Just about one year ago, President Clinton called for a "new national goal for science" to develop a vaccine for AIDS within a decade. Now a year later the first large-scale human trials of an AIDS vaccine have been approved by the FDA. There are ethical issues both in how we got here and where we’re going.

Vaccine development is unlike many other areas of biomedical research in scope and urgency. Vaccines are used on large populations, and since they are targeted at infectious and potentially epidemic diseases, there is often additional time pressure on their development. Jonas Salk — one of the pioneers in polio vaccine development — once said, “You have no chance of success unless you are willing to fail.” This is also true in research on other new therapies, although the stakes may be higher when we are dealing with the public health realities of trying to control the spread of a fatal infectious disease.

The American portion of the upcoming placebo-controlled trial will include subjects from populations deemed to be at increased risk of HIV infection: gay men, the uninfected partners of people infected with HIV, and intravenous drug users. Those at greatest risk of infection are among the first recruited since they have the most to gain (and presumably the least to lose) by participation. The safety of this particular vaccine is not at issue, since it is made from proteins in the virus’ outer...
For more than a century, professional nursing has included themes of re-forming professional and institutional values, responsibilities, relationships, and power with the goal of assuring patient welfare in environments that support healing. These themes point to both an ethic of respectful care for individuals and a more socially-oriented ethic concerned with the health of institutions and communities.

Explicit attention to nursing’s ethical values in today’s turbulent world of health care is important to assure that values guide our decisions and actions. The nursing profession, in concert with other professions and the wider society, should decide whether there are ethical values that must be preserved in healthcare delivery systems. This is not to argue that economic and business values are not important, since healthcare organizations cannot survive without attention to economic values.

Values of humane and respectful health care must be balanced with business values as they are expressed in emerging systems where patients are often viewed as consumers or “resource users.” Values such as advocacy for meeting individual patient needs must not be lost in systems that emphasize health care as a business focused on the care of populations. Particular concerns and worries involve for-profit arrangements that exist primarily to enrich stockholders. And ethical values may also become submerged as not-for-profits struggle to survive in competitive markets.

Attention to nursing’s historical social themes is helpful in reconciling a more individually-oriented ethic with the population-based focus of reforming health care systems. Because individual patients are members of a group of similar patients or members who also have a claim on healthcare resources, nurses and other clinicians have obligations not only to individual identified patients but also to groups such as populations at risk. These dual, even multiple, obligations contain inherent value conflicts for nurses and other clinicians who focus primarily on care of individuals. Yet a focus on care of individuals and populations has much in common with public and community health goals of promoting and maintaining health — also traditional areas of nursing practice and concern.

Florence Nightingale’s focus on nursing’s obligation to develop healing environments provides a historical starting point for consideration of nursing’s traditional ethical values as represented in the ANA Code for Nurses. The current code and practice focus predominantly on advocacy for the individual patient. Responsibility for healing environments and the health of systems and communities are themes that require renewed attention in healthcare arrangements that jeopardize values such as respect for individuals and prevention of patient harm.

The ethical value of respect for persons contains two dimensions that clearly point nursing and health care in the direction of constructing a more socially-oriented ethic of care. One dimension is respect for individual autonomy and self-determination. The second is respect for individuals as interconnected, interdependent members of the human community whose decisions have consequences for the welfare of others. This dimension clearly supports a more socially-oriented perspective for professional ethics and practice. Both dimensions, along with considerations of justice and fairness, require consideration in emerging healthcare arrangements.

Recommitting the nursing profession to a more robust social ethic recognizes our human interdependence and social connectedness. These values have firm support in the ANA Code for Nurses but require reaffirmation and renewed commitment as fundamental professional values. The other side of a strong and traditional commitment to advocacy for the good of individuals is advocacy for the public good. One cannot be truly strong without the other.

In conclusion, affirmation of a strong individually and socially-oriented ethic in nursing, and for evolving healthcare arrangements assures that vulnerable people are not abandoned in the rush to contain costs. This is a defining moment for the values and ethics of the nursing profession, which calls for affirmation of the ethical values that should undergird the financing and delivery of healthcare systems for the new millennium.

References
Faculty Profile
Mila Ann Aroskar, RN, EdD, FAAN

Mila Aroskar is Associate Professor, Division of Health Management and Policy, School of Public Health; Adjunct Associate Professor, School of Nursing; and Faculty Associate in the Center for Bioethics. She received her undergraduate education in religion at the College of Wooster, and in nursing in the Department of Nursing, Columbia University. She received an MEd from Teachers College, Columbia University and her EdD in curriculum development from the State University of New York at Buffalo. Her post-graduate training included a Joseph P. Kennedy, Jr. Fellowship in Medical Ethics at Harvard University. She held faculty positions in undergraduate and nursing programs at Villa Maria College, Erie, Pennsylvania and the State University of New York at Buffalo before coming to the University of Minnesota in 1979. She is a Fellow of The Hastings Center where she served as vice president, and participated in projects in nursing ethics education and the physician-patient relationship. She is a Fellow of the American Academy of Nursing; Chair, American Nurses Association Center for Ethics and Human Rights Advisory Board; and a member of the Editorial Board of the Bibliography of Bioethics.

Dr. Aroskar is an author, teacher, lecturer, researcher, and consultant on ethics in nursing, patient care, healthcare administration, and public health. She is a co-author of the book, Ethical Dilemmas in Nursing Practice, now in its 4th edition. This textbook is widely used as a resource in nursing programs nationally and internationally. Her current scholarly interests focus on organizational ethics and professional ethics at the interface of public health and managed care.

Selected Publications:

Books

Book Chapters

Articles
coat and therefore cannot cause infection. The risks of the vaccine therefore relate to the potentially false expectation of protection it offers to subjects, leading to an increased willingness to engage in risky behaviors. The hope is that the potential benefits of lifesaving protection or the possible slowing of the progression of infection will offset these risks.

But the success of the trial relies on an inherent conflict. To assess the efficacy of the vaccine requires that individuals be exposed to the virus. But good public health practice requires that all subjects be counseled not to share needles or engage in unsafe sex. The problem is that if everyone heeded such warnings, the “power” of the trial would be vastly reduced. It is ironic that a vaccine trial is one place where there is a benefit if individuals ignore the public health message. Therefore we must be vigilant and assure that individuals understand what trial participation does and doesn’t offer. This may require larger trials to realize significant differences between the vaccination and placebo groups, but this seems a small price to pay.

Once the efficacy of a vaccine is established, how good must it be before it is made widely available? On one hand, anything is better than nothing, especially in the face of a public health emergency. But wise resource allocation demands that we ask whether it makes more sense to spend many millions of dollars on a marginally beneficial vaccine or invest in producing something more effective for the future. With unlimited resources we might choose to do both.

Why has it taken so long to get to this point in vaccine development? One answer may have to do with a perception that the behaviors a vaccine would “protect” are sexual promiscuity and intravenous drug use. In fact risky behavior is all around us, and none of us are immune. Even if HIV risk were confined to some subsets of our population, and ignoring the human costs of the disease, it makes more economic sense to prevent the huge health care costs of treating HIV infection and AIDS than to bear them.

One criticism of the current vaccine trial is that its design is unlikely to be able to determine whether the vaccine lessens the severity of infection for those who are not totally protected. In a conflict among proprietary interests, scientific openness, and the public health, the company producing the vaccine refuses to publicize its complete trial design. Only a greater government role in AIDS vaccine development can put the public’s health first.

Thankfully, we no longer need to worry about succumbing to epidemics of polio, and our children are protected from a growing list of other childhood diseases. One day soon we should be able to view HIV infection as a public health challenge we faced and conquered. The only question is how long we can afford to wait.

A version of this article appeared in a “Bioethics in Brief” column on CNN Interactive.

Position Available

The Department of Practical Philosophy & Ethics, Metropolitan State University, St. Paul, MN, seeks faculty to teach Medical Ethics Fall and Spring semesters (beginning in August and March, respectively). For information, contact: Ronald Paul Salzberger, PhD, Department of Practical Philosophy & Ethics, Metropolitan State University, 320 St. John’s Hall, 700 East Seventh Street, St. Paul, MN 55106-5000.

Resources for Bioethics Research at the University

If you are beginning to do research for a project and are unsure where to start or need to know what resources are available, the University of Minnesota Biomedical Library can assist you. The library has access to specialized databases such as Bioethicsline and Medline; major journals in the field; and reference tools that are basics in the area of ethics. Services available include literature searches, citation verification, and database instruction. For assistance, contact the reference desk at the Biomedical Library at 612-626-3260.
Susan M. Wolf, JD, has been named an Opperman Research Scholar at the University of Minnesota Law School starting July 1, 1998.

Jeffrey Kahn, PhD, MPH, launched a new ongoing column on CNN Interactive called “Bioethics in Brief.”

Current and past columns can be found at http://cnn.com/HEALTH/

The editor of the Bioethics Examiner welcomes letters to the editor on topics in bioethics.

The Fall 1998 Bioethics Examiner submissions deadline is September 11. Please send inquiries, comments, and announcements to the Center by this date.

Center News

A front page Bioethics Examiner (Spring 1998) headline trumpeted a “Threat to the Physician-Patient Relationship” from improper marketing incentives — one of umpteen complex issues that medical ethicists devote ink to. But in my view, the most pressing threat to the physician-patient relationship is the too often callous, superficial, and hurried “treatment” that (some) physicians inflict on already-hurting patients and families. Establishing a sense of rapport is especially crucial in this era of managed care and specialized medicine; nowadays, a single visit or a few brief encounters may well be all the time a physician-patient relationship ever has. Few patients anymore have the luxury of long-term, in-depth ties with “their own personal” physician.

Let me stress that most physicians I have seen, or heard about from family and friends, are good-hearted people with satisfactory (if not always stellar) communication skills. Yet a significant number of exceptions mete out unforgettable pain and make a mockery of the very term “physician-patient relationship.”

Having analyzed a litany of such affronts, both in person and on paper in my 1997 dissertation (First Do No Harm: Empathy and the Writing of Medical Journal Articles), I am always saddened but not surprised whenever I hear physician-patient horror stories. For example, one woman I know was ordered back to a Twin Cities hospital upon the unexpected death of her husband, with a brusque phone call “Something happened: you better get down here.” No greeting, no introduction, no expression of sympathy, no prospect of even a fleeting heartfelt connection—just a blunt yet vague summons.

The absence of basic courtesy from physicians is demoralizing to patients and families who are already in the midst of stressful medical predicaments.

Even in more or less routine appointments, inadequate preparation and inept communication on the part of physicians can grate and disconcert. One highly touted specialist hustled into the exam room where a relative of mine, then in her late 60s, nervously awaited his expertise—only to sit unnoticed as he shuffled her unread chart, finally blurting “So when was your last period?” Hardly an auspicious opening for a pelvic consult with an elderly patient who had undergone a hysterectomy three decades earlier!

Surely, with all their years of costly training and rich experience, physicians should be considerate enough to do their homework beforehand and to show a modicum of bona fide concern for patients and families.

Such shoddy treatment may seem minor or inconsequential, compared with, say, violations of the Nuremberg Code. However, rude indifference from physicians strikes at the heart of what bioethics and medicine should be all about, namely, conscientious regard for the well-being of humans in need. If physicians expect respect, they better show some — every day, in every possible way, in word as well as in deed — to each unique individual they are paid to care for. Anything less is inhumane and unethical.

Mary E. Knatterud, PhD
Research Associate/Assistant Professor
Department of Surgery
University of Minnesota Medical School
Calendar of Events

Jul 10
Steven Miles, MD, will speak on "Medical Ethics" at the University of Minnesota Medical School Orthopedic Surgery Grand Rounds. For information, call Marcy Cook at 612-625-2157.

Jul 13-18
The Midwest Intensive Bioethics Course (MIBC) will be held in Chicago, IL. On July 13, Jeffrey Kahn, PhD, MPH, will speak on "Informed Consent: History and Clinical Practice." Carl Elliott, MD, PhD, will lead a literature and medicine interest group. For information, call the Medical College of Wisconsin at 414-456-8498.

Jul 17
Jeffrey Kahn, PhD, MPH, will speak on "Current Ethical Issues in Organ Transplantation" at the Scientific Sessions of the Second Chance for Life Foundation Annual Meeting in St. Louis Park, MN. For information, call Marshall Hertz at 612-624-5481.

Jul 28
Steven Miles, MD, will speak on "End of Life Decisions" at the National Conference on Organization Ethics and Health Care in Charlottesville, VA. For information, call Patricia Werhane at 804-924-4840.

Jul 30-31
The NIH/FDA National Human Subject Protections Workshop "Women as Research Subjects" will be held in Santa Monica, CA. For information, call Marisol Antonio at 310-825-8714.

Sep 15
Susan M. Wolf, JD, will speak on "Dying in Context: Feminist Analysis at the End of Life" at the 12th Annual International Congress on Care of the Terminally Ill in Montreal, Canada. For information, call Barbara Greene at 612-520-5942.

Sep 18
Jeffrey Kahn, PhD, MPH, will speak on "Bioethics and the National Marrow Donor Program" at the National Marrow Donor Program Council Meeting in Minneapolis, MN. For information, call Pam Robinett at 612-627-5814.

Sep 24-25
Susan M. Wolf, JD, will speak on "Organizational Ethics" at the National Conference on Organization Ethics and Health Care in Charlottesville, VA. For information, call Patricia Werhane at 804-924-4840.

Sep 25
Steven Miles, MD, will deliver the keynote address "Ethics and Caring: End of Life Decisions" at the North Memorial Health Care Conference for health care rehabilitation professionals: No Easy Answers: Rehabilitation of the Stroke Patient, in Minneapolis, MN. For information, call Barbara Greene at 612-520-5942.

Oct 8-10
The American Society of Law, Medicine, and Ethics (ASLME) sponsors its 1998 Annual Meeting "Law, Medicine, and Ethics in the Real World of Managed Care" in Cambridge, MA. For information, contact ASLME at 617-262-4990.

Oct 15

Oct 19
Susan M. Wolf, JD, will speak on "Managed Care" for the Women's Club of Minneapolis, MN. For information, call 612-870-8001.

Nov 20
Susan M. Wolf, JD, will participate in a panel discussion on "Organizational Ethics" at the Annual Meeting of the American Society for Bioethics and Humanities in Houston, TX. For information, call 847-375-4745.

1998 Midwest Intensive Bioethics Course
July 13-18, 1998

"Methods in Bioethics: Philosophy, Law, Narrative" will be hosted by Northwestern University Medical School in downtown Chicago. The course is cosponsored by the Center for the Study of Bioethics, Medical College of Wisconsin; the Center for Bioethics, University of Minnesota; and the Program in Medical Ethics, University of Wisconsin.

Tuition is $700; student rate is $250; partial scholarships are also available. Hotel accommodations are $79/day; dormitory accommodations are $21/day. The course offers 20 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association or 20 contact hours of continuing education credits. For information, contact Kristen Tym at the Medical College of Wisconsin, by email: ktym@mcw.edu; phone: 414-456-4299; or fax: 414-456-6511.
Center Publications and Tapes

**Audio Tapes**
A series of 27 audio tapes are available from the October/November 1996 conferences, “ICU Care at the End of Life: Ethics and Practice,” and “End of Life Health Care in Managed Care Systems.” Tapes are $10 each or $100 for the complete set.

**Reading Packets**
Center reading packets contain an overview of legal and ethical issues, key articles, and a bibliography. Reading packets are available for $5 each:

- **No. 1:** Organ Transplantation  
  (August 1997)
- **No. 2:** Withholding or Withdrawing Artificial Nutrition and Hydration  
  (July 1997)
- **No. 3:** Termination of Treatment of Adults  
  (September 1997)
- **No. 4:** Baby Makers: The New Ethics of Reproduction  
  (October 1993)
- **No. 5:** Distributing Limited Health Care Resources  
  (April 1997)
- **No. 6:** Resuscitation Decisions  
  (June 1997)
- **No. 7:** The Determination of Death  
  (May 1997)

**Managed Care and End-of-Life Care Packets**
A Center project addressing ethical issues in managed care has led to the publication of annotated bibliographies on end-of-life care that are available for $5 each:

- References on Ethical Issues in Managed Care — articles addressing ethical issues in managed care.
- Advance Directives — focuses on empirical research related to the dissemination, clinical use, and effects of advance directives.
- Palliative Care — articles describing clinical, legal, and ethical issues in pain control for terminally ill persons and articles describing and comparing hospice care to conventional care for terminally ill persons.

**Reports**

**Ordering Information**
To order reading packets, tapes, or reports, please make checks payable to: Center for Bioethics, University of Minnesota. Send to: Center for Bioethics, University of Minnesota, Suite N504 Boynton, 410 Church Street SE, Minneapolis, MN, 55455. All orders must be prepaid.

Recent Faculty Publications

**Books**
*Beyond Consent: Seeking Justice in Research*
Edited by Jeffrey P. Kahn, PhD, MPH, Anna C. Mastroianni, JD, MPH, and Jeremy Sugarman, MD, MPH, MA

Patients with cancer and AIDS now clamor for access to clinical trials. Federal policies governing research that once emphasized protecting subjects from dangerous research now promote access to clinical trials. Have claims about justice and access to the benefits of research eclipsed concerns about consent and protection from risks? How can we make good and fair decisions about the selection of subjects and other questions of justice in research?

*Beyond Consent* examines the concept of justice and its application to human subject research through the different lenses of important research populations and settings: children, the vulnerable sick, captive and convenient populations, women, people of color, and subjects in emergency situations and international settings. To set the stage for this examination, an introductory chapter addresses justice in the evolution of research policies. After six contributors analyze issues around specific subject populations, concluding chapters discuss the concept of justice for research with human subjects in the future and analyze justice throughout the research enterprise.

**Articles**

**Book Chapters**

Faculty and Staff at the Center

**CENTER FACULTY**

Jeffrey Kahn, PhD, MPH  
Director  
Associate Professor, Department of Medicine, University of Minnesota Medical School; Division of Health Services Research and Policy, School of Public Health; Department of Philosophy, University of Minnesota

Dianne Bartels, RN, MA  
Associate Director

Carl Elliott, MD, PhD  
Director, Graduate Studies, Center for Bioethics; Associate Professor, Department of Pediatrics, University of Minnesota Medical School; Department of Philosophy, University of Minnesota

Steven Miles, MD  
Associate Professor, Center for Bioethics; Department of Medicine, University of Minnesota Medical School; Staff Physician, Department of Internal Medicine, Regions Medical Center

Susan M. Wolf, JD  
Associate Professor of Law and Medicine, University of Minnesota Law School and Center for Bioethics

**FACULTY ASSOCIATES**

Mila Aroskar, RN, EdD  
Associate Professor, Division of Health Management and Policy, School of Public Health, University of Minnesota

Muriel Bebeau, PhD  
Professor, Department of Preventive Sciences, University of Minnesota School of Dentistry

Jonathan S. Cohen, MD, MPH  
Assistant Professor, Department of Medicine, University of Minnesota Medical School; Director of Emergency Medicine and Urgent Care, Minneapolis VA Medical Center

Ronald Cranford, MD  
Professor of Neurology, University of Minnesota Medical School; Associate Physician, Department of Neurology, Hennepin County Medical Center

Patricia Crisham, PhD, RN  
Associate Professor, School of Nursing, University of Minnesota

Rosalie Kane, DSW  
Professor, Division of Health Services Research and Policy, School of Public Health; Member of the Graduate Faculty, School of Social Work, University of Minnesota

David Mayo, PhD  
Professor, Department of Philosophy, University of Minnesota, Duluth

Gregory Plotnikoff, MD, MTS  
Assistant Professor, Internal Medicine and Pediatrics, University of Minnesota Medical School; Medical Director, University of Minnesota Center for Spirituality and Healing; Staff Physician, Community-University Health Care Center

Muriel Ryden, PhD, RN  
Professor, School of Nursing, University of Minnesota

**POST-DOCTORAL FELLOW**

Christopher Herrera, PhD

**ADMINISTRATIVE STAFF**

Candace Holmbo  
Administrator

LeeAnne Hoekstra  
Executive Secretary

Julie Vangelof  
Principal Secretary

Carmel Barth  
Office Assistant

Christine Soudaly  
Office Assistant

Michael Weinbeck  
Office Assistant

**RESEARCH ASSISTANTS**

Charles Good  
Thomas Horesji  
Bonnie Houg  
Robert Koepp  
Kristine Olson