## RESOURCES FOR TEACHING MEDICAL ETHICS

**Teaching methods**

Optimal teaching draws on multiple approaches. In order to understand the detail of concepts, students are likely to need some classroom teaching – such as a lecture or small group/tutorial class, supported by reading resources. This approach provides an opportunity for explanation of complex ideas, for students to ask questions, and to explore how different interpretations of concepts can result in different decisions.

It is then important to build on this by utilising cases where students can apply their learning to solve ethical dilemmas in a safe setting. Case studies are a useful stepping-stone to help students apply their teaching to the clinical context before they need to do this in real life situations. Use of cases can also be an effective way to illustrate how concepts or areas of the curriculum are often interrelated; e.g., professionalism and end of life, confidentiality and genetics, and capacity issues, mental health and justice. Another innovative way to improve ethical decision-making is by incorporating ethics and law competencies as part of the portfolio of evidence that the students have to put together during their undergraduate years.

You may find the following papers useful:

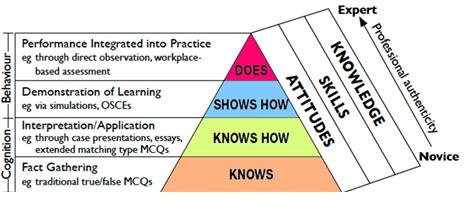
Mills, S., Bryden, D.C. (2010). A practical approach to teaching medical ethics. J Med Ethics, 36 (1), 50-4.

Holden, B.J., Burnett, A.H., Vivekananda-Schmidt, P. (2014). Case-based learning: integrating medical ethics and law into clinical practice. Educ Prim Care, 25(5), 283-7.

Spencer, J.A., Jordan, R.K. (1999). Learner centred approaches in medical education. BMJ, 318, 1280-3.

**Assessment**

Evidence of good practice in assessment within healthcare education recommends using multiple assessment methods over multiple time points. It is worth thinking about how your assessment strategy addresses the four steps of the Millers pyramid set out in the diagram below.



Both formative and summative assessments have their purpose. Formative assessments can be a good way of engaging the students and checking their understanding. Example of formative assessments include structured case analysis, group presentations and creation of a poster. The implementation of these can be structured in ways that allow students to learn from each other; for example, through peer-marking or group assessment.

When it comes to assessing knowledge of the law or professional guidelines, common written methods include Single Best Answer Questions (SBA) or Short Answer Questions (SAQ). For example, using a clinical scenario, you can test whether a student knows which of a selection of options would be most in accordance with law or professional guidelines. An SAQ could provide the opportunity to test whether a student is able to apply relevant statutes or ethics for a list of questions that may arise in the clinical decision-making context.

OSCE stations are also commonly used to assess application of ethics and law learning. Use of role play might optimise the effectiveness of OSCEs.

You may find the following papers useful in building your understanding of how commonly used assessment processes and best practice in assessment can be adapted to assess Ethics and Law.

Epstein, R. (2007). Assessment in Medical Education, N Engl J Med 2007;356:387-96.

https://www.pennem.com/wp-content/uploads/N-Engl-J-Med-2007-Epstein.pdf

Medical Schools Council Guidance on Assessment. <https://www.medschools.ac.uk/our-work/assessment>. Accessed 30th March 2020.

Van der Vleuten, C.P.M., Schuwirth, L.W.T., Driessen, E.W., Govaerts, M.J.B., & Heeneman, S. Twelve Tips for programmatic assessment. Medical Teacher, 2015, 37, 641-46.

**RESOURCES**

Within each section of the curriculum, a brief background is provided explaining what sort of considerations should be exercised when planning learning opportunities for that section. As part of this, for each section, we are currently collating resources you may wish to consider during your teaching. We’d strongly recommend that in addition to the resources you have available and what is provided within each section, you also consider the following websites which provide very good support for the undergraduate curriculum:

General Medical Council Ethics <https://www.gmc-uk.org/ethical-guidance>

Good Medical Practice in Action <https://www.gmc-uk.org/ethical-guidance/learning-materials/good-medical-practice-in-action>

Medical Students Ethics Toolkit <https://www.bma.org.uk/advice/employment/ethics/medical-students-ethics-toolkit>

Ministry of Ethics <https://ministryofethics.co.uk>

Capsule. Access via your medical school or Medical Schools Council

**FOUNDATIONS OF MEDICAL ETHICS AND LAW**

Decision-making in all medical specialities is supported by a good knowledge of ethical theories and frameworks, as well as tools available to support ethical reasoning. One of the many uses of a good foundation in medical ethics and law is that it can promote a systematic approach to consideration of complex ethical problems.

In teaching this area, you may want to consider the dominance of four principles framework in medical ethics and whether it is justified. To give your learners a broad grounding you may want to include a number of theories and frameworks, including virtue ethics (highly relevant to professionalism), consequentialism, deontology and care-based ethics.

Popular tools for ethical reasoning include the Four Quadrant framework and Seedhouse’s Ethical Grid. It is recommended that you follow this session or integrate these with case-based sessions, so the students have an opportunity to apply their learning in context. You may also want to link your teaching to how the basis of policy and legislation are informed by ethical theories and frameworks, as well as how ethics, law and professional guidance overlap.

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| **Useful Resources** |
| Allmark, P. Can there be an Ethics of Care? Journal of Medical Ethics 1995; 21: 19-24 <https://jme.bmj.com/content/medethics/21/1/19.full.pdf>  Benn, P. (1997). Ethics (Fundamentals of Philosophy). Routledge.  Beauchamp, T.L., and Childress, J.F. (2019). Principles of Biomedical Ethics. 8th Edition. Oxford University Press.  Campbell, A.V. (2003). The virtues (and vices) of the four principles. *Journal of Medical Ethics*2003;29:292-296.  Gardiner, P. (2003). A virtue ethics approach to moral dilemmas in medicine. *Journal of Medical Ethics*2003;29:297-302.  Savulescu, J., Wilkinson, D. Consequentialism and the Law in Medicine. In: De Campos, T.C., Herring, J., Phillips, A.M., eds. Philosophical Foundations of Medical Law. Oxford (UK): Oxford University Press; 2019. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK550266/>  Seedhouse, D. (2008). Ethics: The Heart of Healthcare. Wiley. 3rd Edition.  Sokol, D.K. (2008). The “four quadrants” approach to clinical ethics case analysis; an application and review. Journal of Medical Ethics.  <http://dx.doi.org/10.1136/jme.2007.021212> |

**PROFESSIONALISM**

Professionalism can be an elusive concept to adequately define, but is integral to all that medical students are and do. The Royal College of Physicians define professionalism as: ‘A set of values, behaviours and relationships that underpin the trust the public has in doctors.’

It is important that students recognise that developing professionalism is a complex process that is not limited to knowledge and skills acquisition; but it is transformative and incorporates changes to one’s identity and self-realisation. A key feature of professional development is gaining values and dispositions which align with the community of clinicians which the future doctor anticipates joining.

You may wish to discuss the influence of the informal and hidden curriculum and also explore the functions of the General Medical Council in shaping and governing professionalism (including the status of GMC guidance and fitness to practise mechanisms).

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| **Useful resources** |
| Birden, H., Glass, N., Wilson, I., et al. Teaching professionalism in medical education: A Best Evidence Medical Education (BEME) systematic review. BEME Guide No. 25. Medical Teacher 2013; 35: e1252-e1266  Cooper, N., Frain, A., Frain, J. (eds). ABC of clinical professionalism. Wiley Blackwell. London, 2018  Ethics Man series in British Medical Journal  General Medical Council (UK): interactive website – Medical Students: Professional Values in action: <https://www.gmc-uk.org/static/media/Medical_Students/index.html>  General Medical Council: Teaching Professionalism: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/student-professionalism-and-ftp/professionalism-in-teaching>  Hilton, S.R., Slotnick, H,B. Proto‐professionalism: how professionalisation occurs across the continuum of medical education. Medical Education 2005 39 58-65  Ministry of Ethics: <http://ministryofethics.co.uk/index.php>  O’Sullivan, H., Van Mook, W., Fewtrell, R., Wass, V. Integrating professionalism into the curriculum: AMEE guide number 61. Medical Teacher 2012; 34: e64-e77  Papadakis, M.A., Hodgson, C.S., Teherani, A., Kohatsu, N.D. Unprofessional behavior in medical school is associated with subsequent disciplinary action by a state medical board. Academic Medicine. 2004 Mar; 79 (3):244-9.  Pellegrino, E. Professionalism, Profession and the Virtues of the Good Physician. *Mount Sinai Journal of Medicine*. 2002; 69(6): 378-384  Tweedie, J., Horden, J., Dacre, J. *Advancing Medical Professionalism*. London: Royal College of Physicians, 2018 |

**DECISION-MAKING and capacity**

Consent is when a person agrees to an option presented freely because they have the capacity to understand; the ability to process the information in relation to that option; and they can communicate this decision. Students must be able to demonstrate good practice in the consent process, and to be familiar with the elements of information giving, voluntariness and capacity. They should understand the process of assessing capacity, and the challenges associated with this skill. Links can be made with the different areas where capacity might be compromised, with cross links to beginnings and end of life, children and young people, and mental health.

You may wish to include the ethico-legal implications of the rights of a patient with capacity, good practice when a patient lacks capacity for a decision, including advance decision-making and the best interests jurisdiction, the relevance of patient autonomy, truth-telling, and duty of candour. It is worth considering the ethico-legal aspects and good practice in liberty protection safeguards.

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| **Useful Resources** |
| Mental Capacity Act Code of Conduct <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>  Jehovah’s Witnesses are often cited as an example of patients with capacity who refuse to consent to a treatment.  <https://www.transfusionguidelines.org/transfusion-handbook/12-management-of-patients-who-do-not-accept-transfusion/12-2-jehovah-s-witnesses-and-blood-transfusion> - a handy practical guide.  <http://www.bbc.co.uk/radio4/science/ethicscommittee_20050511.shtml> (Inside the Ethics Committee discussing the treatment of a Jehovah’s Witness)  <https://www.jw.org/en/jehovahs-witnesses/faq/jehovahs-witnesses-why-no-blood-transfusions/> - in their own words.  Advance Decisions to Refuse Treatment – a guide produced by the NHS and the National Council for Palliative Care. <https://www.nwas.nhs.uk/media/281368/20013_adrt.pdf>  Lasting powers of attorney and how to set up:  <https://www.gov.uk/government/publications/make-a-lasting-power-of-attorney/lp12-make-and-register-your-lasting-power-of-attorney-a-guide-web-version>  Independent Mental Capacity Advocates:  <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/365629/making-decisions-opg606-1207.pdf>  The role of the Court of Protection:  <https://www.gov.uk/courts-tribunals/court-of-protection>  Deprivation of Liberty:  <http://www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty> / (Liberty Protection Safeguards)  <https://www.bma.org.uk/advice/employment/ethics/mental-capacity/deprivation-of-liberty-safeguards>  GMC guidance on consent: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/consent>  GMC vignettes on assessing mental capacity: <https://www.gmc-uk.org/Mental_Capacity_flowchart/CaseStudies> |

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| **Legislation and Landmark Cases** |
| The Mental Health Act (1983)  The Mental Capacity Act (2005)  Border v Lewisham and Greenwich NHS Trust [2015] EWCA Civ 8 <http://www.bailii.org/ew/cases/EWCA/Civ/2015/8.html>)  Montgomery v Lanarkshire Health Board [2015] UKSC 11 <https://www.supremecourt.uk/decided-cases/docs/UKSC_2013_0136_Judgment.pdf> (See especially the test of ‘materiality’ at paragraph 87.  R (the application of Oliver Leslie Burke) v General Medical Council (defendant) and Ors [ 2005] EWCA Civ 1003. <http://www.familylawweek.co.uk/site.aspx?i=ed409>  For the legal requirement to discuss alternatives see : SXX v Liverpool Women’s NHS Foundation Trust [2015] EWHC 4072 |

**CONFIDENTIALITY**

Respect for confidentiality is essential in ensuring patients trust their doctors. With increasingly complex models of healthcare, changing uses of personal patient data, and sharing of patient information between services, confidentiality can be difficult to maintain in day-to-day practice. Students will have access to confidential patient information from their first day on the ward. It is therefore essential they are equipped to understand what is meant by confidentiality and the limits to confidentiality, demonstrating awareness of when overriding confidentiality might be appropriate, and how to preserve patient autonomy as far as possible when sharing confidential information.

Areas you may wish to cover include children, communicable diseases, data storage and sharing, online use of identifying data, social media driving/DVLA and genetics.

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| **Useful resources** |
| British Medical Association. (No date). Confidentiality and health records tool kit. Retrieved from: https://www.bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/confidentiality-and-health-records-tool-kit  General Medical Council resources: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality>  Gillon, R. (1998). Confidentiality. In: Kuhse, H. and Singer, P. (eds.) *A Companion to Bioethics*. Blackwell: Oxford. Pages 425-31  Slowther, A. (2010). Confidentiality in primary care: ethical and legal considerations. *InnovAiT*, Vol. 3, No. 12, pp. 753–759, 2010 doi:10.1093/innovait/inq096  Sokol ,D. Should healthcare professionals breach confidentiality when a patient is unfit to drive?  *BMJ*2017;  356 :j1505  UK Clinical Ethics Network. (No date). Ethical Issues – Confidentiality. Retrieved from: http://www.ukcen.net/ethical\_issues/confidentiality |

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| **Legislation and Landmark Cases** |
| Human Rights Act 1998 – Article 8  Road Traffic Act 1988  Data Protection Act 1998  Human Fertilisation and Embryology Act 1990  Children Act 1989  Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000  Prevention of Terrorism Act 2000  Serious Crime Act 2015  Axon R (on the application of) v Secretary of State for Health & Anor [2006] EWHC 37 (Admin) – confidentiality and minors  Gillick v West Norfolk and Wisbech AHA [1984] QB 581 – confidentiality and minors  H (a Health worker) v Associated Newspapers Ltd [2002] EWCA civ 195 – public interest in keeping HIV status confidential  W v Egdell [1990] Ch 359 – public interest and protection of the public  X v Y [1988] 2 ALL ER 648 – disclosure of doctors with AIDS - public interest v freedom of press |

**JUSTICE AND PUBLIC HEALTH**

Justice and public health is a broad and complex area. It includes discussions about finite and fair distribution of resources, including consideration that resources are provided and used in a sustainable manner. Discussions can include how ethical theories and frameworks may help with complex decision-making when it comes to fair and sustainable resource allocation.

This is also an area to bring in the complex tensions between an individual patient’s best interests and justice at the population/global level. You can use topical issues such as the recent COVID19 pandemic or media articles focusing on funding decisions in the UK or NICE guidance to promote discussions.

Justice also involves thinking about how, and to what extent, statute and case-law are applied and whether these deliver ‘fair’ outcomes.

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| **Useful Resources** |
| Cookson, R. and Dolan, P. Principles of justice in health care rationing. JME Volume 26 Issue 5 [View Full Text](https://jme.bmj.com/content/26/5/323.full) <http://dx.doi.org/10.1136/jme.26.5.323>  Dawson, A. ed. (2011). Public Health Ethics. Key Concepts and Issues in Policy and Practice. Cambridge University Press.  Dawson, A. (2014) Ebola: what it tells us about medical ethics. Journal of Medical Ethics. <http://dx.doi.org/10.1136/medethics-2014-102304>  Hadorn, D. Setting health care priorities in Oregon: cost-effectiveness meets the rule of rescue. *Journal of the American Medical Association* 1991;**265**:2218–25.  Public Health Ethics in Practice: An overview of public health ethics for the UK Public Health Skills and Knowledge Framework (PHSKF).<https://www.gov.uk/government/publications/public-health-ethics-in-practice> |

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| **Legislation** |
| Individual versus population, now with reference to Covid also: The Public Health (Control of Disease) Act 1984 (as amended)  Duty on NHS to provide treatment**:** National Health Service Act 2006 as amended by the Health and Social Care Act 2012 |

**CHILDREN AND YOUNG PEOPLE**

A key focus of this section is balancing the best interests jurisdiction (relevant when children are very young and/or lack capacity) with respecting the child’s wishes and facilitating their (growing) decision-making autonomy (Gillick/Fraser competence).

You may want to consider how children could be treated by their family or society when it comes to consent and confidentiality, and the ethics and practical implications to this. You may also want to explore the role that parents, guardians or courts play with regard to complex and significant decisions about the child. Other considerations include how cultural practices influence a child’s development and health, and how respect for diversity is balanced against best interests decision-making.

Highly publicised cases about providing or withdrawing life-supporting treatment to babies or very young children with disabilities raise issues of assessing what is in a child’s best interests, including where there may be disagreement between parent and the public and medical professionals.

Relevant provisions include the Children Act, the United Nations Convention on the Rights of the Child, and Mental Capacity Act.

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| **Useful Resources** |
| Larcher, V., Craig, F., Bhogal, K.*, et al* (2015). Making decisions to limit treatment in life-limiting and life-threatening conditions in children: a framework for practice. *Archives of Disease in Childhood*2015;**100:**s1-s23.  GMC 2018 guidance on children and best interests decision-making <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/0-18-years>  Royal College of Paediatrics and Child Health Resources. <https://www.rcpch.ac.uk/resources/professional-ethics-law-resources> |

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| **Legislation** |
| Mental Capacity Act Code of Practice. 2005. <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>  The Children Act (2004) <https://www.legislation.gov.uk/ukpga/2004/31/contents> |

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| **Landmark Cases** |
| Gillick v West Norfolk and Wisbech AHA [1985] UKHL 7  The Great Ormond Street hospital v Yates and Gard (2017). <https://www.judiciary.uk/wp-content/uploads/2017/07/gosh-v-gard-24072017.pdf> |

**MENTAL HEALTH**

Issues relating to mental health include discussion of capacity and diagnosis, the ethics and legality of involuntary capacity, and the need for parity between mental health and physical health.

You may want to consider equality and diversity issues, and tackling stigma towards people with mental health issues. You might also want to explore how culture impacts on diagnosis and provision of mental health including issues of diversity and over-representation of BAME in secure mental health services.

You might also want to consider liberty safeguards in relation to adults with dementias, and also the use of Advance Directives in Mental Health (including long-term conditions, such as anorexia nervosa).

Key legislation you should incorporate into this area of the curriculum include the Mental Health Act, the Mental Capacity Act, The Equality Act and the Human Rights Act. It is important to consider regional variations in legislation across the UK.

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| **Useful Resources** |
| Ngui, E.M., Khasakhala, L., Ndetei, D., Roberts, L.W. (2010). Mental disorders, health inequalities and ethics: A global perspective. Int Rev Psychiatry., 22(3), 235-44. Hoop, J.G. DiPasquale, T., Hernandez, J.M. and Roberts, L.W. (2008) Ethics and Culture in Mental Health Care, Ethics and Behaviour, 18:4, 353-372, DOI: 10.1080/10508420701713048 |

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| **Legislation and Landmark Cases** |
| Mental Capacity Act Code of Practice. 2005. <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>  New Mental Health Act Code of Practice. [https://www.gov.uk/government/news/new-mental-health-act-code-of-practice. 1983. Revised 2005](https://www.gov.uk/government/news/new-mental-health-act-code-of-practice.%201983.%20Revised%202005)  Mental Capacity (Amendment) Act 2019  R v Bournewood community and mental health trust (1998)  Cheshire West decision https://www.supremecourt.uk/cases/docs/uksc-2012-0068-judgment.pdf |

**BEGINNING OF LIFE**

A key focus is the ethico-legal issues surrounding the status of the embryo and fetus, including concepts of personhood and moral status of a fetus. Moral status may be seen as a gradual acquisition as the fetus develops. There are no definitive criteria for personhood, but there is some agreement that self-consciousness, rationality and capacity to reason, capacity to communicate; and capacity to act of one’s own volition are required for personhood. Religious perspectives on ensoulment and sanctity of life (can link to end of life).

While the fetus is not considered a legal person it is afforded legal protection through criminal and civil measures. You can raise rights-based arguments in relation to termination of pregnancy – including fetal rights on the basis of a potential person to be., and woman’s rights, including the right to life, to good healthcare, and respect for autonomy.

You may also wish to cover the ethical, legal and professional issues regarding reproductive choice, including contraception, artificial reproductive technologies (ARTs), and termination of pregnancy; how cultural or religious values may shape individual choices; the role of genetic testing in pregnancy – advantages to the fetus and the mother; and conscientious objection.

This topic can be linked to genetics and embryo research and also capacity issues, children and young people, and end of life.

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| **Useful Resources** |
| A-G Reference (No. 3 of 1994) [1997] 3 WLR 421  Beauchamp, T.L., 1999. The failure of theories of personhood. In *Personhood and Health Care* (pp. 59-69). Springer, Dordrecht.  Feinberg, J., 2007. The child's right to an open future.  Fovargue, S. and Miola, J., 2010. The legal status of the fetus. *Clinical Ethics*, *5*(3), pp.122-124.  <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/personal-beliefs-and-medical-practice/personal-beliefs-and-medical-practice>  Glover, J., 1990. *Causing death and saving lives: The moral problems of abortion, infanticide, suicide, euthanasia, capital punishment, war and other life-or-death choices*. Penguin UK.  Marquis, D., 1989. Why abortion is immoral. *The Journal of Philosophy*, *86*(4), pp.183-202.  Newson, A.J., 2006. Personhood and moral status. *Principles of Health Care Ethics*, pp.277-283.  Shakespeare, T., 1998. Choices and rights: eugenics, genetics and disability equality. *Disability & Society*, *13*(5), pp.665-681.  Thomson, J.J., 1976. A defense of abortion. In *Biomedical ethics and the law* (pp. 39-54). Springer, Boston, MA.  Wyatt J. 2009. *Matters of Life and Death* (2nd edition) IVP |

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| **Legislation and Landmark Cases** |
| A-G Reference (No.3 of 1994) [1997] 3 WLR 421  The Abortion Act 1967  The Congenital Disabilities (Civil Liability) Act 1976  Human Fertilisation and Embryology Act 1990 |

**Towards the end of life**

Decisions about end of life care will occur in many medical contexts – such as, general practice, paediatrics, care of the elderly, intensive care, palliative care, emergency medicine, and oncology – and so are decisions that most doctors will face at some point. Key considerations include: quality and sanctity of life, the role of patient autonomy, advance or contemporaneous decisions to refuse treatments, dignity, patients’ values, consideration for the family, the concept of futility when making decisions about treatment, and how these relate to discussions around patient’s best interests and quality of life. It is important to consider these in the context of respect for diverse cultural practices of patients and families.

You may also wish to include: the debate about physician-assisted dying (including the legal position in the UK and advice from professional bodies such as the GMC and BMA on this); definitions of death, and how this relates to concepts of personhood and the process of death certification.

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| **Useful Resources** |
| Assisted suicide: responding to patient requests – Guidance for Doctors in England, Wales and Northern Ireland. BMA 2015.  BMA End of Life and Physician Assisted Dying Project. <https://www.bma.org.uk/advice-and-support/ethics/end-of-life/end-of-life-care-and-physician-assisted-dying-project>  [Clinically assisted nutrition and hydration (CANH) and adults who lack capacity to consent. BMA 2018](https://www.bma.org.uk/advice/employment/ethics/mental-capacity/clinically-assisted-nutrition-and-hydration) This contains a useful list of the landmark legal cases on withdrawal of CANH  Demos (2012). Commission on Assisted Dying <https://demos.co.uk/project/the-commission-on-assisted-dying/>  McGee, A. Finding a way through the ethical and legal maze: withdrawal of medical treatment and euthanasia. Medical Law Review 13, Autumn 2005 357-385.  Editorial – Why the Assisted Dying Bill should become law in England and Wales. BMJ 2014;349:g4349  Wyatt J. 2015. Right to Die? Euthanasia assisted suicide and end of life care. IVP, UK  Hauerwas, S. and Bondi, R. Memory, Community and Reasons for Living: Theological and Ethical Reflections on Suicide and Euthanasia. JAAR 1976;44(3): 439-452 |

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| **Legislation and Landmark Cases** |
| Tony Bland 1993: Airedale NHS Trust v Bland  Charlie Gard; Great Ormond Street v Yates and Gard [2017]  Crown Prosecution Service Assisted Suicide Guidance  DPP Guidance on Assisted Suicide <https://www.cps.gov.uk/publication/assisted-suicide>  Leslie Burke v General Medical Council 2005  Mental Capacity Act (2005)  Nicklinson and Lamb v the United Kingdom 2015  Tracey v Cambridge University Hospital 2014 |

**GENETICS**

When teaching this area it is important to remember the rapid advancement and developments; such as for example commercial availability of DNA testing, and the implications of this to medical practice.

You may also want to signpost the students to links to other linked key curricular areas of medical ethics such as confidentiality and ethics at the beginning of life.

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| **Useful Resources** |
| Lucassen, A. (2008). Ethical issues in genetic medicine. *InnovAiT*, 1(8): 589 – 595. doi:10.1093/innovait/inn094  Nuffield Council on Bioethics (2018). Genome editing and human reproduction: social and ethical issues.  Royal College of Physicians. Consent and Confidentiality in Genomic Medicine. Guidance on the use of genetic and genomic information in the clinic. July 2019.  University of Southampton. Ethics of Genetics. <https://www.southampton.ac.uk/news/2016/04/ethics-of-genomics.page> |

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| **Landmark Cases** |
| ABC v St George’s NHS Health Trust: [2020] EWHC 455 (QB) |

**MEDICAL RESEARCH**

Trust and integrity in research is now more widely recognised and it is a requirement for universities to offer all researchers training in research ethics. It may be worth linking this to professionalism of researchers; and confidence of the public in health policies that are developed in response to research findings.

You may want to highlight inequities in participant autonomy and resources; with particular reference to research settings, or participants more likely to be exploited or excluded.

It is recommended you highlight the implications of GDPR to the research consent processes and data management.

This area can be linked to ethics and beginning of life through discussion of embryo research, as well as to consent and confidentiality.

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| **Useful Resources** |
| Future Learn courses are free for those registered on the platform; but if you require proof of completion payment is required. <https://www.futurelearn.com/courses/research-ethics-an-introduction>  HRA guidance on GDPR and consent: <https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/data-protection-and-information-governance/gdpr-guidance/what-law-says/consent-research/>  MRC Ethics Series: Good Research Practice: Principles and guidelines (2012). Medical Research Council Nuffield Council on Bioethics (2015). Children and clinical research: ethical issues <https://www.nuffieldbioethics.org/publications/children-and-clinical-research> Research Ethics Journal – An open access journal by Sage |

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| **Legislation** |
| Guide to the General Data Protection Regulation <https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation>  Human Fertilisation and Embryology Act 2008 <http://www.legislation.gov.uk/ukpga/2008/22/contents>  Mental Capacity Act Code of Practice 2005 <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice> |