

Reading

C.Y. Tse, A Chong, and S.Y. Fok, "Breaking Bad News: A Chinese Perspective." *Palliative Medicine*, Vol 17, No 4 (Jun 2003): 339-343
L.J. Blackhall, G. Frank, S. Murphy and V. Michel, "Bioethics in a Different Tongue: the case of Truth-Telling." *Journal of Urban Health*, Vol 78, No 1 (Mar 2001): 59-71.
Kuhse and Singer, *Bioethics: An Anthology*, pp 485-512

Class Business

Paper 1 was OK but needs to involve more readings; a few were spectacular. Next paper will examine the Goods' chapters.

Issues of Autonomy and Disclosure

When should a doctor disclose to patient? One of the arguments for confidentiality with special relationship with patient-doctor is issue of trust, which we take for granted and expect that our best interests are at heart, the ideal of beneficence and that the MD is working for our good. Whether MD discloses depends on the culture of the patient but also relates to questions of TRUST.

Student Presentation

Impression: Disclosure, diagnosis, prognosis. Cultural perspectives, research articles—easier to read

"Breaking Bad News: a Chinese perspective"—a *Western* Chinese perspective

Background: Tse—palliative care director; Chong—total quality management and social gerontology

- Keep in mind that the article that they are educated in the Western sense and trying to achieve the Western model
- Disclosure is viewed as a harmful act, violates maleficence principle. Very big generalization of CHINA.
 - Depends on the person and individual, whether they would want to place themselves in that situation.
- How valid are these articles? Questions asked depend on the moment in that person's life and that opinions are subject to immediate change. *Interesting point—the methodology of understanding people's experience of Marshall and Koenig for on-the-ground study to really explore their experiences. Paper uses survey—use of quantitative. Anthropology is more qualitative, less structured and*

more observation-based and situational/in the moment and the other conditional factors (economics, family, etc.) that play into decisions.

- Why Chinese families tend to take over a person's choice?
 - Western society—focus on the individual. Chinese—family interdependence and decision-making.
- Paper argues that *shouldn't* be how it works, even though autonomy is not a traditional concept, but veracity is.
- *What do you think about the notions of “this is a principle of Cheng 誠”? How are they using the concepts of culture, the concepts of science that are being appropriated to use its authority to construct a culture in a certain way?*
 - Is this true? As you get older, you expect your kids to take care of you, just like you take care of your parents. As you get older, you lose power.
 - Talking to the family – as the channel to get to the patient. But when the patient's wishes are expressly wished. A Gray area about what is okay.
 - *We don't know enough about who the class subjects are but are there class and power differences? Upper-class MDs in Haiti viewed poorer Haitians as uneducated and with superstitious. Though respectful they assumed that they would not understand, and the context of what is involved.*
 - Similarities of this situation in India.
- Nonmaleficence, disclosure. Examined Chinese philosophers perspective on death, that death is something to be accepted and not feared. *Can these issues be applied to the common person? Does the common person guide their life by these issues? Difference between principles and cultural reality.*
- Preparation of death—expecting death for older; younger people will feel that they are being robbed and that there is a great injustice and never come to terms with it.
- There is a leap of something or something behind the fact that only 30-something percent are telling, but the ‘theory’, and ‘philosophy’ says something different. What explains this jump?
 - Only 38% doctors are disclosing terminal news. Disparity between what the patients say they want and the doctors do.
 - How much is self-interest of the doctor? It's too hard to do and not fun to do that.
- The context of dying. *Soteriology—issues of salvation. Questions of finding something redemptive in suffering, and we've discussed how death and dying—while medicine is playing a strong role in addressing these very mortal questions. Where is medicine coming in between the technical and the sacred?*
 - Student: What if medicine is not in that sphere? When can death be appropriated in that sphere? JAMES: *To what extent has this experience been medicalized? Trying to propose that we should be adopting a more Western standard of medical practices and it's not incongruous for the traditions of the “monolithic” Chinese culture. FOUCAULT: the way that the medical domain is trying to gain more control of the body and discussing what CULTURE is and shape how people think about*

themselves. Medicine constructing its object—at how it's happening, the way that knowledge is being created (through the article itself)

- Doctors think that only science can help people, even though for 1000s of years non-science has been helping people.
- *Rosenberg—biological enterprise—not simply doctor-patient, but also the institution.* How medicine is trying to gain more power.
- Are doctors reading this magazine? Is this influencing the way that doctors are viewing different patients?
- *Form of physical therapy—Trager, NIH study. National Center for Complementary and Alternative Medicine, which created that category, is an “industry,” studying these medical traditions cross-cultures: acupuncture, ayurveda, alternative forms of practice*
- *Body work—does it need to be more institutionalized, certification, regulation? FOUCAULT, ROSENBERG—how is it that science and knowledge are related to questions of POWER. Who has power to decide? How do you construct knowledge in the scientific way?*
- *The use of bioethics—FDA has an obligation to protecting citizenry, and not regulating these things outside the realm of medicine is harming people. Expanding the domain of control of medicine.*
- Issues of use of concept of “Culture”
 - Chinese—can’t generalize the culture. Can’t generalize the medical institution. Claims of CHINESE, and MEDICINE IN CHINA are not totally legitimate. What is CHINESE? That is in dispute in the first place. “You cannot stereotype the culture”; but they didn’t mention that in the article and too late and then they said that in the 1960s they preferred nondisclosure in the entire study.
 - Article ended with recommendations about how to talk to patients. Didn’t really justify their case. “Culture” is not being used as an “excuse” to explain how people are working with different patients.
 - Death is a happy thing in Chinese culture? That’s how it seems to be portrayed in the article.
 - Is euphemism lying?

“Bioethics in a Different Tongue: the case of Truth-Telling”

Background:

- Blackhall. Bioethics professor at USC, geriatric, palliative care, HDS. Cross-cultural bio-medical ethics.
- Gelya Frank—USC anthropologist, *Venus on Wheels*
- Murphy—School of communication
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Research cultural perspective influence on dying.

- Question of paper: Should MD tell patient have cancer? That they will die that they will die of cancer?
- Summary: Interviewed patients of same ethnicity. African-Americans and European-Americans 80% should tell they have cancer, 70% that they will die of

- cancer. Much lower for Korean-Americans, Mexican-Americans. Education and economic status had positive effect on whether they should be told the truth. Korean- and Mexican-Americans were more accepting that they have no control over these things. All African-American respondents want to be told the truth and want to get things right with God. None of the Korean-Americans (KA) mentioned that. Found out that KA and MA that telling the truth is a cruel act and that the pain inflicted because of that usually outweighs autonomy and preparedness.
- Why different cultural groups take different ethical positions? They wanted to know their bodies and control their bodies and extend their control to areas that are actually not under their control.
 - *Top-down perspective means that some have more power and authority in a society and outside the realm of everyday practice. Middle class realities are different from realities of those who don't have medical insurance. Whose perspective is given and who has primacy?*
 - *Pay attention to how cultures are being portrayed?*
 - *800 people in the study—not representative of a culture “is”. The idea that the body belongs to the person—a western philosophy and this is informing autonomy.*
 - *Class Business: WEDNESDAY – LOOK AT MILL’S PIECE and the CASE for background reading for discussion. That the person has rights in and of themselves. The western liberal perspective in the ways that people talk about it, that you have a “right” to control your body. Class, power, economic, etc. all embedded in this discussion.*
 - What right does medicine have to tell people that you are going to die? What right does medicine have to be fatalistic? How often is medicine wrong about death? Before you get into the discussion about disclosing prognosis, I am concerned about the actual prognosis: what constitutes death, what constitutes “terminal”, and how can a person be categorized as “terminal”
 - Without hope, one cannot live—truth can be told as long as it does not remove HOPE. Without hope, the patients feel that they will or should die right away. (the time in between death...)
 - The role of religion. Explanations for why none of the Europeans mentioned it. Very contextual of one's culture. What are the other cultures like? Example: patient autonomy is important here, but not as important in (a student's) culture. Forming of wills, etc. Issues of property, ownership, Western liberalism / rationality.
 - *Issues of acculturation – the extent to which they are being Americanized.* The MA spoke and read English, had higher socioeconomic status and attitudes of those people were more like EA group. Second group of MA, spoke Spanish, lower status. KA diverse, but more recent immigrants from Korea. Who defines these groups?
 - Power, means, access to medical technologies. Would there still be a view that death is natural and that we shouldn't resist and simply accept it? An upperclass person with access to the best possible care.

- AA responses about God, were they evangelical? Denominations? And the fact that they were older? How did age play into it? Time period could have influenced.
- *What is culture and who is using culture as a term and what are the variations within a culture? Particularity and specificity*
- *Anthropology is bottom-up, Philosophy is top-down. Anthropology is more relativistic and need to do more to know particularities of context, and to what extent is universalism the way to go versus complete relativism the way to go, and there must be a perspective in between.*
- Is bioethics trying to move into what kind of direction? These articles are sort of inconclusive and are we trying to use a quantitative framework and why hasn't that been done? *Bioethics is a new discipline. Can you create individual universal perspective? No single moral standard or rule? The project of science has as its foundation the principle of trying to find rules that are generalizable and can be tested more broadly, coming at the heart of the technical and the sacred, two realms of experiences that surrounds questions of morality, the science is so new.*
- Debating high-context culture versus low-context culture. We still need to work on deconstructing this. "High-context" culture--one is expected to infer from the social context many things without being told explicitly through nonverbal or indirect means versus in Germany/America, information is conveyed directly with detail and precision. What constitutes "telling", the meanings of telling
- Work on Collins for next time.
- How is Culture as a term being used for the various researchers? The term "essentialized".

Kuhse and Singer: Collins

- Tarasoff v Regents of the University of California case: Poddar killed Tarasoff; he confided his intentions to Lawrence Moore a psychologist at UC Berkeley, campus police briefly detained Poddar then released him. Is this a failure to detain or to warn on a dangerous patient
- Question the role of law in regulating the body
- The breach of confidentiality
- How useful is confidentiality as a concept? Is it decrepit? What is confidentiality trying to achieve? Whose interests are we trying to protect?
- What is the basis of trust? The basis of doctor-patient relationship?