
**THE UNIVERSITY OF TEXAS AT AUSTIN
SCHOOL OF SOCIAL WORK**

Course Number:	SW387R	Instructor:	Suze L. Miller, LMSW
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Semester:	Fall 2013	Phone:	512.413.3723
Meeting Time:	Thursdays 11:30 – 2:30 p.m.	Office:	3.104A
Meeting Place:	1.212	Office Hours:	Wed 5:00 - 5:30 and Thurs 11 - 11:30 a.m. by appointment

SOCIAL WORK IN HEALTH CARE

I. COURSE DESCRIPTION

This elective practice course is designed to explore aspects of social work practice in healthcare settings with a biopsychosocial and family-centered perspective. The foundation of the course is social work values and ethical decision-making process as illuminated in the NASW code of ethics. Practice issues to be explored include: the subjective experience and reactions to living with illness, change and adaptation, grief and loss, values and ethical dilemmas, economic justice and access issues in health care, disenfranchised populations and cultural humility and awareness. The complexities of health care social work will be examined in various settings including: inpatient, outpatient, clinics, home care agencies, hospice and community based centers. The current shifting role of social work in the interdisciplinary medical setting will be discussed. Students will be encouraged to think about their roles in facilitating health and wellness to individuals, families and communities. The role of individual differences (i.e., gender, race/ethnicity, spirituality, etc.) and societal / cultural beliefs in relation to situations involving illness will be highlighted. Skill development will focus upon all phases of the helping process, including attention to the unique aspects of termination with clients coping with illness. Examination of personal attitudes and experiences involving grief and loss will facilitate increased self-awareness.

II. COURSE OBJECTIVES

Upon completion of this course the student will be able to:

1. Demonstrate an understanding of the historical significance of social work in medical settings and explore the current range of opportunities for practice.
2. Demonstrate an understanding of contemporary health care issues related to societal, political and organizational changes in health care.
3. Demonstrate an understanding of the impact and meaning of illness, life-threatening conditions, grief and bereavement of children, adults and families.
4. Demonstrate an understanding of the common psychosocial and spiritual challenges faced by individuals, families and communities confronting illness.
5. Demonstrate an understanding of the cultural factors at work in the clinical interface with individuals in medical settings.
6. Demonstrate an understanding of the health care issues as they relate to cultural

diversity, social justice, and disenfranchised populations.

7. Demonstrate an understanding of the nature of illness, its multidimensional aspects and the interrelationship between environmental, social, psychological, and biological factors in its cause, course and outcome.
8. Demonstrate an understanding of the clinical dimensions of clinical practice in the context of health care and multidisciplinary practice.
9. Develop a reflective awareness of the practitioner's experiences of health and illness and the importance of self-care.

III. TEACHING METHODS

This course is designed to include a variety of teaching/learning methodologies to achieve the course objectives. These activities will include readings, writings, discussions, lectures, speakers, videos, in-class group activities, student presentations, self-reflection and community experience.

IV. READING MATERIALS

Required Text: Gehlert, S. and Browne, T.A. (2012). *Handbook of Health Social Work*. 2nd edition. Hoboken, New Jersey: Wiley and Sons, Inc.

Highly Recommended but not required:

Borst, J (2010). *Social Work and Health Care: Policy, Practice, and Professionalism*. Boston, Allyn & Bacon.

Dziegielewski, S. (2013). *The Changing Face of Health Care Social Work*, 3rd ed. New York. Springer Publishing.

V. Course Requirements

1. The class experience is a collaborative endeavor, and students are expected to attend class regularly and to participate in an interactive dialogue between students and professor. To maximize this experience, students are not permitted to use computers or phones in class. Students are expected to **complete the readings prior to class** and should be well prepared to participate in discussions and experiential learning assignments. Attendance and level of participation will be taken into consideration in final grade assignments.

Class will begin promptly at 5:30 pm. Students should make every effort to arrive on time. Late arrivals can disrupt the class process.

Students will be allowed **one unexcused absence**. If a student misses more than the allotted unexcused absence, the professor reserves the right to lower that student's final grade by one point for each class missed beyond the one allowed. If a student is going to be absent, efforts should be made to contact the professor in advance and secure an excused absence. Students will not be penalized on their final grade for excused absences. Students are responsible for any material missed due to absence – excused or unexcused.

2. Except in the case of extended emergencies, and then only with the permission of the professor, **late assignments will not be accepted without penalty.** Students are expected to turn in all required assignments on the agreed upon due date by close of class. Assignments turned in after class will be considered late. If accepted, late assignments will be assessed point penalties at the rate of three (3) points each day late. If the due date is a problem, the student should see the professor and negotiate another due date well in advance. Because technology can be unpredictable, assignments will normally not be accepted via email. **Assignments must be presented to the instructor in class.**

3. If students are concerned about their class performance, the professor is more than willing to work with them to help improve understanding of the class material or the assignments *prior to the end of the semester.* Office hours are available weekly or an appointment can be set if needed. **Once final grades in the course are assigned, they are not negotiable.**

4. The ability to write in a professional manner is very important for social workers. Written work must be typed, edited for grammatical, spelling and typographical errors. Work will be graded based on the American Psychological Association (APA 6th Edition) guidelines for references and citations.

5. Student feedback is welcome. The professor may elicit formal and/or informal feedback from students on their learning and on the effectiveness of the professor's teaching strategies and style. Students are encouraged to provide feedback during office hours, by phone, e-mail or appointment.

6. All students are expected to maintain confidentiality regarding all shared professional and personal information related to agencies, clients or the experiences of other students, as required by Section 1.07 of the National Association of Social Workers Code of Ethics.

7. The UT School of Social Work is a training ground for professionalism. The professor expects students to act as professionals in class. This means students should arrive on time for class, be prepared to participate in the class discussion, and show respect for one another's opinions. We will not, nor should we, always agree with one another. In this environment we should be exposed to diverse ideas and opinions, and sometime we will not agree with the ideas expressed by others. However, the professor does require that students engage one another with respect and professionalism. Participation in class should be seen as an opportunity to hone skills in how to work with individuals and groups you may encounter in the work setting. Using diplomacy, tact, and cooperation with fellow students will provide students practice for future staff meetings and clinical teams. Professional demeanor in interaction with the professor will afford the students practice with future supervisors who will "grade" the professional's skills. Class presentations, if applicable, require professional dress.

VI. Policy on Social Media and Professional Communication

Public social networks are not private. Even when open only to approved or invited members, users cannot be certain that privacy will exist among the general membership of sites. If social work students choose to participate in such forums, please assume that anything posted can be seen, read, and critiqued. What is said, posted, linked to, commented on, uploaded, subscribed to, etc., can be accessed and archived, posing potential harm to professional reputations and prospective careers.

Social work students who use social media (i.e. Facebook, Twitter, etc.) and other forms of electronic communication (i.e. blogs, etc.) must be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. Social work students are expected to make every effort to minimize material which could be considered inappropriate for a professional social worker in training. Because of this, social work students are advised to manage security settings at their most private levels and avoid posting information/photos or using any language that could jeopardize their professional image. Students are asked to consider the amount of personal information posted on these sites and are obliged to block any client access to involvement in the students' social networks. Client material should not be referred to in any form of electronic media, including **any** information that might lead to the identification of a client or compromise client confidentiality in **any** way. Additionally, students must critically evaluate any material that is posted regarding community agencies and professional relationships, as certain material could violate the standards set by the School of Social Work, the Texas Code of Conduct for Social Workers, and/or the NASW Code of Ethics.

Social work students should consider that they will be representing professional social work practice as well as the University of Texas at Austin School of Social Work program while in the classroom, the university community, and the broader area communities.

VII. Use of Email for Official Correspondence to Students

Email is recognized as an official mode of university correspondence; therefore, students are responsible for reading their email for university and course-related information and announcements. Students are responsible to keep the university informed about changes to their e-mail address. Students should check their e-mail regularly and frequently—daily, but at minimum twice a week—to stay current with university-related communications, some of which may be time- sensitive. Students can find UT Austin's policies and instructions for updating their e-mail address at <http://www.utexas.edu/its/policies/emailnotify.php>.

VIII. Special Accommodations for Students with a Disability

Any student who requires special accommodations must obtain a letter that documents the disability from the Services for Students with Disabilities area of the Division of Diversity and Community Engagement (471- 6259 voice or 471-4641 TTY for users who are deaf or hard of hearing). Present the letter to the professor at the beginning of the semester so that needed accommodations can be discussed. The student should remind the professor of any testing accommodations no later than five business days before an exam. For more information, visit <http://www.utexas.edu/diversity/ddce/ssd/>.

IX. Policy on Scholastic Dishonesty

Students who violate University rules on scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and/or dismissal from the University. Since such dishonesty harms the individual, all students, and the integrity of the University, policies on scholastic dishonesty will be strictly enforced. For further information, the student may refer to the Web Site of the Student Judicial Services, Office of the Dean of Students (<http://deanofstudents.utexas.edu/sjs/>).

X. The University of Texas Honor Code

The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the university is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community.

XI. Safety

As part of professional social work education, students may have assignments that involve working in agency settings and/or the community. As such, these assignments may present some risks. Sound choices and caution may lower risks inherent to the profession. It is the student's responsibility to be aware of and adhere to policies and practices related to agency and/or community safety. Students should notify the professor regarding any safety concerns.

XII. Behavior Concern Advice Line (BCAL)

If students are worried about someone who is acting differently, they may use the Behavior Concerns Advice Line to discuss by phone their concerns about another individual's behavior. This service is provided through a partnership among the Office of the Dean of Students, the Counseling and Mental Health Center (CMHC), the Employee Assistance Program (EAP), and The University of Texas Police Department (UTPD). Call 512-232-5050 or visit <http://www.utexas.edu/safety/bcal>.

XIII. Religious Holidays

By UT Austin policy, students must notify the professor of a pending absence at least fourteen days prior to the date of observance of a religious holy day. If the student must miss a class, an examination, a work assignment, or a project in order to observe a religious holy day, the professor will give the student an opportunity to complete the missed work within a reasonable time after the absence.

XIV. Emergency Evacuation Procedure

Occupants of buildings on the UT Austin campus are required to evacuate and assemble outside when a fire alarm is activated or an announcement is made. Please be aware of the following policies regarding evacuation:

- Familiarize yourself with all exit doors of the classroom and the building. Remember that the nearest exit door may not be the one you used when you entered the building.
- If you require assistance to evacuate, inform the professor in writing during the first week of class.
- In the event of an evacuation, follow the professor's instructions.
- Do not re-enter a building unless you are given instructions by the Austin Fire Department, the UT Austin Police Department, or the Fire Prevention Services office.

XV. Grading Scale

The following scale will be used for grading/evaluating student performance on the graduate and undergraduate level.

94.0 and Above	A
90.0 to 93.999	A-
87.0 to 89.999	B+
84.0 to 86.999	B
80.0 to 83.999	B-
77.0 to 79.999	C+
74.0 to 76.999	C
70.0 to 73.999	C-
67.0 to 69.999	D+
64.0 to 66.999	D
60.0 to 63.999	D-
Below 60.0	F

COURSE GRADING CRITERIA

1. Attendance and Participation	10%
2. Ethnographic Interview	20%
3. Advance Care Planning Assignment	20%
4. Social Work Reflection Paper	10%
5. Final Paper	40%
	100%

VII. COURSE SCHEDULE

Readings listed in purple will be uploaded to Blackboard.

Aug 29, 2013 Topics:

Class Introductions
 Class Expectations
 Review of Syllabus
 Culture of Medicine/Impact of Cultural Diversity

Readings

Borst (2010), Chapter 6 – Cultural Competence

Sept 5, 2013 Topics:

Defining Illness, Health and Wellness
Introduction to Medical Social Work
History of Medical Social Work
Value of Personal Awareness

Readings:

TEXT: Gehlert and Browne. (2012). Chapter 1- Conceptual underpinnings of social work in health care

Borst (2010). Chapter 4 – Health Care: A Field of Practice
Spector (2004).Chapter 3- Health and Illness

Sept 12, 2013 Topics:

Social Work Roles in Health Care
Practice Approaches : Biopsychosocial, Medical Model, Family Health

Readings:

TEXT: Gehlert and Browne. (2012). Chapter 2 - Social work roles and health care settings and Chapter 6 - Theories of health behavior and Chapter 8 - Physical and mental health: interactions, assessment and intervention.

Borst, (2010). Chapter 5 – The Foundation of Social Work.
Johnson, Y. M. (1999). Indirect work: Social work's uncelebrated strength. *Social Work, 44 (4), 323-334.*

Sept 19, 2013 Topics: : Ethnographic Interview Paper Due****

Health Care Settings
Hospital and Acute Care Settings
Interdisciplinary Team Work
Crisis Intervention/Trauma

Readings:

TEXT: Gehlert and Browne (2012). Chapter 10, Communication in Health Care, p. 259-267.

Cowles L. (2003). Chapter 4-Social Work in Hospitals & Chapter 3 –Social Work in Primary care settings in *Social Work in the Health Field: A Care Perspective*. Haworth Press. New York.

Holliman C. and S Dziegielewski. (2013). Chapter 12 - Case Management and Discharge Planning

Borst. (2010). Chapter 9 – The Health Care Team

Sept 26, 2013 Topics:

Application of the Affordable Care Act
Social Inequalities in Health
Societal, Political and Organizational Shifts Impacting SW in Health Care
Access to Health Care/Social Justice Issues

Readings:

TEXT: Gehlert and Browne. (2012). Chapter 5 –Health policy and social work and Chapter 7- Community and health.

- Andrews et. Al. (2013). Social Work and Implementation of the Affordable Care Act. *Health and Social Work*. 38-2.
- Darnell. (2013.)Navigators and Assistors: Two Case Management Roles for Social Workers in the Affordable Care. Health Act. *Health and Social Work*. 38-2.
- Gorin, Steven H. (2011) The Affordable Care Act: Background and Analysis. *Health and Social Work*. 36-2.
- Borst. (2010). Chapter 2, Health Policy and Social Injustice.
- Conlon and Aldredge. (2013). Department of Health and Human Services Changes: Implications for Hospital Social Workers. *Health and Social Work*. 38-1.
- Kronenfeld, J. (2009). Health Disparities. *Encyclopedia of Gender and Society*. Ed. Jodi O'Brien. Vol. 1. Thousand Oaks, CA: Sage Publications Inc., 407-411.

Oct 3, 2013 Topics:

Hospice, Palliative Care and End-of-Life Care
 Handout from the 2007 Texas Pain Summit
 Speaker - Hospice

Readings:

- Gehlert and Browne. (2012) Chapter 23- End-of-life care and Chapter 22 - Pain management and palliative care.
- Bern-Klug, M., Forbes, S. & Gessert, C. (2001). The need to revise assumptions about the end of life: Implications for social work practice. *Health & Social Work*, 26(1), 38-48.**
- Csikai, E.L. (2004) Social workers' participation in the resolution of ethical dilemmas in hospice care. *Health and Social Work*, 29(1), 67-76.**
- Questions to Ask Your Doctor About Pain Management. Unpublished article.**

Oct 10, 2013 Topics

Biomedical ethics and Social Work
 Organ procurement
 DNR / AND
 Advance Directives

Readings: - Also See Resource List

- TEXT: Gehlert and Browne. (2012). Chapter 21, Social Work and Genetics
- Healy, T. C. (2003). Ethical decision making: Pressure and uncertainty as complicating factors. *Health and Social Work*. 28(4). 293-301.**
- Kerson.- Chapter 13- Beyond survival by machine: Reflections of a spouse. Practical Bioethics. (2005) [Newsletter], 1(2). Kansas City, MO. Josephson, D. (2005).**
- Gillick, M. (2006). The Ethics of Artificial Nutrition and Hydration – A Practical Guide. *Practical Bioethics* 2(3).**

Oct 17, 2010 Topics:

Children and Adolescent Health Care Issues
 Family Centered Care
 Helping Children Facing Illness (Powerpoint)
 Grief, Bereavement and Loss

Readings

TEXT: Gehlert and Browne. (2006). Chapter 13, Families, Health and Illness.
Hernandez and Montana. (2010). Child Health Inequality: Framing a Social Work Response. *Health and Social Work*. 36-2.
Blacksher, Erika. (2008). Hastings Center Report. Children's Health Inequalities.

Oct 24, 2013 Topics:

Assessment and Intervention in Issues of Violence in Health Care
Rape Crisis
Domestic Violence
Child Abuse

Readings:

Benbenishty, R. & Chen, W. (2003). Decision making by the child protection team of a medical center. *Health and Social Work*.28(4). 284-292.
Zink, T., Elder, N., Jacobson, J. & Klostermann, B. (2004) Medical management of intimate partner violence considering he stages of change: Precontemplation and contemplation. *Annals of Family Medicine*,2(3). 231-239.

Oct 31, 2013 Topics: Advance Care Planning Assignment Due***

Chronic Illness
Living with HIV/AIDS
Community and faith based organizations in health care
Spirituality and Health care

Readings:

TEXT: Gehlert and Browne. (2012). Chapter 18- Nephrology Social work and Chap 20 – Adherence and Mental Health in chronic disease: Diabetes, heart disease and HIV/AIDS and Chapter 11 - Religion, spirituality and health.
Bowen, E. (2013.) AIDS at 30: Implications for Social Work Education. *Journal of Social Work Education*, 49: 265-276.
Mitchell, C.G. & Linsk, N. L. (2004). A Multidimensional conceptual framework for understanding HIV/AIDS as a chronic long-term illness. *Social Work*, 49 (3). 469-477.

Nov 7, 2013 Topics:

Oncology
Cancer Survivorship
Patient Navigation

Readings

TEXT: Gehlert and Browne. (2012). Chapter 19- Oncology social work
Jones, A and Dziegielewski. (2013). Chap 11 – The Roles and Services Provided by The Hospice Social Worker
Delmling, G. (2007). Cancer Survivorship and Identity among Long-Term Survivors. *Cancer Investigation*. 25(8),
Wilcox and Bruce. (2010). Patient Navigation: A "Win-Win" for All Involved. *Oncology Nursing Forum*. 37(1).

Nov 14, 2013 Topics

Home health care/home care and nursing homes
Gerontological Social Work
Guest Speaker – Lauren Tarrant, RN

Readings

TEXT: Gehlert and Browne. (2012). Chapter 16- Social work with older adults in health care settings

Jacinto, G and Dziegielewski. (2013). – Chap 10 – Restorative Health Care: Long-Term and Home Care

Cowles. (2003). Chapter 6. Social Work in Nursing Homes

Nov 21, 2013 Topics: Final Paper Due – Bioethical Debate****

Complementary Approaches to Health

Readings:

TEXT: Gehlert and Browne. (2006). Chapter 12- Alternative, complementary, and integrative medicine in a conventional setting

Nov 28, 2013 NO CLASS. HAPPY THANKSGIVING

Dec 5, 2013 Last Day of Class Social Work Reflection Paper Due****

Future of Health Care Social Work
Survival, Hope and Resilience
Care of self/ personal awareness revisited

Readings:

Borst. (2010). Chapter 12. Supervision.

Assignment #1 - 20% of Grade

Ethnographic Interview.

Due Date: Sept 19, 2013

Learning objectives: It is expected that by completing this assignment, the student will gain an understanding of what it means to “live with” a chronic or serious physical illness from the perspective of the person, also known as the informant, who has a chronic or serious illness or is a primary caregiver of someone with a chronic/serious physical illness.

In ethnography, since informants are living day-to-day with the illness, they are considered the “experts”, and you should approach the interview from the position of a naïve learner. It is important to let the informant teach you about his/her experience and to identify what he/she thinks is important for you to learn about the daily life of one who is living with a chronic, disabling or terminal illness.

Part A: The Interview

1. Select an informant who is NOT related to you and is currently experiencing a chronic, disabling or terminal physical illness or is the primary caregiver, relative, or significant other of someone who has a chronic/serious physical illness.

2. Unlike a clinical interview which focuses on gaining information for assessment and intervention, the ethnographic interview approach focuses on three main dimensions from the informant's viewpoint:

1. the meaning of the illness;
2. the types of strategies used to cope with the illness;
3. the way in which the informant organizes his/her world in the context of the illness.

3. Confidentiality must be upheld and discussed with the informant before the interview occurs; assure the informant that her/his name will not be used in any way in your verbal or written work.

4. Interviews are generally 1 to 2 hours long; you may take detailed handwritten notes during the session IF agreeable to the informant BUT you may not tape record the interview. The interview should be fairly open, yet focused enough so that you can develop an understanding of what it's like to live with the person's illness/disability/ or terminal illness.

5. Acquaint yourself with the informant's illness PRIOR to the interview.

6. Develop an interview guide to help you during the interview. The following are suggestions for what you might want to cover/include in your interview guide:

- how did the informant first notice that something was wrong or experience symptoms?
- what were the informant's initial feelings/response to symptoms and/or diagnosis and what did those mean for the informant?
- how did the informant make sense of his/her illness (i.e., what kinds of explanations/theories about "why me?") ?
- how does the informant's culture, ethnicity, age, gender, race, socioeconomic class, philosophical or religious beliefs affect his/her illness experience?
- how does she/he cope with the illness on a daily basis?
- what is the impact of the illness and of receiving medical treatment oneself, family life, work, career plans, social relationships, etc. ?
- what is her/his experience of accessing health care and of interactions with health care providers ?

Part B: Written assignment of the Interview

Summarize the informant's experience of being chronically ill as you uncovered/ discovered/understood it from your interview in 5 double-spaced typed pages (removing all identifying names). Including at least 3 direct quotes from the informant, and 3 relevant citations from the social work literature (1996-2010) and address ALL the questions below:

1. What is your understanding of the condition/illness/disease of the informant?

List sources you utilized to gain that understanding.

2. Discuss the impact on the psychosocial life of the informant from her/his viewpoint. How does she/he cope with the illness/what strategies does he/she use to cope with/adapt to the illness?

3. What was the most compelling thing you learned about the informant's experience from an insider's perspective? How will you incorporate this learning in your practice as a professional social worker?
4. In retrospect, in general, how well do you think you elicited information from the informant about his/her illness experience/role as caregiver? Looking back, (a) what areas do you wish you had covered in the interview but did not? (b) how "connected" did you feel to the informant and why, and (c) what part of the interview was most difficult for you to "stay with," and why?
5. How was the health care service delivery system(s)/provider agency(s)/managed care system(s) barriers and/or resources for the informant and/or family? Analyze how these systems enhanced, challenged, or were neutral influences on the well being of the consumer and family.
6. Attach your interview guide to your paper and submit both in to the instructor.

Assignment #2 - 20% of Grade

Discussion with Family and/or Friends about Advance Care Planning

Due date: October 31, 2013

The goals of this assignment are:

1. To provide you with the opportunity to experience advance care planning from the perspective of your own values and family system.
2. To provide a forum for the class to benefit from the information and knowledge that you have gained.
3. To encourage all of us to understand that those facing serious illness or life-limiting illness have a continuum of decisions to make throughout their disease trajectory.

Part A:

This assignment is designed to have you discuss your wishes for your healthcare, should you become unable to speak for yourself. Identify the individual(s) to whom you want to communicate your wishes(advance care planning discussion). Try to choose one person you believe have similar values as your own, and one who may have different values related to end-of-life care. Complete the state legal advance directives documents: Directive to Physicians and Surrogates or Family Members (Living Will), Medical Power of Attorney for Health Care, and Out of Hospital DNR. These forms are available for download (Texas Advance Directives). You will be required to meet outside of class to complete the assignment.

Part B: Complete a two to three page type-written review of your personal experience which should include the following:

- a) how you chose the participants for your discussion
- b) thoughts, feelings and reactions to the assignment and the experience
- c) any new understanding about what people experience as they complete the advance care planning process
- d) your own wishes for care at the end-of-life.

Part C: Bring two copies of your written review to class. Come to class prepared to discuss your papers and experience and participate in a group process with other class members.

Assignment #3 - 10% of Grade

Social Worker Reflection

Due date: Dec 5, 2013

The student should identify his/her own barriers in thinking surrounding cultural, spiritual, ethnic, socioeconomic, or other value based issues, and focus on dissecting this barrier in written form. The student will be required to examine a bias or long held belief that has been challenging to them in a practice or personal setting. For the purposes of this paper, the student will be required to conduct scholarly inquiry about the topic through journal articles or text.

This written inquiry should include experiences you have purposefully had during the semester to dissect your bias through discussions with others or gaining personal exposure to that which you have perceived as difficult to deal with. Identify the specific instances where you were involved in challenging your own bias. Included in this assignment should be a thorough review of social work values, ethics, practices, and policies which assist or inhibit the student in overcoming this barrier.

Assignment #4 - 40% of Grade

Final Paper- Bioethical Debate

Due Date: Nov 14, 2013

GOALS: To successfully debate an ethical issue from more than one vantage point using bioethics literature and theory; to assist clients and families and/or organizations and communities in making difficult ethical decisions in the healthcare setting; to become familiar with the range of issues in bioethics.

PROCESS: Identify a bioethical issue or dilemma related to the healthcare environment. You will be researching issues in bioethics for use in your social work practice with clients facing ethical decisions and for use as an interdisciplinary team member in a healthcare setting. You will also be identifying potential informational and supportive resources available to your clients and fellow professionals. You will discuss the issue from at least two "sides" of the issue, making sure to be persuasive from both vantage points. Utilize at least five sources for your paper.

PRODUCT: Using the following headings and guidelines, you will create a paper (8-15 pages) using APA format that includes the following: (Undergraduates may limit to 12 pages)

Part A: Bioethics

Expand on this or other definitions of bioethics and the importance of this disciplined approach to healthcare decision-making. Bioethics is a systematic discipline that applies moral philosophy to healthcare practices. Bioethics is broad in its interests and embraces clinical, organizational and community levels of ethical issues. Richard Zaner's definition is very patient oriented: "Clinical ethics is a disciplined way of helping people understand their conditions, situations, and prospects by helping them grapple with their own moral beliefs, what they really and truly want

and believe is worthwhile." The idea of shared decision making is now the standard of bioethics. Shared decision making involves all the stakeholders in a field of interested persons coming together to think through the burdens and benefits from the point of view of the patient. Bioethics is a way of helping people understand their situation by helping them grapple with their own moral beliefs. (Center for Practical Bioethics, Kansas City, MO)

Part B: The Ethical Dilemma

- a) Identify/choose an ethical issue that you have selected for this assignment. Use course materials and references from the literature that are not on your syllabus to inform your responses to Parts C and D.
- b) Discuss the development of the ethical issue in the healthcare setting. What factors have brought this into debate? List the social, historical, cultural, political and religious influences on this debate. Identify recent cases in the media or literature that serve as examples of this ethical dilemma.

Part C: The Debate

Present two arguments from first one side and then another side of the ethical debate. Use medical and ethical literature to formulate both positions. Use at least one case study in each of the two arguments. What is the importance and relevance of this topic for social work practice? (How common is this issue?) How can social workers make a difference in the lives of those experiencing this dilemma? Why is social work a logical discipline to assist clients or institutions experiencing this dilemma? Think about the values and philosophies underlying social work practice as well as social work's mission.

Part D: Discuss the following: How do Social work ethics inform this bioethical debate? Are there conflicts with NASW's Code of Ethics, or do they support each other? Present a critical review and comparison of issues that support, and identify any issues that may conflict. As a Social Worker, how will you resolve this dilemma, if it exists?

Part E: Potential Resources (One page of the total)

Identify at least six additional resources, articles or books that might be useful to fellow professionals faced with this or other ethical dilemmas. (This is in addition to the sources you used for your papers) Provide the reference, and a two to three sentence description of the contents of the material (short abstract). Additional credit will be given if your resource list is varied as to type of article, resource, or book and at least half of those listed come from a source other than an internet site.

REFERENCES to Assist with Bioethics Assignment – from:

**Approaches to Social Work Ethical Decision-Making
in End of Life Care
Instructional Modules
Steve R. Wilson, Ph.D., LCSW
Lisa K. Jennings, Ph.D., LCSW
School of Social Work
California State University, Long Beach**

- Barsky, A.E. (2010). *Ethics and Values in Social Work: An Integrated Approach for a Comprehensive Curriculum*. NY: Oxford University Press
- Baumgartner, L. M. (2003). Self-directed learning: A goal, process, and personal attribute. In L. Baumgartner (Ed.), *Adult learning theory: A primer*, (pp. 23-28). Columbus, OH: Center on Education and Training for Employment.
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