Case Analysis in Ethics Instruction

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As a young pharmacist, I was presented with an ethical dilemma that provides an excellent case for classroom instruction:

> An eighty-one-year-old lady we can call Mrs. Abraham was bedridden with cancer. It had been in remission for almost two years. During the acute phase she had suffered severe pain and sleep deprivation. Seconal® was prescribed, and she had become dependent.
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> I was asked to compound a placebo in which increasing amounts of the active compound were removed and replaced with lactose until the familiar capsules were filled entirely with the inert substance. We were tricking the patient for her own good (and, incidentally, a substantial fee).

In classroom discussion the presentation of this case can be followed by discussion leading to some of the most central problems in health professional ethics including the morality of truth-telling, paternalism, informed consent, and the ethics of charging for a medication that was keeping a patient happy, but having no overt pharmacological effect.

This is not among the most obvious, dramatic issues in pharmacy. Other issues probably are more pressing: AIDS, pharmacy and therapeutics (P&T) committee decisions, suicide pills, cheating on Medicaid, and pressures on the pharmacist to sacrifice the patient for the good of the company.

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[Haworth co-indexing entry note]: "Case Analysis in Ethics Instruction." Veatch, Robert M. Co-published simultaneously in the *Journal of Pharmacy Teaching* (The Pharmaceutical Products Press, an imprint of The Haworth Press, Inc.) Vol. 6, No. 1/2, 1997, pp. 111-125; and: *Teaching and Learning Strategies in Pharmacy Ethics. Second Edition* (ed: Amy Marie Haddad) The Pharmaceutical Products Press, an imprint of The Haworth Press, Inc., 1997, pp. 111-125. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-342-9678, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: getinfo@haworth.com].

There are, nevertheless, important conceptual issues lurking in this case. They are more important for pharmacy ethics than one might suspect. Prior to its revision in 1994, the American Pharmaceutical Association's Code of Ethics (1981) said that "a pharmacist should hold the health and safety of patients to be of first consideration." That would seem to support–perhaps even require–a conspiracy of the pharmacist with the physician to benefit Mrs. Abraham. On the other hand, that same Code also said that "a pharmacist should strive to provide information to patients regarding professional services truthfully, accurately, and fully and should avoid misleading patients regarding the nature, cost, or value of these professional services" (1). That requirement presents a radically different implication for the compounding of the placebo. It would appear to be a flat rejection of the ethics of a placebo.

With the adoption of the Code of Ethics for Pharmacists in 1994, a similar conflict can be seen. The second principle specifies that the "pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner." If the placebo is seen as good for the patient, it would appear to be required by this provision. On the other hand, the third principle states that "the pharmacist respects the autonomy and dignity of each patient." Providing a placebo for an uninformed patient is hardly respecting her autonomy. It is probably even a violation of the informed consent requirement. Likewise, the fourth principle specifies that the pharmacist deals honestly in professional relationships. If that is taken to require honesty with patients, it is hard to see how a pharmacist can dispense a placebo. Even in the revised Code, the provisions seem to require contradictory behavior on the pharmacist's part (2).

Two ethics are in competition in pharmacy: an older, more paternalistic ethic with roots in the Hippocratic tradition and a more contemporary ethic grounded in liberal political philosophy that emphasizes respect for persons, their right to be informed, and their right to consent to treatment regardless of the perceived risks. I believe it is an ideal case for introducing a class in pharmacy ethics. Why is this so? In order to answer, we need to step back and explore why one uses case studies in ethics teaching in the first place.

THE PURPOSE OF CASE ANALYSIS

The purpose of using cases is not as obvious as it may appear. Some, often including the dean of the school, see the teaching and the use of cases as a way of building character. Others use cases to identify moral

controversy. Still others to teach philosophical ethics. A word about each is in order.

Teaching Moral Character

One purpose of using cases is to help build pharmacists' character. There are rumors of pharmacists who do awful things. Somehow, we need to teach students to be more saintly. Or, if they cannot become saints, they should at least be respectable representatives of the profession of pharmacy. It is not easy to teach good character. One method might be to use faculty role models, but some fear that the faculty might not pass the test. As an alternative, students might learn by telling of stories of pharmacists with good or bad character. The implication of this goal is that the teacher should choose cases representing clearly good or bad character.

> A pharmacist in Massachusetts was in a desperate situation. He owned a small, struggling retail pharmacy. He had been ill, missing almost a year from work. The bank was foreclosing on his house. He begins to realize that a patient is regularly presenting prescriptions for morphine sulfate tablets on prescription blanks from an out-of-town physician. Things do not look right. He becomes convinced that the prescriptions are either forged or purchased illegitimately. He is almost certain he would not get in legal trouble if he continued to fill them. If he refuses, he loses desperately needed income.

No student in the class would have any difficulty figuring out what the "right answer" is to the case. It is a pure case of good moral character versus self-interest. It is a good case to heighten students' awareness of the temptations in pharmacy practice, but it is obvious to everyone what he *should* do. It may be understandable why the pharmacist might be tempted, but no doubt about what he ought to do. It is a pure case of good guys versus bad guys, and for that reason, a terrible case for teaching pharmacy ethics if the course has some other objective for using cases.

Identifying Moral Controversy

A second purpose for using cases is to identify moral controversy. Teaching ethics for this objective often involves working with cases of real controversy. Should a pharmacist fill a prescription for Seconal® if he suspects it was written by a physician in order to be used by a terminally ill patient to commit suicide? Can a hospital pharmacist be part of a health-

care team decision to withdraw parenteral nutrition from a dying patient? If he believes doing so is immoral, should he report a physician who does so? What should a pharmacist do when RU-486, the abortifacient pill, begins to be distributed to hospital pharmacies and then to retail stores or methotrexate is prescribed as an abortifacient?

A second major purpose of using case studies is to get students to realize there is moral controversy in pharmacy practice. In the cases used to build character, the student knows the right answer as soon as the story is told. By contrast, in some cases it takes insight to realize there is a matter of ethics worthy of debate. That is a second purpose of using cases; to me, this is still not the most important reason.

Teaching Philosophical Ethics

The third and final reason why one might use case analysis is to teach philosophical ethics. Pharmacy is a profession. It is not enough to teach pharmacy students to fill prescriptions, not even enough to teach them so-called indications of a drug, proper dosages, and side effects. We need to teach how to think independently and responsibly and how to reason through the alternatives. Pharmacists since the 1930s have received a baccalaureate education. They should be well versed in the humanities and the basic sciences as well as the nuts and bolts of practice. That should include at least a rudimentary exposure to philosophical ethics.

The first step is to recognize an ethical problem when it is encountered. It also involves understanding major alternative theories. Students should know the difference between a virtue theory and an action theory, between utilitarianism and deontological ethics, between value theory (axiology) and a theory of right action, between *prima facie* duty and duty proper, and between rule-based and situation-based theory.

Cases in the Classical View

One of the current debates in philosophical ethics is over the role of cases in normative ethics. One view–we can call it the classical view–asserts that ethics is the study of systematic reasoning about morality. For any moral position one takes, one should be able to state reasons. Those reasons should be consistent from issue to issue.

For example, if one says that serving the social good is an acceptable reason in one kind of case, it ought to be in other kinds of cases as well (or at least one ought to be able to give a principled reason for accepting it in one case and not the other). If it counts as a reason to justify disclosing

HIV-positive patients, it also counts as a reason to justify research on subjects without their consent.

The most general reasons are called "principles." There are a small number of them in most ethical systems including such considerations as beneficence and nonmaleficence, the two principles that look at the amount of consequences (hence often called *consequentialist principles*), and the principles like veracity, autonomy, fidelity or promise-keeping, avoiding killing, and justice, which can be called *deontological* or *nonconsequentialist* because they are not concerned with the consequences (or, in the case of justice, not concerned with the amount of consequences). Together the nonconsequentialist principles, especially the first four, are often called the principle of "respect for persons," suggesting that what happens to individual persons counts regardless of the overall consequences.[a] Cases are useful in understanding the debates over the principles: which principles really count, what to do in cases of conflict among principles, and what the limits are in the application of the principles.

One of the most important methods of developing principles and resolving conflict among them makes explicit use of cases. John Rawls, the respected Harvard philosopher, makes use of the method of "reflective equilibrium" (3), pp. 48-51). It starts with a few cases and intuitions about what is right in them. It then generates preliminary principles that might explain our intuitions in the cases. The principles are then tested against other cases and the case intuitions, and provisional statements of the principles are adjusted until they are in equilibrium.

In this exercise, the most important or valuable cases, at least for the later stages of the process, are the most problematic ones. They are even important if they are hypothetical. Like frictionless planes in physics, the hypothetical cases can help us test problematic features of our provisional statements of ethical principles. The placebo case is important in pharmacy ethics because it appears to be a pure case of conflict between beneficence and the nonconsequentialist principles (respect for persons).

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[a]Note that some lists of nonconsequentialist principles include confidentiality whereas mine includes fidelity or promise-keeping. I view confidentiality as a moral obligation only when it is promised to another. Thus reporters who see revealing events about people's lives are not expected or obligated to keep them secret. Health professionals are so obligated only to the extent that there is an implicit or explicit agreement between individuals or between the profession as a whole and the society in the act of creating the professional role. That is why it is generally accepted that professionals need not keep confidence when required by law to disclose. The legal requirement makes clear that there is no promise of confidentiality in those cases.

Cases in Ethical Casuistry

There is a second view of normative ethics called *casuistry*, in which the role of cases is even more important. This is a very old view, but is undergoing a resurgence (4). It proceeds by identifying definitive "type cases," referred to as *paradigmatic cases*. These are ones that are usually ethically clear much as the Karen Quinlan case is now in the ethics of terminal care. Casuistry reasons from the definitive case to the more problematic and complex ones. This is done without the use of principles. It can lead to esoteric distinctions among cases and therefore has developed somewhat of a bad name associated with legalistic, Catholic thinking.

It is now emerging from that history. One of the advantages is that it permits agreeing on cases without agreement on the principles. This is important for public policy, but not necessarily for teaching.

Jonsen and Toulmin, as well as other defenders of casuistry, often assume that principled reasoning is absolutist. It treats principles as exceptionless rules. But normative theory that uses principles (or closely related concepts) has long insisted on the distinction between *prima facie* principles and principles that determine one's actual duty (5), pp. 18-36; (6), pp. 52-53; (7), pp. 291-305). A *prima facie* principle is one that identifies an element of an action that is right-making insofar as the action contains that element. The action would be right if there were no other morally relevant components to it. But most actions have many morally relative components. Whether an action is right or wrong on balance will depend on one's theory for resolving conflict among the various principles involved. Thus, while a principle may be thought of as identifying a characteristic of an action that would always make it right, it might be overridden by other principles that are more weighty or higher priority according to the rules for conflict resolution. According to this view, principles admit to exceptions in the sense that they can be overridden by competing principles.

Whether one views cases as the "data" from which principles are affirmed through the method of casuistry, cases play an important role in the teaching of philosophical ethics to health professional students.

METHODS FOR STRUCTURING CASE STUDIES

With this understanding of the role of cases in teaching, it is important to examine the methods for structuring case studies in the classroom setting. Three methods are used. They can be called topical, thematic, and a third way I shall call "bootlegging theory in a topical structure."

Topical Surveys

The most obvious, and least theoretically sophisticated, way to organize cases is to simply string out a series of relevant topics. This is often the applied scientist's first intuition. Cases are collected for discussion and grouped around key topics. The topics in health care might include:

- birth technologies
- abortion and birth control
- genetics
- informed consent
- human experimentation
- psychiatry
- death and dying
- confidentiality
- allocation of scarce resources
- HIV

A course that covered these topics (perhaps at the rate of one per week) would cover many of the most appropriate and conspicuous topics in contemporary bioethics. A student would certainly recognize moral controversies and might have opportunities to think about the character of the pharmacist. Very little teaching of systematic philosophical ethics can be done this way, however. The pharmacist may come out a more enlightened, wiser pharmacist, but probably not much better a philosopher.

There are some problems with the use of this approach in pharmacy schools. For example, do you include topics that are important, but that pharmacists are not likely to encounter. For example, do you discuss the case of genetically engineering organisms in order to treat ADA deficiency. Such efforts are under way for the treatment of ADA deficiency (a severe, combined immunodeficiency) as well as for the replacement of bovine pharmaceuticals (8). If your goal is to help the pharmacist solve problems that are faced in the day-to-day practice of pharmacy, this does not seem terribly important. Perhaps an occasional hospital pharmacist would be on a hospital or NIH committee charged with reviewing and approving such protocols, but, for the most part, pharmacists will not face these issues in their day-to-day practice.

On the other hand, if your goal is to educate the pharmacy student to think about the issues raised by ethics, these cases are important. I would like to try to persuade you that the topical arrangement is the wrong way to go about teaching ethics in schools of pharmacy. It misses key connections between apparently different topics. For example, whether to inform a

patient of the risk of side effects of a birth-control pill is similar in important ways to deciding whether to inform the patient that he or she has the right to refuse treatment when terminally ill. Both are driven by a principle of autonomy as it might conflict with patient welfare. On the other hand, deciding to inform about the dire effects of the birth-control pill is conceptually quite different from deciding whether to inform a patient that a generic drug has been used for cost-containment reasons. Here the moral controversy is driven by the conflict between the rights of the patient and social welfare.

The topical arrangement misses the thematic connections between apparently dissimilar topics. Keeping the promise of confidentiality to an AIDS patient is really not that different from keeping the promise to a regular customer that you have a needed medication in stock. The topical arrangement (with perhaps one week on AIDS and another on problems of pharmacy management) misses these key links. It misses the opportunity to compare dissimilarities in apparently similar topics and similarities in apparently dissimilar ones.

Thematic Arrangements of Cases

A second approach is to structure the cases thematically. All of those presenting problems with patient-centered beneficence would be taken up together as would those dealing with the ethics of promise-keeping regardless of whether the promise involves a birth technology, AIDS, or terminal illness.

For example a day's worth of cases might be arranged to teach the different elements in the principle of beneficence. Medical benefits could be distinguished from nonmedical ones. Producing positive benefits could be distinguished from producing harm. Benefits calculated individually case-by-case might be contrasted with benefits from alternative moral rules. Benefits to patients could be contrasted with benefits to nonpatients.

Cases are particularly helpful in dealing with the problem of conflict among principles. A good way to start a course is to present cases that pose a direct, head-on conflict between two important moral principles such as benefiting the patient and telling the truth.

Bootlegging Theory in a Topical Structure

My preferred arrangement is to combine the two strategies just mentioned: to bootleg a more systematic thematic arrangement within what is apparently a topical structure. Let us go back to the placebo case to see

why I began with it. It is the perfect case for getting students to understand the difference between consequentialist and nonconsequentialist reasoning. The facts of the case are simple. It is very plausible that the patient will be disturbed if told about the placebo. She will be harmed if the placebo is taken away and will probably even be harmed if she is told that she is getting nothing but a "sugar pill." Her age, medical condition, and history as well as the nature of the particular lay-professional relationship militate against the belief that she could rationally understand that she is doing fine without the Seconal®.

From the point of view of the consequences it is hard to see why she should be told about the placebo. It is hard to see why the pharmacist should not fill the prescription. Enterprising students will point out that there may be bad consequences from not disclosing: the pharmacist or physician may be found out and the patient may be alienated. They will also point out that good could come from disclosure: the patient may gain unexpected respect for the professionals and trust them more. She may be able to deal rationally with the fact that she is able to get along well without the medication. The point, however, is that, if the case is well chosen and presented, these would be unexpected results. The good case is the one in which the consequences of telling the truth can be expected to be worse than of not telling it.

If it is a good case, as I think this one is, from the point of view of nonconsequentialist reasoning, this is the epitome of moral affront. It is a blatant lie to fill the prescription *even if more good is expected to accrue to the patient.* It is treatment without consent; treating the person as an object to be manipulated–to make the patient happy like a puppy. Now the question is whether the fact that this would be a lie and treating without consent and manipulation is morally important in the case where it is reasonable to expect that the patient will be better off when so treated. If one wants to teach the difference between consequentialist and nonconsequentialist reasoning, the case works very well for that purpose.

The approach that I use is to provide a parallel column structure for organizing case material. First, I construct a list of hot topics that I believe students would want to study. These could include abortion, death and dying, experimentation, cost containment, and placebo therapy. I then construct a list of the basic ethical principles or themes that I think should be covered in a good course in ethical theory and identify the order in which these should be treated in class. These might include the distinction between consequentialist and nonconsequentialist reasoning, the principle of truth telling, autonomy, justice, and the like.

I think a strong case can be made for introducing the basic conceptual

distinction between consequentialist and nonconsequentialist (utilitarian and deontological) reasoning early in the class. Probably the simplest example of this would be the ethics of dishonesty in cases in which telling the truth is believed to do harm to the patient. I then look at the list of hot topics and identify a topic that fills this purpose. Here placebo therapy is ideal and, hence, would be the first topic I take up.

It is important to realize that this has little to do with how important placebos are in pharmacy practice. In any field of study it is unlikely that one should take up the most interesting and exotic topics first. In physics, one studies hypothetical frictionless planes before incorporating the more realistic and more complex case of an object sliding down a plane in such a way that friction occurs. Only when basic conceptual distinctions (in our case, between reasoning from consequences and reasoning from inherent moral duty) are understood, can one move on to more subtle and important problems.

PROBLEMS IN SELECTING AND PRESENTING CASES

Once one understands the purpose of using case analysis in teaching and the methods for structuring the cases, there remain some practical problems in selecting and presenting cases.

Ethical Outrages and Ethical Dilemmas

First, it is important to understand the difference between an ethical outrage and an ethical dilemma and why each might be used in teaching. Consider, for example:

> An Ohio gynecologist who claims to have experimented on over 4000 women, many without their consent (9), especially p. 271). He claims he purposely set out to surgically reconstruct their genitals in order to increase their sexual satisfaction. He says he did not inform them, much less get their consent, because he was afraid they might not agree if they were told in spite of the fact that he was confident they would benefit. In response to both public and professional outcry, he has since surrendered his license to practice medicine.

Almost no one who has heard about this case has been able to think of a good moral defense of the physician's behavior. It is an example of a moral outrage, but hardly a moral dilemma. It would be a dilemma only if

reasonable people contemplating the case might come up with at least somewhat plausible arguments both in favor of and against the behavior. Almost no one can honestly come up with the defense of the behavior in this case.

From the point of view of teaching ethics, the usefulness of this case is quite limited. In spite of its fascinating and titillating features, students probably would learn little about ethical reasoning or moral sophistication from the case. At most it could be used to grab the attention of a bored class or to explore dimensions of professional character formation by asking essentially what went wrong here and whether there is anything that could have been done to prevent it. In this sense, the placebo case, no matter how much more mundane, is a more interesting case.

It is also interesting to realize that even the most blatant moral outrage may have elements in it that pose real moral dilemmas. In the case of the gynecologist, for instance, one might ask what the duty of the hospital is or what the duty of a pharmacist would be who learns tangentially of such a physician. Is it the duty of the hospital to review its professional staff to eliminate grossly deviant behavior of this sort? Is it the duty of colleagues who learn in varying degrees of the existence of such outrageous behavior to blow the whistle? These are much nearer to being real ethical dilemmas than outrages.

Confusing Ethical and Nonethical Dilemmas

A second practical problem in case analysis is distinguishing ethical problems from other serious problems that simply are not ethical problems. In the teaching I did at Columbia University's College of Physicians and Surgeons, I asked residents to bring cases posing ethical dilemmas. One brought the following case:

> A woman refused chemotherapy saying she wanted to die. She was depressed. It turned out her son was making her depressed. This was because he was in jail for murdering the woman's grandson. On a home visit, the social worker discovered that she was using portable oxygen to help her breathe while simultaneously cooking over a wood stove with an open fire. Her husband was upset that she was traveling 30 miles to the hospital for weekly chemotherapy, believing she should be staying home to look after his needs. He was a lay preacher who believed that God would heal her if she fulfilled her wifely duties to take care of him.

This is a truly fascinating case. The woman had everything imaginable wrong. She desperately needed integrated health care. Nevertheless, I

could see no clear ethical problem in the case. It was perhaps a moral outrage that the case was messed up so badly. There were enormous problems in psychiatry presented. There were problems for the social worker, problems for respiratory therapists, and problems for many other members of the health-care team. I am not sure, however, that an ethics analysis would have much to offer. This is a dramatic case, but not necessarily a case that would prove useful in the teaching of ethics.

Likewise, it is important to keep ethics and law separate. There may be some cases that pose complex cases in pharmacy law that are mistakenly perceived to be cases in pharmacy ethics. In Chapter 1, Vivian and Brushwood present an important case of how a pharmacist should act who is ordered by a nonpharmacy employer to close a pharmacy during a time when the remainder of a retail store remained open (10). As a case in pharmacy law, this case raises interesting legal questions about whether it is illegal to close off a pharmacy while the rest of the store remains open, what it takes to seal off a pharmacy, and so on. While those are important legal questions, they are not necessarily very interesting as matters of ethics. By contrast, there are also important ethical questions in the case having to do with the roles of the state board of pharmacy, the state professional association, and the individual pharmacist in deciding who can set the ethical standards for the behavior of the pharmacist.

There are also important issues about whether it is ever ethical to engage in illegal behavior or unethical to engage in legal behavior. In general one ethical obligation–at least *prima facie* obligation–is to obey the law. Still, while teaching pharmacy ethics it is usually wise to avoid cases in which the only ethical issue is whether it is morally necessary to obey the law.

Identifying Isolated and Clear Ethical Dilemmas

While some cases really turn out to have no ethical dilemmas in them at all, other cases are actually too rich with ethical problems to be useful in teaching. A few years ago, I consulted in the case of a patient with HIV infection who was declining rapidly. At times he wanted to refuse pentamidine. At other times he insisted on everything including experimental DDI. He was angry at the world, a sexually active bisexual clearly continuing to expose others to infection.

The problem with this case is that there are too many ethical problems to make it useful for clear and concise teaching. A class discussion would deteriorate into a multifaceted, rambling bull session. It would deal with the right to refuse treatment, informed consent, human experimentation and the right of access to experimental agents, confidentiality and the duty

to warn, and the duty of the physician to treat–far too much for any one class session to handle. There are too many problems to be addressed cleanly. At most it would be useful as a final exam question in which the assignment was to identify the moral issues at stake.

The Use of Protocols in Case Analysis

In doing case analysis in the classroom some people like to make use of protocols for case analysis. Laurence McCullough and Baruch Brody have both developed such protocols. Professor of Dentistry James Rule and I developed a case book in dental ethics that contains a protocol for case analysis (11).

Such protocols usually begin with a preliminary step of clarifying the facts. In some case analyses, it is only confusion over the facts that appears to present an ethical dilemma. When the facts are clarified, the case dispute goes away.

Once the facts are clarified, if a problem remains, one enters into analysis proper. A first step in the protocol might be identifying the plausible alternatives to resolve the situation. In doing so, one must try to take into account all perspectives. What is implausible from one perspective may be quite plausible for the other. Second, one might ask what are the ethical considerations. In principle-based theories, it is here that the various principles would be introduced. One might ask why moral rules apply or what paradigm cases seem relevant.

Third, one might ask what the considered moral judgments of other individuals and groups might be. Here the views of various professional codes, religious traditions, and legal traditions would be introduced. One should also consider what weight ought to be given to these opinions of others. Presumably, unless one can insist that one of these sources of opinion is the ultimate standard of morality, they will not definitively determine what is ethical.

Finally, many protocols will rank the alternatives based on the ethical considerations that have been identified. Whether a teacher wants to use this or other protocols in case analysis in the classroom is a matter open to much debate.

Anonymity and Permission for the Use of Cases

If real cases are to be used in classroom teaching, there is one final practical problem to be addressed. If cases present real people's real-life moral dilemmas, do the rules of confidentiality and/or proprietary ownership prohibit the use of cases?

Consider first the obligation owed by the teacher to a fellow health professional who is the informant from whom the case was obtained. One cannot automatically assume that one can use a colleague's case study. We need to at least consider what permissions are needed.

More critically, we need to ask whether even the health professional who was involved in the case can disclose confidential information without further permission. Health-care ethics has long recognized the principle of confidentiality. The information in a case belongs to a patient. Confidentiality is a duty owed to the patient, not to a fellow health professional. If a real case is being presented, I am not satisfied in getting the permission of the colleague who told me about the case; I would insist on permission of the patient without whom the case would not exist.

There are ways around this obligation, however. One strategy is to change names to provide anonymity. It is not clear, however, that the duty of confidentiality is adequately satisfied simply by changing names and other identifying material. The story is still the patient's even if his name is not attached. Just as it would be unacceptable to publish another author's novel by changing the names, so it may also be unacceptable to publish a patient's case even if it is anonymous.

A further action, however, may provide sufficient protection. Often I use cases that are conflated versions of two or more stories. If the details are modified and combined from two or more case experiences so that the source himself would not recognize the case, I feel that sufficient change has taken place so that the patients' permissions would not be needed. Indeed, some of the patients would be offended at the suggestion that the case is theirs. My only exception is the use of cases that are already in the public domain either through court records or through actions of individuals who have themselves made the cases public. Hence, in all the cases presented here that are not already in the public domain, not only have details been changed to provide anonymity, often two or more stories have been combined so that what results captures the real life dilemmas of practicing clinicians without leaving the case so close to the reality of an individual situation that the participants themselves are likely to recognize it.

SUMMARY

Case analysis in ethics instruction turns out to be a more complex topic than it may at first appear. The approach used to satisfy a dean and teach moral character may not work well at all to identify moral controversy or teach philosophical ethics. Depending on the purpose chosen, not only will the cases selected be very different, the organization of them will be as

well. I prefer a strategy that takes a topical clustering of cases and superimposes these topics on a carefully planned, systematic, thematic arrangement. Once that structure is created, the teacher will want to make sure to distinguish between outrages and dilemmas, between ethical and other social and legal issues, select cases that pose clear ethical issues, consider using a protocol for case analysis, and make sure not only that anonymity is adequately protected, but that those who have a legitimate claim to control over the case (both professional and patient) have given adequate permission for its use.

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