IN THE CLASSROOM: BIOETHICS SEMINAR

The Morality of Law and Medicine

ON A SUNNY SPRING DAY, 13 students at the School of Law begin a two-hour discussion of one of the most difficult questions in bioethics: Under what circumstances can U.S. researchers ethically conduct clinical trials on human subjects?

Assistant Professor **Leslie Meltzer Henry** kicks off the seminar with zest: How many students, she asks, have been subjects in a scientific study? Nearly all the students raise their hands. Somewhat sheepishly, they describe participation in studies as undergrads, mostly to earn a few bucks.

But the students knew what they were signing up for. What about instances where subjects aren't aware of their participation in a study? The Bioethics Seminar, taught by Henry, who is also an associate faculty member at the Johns Hopkins Berman Institute of Bioethics, is geared toward critical and philosophically grounded discussion of some of the most controversial topics at the intersection of law and medicine: physician-assisted suicide, abortion, assisted reproduction, allocation of scarce health care resources, gifting and selling body parts, termination of life-sustaining treatment.

Offered through UMDLaw's nationally recognized Law & Health Care Program, the course draws upon guest instructors from the medical and nursing schools on UMB's campus. The interdisciplinary nature of the course is reflected in the backgrounds of its students, many of whom have come to law school after pursuing medical careers.

"Students come in with very different experiences," Henry says. "We have doctors, nurses, and students with advanced degrees in public health and public policy. The goal is to provide them with the intellectual tools they need to analyze the challenging ethical issues they will confront in the health care arena."

On this day, with the issue of human research subjects at the fore, Henry takes students on a tour of what she calls "a parade of horribles," three notorious scandals in U.S. clinical research history: The Tuskegee Syphilis Study, The Willowbrook Hepatitis Studies, and The Jewish Chronic Disease Hospital Case.

Everyone in the class agrees that Tuskegee violates today's standards for informed consent. For 40 years, the U.S. Public Health Service tracked 399 poor African-American sharecroppers in Alabama with syphilis, withholding treatment, to watch the natural progression of the disease.

The outrage over Tuskegee and other questionable uses of human subjects in experimental research led to the Belmont Report in 1978, which set forth principles for ethically conducting research. Henry asks students to apply the Belmont framework to the Willowbrook case, in which researchers at a state-run school in Staten Island intentionally infected mentally disabled children, age 3 to 11, with the hepatitis virus in an attempt to study it and create a vaccine against it.

Leslie Meltzer Henry

Her question: "Did the study have a favorable risk/benefit ratio for the population?" One student raises concerns: "It's a lot to put [vulnerable] children through to find out information that could have been found elsewhere." Another disagrees: Nearly all children who resided at Willowbrook were infected with hepatitis A within six months anyway, due to unsanitary living conditions. "There's an argument to be made that people already were suffering." Another student agrees, and points out that the children intentionally infected with hepatitis might "see the doctor more frequently, get better medical care."

The dialogue allows students to explore the moral underpinnings of health law and policy in a way that best simulates what happens in the real world, students say. The format is important for interdisciplinary subjects such as bioethics, where ethical issues at the intersection of medicine, biology, law, public health, and public policy arise.

Third-year student **Keith Shebairo**, a physician by training, says the classroom dialogue simulates what happens in a real hospital, where he has served on an ethics panel. On such panels, doctors, nurses, social workers, hospice staff, lawyers, and others wrestle with gut-wrenching decisions. "They must discuss things openly and ultimately make a decision." The key, he says, is to respect and value different points of views. And that's what happens in Henry's class.

"Just because I have a medical background doesn't make my opinion any more valuable," says Shebairo. "We have to be open to hearing each other and respecting each other's perspectives. That's how we arrive at good decisions."

—Mary Beth Regan