



UPPSALA  
UNIVERSITET

## Final Report

### Grant Teaching Sabbatical STINT

(Application no.: GTS2019-8137)

#### Rapporteur:

Ulrik Kihlbom, Associate professor in medical ethics, Centre for Research Ethics & Bioethics, Uppsala University

#### Hosting higher education institution:

Sydney Health Ethics, University of Sydney, Australia

#### Period for the sabbatical:

2020-02-20 – 2020-06-06

#### Content:

- About the host institution
- Preparation and Planning
- Tasks and Responsibilities
  - About the course
  - My responsibilities
- Activities during the stay abroad
  - Teaching activities
  - Ethical framework working party
  - Seminars
- Important lessons
- Comparison between the host and the home institutions (in Sweden)
- Recommendations
- Action plan: Topics to address and, if possible, introduce in Sweden

## About the host institution:

Sydney Health Ethics (SHE) conducts research and teaching in bioethics and health-related social science using multidisciplinary methods. Administratively it belongs to The University of Sydney School of Public Health. The centre has around 15 academics and 20 affiliates and associates. SHE's leadership consists of Professor Angus Dawson and his co-leads Professor Ainsley Newson and Associate Professor Christopher Jordens. SHE offer short courses on professional development as well as postgraduate courses such as the 2-year course Master of Bioethics and collaborates with other departments and networks.

## Preparation and Planning

The initial planning was made in early fall 2019 together with Professor Angus Dawson regarding opportunities for teaching and research collaborations. We decided that I would co-lead the course Clinical ethics together with Professor Ainsley Newson as well as have several meetings with the Clinical ethics network of New South Wales.

Me and Ainsley made the more specific planning concerning the teaching during December 2019-January 2020. We discussed and decided upon the topics at the course literature, teaching formats and responsibilities.

I also planned a presentation SHE's seminar with the person responsible for the schedule as well as a commentary at a different occasion (see below).

## Tasks and Responsibilities

My main responsibility during this teaching sabbatical was to together with professor Ainsley Newson implement the teaching of the course Clinical ethics.

## About the course:

Clinical ethics is a study unit within Master of Bioethics as well as an elective short course for graduates and post-graduates. All students at this course were health care professionals and almost all of the students were medical doctors in training, only a couple some students were nurses. There were 4 international students, the rest were Australian residents. In total we had 21 students enrolled.

The course span over 13 weeks with different topics for each weeks:

Week 1: Introduction

Week 2: Ethical theories relevant to clinical ethics

Week 3: Professionalism and Conscience

Week 4: Autonomy and Consent

Week 5: Capacity and deciding for others

Week 6: Truth telling and Confidentiality  
Week 7: Clinical care where resources are limited  
Week 8: Ethics and the beginning of life  
Week 9: Paediatric ethics  
Week 10: Ethics in Ageing and at the end of life  
Week 11: Voluntary Assisted Dying  
Week 12: Clinical ethics support: principles and foundations  
Week 13: Clinical ethics support: practice and controversies

The course was from the start planned as a combined online course and with physical meetings. The pandemic made it into a pure online course consisting of recorded, lectures, podcasts, written assignments, discussion board and feed-back on the learning platform Canvas. For each week, there is 3-4 required papers/book chapters on the reading list and 5-8 recommended ones.

The assignments were:

- A case reflection each week
- Three quizzes
- Graded discussion post week 5
- Graded case reflection week 2, 1500 words,
- Essay at the end of the course, 2 500 words

The participation was 10% of the mark, online tasks 10%, Graded case reflection 30% and the essay was 50% of the mark. The grades are fail: 0%, pass: 50-64%, credit: 65-74%, distinction: 75-84%, and high distinction: 85-100%.

#### My responsibilities:

I was responsible for week 7 – Clinical care where resources are limited, week 10 – Ethics in Ageing and at the end of life, and week 11 – Voluntary Assisted Dying. This included planning the assignments, literature and lectures as well as providing feed-back to the students regarding their online tasks.

Ainsley and I shared responsibilities and teaching for week 1, and 2, as well as sharing the marking of the written assignments, including the final essay that provided 50% of the mark.

Due to the pandemic, there were no other teaching opportunities nor opportunities for further meetings with health care professionals for me during this period. Unfortunately, this included the planned sessions on clinical ethics support that was planned. The idea was to meet with the clinical ethics network of New South Wales, consisting mainly of medical doctors, to exchange experiences and ideas.

#### Activities during the stay abroad

#### Teaching activities:

After having arrived at SHE and met the people there, me and Ainsley finalised the planning of the course. We also wrote an introductory text to the students.

The first and the second week were introductory to ethics and ethical theories. As a feedback to the written discussion posts week 1, we recorded a podcast with a discussion on the main point in the student's posts that were important to address early in the course. These points included some terminology in ethics, how to analyse and assess arguments in ethics and how to read philosophy.

The assignment for the graded case reflection week 2 was to discuss which kind of ethical theory the student thought was the most apt one for analysing a case that they provided themselves. We split the group in 2 and graded one sub-group each. After the preliminary grading we discussed our grades and tried to calibrate our marking. We found that we had very similar view on what the students had submitted, also on the ones we thought were borderline cases.

I was responsible for week 7, the topic of which was Clinical care where resources are limited. With the covid-19 influenza at the horizon, this topic came very timely as I had participated in the development of the national guidelines for prioritizations in intensive care units under extraordinary circumstances from the National Board of Health and Welfare (Socialstyrelsens Nationella principer för prioritering inom intensivvård under extraordinära förhållanden) just before leaving for Australia. I had also just participated in the working party led by Angus Dawson that produced an ethics framework for making resource allocation decisions in the context of Covid-19 (see below for further details).

I recorded two lectures for this week, one on "Justice and resource allocation – concepts and approaches", and one on "Clinical decision-making and ethical frameworks". The case discussion that week showed that the students had read the literature, seen the lectures and reflected on the topic.

Week 10 the topic was Ethics in Ageing and at the end of life, also there I recorded two lectures, one on "Concepts and general issues in the end of life" and one on "Issues in end of life decision-making". This week included a graded discussion post that me and Ainsley marked.

The last week for which I had sole responsibility was week 11 with the topic Voluntary assisted dying (VAD). In contrast to Sweden, the Australian state Victoria allows for and it is a controversial issue in Australia. I recorded a lecture on VAD and gave feedback on the discussion posts that week.

For the final essay the student had to respond to one of four questions. As with the other written assignments, we could see a clear progression in the students ability to analyse and argue in clinical ethics.

After having marked the essays we received students' feedback on the course. The students who responded seemed to enjoy the course. On the six questions where they could grade the course, it received a mean score of 4.50 on a scale of 1-5. This is good and slightly better

than last year. The qualitative feedback highlighted aspects of the course such as the course structure, the tying together of ethical theory with practical clinical examples, having access to experts in the field (and how supportive we were) and the quality of the readings. They also appreciated the relevance of the content – given that several lectures were adapted to account for the covid-19 pandemic. What they did not like so much were technical issues and lack of interaction with other students. So overall and together with the experiences elaborated above, I am happy with how the teaching of the course went.

#### Ethical framework working party:

As covid-19 turned into a pandemic influenza, a working party for developing an ethical framework for making health resource allocation decisions in intensive care units, was formed at SHE. It consisted of Angus Dawson, Christopher Jordens, me and six medical doctors in New South Wales. During a very intense period of 2 weeks we developed an ethical framework (<https://link.springer.com/article/10.1007/s11673-020-10007-w>) that first was published on SHE's homepage and later published in *Journal of Bioethical Inquiry*. It also made national television and several newspapers in Australia. In Sweden, SMER (The Swedish National Council on Medical Ethics) published it on their homepage. It was a great interdisciplinary working experience.

#### Seminars:

SHE runs a few different seminar series and I attended the first February 20<sup>th</sup> when Wendy Lipworth presented a work-in-progress paper on "Conflict of Interest".

On March 4<sup>th</sup> and in the Work-in-progress seminar, I presented a draft of a book chapter, "They don't really understand" – On clinical risk communication and (one of the) problems of informed consent", a contribution to a book that I edited and is coming out this year on Routledge. I received several valuable comments from the SHE people there.

March 9<sup>th</sup>, I attended a seminar at University of Technology Sydney where Nicole Vincent presented a paper on Flourishing with emerging technologies.

March 12<sup>th</sup> I attended a seminar at the philosophy department where Kathryn McKay gave a work-in-progress presentation on "Lacking the Will to be Good – Iris Murdoch and Aristotle on Virtue".

After the seminar I met up with Jackie Leach Scully, who is now professor at University of New South Wales in Sydney. Jackie and I have collaborated for many years in a network on the ethics of family.

March 18<sup>th</sup>, I commented on Narcyz Ghinea's paper "Shedding light on the pharmaceutical black market" in the Work-in-progress seminar series at SHE.

Unfortunately, a couple days after that, New South Wales went into a full lock-down and all physical seminars and lectures ended or went online for the rest of my period in Sydney.

From April 1<sup>st</sup>, SHE organised around five seminars online and also a couple of weekly coffee-chats that I attended. I also had a couple of walk-about meeting with Angus Dawson and one final walk with five of the more senior members of SHE. No doubt the lock-down severely hampered my possibilities of participating in research activities, making new contacts and developing research collaborations in ways that otherwise could have been expected. Also, the University of Sydney lost around 40% of its income due to how the pandemic made it impossible for most foreign students to start the academic year 2020. This economic crises was a dark cloud at the horizon for the people at SHE and unfortunately not very beneficial for the spirit of planning of new projects, but hopefully this will change for next year.

### Important lessons

The main lesson is how to organise an online course online. Clinical ethics was a very well organised course that made use of most if not all of the utilities of the Canvas platform. It was well structured in a way that made students actively engaged. It was clear that we could have facilitated more interaction between the students and that this needs to be at the forefront when teaching an ethics course in an online environment.

Another lesson is medical ethics is a very international subject and the issues people are having on the other of the planet are very similar to ours. This holds also for the non-anglo regions close to Australia such as Malaysia and Thailand for instance. Even though their ways of making decisions or thinking about authority may be different, their ethical issues are very much like ours.

### Comparison between the host and the home institutions (in Sweden)

In comparison to Sweden, Australia is more bureaucratic and Australian regulations, guidelines and rules around higher education are massive and more strict.

This also transfer to teaching. The guidelines for students' weekly working loads, examination and grading are stricter and the students expect perhaps more than Swedish students. For example, feed-back to students' written assignments are prescribed in a way that is not the case in courses I have taught in Sweden. As mentioned above, medical ethics is a very international subject and otherwise I did not find the course in clinical ethics very different than what we would offer if we were to give a similar course in Sweden when it comes to the pedagogy and the curriculum.

As mentioned above, the use of the online learning platform was excellent even though Swedish universities have had a fast learning curve due to the pandemic and may have now be on a similar level.

This course had more written assignments than any course I have experience from in Sweden. The use of many and sometimes short written assignments was also pedagogically valuable as the students clearly progressed during the course in their ability to structure a text, bring in and analyse scientific literature in the discussion.

It seems to me that pedagogical merits compare to research merits in Australia in a way very similar to how the two kinds of academic merits compare in Sweden. I.e., that the latter weigh heavier than the former. However, Australian universities are, in the subjects that I am familiar with such as philosophy and bioethics, quite strong in an international perspective, and my perception is that they are both stronger and more competitive than at Swedish universities and it might be that research merits weigh even more in Australia.

Partly due to the pandemic, I had not very much experience from other courses or teaching colleagues than from the one I was responsible for. So it is difficult for me to compare how educational programs conform to labour market needs or what the competence development possibilities there are for teachers at Austrian universities.

## Recommendations

My primary recommendation to future participants in the programme is to go! Even though the pandemic had a very bad timing for my stay in Australia, I learned a lot, made some great contacts and hope to bring some of that back to Uppsala university. No regrets what so ever that I went there with my family that also had a great stay.

Sydney has several universities and for a Swedish academic, Australia seems to be a very welcoming and accessible country to do a teaching sabbatical in. For someone in philosophy or bioethics, Sydney is a very suitable destination with several well established academic institutions.

On a more practical note, the visa process and to find a reasonably priced accommodation may somewhat of a challenge for someone residing in Sweden. First advice is to start with the visa process early since it might take some time. Finding an accommodation can be difficult since it is often not possible to secure a rental home many months ahead of your arrival. There are some firms specializing in providing such a service and we used one with a satisfactory result.

## Action plan: Topics to address and, if possible, introduce in Sweden

For me professionally and personally, my teaching sabbatical at SHE was very valuable. I learned from the Australian health care context, from my colleagues at SHE and at the University of Sydney. I will incorporate several learnings from the teaching to the course work in medical ethics for the medical school at Uppsala University.

Even though we might go back to a more normal teaching forms within 6 months or so, digital learning platforms have made their way into higher education to stay also under normal circumstances. At Centre for Research Ethics & Bioethics, Uppsala University, we will now start to build a site at the Canvas platform comprising the whole course in medical ethics to be consistently used in the future.

I will also present the course Clinical Ethics to my colleagues in Uppsala to discuss further what we can pick up and thereby improve our teaching.

Similarly, I will share my experiences from the teaching and stay at SHE to the Swedish network for education in medical ethics.

I have continued contact with primarily with the leadership team at SHE and hope to be able continue discussions on common projects in a more future-looking climate next year.

Ulrik Kihlbom

Uppsala  
September 15<sup>th</sup> 2020