

ETH 680T - Professional Ethics**Dr. Philip Crowell, MA, MDIV, PhD***Spiritual Health Leader, Department of Spiritual Care**Children's and Women's Health Centre of BC**Clinical Assistant Professor Department of Pediatric, Division Hematology/Oncology**Medical Ethics Theme Leader UBC Faculty of Medicine**CASC/ACSS CPE Supervisor/Educator*

Definition of Study Program:

This course will examine professional ethics in the helping professions with a primary focus on spiritual care in the healthcare setting. Students will be encouraged to articulate their own personal values and ethical perspective in relationship to professional ethical requirements.

Students will develop Competencies in order to deal with the following:

Legislation in the province which guides professional conduct in regard to informed consent, decision making capacity, mental health, mandatory reporting, adult guardianship, and substitute decision makers. A primary focus is on key concepts and dynamics: accountability, boundary issues, confidentiality, truth-telling, the nature of professional communication/conduct in relationship to other disciplines and professions, managing multiple relationships, responding to unprofessional practice, justice/fairness, diversity and pluralism.

6015 WALTER GAGE ROAD
VANCOUVER, BC V6T 1Z1
CANADA

1-866-822-9031
INFO@VST.EDU

Professional codes of ethics from various professions are examined in relationship to the CASC/ACSS Code of Ethics as well as provincial healthcare ethics decision making frameworks and institutional ethics frameworks. Best practice standards from various areas will be referenced, such as palliative care standards, with the overall goal of generating an integrated understanding of professional ethics.

Thematic Descriptions:

Healthcare ethics and religious expression: alternative medicine and practices, refusing blood products, surrogate decision makers, advanced care directives, and MAiD (Medical Assistance in Dying).

Mental Health/Addictions and Professional Challenges: BC Mental Health Act, threat to self and others, patient safety, autonomy and spiritual care ethics, BC Infant Act, ethical responsibility and duty to report

Spiritual Care Professionalism, Spiritual Health, Advocacy and Health Care: patient trust and confidentiality, professional partnerships and differing codes, multiple responsibilities, conflict of interests

Respecting the Person: Informed Consent, refusal of treatment, against medical advice based on religious beliefs, and responding to unprofessional practice

Spiritual Care and end-of-life ethics/care – withdrawal of treatment, withholding treatment, the place of personal and professional judgment

Professional Boundaries: power relationships, sexism, racism, ageism in the workplace, whistleblowing and loyalty to the organization, and moral distress

Class dates 2026:

January 22, 29

February 12, 26

March 12, 26 (Reading Week is March 2-6)

April 2nd

Textbook

Two key chapters are in the comprehensive 'handouts' in Populi Lessons List

Corey G., Schneider Corey, M; Callanan, P. (2019) Issues and Ethics in the Helping Professions (Tenth Edition). Belmont, CA: Brooks/Cole. (Two selected chapters will be provided as handouts)

Sample of Handouts

1. Pellegrino, E. The Commodification of Medical and Health Care: The Moral Consequences of a Paradigm Shift from a Professional to a Market Ethic. *Journal of Medicine and Philosophy* 1999, Vol. 24, No. 3, pp. 243-266.
2. Jones, K. Diversities in approach to end-of-life: A view from Britain of the qualitative literature. *Journal of Research in Nursing* 2005; 10; 431

3. Simpson, C. (2007, June). Reflections on 'False' Hope: Letting Our Emotions Do the Work? Department of Bioethics, Dalhousie University. Canadian Bioethics Society and International Clinical Ethics Consultation Joint Conferences, June 2, 2007.
4. Lantos, J. When Parents Request Seemingly Futile Treatment for Their Children. The Mount Sinai Journal of Medicine, Vol. 73, No. 3, May 2006.
5. Feister, Autumn "When Patient Centered Care Require Serious Cultural Conflict" Academic Medicine, Vol. 87, No. 1 / January 2012
6. Brierly, Linthicum, Petros, "Should Religious Belief Be Allow to Stonewall a Secular Approach to Withholding or Withdrawing Treatment in Children" Journal of Medical Ethics, 2013 Sep39(9) 573-7.

Lesson/Week 1

Best Interest Standards
 Confidentiality
 Boundary Issues
 Disagreement and Conflict over Treatments
 Four Quadrants Approach to Ethical Analysis
 Zone of Parent Decision Making

Lesson/Week 2

Commodification of Healthcare
 Reflections on False Hope
 Requests for Futile Treatment
 Stonewalling requests

Lesson/Week 3

Cultural Sensitivity
 Moral Distress
 Just Distance and Narrative Ethics
 What Patient Centered Care Requires
 Suffering the new futility argument

Lesson/Week 4

Moral Distress Scale
 They Just Don't Get It
 Unilateral DNR
 Inventory 1 &2 Bioethics Positions

Lesson/Week 5

Futility and Family Distress
 Un-professionalism

Lesson/Week 6

Hasting Center Reports 1 & 2
MAiD and Spirituality
Autonomy and Informed Consent ppt

Lesson/Week 7

Diversity in Approach to End of Life
Living at Risk (Supportive choice)
Navigating moral distress using the MD map

Method of evaluation:

1. Series of 3 papers which are 3 pages in length assessing and critiquing article readings and submitted a week after the class discussion. (30%)
2. Research paper (10 pages) to be completed and submitted by April 17th. Topics selected from one of the “Content Themes” (50%) or proposal of student’s design; proposed paper abstract/summary submitted in 200 words to the instructor by end of March.
3. Attendance and participation at ethics seminars through discussion and presentation of article reviews and timely submission of abstract & article critiques. (20%)