

Introduction

This book is an exploration of common ethical dilemmas that occur in the context of clinical medicine. Such quandaries emerge in interactions among key stakeholders, including patients, their families, and various members of healthcare provider teams. Clinical ethics involves stories of patients, known as “cases,” and each of the eight original comics here presents a case that focuses on a particular topic, such as *unconscious bias*, *confidentiality*, and *mandated reporting of suspected abuse*. It is important to keep in mind, however, that discussion of one ethical concept often leads to discussion of others, as ethical concepts and conundrums frequently overlap. For instance, one cannot talk about *informed consent* without also considering patient *autonomy*. For this reason, our collection of graphic stories is highly intertextual: the comics “speak” to one another. Reflecting on one case may shift a person’s perception of the others.

The comics included here are based on real cases, though we have modified some details in order to maintain confidentiality and keep the focus on key ethical topics. In some instances, this process included changing the resolution of the story. Additionally, we chose to withhold a decision or final

outcome in several comics to provoke rigorous discussion of what happened, what might have happened, and what factors could influence potential outcomes. Because most ethical dilemmas are messy, complex, and challenging, the comics presented here do not have “tidy resolutions”; they are designed to illustrate the stickiness of real-life scenarios.

To provide further information about the ethical issue at hand, we include a brief discussion after each comic (e.g., a short essay on medical mistakes and truth-telling after *Battered Trust*). The essays incorporate illustrative details and methods of conceptual “framing” utilized by our ethicist colleagues at Penn State College of Medicine—Michael Green, Benjamin Levi, and Rebecca Volpe—in their Medical Ethics and Professionalism course for second-year medical students and in their ethics rounds.

We provide questions for further reflection, too. These questions are intended to invite deeper consideration of the ethical issues addressed in the comic and also to point readers to ideas and details they might not have considered while reading: subtleties in the comic’s images and words, nuances of the ethical deliberations, and broader personal and societal implications raised by the story.

After each comic we also offer a short list of related readings for those who want to investigate topics more broadly. These pieces are chosen to appeal to a wide range of readers; most are story-based and many appear in *The Social Medicine Reader (SMR)*, edited by Gail Henderson and colleagues. The *SMR* anthology is an excellent resource for anyone interested in biomedical ethics and other issues related to humanities and social sciences in healthcare, so we provide bibliographic information for the readings as they appear in that book for the convenience of our readers who might want to add it to their libraries.

Finally, basic to any understanding of biomedical ethics is familiarity with four fundamental moral principles: beneficence, nonmaleficence, autonomy, and justice. Collectively, these ideals are known as “principlism,” which is arguably the most widely known and consistently utilized ethics framework. (Other conceptual models include feminist ethics, narrative ethics, deontology, and casuistry.) Theoretically, every dilemma in medical ethics can be interpreted and deliberated using these primary principles.

Beneficence means doing good—acting in a patient’s best interests and consciously promoting positive outcomes. To act with beneficence, a health-care provider must assess the respective benefits and burdens (or risks) of a situation and choose interventions that maximize the former while minimizing the latter.

Nonmaleficence is the principle of avoiding harm. Before beginning medical practice, physicians take the Hippocratic oath, which includes a commitment to “first, do no harm.” Nonmaleficence sometimes emerges as a

decision to refrain from a particular treatment that could potentially be more harmful than beneficial.

Autonomy is the idea that persons have the right to self-rule, to make decisions for themselves and control their own lives. In order to exercise autonomy, a person must be free from controlling influences, including other people who would withhold or selectively share information, and any other covert factors that might interfere with the ability to make independent decisions. To act autonomously, a person must understand a situation fully and be able to communicate how she wants to respond to it.

Justice concerns treating people with equality, fairness, and consistency. Discussions of different types of justice often emerge in times of shortage: Who gets scarce resources and who doesn't? Are like persons treated similarly (egalitarian justice), or will only those most likely to survive receive medical care (utilitarian justice)?

While on the surface these principles might seem distinct, straightforward, and even simple, they in fact almost always intersect and overlap and are frequently at odds with one another in an ethical debate. Take, for instance, the issue of vaccination. As this book goes to press early in 2021, the world is in the grip of COVID-19. This coronavirus is currently responsible for the deaths of more than 4,000 U.S. citizens—and some 15,500 individuals worldwide—*every day*. Two vaccines have recently been granted Emergency Use Authorization, and the demand for them is high; many people view vaccination as the best way to avoid contagion and death. Not incidentally, vaccination is also seen as the most promising way to return to some semblance of normal life, which is increasingly urgent after almost a year in various forms of lockdown. In this context, providing the vaccination is viewed as an act of benevolence. But what about instances in which a patient is both at very high risk for contracting the disease and also has a history of allergic reactions to vaccinations for other diseases? Here, the healthcare provider must carefully weigh beneficence and nonmaleficence to determine her recommendation to the patient. And the (adult) patient must then decide for herself the degree to which she is willing to risk unpleasant or even life-threatening side effects in hopes of protecting herself from the ravages of the disease.

Few people question the rightness of autonomy as it impacts only the patient. But what about when the impact of a personal decision has ramifications for others? Such is the case with so-called anti-vaxxers, who believe it's too soon to know long-term effects of these new vaccinations and therefore refuse to vaccinate themselves and their children. How can one ethically arbitrate between anti-vaxxer parents who fear and refuse vaccinations and parents who, for instance, argue that their children have a right to attend school without increased risk of exposure to infection? This nexus

of autonomy, nonmaleficence, and beneficence is particularly complex, as it moves beyond the bounds of one-on-one clinical medicine and demands response on a larger societal, and often legal, scale.

Complicating matters further, demand for vaccines currently far outweighs supply. Who should receive this potentially lifesaving treatment—and when? On what basis are these decisions made? While the federal Centers for Disease Control and Prevention (CDC) in the United States has issued guidelines, individual states are left to determine ethically just processes. Does providing online registration enhance fair distribution of this valuable resource, or does it disadvantage already disadvantaged populations like the poor, who might not be able to afford internet service, and the elderly, who might not understand or utilize such technology?

Ideally, each of the four fundamental principles carries the same weight, but in practice some principles are more highly valued than others. For example, individual autonomy tends to predominate in the twenty-first-century United States. That said, individual autonomy does not necessarily predominate in places with different access to resources, or where the culture places a high value on family- or community-based decision-making.

These issues are thorny. We hope that the comics we've created spark insights and conversations about areas of medicine that can be controversial and, more, that they illuminate our shared humanity. We're glad you have chosen to join us.