. In fact, he found that more than half of U.S. and Canadian zoos had treated their gorillas with psychiatric drugs.

Some argue that treating mental illness in animals is a natural extension of treating physical ailments. If an individual's dog has a broken leg, few would argue that medical treatment would be inappropriate. If that reasoning holds, treating depression or mental illness would be reasonable. In "All Animals are Equal," Peter Singer says, "If a being suffers, there can be no moral justification for refusing to take that suffering into consideration."

Critics may argue that animals are not fully rational and autonomous beings and therefore cannot have mental illnesses in the same way humans do. Therefore, humans have no responsibility to treat these illnesses. Further, treatment of mental illnesses in humans ideally requires consent and cooperation of the patient. Critics would argue that animals cannot "consent" to treatment, and therefore ought not be treated.

Questions: If we assume that non-human animals are capable of having mental illnesses, should they be treated with the same diligence as human mental illness? Given that an animal cannot "consent" to taking drugs, is giving them anti-depressants an immoral act?

Case 6:

Charlie is a seventeen-year-old who plays varsity football in rural Georgia, and he is about to enter his senior year of high school. He has played football for most of his life, beginning in

elementary school. Charlie's parents are avid football fans, and they signed him up for a recreational league in fifth grade so that he would learn certain values through team sports, such as teamwork, determination, and perseverance. Charlie quickly became a star athlete for his team. He greatly enjoyed the accolades he received and continued to play football throughout middle school and high school, eventually becoming a varsity player during his 9th grade year.

Several colleges are recruiting Charlie, and they could potentially offer him a scholarship if he maintains the same high level of play during his senior year as he did during his junior year. However, Charlie has sustained several concussions throughout his football career. Doctors told him over the summer that, due to his prior concussions, he has an increased risk of dementia, depression, and, later in his life, symptoms similar to those of Parkinson's disease. Further, he is more susceptible to additional concussions, which are likely to cause more serious neurological damage.

Without a football scholarship, Charlie may not be able to attend college. Charlie's parents are unable to support him further, and they have not saved up enough money to pay for his college tuition. Charlie is not academically gifted enough to receive a merit-based scholarship. Despite his doctor's warnings, Charlie currently experiences no physiological or psychological symptoms and plans to continue playing football during his senior year of high school. For Charlie, continuing to play football is crucial to both his enjoyment of his last year in high school, as well as his potential to attend college and secure a stable job. This year, Charlie may be able to help his football team win a state championship for the first time. Furthermore, Charlie has the potential to succeed in collegiate football and continue on to playing professionally. As a result, he discounts the very real risk that he might be greatly jeopardizing his quality of life in order to play football. Charlie's parents recognize the significant health risks of allowing Charlie to continue playing football, but they also realize that, without football, Charlie may not have any other opportunities to attend college and secure a stable job. His parents do not know whether to allow their son to continue playing football.

Questions: Taking into account the above information, should the physicians, Charlie's parents, or school administrators step in to prevent Charlie from playing his senior year?