Pressure is mounting on health care insurers and managed care organizations to pay for their subscribers to participate in clinical trials or other medical research. For many patients, to participate in research like a clinical trial testing a new therapy or alternative treatment means paying what can be significant costs out of pocket. This is because while some of the costs of research are paid by drug companies or government research programs, a large part are charged to the subjects or their health care insurance—costs that payers are reluctant to bear. But in a break from the longstanding policy by many health insurers not to pay for “experimental therapy” or research, it was recently reported that United Health Care is planning to pay for their subscribers to participate in some cancer research. This will expand medical care choices for patients and physicians, as well as increase the pool of potential research subjects. Why should the companies that pay for our health care also pay for participation in research, and are these new costs justified in a time of increasing health care costs?

Health insurers are wary of paying for any unproven medical care, and for good reason. They are responsible for allocating resources wisely—resources that are collected from subscribers and then paid out according to need and other factors. Spending tight dollars on care that doesn’t highlight some of the ethical concerns in complementary, spiritual, and cross-cultural care and to challenge the reader to consider how you and the University of Minnesota’s Center for Bioethics might best address them.

Complementary Care—Recognition of the popularity of herbal medicines, massage, chiropractic, megavitamins, self-help groups, folk remedies, energy healing, and homeopathy, and the institutional barriers for access, utilization, credentialing, and research in such remedies has lead to interesting philosophical questions. If all of health care practice must be “evidence-based,” what framework allows for the just allocation of research funds? What are the implications of no funding being available for clinical trials of non-patentable natural substances? How should IRBs evaluate research protocols that incorporate non-quantifiable interventions or interventions not consistent with Western scientific worldviews?
Should CAM therapies be required to meet stricter research guidelines than conventional therapies? Is Western scientific objectivism the only means of ascertaining clinically-relevant truth?

Given that health plans are already “appalled” by the degree of practice variation currently existing, to what degree should people be allowed alternative choices in treatment for a given condition? To what degree may physicians and health plans promote “evidence-based” therapies that do not fit with their patient’s values and worldview? What are health professional’s responsibilities in working with patients (or practitioners) who seek CAM therapies to the exclusion of conventional medicine? To what degree should physicians control access and credentialing of non-physician practitioners?

Spiritual Care – A growing number of medical studies document that people with religious beliefs are likely to be healthier and live longer than their less religious counterparts, even when accounting for smoking, alcohol consumption, etc. Additional studies support the power of prayer as a biological modifier. For those who consider good science to be open-minded inquiry, these studies challenge conventional beliefs about physical matter and health. For faith communities, these studies challenge conventional beliefs regarding the meaning and purpose of faith. For ethicists, these studies challenge us to define the boundaries of professional behavior.

Imagine the NIH funding the world’s finest study on prayer and health outcomes, a randomized, double-blind, placebo-controlled, multi-centered, US trial with statistical rigor and a large number of subjects. Also imagine that issues of “extraneous prayer,” “dose-response effects,” and knowledge of “God’s will” were addressed and accounted for. What would a positive result mean for medical practice? Would faith prescriptions be medically indicated? “Mrs. Jones, here’s your prescription for Psalm 49?” What would a negative result mean? “Pray if you want Mr. Jones, but it won’t be of any help...” Would negative results really change the activities of faith communities?

Astute readers will recognize that just as health professionals are not experts in a given patient’s values, they also are not experts in a given patient’s spirituality. In either area, health professionals should not be giving answers that ought to be discovered by patients themselves. However, several polls have documented that a majority of patients would like their physician to address spiritual concerns as part of their medical care. Hence, the challenge is now for ethicists to define the professional boundaries for such inquiries. What does addressing spirituality mean? What does this mean across religions? What about the minority who do not want their physician to address such concerns? Under what framework can and should spirituality be considered in the medical paradigm?

Cross-Cultural Care—Both complementary and spiritual practices are integral to the culturally-sanctioned health care activities of minority and immigrant communities. For those trained in Western health care facilities, partnering with a person, family, or clan with radically different health beliefs, worldviews, and practices can be incredibly frustrating and not easily accommodated in institutions that focus on efficiency.

Classic ethical challenges follow from non-recognition of both culturally meaningful health practices as well as implicit and unconscious health beliefs. Although classic Western political philosophy and ethics is autonomy-based, most non-Western cultures define one’s humanity not by their degree of autonomy but by their degree of connection. Hence, non-Western ethical reasoning frequently starts with this radically different assumption. As a result, Western ethicists and ethically-minded practitioners are frequently profoundly challenged by differing definitions of what constitutes a problem, a solution, and the right process for reaching that solution.

These challenges are particularly disturbing in regards to defining the best interests of a child. Is physiologic functioning the sole criteria for defining a child’s best interest? For competent and caring non-English speaking parents who have recently immigrated to the US, should the pediatrician or the state define what is best for their child? What if the pediatrician’s orders violate deeply-held religious and cultural beliefs? If exemptions from life-saving surgeries and/or medications are allowed for immigrant children on the grounds of traditional cultural and religious beliefs, then how do we justify overriding the wishes of competent and caring Jehovah’s Witness or Christian Science parents?

Significant opportunities now exist for national leadership in both CAM curricular design and ethics research. Leaders of both the Center for Bioethics and the Center for Spirituality and Healing are committed to partnering and bringing the strengths of both Centers to bear on the many challenges now emerging. We invite you to explore how you might contribute to this effort.
Faculty Profile
Greg Plotnikoff, MD, MTS

Faculty Associate Greg Plotnikoff’s formal educational goal was to be a physician. Yet, because he recognized early on that medical care touches three elements of people’s lives – the physical, the spiritual, and the communal – he sought more than scientific preparation. At Carleton College he majored in Political Science with an interdisciplinary minor in Science, Technology, and Public Policy. He postponed medical school and attended Harvard Divinity School because he saw medicine as a form of ministry and believed that the knowledge imparted by theological study applies directly both to serving patients and their families and to formulating public policy.

While at Harvard, Greg studied social and political philosophy with John Rawls, myths and rituals with Diana Eck, medical ethics with Arthur Dyck and pastoral care with Henri Nouwen. During this time, Greg also graduated from the Youville Hospital Chaplaincy program.

When Greg entered the University of Minnesota Medical School, he started asking new questions. By his second year, Greg was working with the nascent Center for Biomedical Ethics and serving as the co-chair of the Student Committee on Bioethics. He directed the 1987 CHIP conference on “Ethics, Economics and Health Care” that was attended by more than 300 people. As co-chair of the Standing Committee on Bioethics for the American Medical Student Association, Greg led the national effort to produce a new graduation oath that is used in numerous schools.

Dr. Plotnikoff is board certified in both Internal Medicine and Pediatrics, and is an Assistant Professor in both departments. Practicing medicine in Minnesota’s most ethnically diverse neighborhood has fostered Greg’s interest in the ethical, cultural, and spiritual aspects of medical care. He now directs courses in “Professionalism, Ethics, and Cultural Dynamics;” “Cultures, Faith Traditions and Health Care;” and “Spirituality and Clinical Care.” He also lectures on herbal medicines and cross-cultural ethics. Since 1997, Greg has served as the Medical Director of the University’s Center for Spirituality and Healing.

Greg is the recipient of numerous awards including a Kennedy Foundation scholarship to the Kennedy Institute of Ethics, the Max Seham Award for Commitment to Social Medicine, the University President’s Service and Leadership Award, and most recently, Carleton College’s “In the Spirit of Carleton Award.” He has been named by his peers as one of the “Best Doctors in America” for three consecutive years. He speaks locally and nationally on topics related to complementary, spiritual, and cross-cultural care.

Selected Publications:

ARTICLES


work doesn’t make sense on a number of levels: it’s bad for patients, and it’s bad for insurers and their subscribers. But of course the difficulty is in knowing what care \textit{will} work, and that is where research comes in.

Unfortunately, sometimes there is little or no effective treatment for an illness or disease, and promising research may offer hope along with the opportunity to learn for the future. When standard approaches don’t work, it makes sense to pay for research participation as part of patient care, so long as patients understand that research is meant to gain knowledge, and only secondarily may benefit them directly.

When a patient enters a clinical trial, while the particular combination of drugs given, or a device used, may be new or untested, the rest of the medical care they receive looks much like they would receive as part of standard care. So blanket policies that deny payment for research participation miss the point. For patients who would receive other care, the only extra costs imposed by research are those over and above regular medical care. No doubt these costs sometimes can be substantial, but it is wrong to suppose that all research participation adds layers of new costs to health care. And if patients are lucky enough to realize direct medical benefit from being in research, its value for individuals should be clear.

As more medical care is paid for and delivered in the context of managed care, rules that restrict research participation will impact whether and how research can be carried out. While our changing health care system cannot afford to pay for unlimited research participation, neither can it afford to deny all access.

Clinical research depends on a number of factors to succeed, not the least of which is patients to participate. In fact, increasing concern over the shortage of patients for cancer clinical trials prompted the National Cancer Institute to ask Congress last year for funds to guarantee that eligible subjects would not be turned away.

Improved access to research will be good for patients whose health it might advance, for those it will offer additional hope, and to payers and society in the form of better health care in the future. But these benefits aren’t free. Research programs should bear some costs, but they should be shared by systems committed to serving health care needs, and that will reap the benefits of research. Only by recognizing that research is an important part of health care can our system avoid going morally bankrupt even though the bottom line says otherwise.

A version of this article appeared in an “Ethics Matters” column on CNN Interactive (www.cnn.com/health/).

Center News

Faculty

Susan M. Wolf, JD, has been named to the Julius E. Davis Chair in Law for 1999. She has also been named Director of the University’s new Joint Degree Program in Law, Health & the Life Sciences. Professor Wolf led the development of this program, which the University’s Regents approved over the summer. In April she gave birth to twins.

John Song, MD, MPH, MAT, has accepted a faculty position as Assistant Professor at the Center and in the Department of Medicine. Dr. Song’s appointment will begin on March 1, 2000.

Post-Doctoral Fellows

Alex London, PhD, and Carolyn McLeod, PhD, have been awarded the 1999-00 Post-Doctoral Fellowships in the Center.

Alex London is currently editing a special issue of \textit{Theoretical Medicine and Bioethics} tentatively titled “The Role of Theory in the Practice of Bioethics.” Contributors include John Arras, Tod Chambers, Mark Kuczewski, Jim Nelson, and Hilde Nelson.

Chris Herrera, PhD, (1997-98 Post Doctoral Fellow) held a postdoctoral position at McGill University in Montreal in 1998-99. He recently accepted a position as Assistant Professor in the Department of Philosophy and Religion, Montclair State University, New Jersey.

Jing Bao Nie, MD (tcn), PhD, (1998-99 Post Doctoral Fellow) began a tenure track position in July 1999 as a lecturer in the Bioethics Centre at the University of Otago, New Zealand.
Announcing the new...

Joint Degree Program in Law, Health & the Life Sciences

Beginning this Fall, the University of Minnesota is offering a unique Joint Degree Program for students interested in combining a law degree with one of a broad range of graduate degrees in health and the life sciences.

Minnesota will be training experts in the legal, ethical, and policy problems posed by health, the sciences, and the environment in the 21st century. Our students will become leaders in areas such as managed care and health policy, intellectual property issues in biotechnology, and environmental law and policy. Students in the Program will be able to obtain a JD together with an MS or PhD in less time and with more academic support and potentially more financial support than if they pursued the two degrees separately. The Program will be presenting a speaker series, colloquia, and other meetings to draw scholars in these fields to campus. Students will also be able to take advantage of close relationships we are building between the Program and practicing attorneys, policymakers, and business people.

The Joint Degree Program involves roughly 300 University of Minnesota faculty members. They are drawn from the Law School, Graduate School, School of Public Health, College of Biological Sciences, College of Natural Resources, Humphrey Institute, and Center for Bioethics. They reflect the University’s strength in and commitment to human genetics; microbial, plant, and animal genomics; developmental biology; environmental and health policy; the analysis of technology; molecular and neuropharmacology; health law; and bioethics. The Joint Degree Program will allow the University to currently offer the following degree combinations, with more likely in the near future:

for those interested in biotechnology and genetics:

- JD in Law with an MS or PhD in Molecular, or Cellular, Developmental Biology & Genetics "MCDB&G" (http://www.law.umn.edu/) or (http://biosci.cbs.umn.edu/mcdbg/) or call 612-624-7470.

for those interested in environmental policy and law:

- JD with an MS or PhD in Ecology (http://www.cbs.umn.edu/eeb/BlueBook/MastersRequirements.html) or (http://www.cbs.umn.edu/eeb/BlueBook/PhD Requirements.html) or call 612-624-6770.

- JD with an MS or PhD in Conservation Biology (http://www.consbio.umn.edu/CB_Program/Default.html) or call 612-624-2478.

- JD with an MS or PhD in Environmental Health (http://www1.umn.edu/eoh/) or call 612-625-0622.

for those interested in health policy:

- JD with an MS or PhD in Health Services Research, Policy & Administration (http://www.hsr.umn.edu/prog/mshsrp.html) or (http://www.hsr.umn.edu/prog/phdlhsrpa.html) or call 612-624-9432.

- JD with an MS or PhD in Health Services Research, Policy & Administration (http://www.hsr.umn.edu/prog/mshsrp.html) or (http://www.hsr.umn.edu/prog/phdlhsrpa.html) or call 612-624-9432.

for those interested in science policy:


for those interested in drug development and regulation:

- JD with an MS or PhD in Pharmacology (http://www.pharmacology.med.umn.edu/) or call 612-625-0458.

Students must apply to the Law School and the relevant Graduate Program and be admitted by both. A student already enrolled in one can apply to the other. For Law School applications and information, call 612-625-3487. For Graduate School applications and information, call the individual Graduate Program, as listed above. You may also wish to call the Graduate School at 612-625-3014.

For more information about this unique option, call the Joint Degree Program at 612-625-0055 or e-mail us at vanpe005@tc.umn.edu. Our Web site is under construction at http://www.law.umn.edu/jointdegree.
Calendar of Events

Oct 14-15
Steven Miles, MD, will speak on “Personal Perspectives of the Care of Ms. Wangle” and “End of Life Religious Rituals in the ICU: Lessons for the Futility Debate” at the University of New Mexico School of Medicine’s Seventh Annual Symposium in Albuquerque, NM. For information, call 505-272-3942.

Oct 15
Jeffrey Kahn, PhD, MPH, will participate on a panel discussion “Current Controversies & Future Direction in Contemporary Research” at the University of Illinois, Chicago, IL. For information, call Mary Rutz at 312-996-1175.

Oct 18-19
The Jay Phillips Center for Jewish-Christian Learning presents Part II of a Five Part Series on Ethics “Exploring Questions of Life and Death: An Interfaith Conversation.” On 10/18, Program II “The Ethics of Healing” will be held at the College of St. Benedict in St. Joseph, MN and again 10/18 at the University of St. Thomas in St. Paul, MN. For information, call 651-962-5780 or e-mail kschierman@stthomas.edu.

Oct 22
Steven Miles, MD, will speak on “Use of Restraints” as part of the Minnesota State Bar Association’s 1999 Elder Law Institute, at St. Paul RiverCentre in St. Paul, MN. For information, call 651-227-8266.

Oct 29
Jeffrey Kahn, PhD, MPH, will speak on “Implications of Gene Patenting” as part of a panel session at the American Society for Bioethics and Humanities (ASBH) annual meeting. The meeting will be held at the Wyndham Franklin Plaza in Philadelphia, PA. For information, call 847-375-4833.

Nov 3
Jeffrey Kahn, PhD, MPH, will speak on “Bioethics and the Law: Oil and Water or Vinaigrette” at St. Luke’s Hospital, Duluth, MN. For information, call Cheryl Jurek at 218-726-5449.

Nov 5
Jeffrey Kahn, PhD, MPH, will be the keynote speaker on “Ethical Issues in the New Millennium” at the United Theological Seminary Benefit at the Downtown Radisson Hotel, St. Paul, MN. For information, call 612-633-4311.

Nov 7
Jeffrey Kahn, PhD, MPH, will speak on “Hot Topics in Bioethics” at the House of Hope Presbyterian Church in St. Paul, MN. For information, call 612-924-5998.

Nov 18-21
The Association for Moral Education (AME) will hold their 25th annual conference “The Moral Imperative: Ethics in the 21st Century,” at the Radisson Hotel Metrodome on the University of Minnesota campus. Keynote speakers, Tom Beauchamp, PhD, and Dan Lapsley, PhD, will address advances in moral philosophy and psychology. For information, call 612-624-0876.

Dec 1
Jeffrey Kahn, PhD, MPH, will speak on “Ethical Issues in Psych Research” at the Fairview University Medical Center Grand Rounds in Minneapolis, MN. For information, call Dr. Bill Meller at 612-273-9825.

Fall Semester Bioethics Courses

For more information on the following courses, see the Center’s web site (www.med.umn.edu/bioethics/).

LAW 6854
Biototechnology and Law
2 cr, Burk

LAW 6878
Managed Care Law & Policy
2 cr, Mickelson et al.

LAW 7831
Genetics and Assisted Reproduction: Law and Ethics
2 cr, Wolf and McGee

NURS 4104
Ethical Sensitivity and Reasoning in Health Care
2 cr, Ryden and Rowan

NURS 5141
Ethical Issues in Health Care of Elders
3 cr, Ryden

NURS 8140
Moral and Ethical Positions in Nursing
3 cr, Crisham

PHIL 5325
Biomedical Ethics
3 cr, Ross

PUBH 5743
Ethics in Health Care Organizations
2 cr, Aroskar

History of Medicine
Fall Lecture Series

The Department of History of Medicine, University of Minnesota, will sponsor the following lectures from 12:20-1:10 pm in 555 Diehl Hall, on the east bank campus (except 10/21 as noted below).


Oct 21: “Plague and the Historians: Did the Black Death Really Matter?” by Faye Getz, PhD, Madison, WI, 3:30-4:30 pm, 210 Norris Hall.


Nov 1: “Barren in the Promised Land” by Elaine Tyler May, PhD, University of Minnesota.

Nov 8: “Historical Reflections on the Figure of the Difficult Woman: Dr. Mary Dixon-Jones on Trial” by Regina Morantz-Sanchez, PhD, University of Michigan.

Nov 15: “Why Did Surgeons Operate for Breast Cancer?” by Maarten Ultee, PhD, University of Alabama.

Nov 22: “What Do These Women Want?” Feminism, Menopause, and Feminine Forever” by Judith A. Houck, PhD, University of Georgia.

Nov 29: “African Americans, Gender, and the Civil Rights Struggle for Public Health Care” by Susan Smith, PhD, University of Alberta.

Dec 10: “Eugenics and the American Medical Community” by Edward Larson, PhD, JD, University of Georgia, 1998 Pulitzer Prize Winner.
Recent Faculty Publications

Books


Walker Percy brought to his novels the perspective of both a doctor and a patient. Trained as a doctor at Columbia University, he contracted tuberculosis during his internship as a pathologist at Bellevue Hospital and spent the next three years recovering, primarily in TB sanitariums. This collection of essays explores not only Percy’s connections to medicine but also the under-appreciated impact his art has had and can have on medicine itself.

The contributors—physicians, philosophers, and literary critics—examine the relevance of Percy’s work to current dilemmas in medical education and health policy. Contributors include Robert Coles, Brock Eide, Carl Elliott, John D. Lantos, Ross McElwee, Richard Martinez, Martha Montello, David Schiedermayer, Jay Tolson, Bertram Wyatt-Brown, and Laurie Zoloth-Dorfman.

Book Chapters


Articles


Center Publications

Reading Packages

Center 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 (January 1999)
No. 4: Distributing Limited Health Care Resources (April 1997)
No. 5: Resuscitation Decisions (June 1997)
No. 6: The Determination of Death (May 1997)
No. 7: New Frontiers in Genetic Testing (August 1999)
Managed Care and End-of-Life Care Packages

A Center program 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.

• 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

In October 1998, the Center organized a meeting that brought together representatives from Minnesota’s health care organizations to address implementation of Minnesota’s new health care directive law. To receive a copy of the proceedings “Summit on Implementing Minnesota’s New Health Care Directive Law,” contact the Center. This report is available at no charge.

Ordering Information

To order reading packets or reports, 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.
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David Mayo, PhD  
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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

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