Dissertations

Boston University

Cohen, Iris. *Early Professional Socialization: Evaluation of Multidisciplinary Palliative Care Education for Social Work and Medical Students.* Gail Steketee, adviser. 2002.

In practice, palliative care is most often provided through a multidisciplinary model of care in which two of the core professions are social work and medicine. Caring for dying patients and their families requires training, yet research indicates a lack of education related to death and dying in all of the health professions. This study evaluated the effectiveness of a four-session multidisciplinary palliative-care educational program for social work and medical students. Since socialization of members into a discipline takes place throughout professional education, students were targeted in order to influence their socialization early in the process. The training focused on three topics: multidisciplinary teamwork, family conferences, and comfort with death and dying. Educational methods were primarily experiential to facilitate extensive multidisciplinary interaction and active engagement with the training topics. The evaluation used a non-random-assignment repeated-measures design to compare training and control groups, each comprised of students from both professions. Thirty-eight social work students and thirty-three medical students voluntarily participated in the study. Data were collected before and after training on measures of professional-role understanding, confidence in leading family conferences, and coping with and acceptance of death. Results indicated significant improvement at post-training for trainees compared to control group members on outcome measures of role understanding, confidence in leading family conferences, and acceptance of death. Significant gains did not occur on the measure of coping with death. Qualitative comments from students reinforced and illustrated the quantitative outcomes. In addition, trainees reported high satisfaction with the multidisciplinary training model and the experiential teaching approach. Ultimately, future research should explore the impact of early multidisciplinary training and professional socialization on improving care of the dying and their families.

The Catholic University of America

Catanzaro, Ana Maria. *The Meaning and Place of Spirituality in the Education of Student Nurses from the Mid 1800s to the Present Time (Florence Nightingale).* Raymond Studzinski, adviser. 2004.

The care of sick and injured persons has existed since the earliest human societies. With few methods for effectively treating and curing disease until the nineteenth century, nursing care in the West was provided primarily by religious orders of men and women, who were often the only ones willing to risk contracting disease and sacrificing their own lives for the sake of serving God. Having discerned a "calling" from God to become a nurse, and having received her initial inspiration and instruction from the Catholic Daughters of Charity and the Lutheran Kaiserwerth Deaconesses, Florence Nightingale introduced the idea of nursing as a profession and established the first school for the education of professional secular nurses in 1860. Her methods for educating future nurses effectively integrated the spiritual development of the student with scientific and professional education. Advances in science and cultural developments of the nineteenth and twentieth centuries, however, contributed to a gradual shift in the meaning and place of spirituality in nursing education. This study explores the changes in the meaning and place of spirituality in basic nursing education from the mid 1800s to the present time. The study begins with an historical overview of the changing meanings of the term “spirituality” from biblical times to the present era. A presentation of Florence Nightingale’s theology and vision for nursing follows. Social and cultural developments that contributed to changing views regarding spirituality in American society are then presented from the perspectives of scholars in various disciplines including sociology, philosophy, theology, psychology, and education. The views of American nurse-scholars toward spirituality, as they developed and changed through the decades, are then presented. The study concludes with a critique of current perspectives on the meaning and place of spirituality in nursing education and the presentation of possible alternatives to the integration of spirituality in nursing education that take into account religious pluralism, multiculturalism, and globalization.

Columbia University

Dartley, Jon L. *And Death Shall Have No Dominion: Exploring the Relationship between Death Attitudes and Life Attitudes among the Healthy and Ill.* Debra A. Noumair, adviser. 2002.

The purpose of this study was to gain a deeper understanding of death attitudes, specifically death acceptance and death fear, and how these attitudes relate to dealing with a life-threatening illness, feelings of purpose and meaning in life, and global aspects of personality. Historical antecedents to the psychological study of death as well as the extant literature and research related to death are outlined, including the influence of existential and humanistic philosophy on psychology’s approach toward death in general, and counseling psychology’s approach in particular. Research participants were seventy-two individuals, thirty-four who were dealing with a life-threatening illness and thirty-eight who were physically healthy. Each completed self-report measures of death attitudes, purpose and meaning, and personality. The study did support the notion that individuals who are facing a life-threatening illness report less fear of death than their physically healthy counterparts. However, the study did not find any difference between the two groups in regard to death-acceptance attitudes, suggesting that the relationship between fear and acceptance is more complex than it first appears. The study did marginally support the relationship between purpose and meaning in life and death acceptance. Although a significant relationship was found, the correlation between these two variables was only 0.28, raising questions as to the meaningfulness of the relationship. Finally, the notion that individuals who were dealing with a life-threatening illness would find more purpose and meaning in their lives was not supported. Findings regarding the relationship between religiosity and death acceptance are discussed, as well as differences between the two groups in regard to personality variables. Suggestions for future research and implications for clinical practice are also discussed.

Fielding Graduate Institute

Mason, Barbara L. *The Cultural Production of Successful Aging and Medicare Reform: A Critical Analysis*. Jeremy J. Shapiro, adviser. 2003.

This dissertation investigates three related topics that bear on the political dynamics of Medicare reform: the origins of Medicare as a remedy to a perceived social problem, the political dynamics of the Medicare reform debate, and how competing interest groups for or against the expansion of Medicare can interpret aging research to advance their cause. Using secondary sources and theories of Michel Foucault and Pierre Bourdieu, *Part I* presents a macrolevel historical overview of how America arrived at the current impasse over appropriate social policy proposals to deal with rising Medicare outlays. The focus here is twofold: first, an overview of the social problems of population health, old age, elder health, and Medicare; and second, an analysis of the power struggles among stakeholders in the Medicare reform debates. *Part II* is an interpretive analysis of "successful aging" research from two historical eras: the time of welfare-state expansion of the 1950s and 1960s and the time of welfare-state retrenchment initiated in the 1980s. In both time periods, successful aging research served to illuminate social-policy concerns associated with elder health. This analysis illustrates the reciprocal interaction of the political economy, cultural values, and how social policy research serves the interest of competing stakeholder groups. The dissertation concludes with a discussion of how it is possible that stakeholders can use that research to argue either for a shift in Medicare benefits that more accurately reflect elder health-care needs, or, alternatively, as a justification to curtail medical services for all Medicare-eligible beneficiaries. This dissertation brings together the literature of health-care politics, the history of old age, and the empirical research of successful aging into a coherent, critical argument. Gerontology is a field of basic and applied biomedical, behavioral, and social science research. By combining a historical macroanalysis of how elders' health became a social problem with a critical, interpretive analysis of relevant empirical literature, and then anchoring both analyses to the ongoing gerontological discussion about elder health care, this dissertation represents an example of "hands-on" critical gerontology that grounds research in an empirical application of theoretical opinions.

Florida State University

Lyndale, Patricia Joanne. *Hospice Ethics: Principlism, Covenant, and Virtue*. John E. Kelsay, adviser. 2003.

At the beginning of my doctoral study, I participated in a project to establish an ethics committee at Big Bend Hospice in Tallahassee, Florida. Both in the establishment of the ethics committee and in subsequent case discussions by the committee, I saw instances where the predominant model of biomedical ethics, now known as principlism, did not seem to be adequate for the kinds of issues we encountered. I began to search for a model of ethics that would be more suitable for hospice and would help hospice staff to understand the ethical issues they faced. This dissertation is an analysis of the principlist method of James F. Childress, as well as the covenant and virtue approaches of William F. May and Gilbert Meilaender to issues of end-of-life care, with attention to the question of whether the approaches of May and Meilaender could be appropriated by hospice to broaden its understanding of ethics. I conclude that principlism is not well understood or applied in hospice, as it is not in contemporary medicine as a whole, but that indeed Meilaender and, in particular, May, have much to offer to hospice ethics. Moral reflection in terms of virtues, both of caregivers and of patients, and in terms of the covenant between them expresses well the depth created by the intimate relationship between the dying and those who care for them.

Indiana University

Hill, Carrie Lynne. *The Moral Ecology of a Nursing Home*. Charles R. Ridley, adviser. 2002.

The purpose of this study was to describe the moral ecology of a nursing home in such a way that reflected the self-experiences of those who participated in nursing home life. Moral ecology was conceptualized from a combination of theoretical perspectives and was explored through five sensitizing concepts extracted from the literature: ethical rules and norms, the nature of human relationships, human rights, external influences, and physical variables. Ethnographic and survey methods were employed. After the analysis and integration of several types of data, a general description of the nursing home was provided. Then, eight theoretical constructs were elucidated revolving around the concept of dignity: a) dignifying residents as adults; b) objectifying residents as children; c) dignifying residents as sexual; d) objectifying residents as asexual; e) dignifying residents as heterogeneous; f) objectifying residents as homogeneous; g) dignifying residents as human beings; and h) objectifying residents as objects. Finally, relationships between theoretical constructs and the original sensitizing concepts were discussed to provide a broader conceptualization of moral ecology. Therefore, moral ecology was explicated as a complex web of phenomena that emanated from many sources and manifested on multiple levels. Strengths and limitations of the study were discussed, and implications were delineated for counseling psychology research and practice.

New York University

Bottrell, Melissa Marie. *Practicing Policy Ethics: The Influence of Ethical Orientation on Policy Decision Making by State Nursing Home Surveyors*. Dennis Smith, adviser. 2002.

Introduction. This research examined whether nursing-home inspectors' level of moral reasoning influences how they make "street level" policy decisions around Medicaid and Medicare certification for residents receiving palliative care. *Methods and participants*. Using a survey and focus groups, New Jersey and Florida state nursing home inspectors (n = 28)—called surveyors—were surveyed regarding their pattern of moral reasoning as measured by the Stewart-Sprinthall Management Survey (SSMS). Contingency table analysis was used to identify relationships between the SSMS ethical-reasoning score and type-of-deficiency citations for substandard nursing-home care recommended by inspectors. Citations were measured using hypothetical vignettes constructed to contain typical nursing-home palliative-care scenarios. Intervening variables including, surveyors' knowledge of palliative care, professional background, work experience as a nursing-home surveyor and in nursing homes, gender, etc. were examined for their relationship to citation patterns and patterns of ethical orientation. Surveyors' perspectives on the nursing-home survey process and palliative care were investigated through focus groups. *Results*. While the research found no statistically significant relationships, nonsignificant trends indicate a potential connection between surveyors' patterns of ethical reasoning and policy practice, at least around palliative-care knowledge. Surveyors were concerned that hospice services and values were poorly integrated into the nursing-home environment and that palliative care is used by homes to "opt out" of needed care. Surveyors noted difficulties applying the survey process to palliative-care circumstances. *Conclusion*. Despite the small sample size, the work suggests the need for further investigation of the relationship between public administration values and policy practice. Further, the focus group findings evoke questions about how to better support surveyors' administrative discretion in their regulatory practice and how surveyors, as administrative professionals, may be prepared to support efforts to improve the process of nursing-home regulation.

Rutgers The State University of New Jersey–Newark

Conner, Norma Evelyn. ***Hospice Use among Blacks: Health Beliefs, Spirituality and Social Relationships as Predictive Factors.*** **Joanne S. Stevenson, adviser. 2003.**

Use of hospice services is disproportionately lower among Blacks (10.6 percent), than among Whites (82.8 percent), and lower than the proportion of Blacks (12.6 percent) using home-health nursing (U.S. Bureau of the Census, 2002). Spirituality, beliefs, and values about end-of-life care and kin and nonkin supportive relationships play a role in health-care decision making among Blacks. These components of the Behavioral Model of Health Services Use were tested in this study. The purpose of this prospective, correlational study was to examine the differential ability of demographic variables, beliefs, and values about end-of-life, spirituality, and social relationships to predict hospice use among Blacks. Data were analyzed from 104 Black men and women, recruited from six inpatient and outpatient settings in metropolitan New York and New Jersey hospitals. Instruments included the Spiritual Involvement and Beliefs Scale (SIBS), Treatment Preferences Scale (TPS), and demographics and follow-up questionnaires. Only 34 percent of the subjects participated in hospice services, and even many of those indicated a preference for the most aggressive life-sustaining treatments. Chi-square, sequential, and stepwise logistic regressions revealed that the best predictive model consisted of presence of a caregiver (Wald = 4.46, sig. 0.035; OR 9.67), religious affiliation (Wald = 4.96, sig. 0.026; O.R. 4.74), and gender (Wald = 3.98, sig. 0.046; O.R 2.47). Together these factors predicted 13.7 to 19 percent of hospice use among Blacks. There was a ceiling effect on the SIBS and TPS. Socioeconomic variables did not vary enough within the sample to be properly tested in this study. Additional factors revealed during the study indicated concerns among potential hospice patients about their family caregiving responsibilities, safe storage of narcotics in a milieu of substance-abusing family members, the nonavailability of narcotics at local pharmacies, and terminal prognosis at the time of diagnosis. In summary, the Behavioral Model of Health Services Use did not adequately predict hospice use among Blacks. Presence of a caregiver, religious affiliation, and gender together predicted only about 20 percent of hospice use among Blacks. Nurses have an important responsibility to continue research on issues related to end-of-life care and health-care decision-making among Blacks.

Saint Louis University

Brehany, John F. ***Germ-Line Genetic Engineering: An Analysis of Principled Argumentation in Light of a Critical Theology of the Body.*** **Gerard Magill, adviser. 2003.**

This dissertation evaluates the ethical challenges posed by the prospect of human germ-line gene transfer (GLGT). It argues that GLGT presents a new, unprecedented, and complex ethical challenge. While GLGT has not yet been attempted with human beings, it has the potential not only to introduce changes into human nature that are radical and different, but also to substantially affect attitudes about human dignity and human rights. This dissertation focuses on the principled ethical arguments and the frameworks, both rational and theological, which must frame the practice of GLGT in order for it to be used in a constructive manner. Additionally, it assesses which applications of GLGT are ethically acceptable, taking into account the different goals that GLGT will serve, the means by which it is practiced, and the research that is required to make it possible. Chapter one reviews the history of genetics and genetic science, locating GLGT in the context of the rapid development in genetic science and biotechnology. Chapter two examines the history of the debates about genetic engineering and GLGT, with particular focus on the political, regulatory, and theological analyses of the 1970s–1980s. Chapter three explores the theoretical frameworks utilized by proponents and opponents of GLGT. Utilizing categories provided by Kurt Bayertz, principled arguments are delineated and analyzed based on whether they represent a substantialist or a subjectivist approach to human nature and identity. The shortcomings of each framework taken individually and the impasse reached by the two sides of the debate evidence the need for an expanded ethical framework. The expanded ethical framework is comprised of an enhanced critical approach that draws on the critical thought of Gerald McKenny and Michel Foucault and of an enhanced appreciation for human embodiment that draws on Pope John Paul II's theology of the body. Chapter four applies the principles identified in Chapter three in the course of examining: 1) the possible goals for applications of GLGT technology; 2) the ethics of the means by which germ-line changes could be introduced; and 3) whether and how GLGT can be regulated.

Southern Methodist University

Yarri, Donna. *The Ethics of Animal Experimentation: A Critical Analysis and Constructive Christian Proposal.* Charles E. Curran, adviser. 2002.

Animal experimentation, while not a new ethical issue, has received renewed interest in recent years from various disciplines. The unique contribution of this project is to examine arguments in the disciplines of ethology, philosophy, science, and theology in order to provide a foundation for significantly restricted animal experimentation, concluding with a concrete burden-benefit analysis which will provide the foundation for a casuistry. Because of the significant similarities between humans and animals, the actual differences between them are differences of degree rather than kind, and therefore, we must rethink our use of animals in experimentation. The bases for these restrictions are rooted in animal cognition and animal sentiency, which together form the foundation for the argument that experimental animals do have rights, some of which are specifically laid out. Christian theology supports the existence of animal rights and contains additional resources within which a more humane animal experimentation can be worked out. While all animal experimentation is not completely ruled out, the purpose has been to provide a model for what benign animal experimentation would look like, with the result that this benign animal experimentation would greatly restrict the way this practice exists today.

Texas Christian University

Shilcutt, Tracy McGlothlin. *First Link in the Life-Chain: Infantry Combat Medics in Europe, 1944–1945.* Mark T. Gilderhus, adviser. 2003.

World War II combat medics of the U.S. Army served the forward elements of the infantry units fighting in Europe. Platoon-level medical soldiers initiated front line treatment for combat wounded, which was quickly followed by battalion aid station caregivers. The purpose of this study is to gain a fuller understanding of combat through an examination of the experiences of the medical soldiers and through an analysis of their role in the combat structure. This investigation utilizes official records and interviews to explore the medical soldier's war. Combat medics entered war profoundly under-prepared to deal with the ghastly reality of combat wounds. Their medic's baptism of fire exposed the critical gaps in training programs and forced the medical soldiers into continual on-the-job training. The spear-point of first-echelon medical care, platoon aid men continued their on-the-job training, working alone and encountering wounds for which they were not prepared, while operating under conditions which compounded an absurdly difficult job. Litter bearers and battalion aid-station medics also assumed tasks for which they had not trained, aiding and moving the wounded. Field medics' tasks reached beyond the combat wounded. They aided German prisoners of war and civilians, while remaining primarily committed to the care of the men of their combat unit. Even in battle, medical soldiers treated ailments at a daily sick call, meeting their troops' broad spectrum of health-care needs. While battalion aid-station medics worked with like-tasked personnel, aid men labored alone, surrounded by infantrymen and the enemy. Although the combat unit accepted the aid man as a unique and vital part of the fighting team, several factors worked to disconnect the medical man both physically and emotionally. The aid man emerged as the most isolated of the combat soldiers. The role of the front line medic has received little more than anecdotal appreciation in World War II's broad historiography. An examination of the experiences of the front line infantry medical soldiers, the essential first link in the wounded soldiers' medical life chain contributes importantly to the development of a fuller understanding of combat.

University of Alberta (Canada)

Raffin, Donna Shelley. *Accompanying the Dying: Nurses Create a Moral Space for Suffering*. Vangie Bergum, adviser. 2002.

Palliative-care nursing has a distinctive and honorable history that houses a unique and particular culture of nurses. The act and art of nursing in the obligation of accompanying the dying and creating a moral space for suffering finds itself in the hands and hearts of palliative-care nurses. This research, engaging a focused ethnographic method of inquiry, brings the researcher into the culture of palliative-care nurses. In this pursuit of understanding what it is like to care for dying individuals and their families, I, as researcher, immersed myself in the culture of nine palliative-care nurses on a specific palliative-care unit. These nine nurses were considered to be experienced palliative-care nurses. The immersion was complemented by: conversations, research interviews, observations, and the writing of field notes over a nine-month period. The data consisted of the 1–2 interviews with each of the nine nurses, transcribed verbatim, and field notes reflecting the observation and conversations on the unit. Data analysis began immediately after data collection commenced. The analysis included a search for description, patterns, and relationships, which have meaning to these particular nurses, and resulted in the identification of cultural themes. The study findings suggest that at the heart of the experiences of palliative-care nurses lie four major themes: a calling to palliative care; the pursuit of a "good" death; surviving the health-care system; and the creation of a moral space for suffering. These findings offer suggestions for palliative-care nursing practice, education, and research, and reveal the importance of relational knowledge and the intention to understand suffering in the nurse-patient relationship.

University of Kentucky

Ryan, Patricia Yates. ***Approaching Death: A Phenomenological Study.*** **Dorothy Brockopp, adviser. 2003.**

An understanding of the end-of-life experience from the patient's perspective is limited. The prevailing approach to end-of-life care inquiry has been problem-oriented, and much of the extant information about end-of-life care has been based on caregivers' retrospective reports and health-care professionals' assumptions and clinical experiences. Identification of the deficiencies in care at the end of life and isolation of symptoms associated with advanced cancer have been the general focus. Knowledge developed directly from the patient's perspective is needed in order to design meaningful care. This study was directed at knowledge development. To date, neither the notion of positive experiences related to the end of life nor the notion of living meaningfully through this final stage of life has been a research priority. The purpose of this study was to explore the lived experience of approaching death among elderly persons with advanced cancer. The specific aim was to develop a better understanding of what elderly persons with advanced cancer experience as they approach death, with a consideration for the breadth of the experience as well as the associated meaning. It is important that care be based on understanding; not merely health-care profes-sional's assumption or caregiver's retrospective reports, and that a more holistic approach rather than a solely problem-based approach be used. Only by knowing what it is like to live with advanced cancer can we fashion meaningful care for these individuals and those who love and support them. A qualitative design with a phenomenological approach was used with five participants purposively selected from a hematology/oncology clinic in Kentucky. Multiple interviews were conducted over time with participants in their homes or a private hospital room. The results elucidated the experience of approaching death due to advanced cancer for these five participants. Five insightful and compelling narratives of these individuals' experiences suggest that genuine caring, compassionate honesty from trusted health-care professionals, cautious hopefulness maintained by the individual and their loved ones, unquestioned faith, an involvement in desired life activities, and positive interactions within the health-care system and in their personal relationships were meaningful to this experience. Implications for health-care professionals are included.

University of Massachusetts Boston

Schulman-Green, Dena Jeannette. ***The Education and Experience of Physicians Providing Psychosocial and Spiritual Aspects of Palliative Care.*** **Francis G. Caro, adviser. 2002.**

This study examined the preparedness of physicians to provide psychosocial and spiritual care at the end of life. Palliative care offers a holistic approach to the care of dying patients, addressing psychological, social, and spiritual concerns, as well as pain and nonpain symptom management. Medical interns, residents, and fellows often have a limited understanding of palliative care despite their heavy involvement with dying patients and their families. Palliative care typically receives very limited attention in formal undergraduate and graduate medical education. Twenty Greater Boston house staff were individually interviewed about their training in palliative care in both their formal medical education and on the job. Respondents were also asked about their experiences with death and dying in actual patient cases. Several attending physicians were included for comparison. Potential respondents were identified using a list from the Massachusetts Board of Registration in Medicine, as well as through respondent referrals. Interviews were semi-structured, lasted about one hour each, and were transcribed and coded by the researcher. Transcripts were examined for significant and recurring themes according to the grounded-theory method. Atlas/ti software was used for data organization and analysis. Findings indicate that house staff learn to provide palliative care primarily on the job and without support, and that they are often uncomfortable with these experiences. Ability and willingness to address psychosocial and spiritual issues were affected by the amount and quality of training received, medical specialty, years of experience, relationship with the patient and family, cultural and religious background, respondents' own attitudes towards death, and personality traits. Respondents believed that psychosocial issues and, less so, spiritual issues, are important aspects of palliative care. The sample varied in the extent to which they believed it was their role to provide such care. Respondents differed in their views about how palliative care should be included in medical curricula. Experiential learning was favored as a means of skill development in palliative care. Improvement of medical education in palliative care could reduce physicians' inexperience, risk of error, and discomfort with caring for dying patients, while increasing physicians' sense of the naturalness of death.

University of Notre Dame

Berry, Roberta Marie. ***Re-creating Adam: A Philosophical Investigation of the Genetic Engineering of Human Beings.*** **Phillip R. Sloan, adviser. 2004.**

It now seems possible, if not likely, that germ-line genetic engineering of human beings will become technologically possible at some time in the twenty-first century, raising a host of ethical and policy questions. This dissertation examines in some detail the capacity of each of three prominent approaches to philosophical ethics—utilitarianism, Kantianism, and virtue ethics—to provide guidance in individual ethical decision making and policy making regarding genetic engineering. The author concludes that utilitarianism fails in its own project to vindicate universal benevolence and that its reductionist account of welfare maximization cannot capture important aspects of the good life or guide right action. Kantianism too is inadequate to the task: it fails in its project to vindicate respect for persons, and its guidance cannot adequately address concrete problems under conditions of complexity. The author concludes that virtue ethics offers the best resources for individual decision making. The approach recommended by virtue ethics—acting from the virtues anchored in a conception of the good life—offers promise in helping us understand and cope with the complex questions raised by genetic engineering in a nuanced and context-sensitive way. The author concludes that an approach to policy making that she labels "a navigational approach" offers promise for coping with the policy questions posed by genetic engineering, by allowing us to learn from one another as we debate across secular and religious communities with diverse perspectives on genetic engineering, and to consolidate our moral knowledge by our policy making as we proceed.

Giebel, Heidi Marie. ***Intentions in Action: Contemporary Interpretations of the Principle of Double Effect.*** **Kristin Shrader-Frechette, adviser. 2003.**

The ethical significance of an agent's intention in acting has been of interest to philosophers at least since the time of Thomas Aquinas (1225–1274). Especially important to many thinkers has been the question of whether intentionally causing harm as a means to some good is more ethically problematic than causing harm as a foreseen-but-not-intended side-effect of the pursuit of a good. According to the principle of double effect (PDE), it is permissible to bring about a significant harm only if four conditions are met: 1) The harm is not intended as the end of the agent's act; 2) The act is not bad in itself (when assessed independently of the harm); 3) The harm is not intended as a means to the good the agent pursues; and 4) The agent has a sufficiently serious moral reason for acting. The first chapter of the dissertation is introductory. It briefly describes PDE and its most common applications and explains why the issues connected with the principle, and especially with its intended-versus-foreseen (I/F) distinction are important to contemporary ethics. Chapter two surveys the history of PDE from the time of Aquinas through the twentieth century. The third chapter gives my own account of PDE, based on the classical accounts of Aquinas and nineteenth-century theologian J. P. Gury. I discuss the proper interpretation of each condition of PDE and give preliminary arguments for the ethical relevance of the I/F distinction. The fourth and fifth chapters address recent criticisms of PDE. Chapter four deals mainly with criticisms of PDE's requirement that the harm not be intended as a means to the agent's end. Chapter five addresses criticisms alleging that the distinction between intention and foresight is unclear. Chapter six considers the limits of PDE: its significant but limited role within a more comprehensive ethical theory, its inability to prescribe a particular act, and its limited application to legal matters because of the privacy of intention. Finally, chapter seven summarizes the main points of the dissertation and suggests directions for further research.

University of South Florida

Junco, Brenda. *Identity and Chronic Illness: Kidney Disease and Quality of Life*. Linda Whiteford, adviser. 2003.

Chronic illness is one of the most significant issues facing society and health-care professionals in the twenty-first century. In the past, individuals with a chronic illness died relatively early in the course of their illness. The impact of a chronic illness on quality of life (QoL) was not considered an important factor in the care of the chronically ill until modern health-care technology was able to prolong life. Now, the objective for health care is enrichment and/or maintenance of life. However, chronic illnesses, like end stage renal disease (ESRD), impose tremendous losses on these patients and their families, especially a sense of normalcy. ESRD inhibits the ability to form satisfying, intimate relationships, limits financial productivity, and restricts lifestyle. The unpredictability of ESRD and its complications prevents individuals from establishing long-term goals. In an attempt to maintain a reasonable existence for the ESRD patient, health-care technologies continue to formulate improvements in treatment modalities and methodologies that improve the physical condition of this patient population. Along with improvements in medical technologies and treatment modalities, the number of ESRD patients as well as Medicare expenditures continues to grow. Yet, the ESRD patient continues in a psychological struggle with their tenuous hold on life affecting their self-identity and QoL. In health care, "QoL" is a product used as justification for health-care services. The definition of "QoL" includes: measurements of the patient's well-being, patient's contentment with treatment, patient's symptoms, the patient's ability to cope with daily living, and the ability of the patient to a live a "normal life." Since many factors impede and/or enhance "QoL," quantitative and qualitative measurements of quality of life have been burdened by this problem of conceptual definitions and the interpretation of results. The purpose of this exploratory study was to gather information on the effects of chronic ESRD on one's self-identity and perceived "QoL" indicators within an anthropological framework. The study objectives included the following: 1) Identify changes made by the ESRD patient population to preserve and/or reconstruct their self-identity; and 2) Analyze the effects of this/these change(s) on their perceived QoL.

University of Southern California

Fassi, Carolyn Rose. *United States Human Stem-Cell Policy Making.* Ross Clayton, adviser. 2002.

U.S. human stem-cell policy making has evolved since late 1998 to become one of the most prominent public affairs controversies of the twenty-first century. This research is an exploration of U.S. human stem-cell policy making through August 2001. It includes a historical review of U.S. embryonic and fetal human subjects research policy. The purpose of this research is to examine the most recent Bush administration position on human stem-cell policy in the context of established policy. The theoretical construct of Majone's *policy core*, and Schon's contributions on "dynamic conservatism" and the social process of bringing policy ideas into "good currency" are utilized here. This study involved a review of public affairs and prominent human stem-cell scientific literature. Pertinent public laws, executive orders, congressional bills, the reports of national commissions, and other recent nonscientific publications on stem cells were examined. A brief meeting with Dr. James A. Thomson in May 2001 also provided information. Present U.S. human stem-cell policy making has emerged from an institutional human embryonic and fetal *policy core* developed over decades. "Dynamic Conservatism" has been demonstrated in the suppression of vanguard policy challenges associated with embryonic bioscience. Despite the endorsement of a series of national commissions and expert panels, the more controversial aspects of embryonic research, such as the creation of embryos for research purposes, have frequently been ignored by Congress and presidents. The social controversy associated with human stem-cell policy making, as a process of social change, involves the institutional constraints imposed by not only existing legislation and policies, but conflicts in ongoing "norm-setting" and "norm-using" actions. New variants on this enduring American controversy involving human subjects protections for developmental forms of human life will emerge. Advances in bioscience will serve as drivers to rekindle the controversy. Dynamic conservatism and incrementalism will likely continue to be demonstrated by those seeking to retain the *policy core* in its existing form.

University of Texas Graduate School of Biomedical Science at Galveston

Bevins, Michael B. *The Practice of Medicine.* Ronald A. Carson, adviser. 2004.

There is ample evidence that doctors in the United States and elsewhere are experiencing a professional crisis. The roots of this professional crisis are difficult to pinpoint, but it involves an inability on the part of physicians to find meaning in their work. Traditionally, doctors could rely on their membership in the profession of medicine to lend a sense of meaning to their professional lives. However, many commentators have questioned the viability of the medical profession. If being a doctor is a meaningful activity, then this meaning begs for an explanation and for a philosophical foundation. Since the profession of medicine no longer seems to provide such a foundation, I propose an alternative concept: the practice of medicine. As I use it, this latter concept is derived from the work of Alasdair MacIntyre. Using a variety of sources, including historical, sociological, and philosophical works, I analyze and develop the idea of medicine as a practice. Ultimately, I conclude that practices offer their members the possibility of meaning to the extent that a practitioner cares about his or her conception of excellence within the practice. Thus medicine, conceived as a practice, can offer physicians the possibility of finding meaning in doctoring. I end with a reinterpretation of the concept of professions as institutions that mediate the relationship between practices and the public.

Uppsala University–Sweden

Albinsson, Lars. ***A Palliative Approach to Dementia Care: Leadership and Organisation, Existential Issues and Family Support.*** **Britt-Marie Ternestedt, adviser. 2002.**

The main purpose of this thesis was to apply the WHO and NHS palliative-care approach to dementia care.

Thirty-one staff members in mid-Sweden (studies I and II) and twenty next-of-kin (study IV) were interviewed. In study III, 316 staff members from dementia care and 121 staff members from palliative cancer care responded to a questionnaire about family support. The interviews were tape-recorded and analyzed with a qualitative phenomenographic (I and II) and a hermeneutic approach (IV). The questionnaires (III) were analyzed using qualitative and quantitative content analysis.

The staff members stated almost unanimously that daily leadership was lacking, and, consequently, clear goal formulations and care planning were rare (I). Proper teamwork between the doctor and the staff who worked on a daily basis with the patients was absent (I). With respect to existential issues, education and staff discussions were lacking (II). The staff were at a loss concerning how to deal with these issues. Nevertheless, these issues are central to family members who have to deal with an existential crisis (IV). Important questions emerged about obligation and guilt, faithfulness, responsibility, and paying back what you once received. Existential isolation could be identified, e.g., in the reversal of roles experienced as "being a parent to your parent" and in the burden of "visiting a living dead person."

There were no routines for bereavement visits. The type of support suggested for dementia family members is partly similar to support in palliative cancer care, but it also differs in other respects, such as feelings of guilt because the early signs of the disease are misunderstood, the need for respite because of the long trajectory of dementia diseases, and the occurrence of anticipatory grief because, in the late phase, family members can no longer make any contact at all with the patient (III).

A palliative approach can improve the quality of life for the dementia patient and for the family. It can be used as a basis for a clear goal formulation. Some of the suggestions listed in this thesis for improving the quality of care are more a reflection of the need for a change in attitudes rather than the need for substantial budget increases.

Virginia Commonwealth University

Fox, Sherry Williams. ***Validation and Testing of the Fox Simple Quality of Life Scale.*** **Nancy L. McCain, adviser. 2003.**

QOL as an outcome variable has been used to justify or refute different forms of medical treatment, to resolve disagreement concerning different therapeutic approaches, to identify the sequela of disease or treatment including nursing interventions, and to provide the basis for allocating resources to those interventions deemed to be the most cost effective. If QOL is to be used in such key ways to evaluate the effects of treatment and health care on individual lives, then it is crucial that it be measured validly and reliably. This study describes the development, pilot testing, and initial psychometric evaluation of the Fox Simple Quality of Life Scale

(FSQOLS) in 144 persons with lung, colon, or ovarian cancer. Principle components analysis of the FSQOLS was conducted and indicated that the factor structure represented two factors explaining 50 percent of the variance. Furthermore, the FSQOLS was found to have high, significant correlations with four popular QOL scales, providing a beginning foundation for convergent validity of the instrument. Internal consistency reliability using Cronbach's alpha was 0.93, which is excellent for an instrument in early stages of development.

Washington State University

Ziegler, Stephen Joseph. ***Prosecutors, Palliative Medicine, and Physician-Assisted Death: An Empirical Assessment of the Likelihood of Prosecution Stemming From Opioid and Non-Opioid Administrations.*** **David C. Nice, adviser. 2003.**

The experience of having to suffer debilitating pain is far too common in the United States. Although many physicians freely admit that their pain management practices have been somewhat lacking, many more express concern that the administration of heightened levels of opioid analgesics could result in closer regulatory scrutiny, criminal investigation, or even prosecution. While several researchers have explored the administrative regulation of medicine and the threat of sanction or harm it poses to physicians and patients, few scholars have examined the *likelihood* of investigation or prosecution stemming from the administration of palliative medicine (both opioids and non-opioids) among both terminally ill and chronic-pain populations. Accordingly, in an effort to assess whether a physician's fear of investigation or prosecution is based in reality—and if so, what factors contribute to the likelihood of investigation or prosecution—I surveyed chief prosecutors in four states about their knowledge, opinions, and attitudes concerning pharmaceutical diversion, the aggressive treatment of pain, as well as their opinions concerning both physician-assisted suicide and euthanasia. The results of the study suggest that while the frequency of prosecution is extremely low across all four states (Connecticut, Maryland, Oregon, and Washington), Maryland physicians *may* have something to consider when the treatment of chronic, non-cancer pain is involved. However, when the matter involved terminally ill patients close to death, prosecutors were not only less inclined to prosecute, evidence exists that their decisions were influenced by their own personal beliefs. And while most of the prosecutors shared many of the same erroneous beliefs as other health-care professionals when it came to the positive role of opioids in the relief of pain, they are certainly the least blameworthy since unlike medical board regulators or other health-care professionals, prosecutors do not deal with pain relief and other related medical issues on a regular basis.

Yale University

Lee, Julie Juhyun. ***Inequality in Health-Care Expenditures and Health Outcomes among the United States Elderly Population.*** **Patrick Bayer, adviser. 2003.**

The main purpose of this dissertation is to investigate the existence and nature of inequality in health-care expenditures and health outcomes among the Medicare population. First, I consider the role that Medicare plays in changing the distribution of income and health. Second, I examine the effects of race, income, and income inequality on the health of Medicare patients with acute myocardial infarction (AMI). The first chapter estimates the flow of Medicare benefits to high-income and low-income neighborhoods in 1990 and 1995. The results show that Medicare spending per capita for the lowest income groups grew much more rapidly than Medicare spending in either high-income or middle-income neighborhoods. Home healthcare spending played an important role in the increased spending among the lowest-income neighborhoods. This differential shift in spending exceeds in magnitude the entire per capita transfer from the earned income tax credit (EITC) and is half of the average transfers to the elderly poor from supplemental security income (SSI). The second chapter documents the changes in mortality and treatment rates among more than three million AMI patients during the period 1985–1998. Results in this chapter show that: 1) the dramatic declines in AMI mortality observed during the late 1980s and early 1990s have stagnated during the later 1990s; 2) although there exist differences in AMI mortality and treatment between income groups, larger differences exist between blacks and nonblacks; and 3) racial differences in AMI mortality and treatment have only widened over time. During the past decade, a new body of research has proposed that income inequality, and not simply income per se, is detrimental to individual health. According to the income inequality hypothesis (IIH), those who live in a more unequal society suffer worse health than those who do not. The third chapter estimates the effects of state-level income inequality on AMI mortality. The first result is that the only association between inequality and health exists for measures of inequality related to the lower end of the income distribution. The second result is that there exists an association between health and the percent of black households in the state, even after controlling for individual income, state-level inequality, and regional effects.

Sorensen, Kelly. *The Factors of Moral Worth*. Shelly Kagan, adviser. 2003.

Actions are right or wrong; agents are good or bad. Most ethicists are interested in the first dimension. My work is about the second. Factors relevant to the first dimension (*moral rightness*) include, for example, the action's consequences and whether the action is a harm. But many other morally compelling factors are neglected if we focus exclusively on right and wrong—factors such as motives, intentions, effort, and character. These are among the factors of a second dimension, *moral worth*: the goodness or badness of agents. We can perform right actions without being good agents. Knowing which actions are *right* only partially helps us answer the question of what it is to *be good*. I take it that what I have just said reflects ordinary moral intuitions. Nevertheless moral worth is a neglected topic in contemporary philosophical ethics. Others have written about specific virtues, or about "virtue ethics" as an alternative moral theory to consequentialism and deontology. But I know of no one else who has attempted a close analysis of the general factors that constitute praiseworthiness and blameworthiness. An account of these factors is relevant to any of the three leading contemporary ethical theories. My examination of these factors yields a surprising wealth of possible positions. I map out these positions and argue for the best of them. My specific topics include the nature of motives, Kantian views about the motive of duty, the relative weight of first-order and second-order motives, patterns of motives, effort as a complex of apparently conflicting subfactors, and the relevance of counterfactual circumstances to character. I appeal to the cases of Oskar Schindler and Huck Finn, among others, to illustrate the complexities of these issues. My dissertation is the first systematic analysis of the factors of moral worth. Internal states of persons—motives, intentions, effort, character—matter to us, and an ethical theory is richer with an adequate account of them.