

Introduction to Medical Ethics Case Discussion

2026

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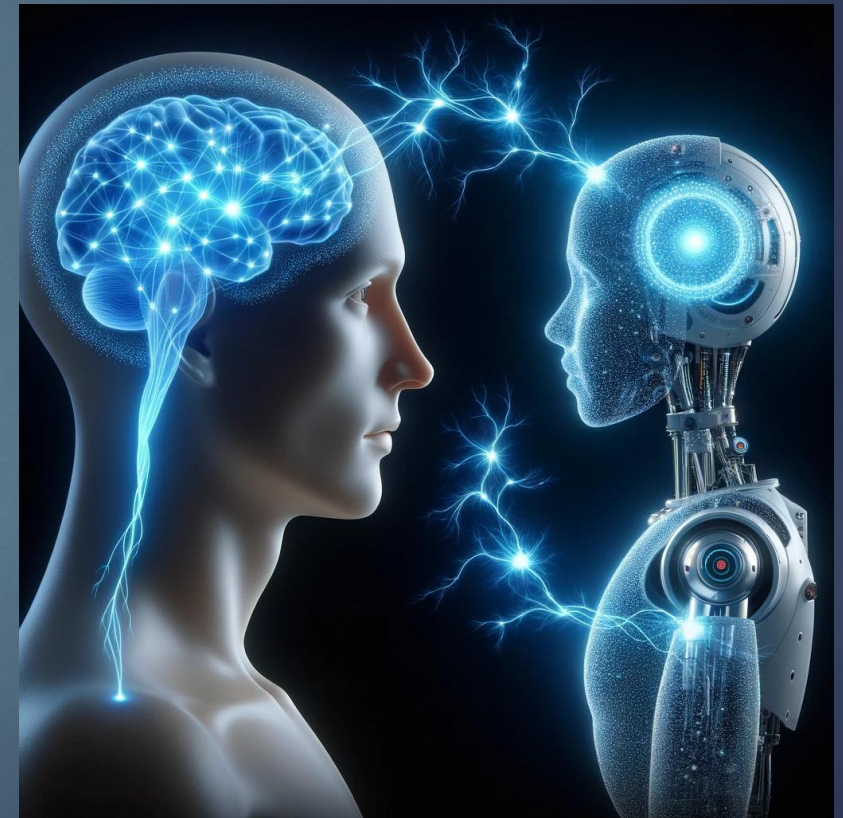
AND

DEPARTMENT OF EDUCATION OF THE INTERNATIONAL CHAIR IN BIOETHICS,

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Disclosures

Part-time Employee of the University of Florida

- ▶ Retirement pensions, Federal and State.
 - ▶ Supported self-funded AI sabbatical in 2020
 - ▶ Imminent retirement from UF (July 2026)
- ▶ No other financial disclosures
- ▶ Organizations
 - ▶ AMA, APA, Catholic Medical Association
- ▶ Language: English only
- ▶ Bias disclosure on this topic:
 - ▶ I trained at Stanford, learned in prison, and I view the range of human behaviors as including dangerousness.
 - ▶ political candidate on a minor party for the Florida House District 10 2026
- ▶ Use of AI Programs in this presentation:
 - ▶ Microsoft: Office 365, Co-pilot, OpenAI ChatGpt4 ,
 - ▶ Dalle-E, Anthropic: Claude 3;
 - ▶ Synthesia; Google Gemini,
 - ▶ All references verified; Prompt history available
 - ▶ All content is selected, and responsibility is with the author.



Qualifications

- ▶ Psychiatrist with 45 years of experience
 - ▶ Distinguished Fellow of the American Psychiatric Association
 - ▶ Administrative and management experience >30 years
- ▶ Ethics
 - ▶ Co-authored in 1984 case in Hastings Center Report: "If I have AIDS, let me die with dignity."
 - ▶ Founding Director, 2015 of the UNESCO (now ICB) UF-VA Bioethics Unit
 - ▶ Ethics committees at Veterans Administration 2015-2018, UFHealth 2020 – present
 - ▶ Presentations on End of Life Ethics
- ▶ Artificial Intelligence / Digital Technology
 - ▶ Psychiatry Residency and student observer of AI in Medicine 1984-1986 at Stanford University
 - ▶ First lecture on AI was to psychology graduate students in 1984
 - ▶ First published on clinical computer use in 1984
 - ▶ Since 2020 a dozen publications and several dozen international lectures on AI Ethics
- ▶ Activism
 - ▶ 2013 co-founded Local Catholic Medical Guild
 - ▶ 2015 -2021 Board Member Floridians for Alternative to Death Penalty
 - ▶ 2016- 2021 Assistant State Director for Catholic Medical Association
 - ▶ 2017–2025 5 time member of the House of Delegates for the Florida Medical Association (from Alachua County Medical Society)
 - ▶ 2025-2026 Political Candidate Florida House District 10 (withdraw)

Learning Objectives



Describe the differences between theories of ethics and codes of ethics



List elements of the CASE Methodology for Ethics Case Analysis



Describe the ethical implications of AI used for end-of-life care



Formulate a plan to develop your practice of medical ethics

Noelia Castillo (2000–2026)

- ▶ **Case Summary: Noelia Castillo (2000–2026)**
- ▶ **Clinical Background**
- ▶ Longstanding psychiatric history: **OCD, borderline personality disorder**, chronic trauma exposure.
- ▶ Multiple unreported sexual assaults; significant psychosocial instability.
- ▶ **Oct 2022:** Suicide attempt after group assault → survived with **irreversible paraplegia** and chronic neuropathic pain.
- ▶ Persistent, severe psychological and physical suffering despite treatment.
- ▶ **Euthanasia Request**
- ▶ **April 2024:** Formally requested euthanasia under Spanish law.
- ▶ Independent medical commission found:
 - ▶ **Serious, chronic, and untreatable condition**
 - ▶ **No reasonable prospect of improvement**
 - ▶ **Preserved decision-making capacity**

Ethics Training



Ethics Training is Similar to Emergency Preparedness

Issues present as crisis
Crisis setting limits problem solving



Ethics Training Improves Options

Anticipating scenarios
Problem solving in advance
Increases options

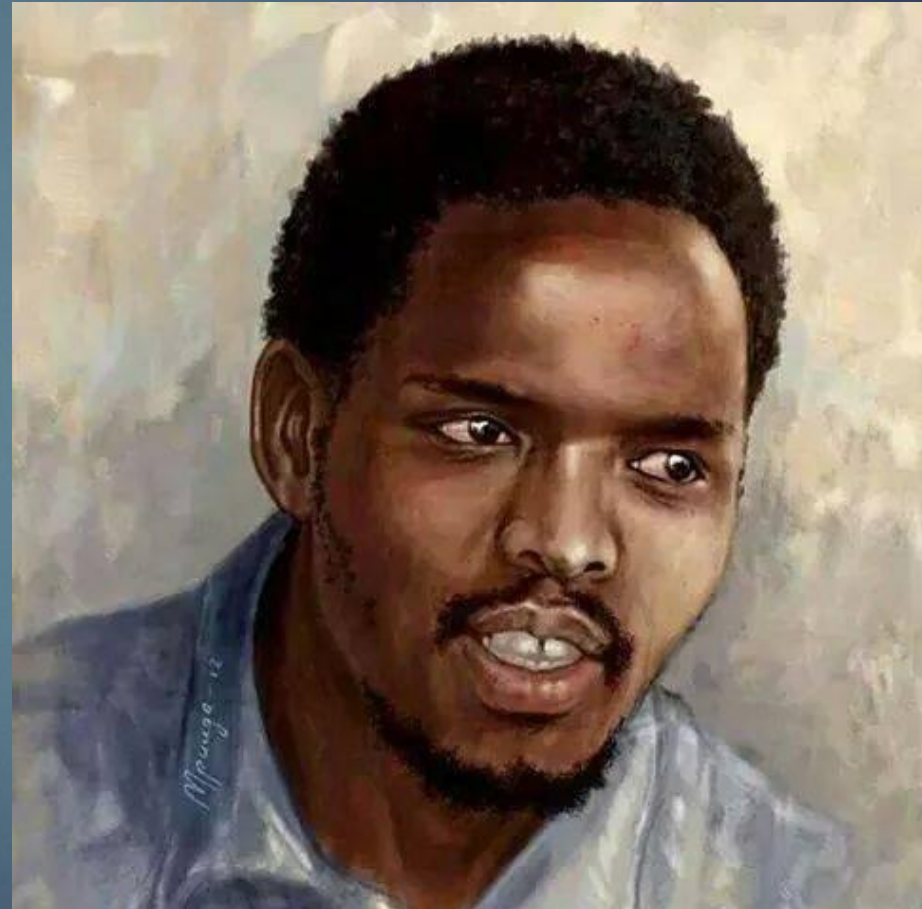
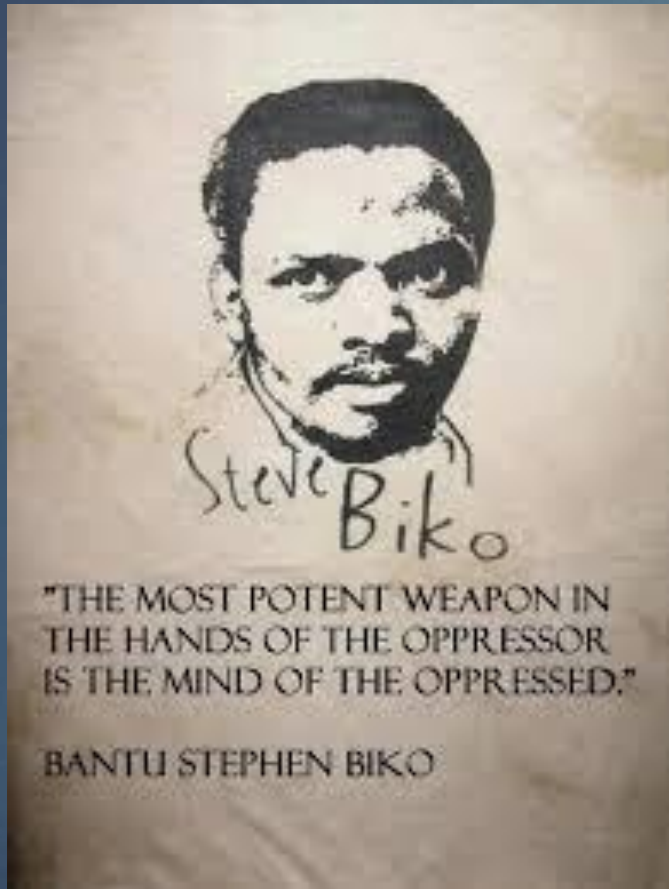



What are your Ethical
Beliefs ?

Think of your heroes
Apply to everyday life

Personal Heroes

- ▶ Albert Schweitzer
- ▶ Steven Biko
- ▶ M. Scott Peck
- ▶ David Hamburg
- ▶ Medecins Sans Frontieres
- ▶ Richard Christensen
- ▶ Wes Ely





Describe the differences
between theories of
ethics
and codes of ethics

Ethics Theories

Deontological
Theory

Teleological
Theory

Motivist Theory

Natural Law
Theory

Transcultural
Theory

*Principle
Systems

Deontological Theory

- ▶ Right or wrong is assessed based on set rules
- ▶ Relates to duty or obligation
- ▶ Similar process to legal systems
- ▶ Defined along a set of imperatives:
 - ▶ Theological ethics
 - ▶ Based on religious beliefs
 - ▶ Strives for highest good
- ▶ Categorical imperative
 - ▶ Kantian assertion that ethical truths are inborn

Teleological Theory

- ▶ Right or wrong is assessed in terms of outcomes, which differ according to different doctrines:
- ▶ Utilitarianism
 - ▶ The most good for the most people
- ▶ Existentialism
 - ▶ Individual free will is more important than external values
- ▶ Pragmatism
 - ▶ Whatever is best in that case for the people involved
 - ▶ One of the most commonly applied systems in U.S. health care

Motivist Theory

- ▶ Right or wrong is assessed on the basis of motive or intent
- ▶ The principle of rationalism is used for internal analysis of the event

Natural Law Theory

- ▶ Right or wrong is assessed in terms of accordance with human nature
- ▶ Also called Virtue System of Ethics
- ▶ Action is ethical if in accord with human nature

Transcultural Theory

- ▶ Right or wrong is assessed in a way that balances diversity of cultures and beliefs
- ▶ Conflicts resolved based on relationships
- ▶ Ethics of caring is developed within this model
- ▶ The UNESCO Declaration on Bioethics and Human Rights is consistent

Four Common Ethics Principles

Autonomy

Beneficence

Nonmaleficence

Justice

Codes of Ethics

Definition

Development

Updates

Enforcement

Examples

Enforcement of Codes of Ethics

Informal cultural norms of the group

i.e. peer pressure

Formal processes of the group

e.g. algorithm used by the American Psychiatric Association to investigate misconduct allegations against a member

Incorporation into law

e.g. research conduct standards in the U.S. set forth in The Belmont Report

Public opinion

e.g. citation of the Hippocratic Oath when commenting on medical practice

Professional Codes of Ethics

A professional code of ethics is a self-identified set of standards that an organization defines to describe the ideals and expectations of the professional conduct of its members.



Organizations that establish codes of ethics may be:

Autonomous

- e.g. World Medical Association

Appointed e.g

- National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research - Produced the Belmont report

Examples Codes of Ethics

World Medical
Association
International Code
of Medical Ethics

American Medical
Association Code of
Medical Ethics

American
Psychiatric
Association
Principles of Medical
Ethics

Principles of the
Ethical Practice of
Public Health

American
Pharmacists
Association Code of
Ethics

Nuremberg Code

The Belmont Report

The Hippocratic
Oath

UNESCO
Declaration on
Bioethics and
Human Rights

S – A – V – E
Individual Code of
Ethics

Individual Code of Ethics

S-A-V-E

- ▶ Save lives
- ▶ Alleviate suffering
- ▶ Value and promote autonomy
- ▶ Engagement in community

Principles and Values

	Patient	Clinician	Social Interests
Autonomy	Vulnerability and dependence	Expert opinion	Whose opinion matters most
Beneficence	Comfort and social support	Alleviation of suffering	Who benefits and how much
Nonmaleficence	Least harm	Prevention of harm	Who bears the brunt of negative outcomes of either decision
Justice	Rights	Allocation of resources	Who is treated fairly

UNESCO'S 15 BIOETHICAL PRINCIPLES

Human Dignity and Human Rights	Autonomy and individual responsibility	Benefit and Harm	Privacy and Confidentiality	Consent
Equality Justice and Equity	Persons without Capacity to Consent	Human vulnerability and personal integrity	Non-discrimination	Respect for Cultural diversity
Solidarity and Cooperation	Social Responsibility and Health	Sharing of Benefits	Protecting Future Generations	Protecting Biodiversity, Biosphere and Environment

New Paradigms

- ▶ What is the legal basis for preventing death by suicide ?
- ▶ What is the moral basis for prohibiting death by suicide?
- ▶ If suicide is a right, can that right be exercised with advance directives

- ▶ What is a psychiatrist's role in assessment of capacity?

New Paradigm

- ▶ Mission (if you decide to accept it) A _ JAR
 - Autonomy is a paramount right
 - Justice demands that personal autonomy supersedes provider autonomy
 - Authorization can be delegated, appointed or assumed
 - Rights are inalienable (not limited by capacity)

TERMS

- ▶ Suicide
- ▶ Suicide by cop
- ▶ Assisted suicide
- ▶ Terminal sedation
- ▶ Assisted dying
- ▶ Assisted death
- ▶ Euthanasia

Legal Challenges

Context: Spain's 2021 Organic Law on Euthanasia

- ▶ Father, supported by Christian Lawyers Association, contested her capacity.
- ▶ Multiple courts—including the High Court of Justice of Catalonia—affirmed:
 - ▶ Her **capacity**
 - ▶ Her **autonomy**
 - ▶ Her **legal eligibility**
- ▶ Litigation delayed the procedure **601 days**.
- ▶ **Outcome**
- ▶ Euthanasia performed **March 26, 2026**.

Principles Contextual Domains

	Patient* Values	Clinician* Values	Corporation* Values
Autonomy			
Beneficence			
Nonmalfeasance			
Justice			

Conflicts in Ethics



Internal

Within a given party with one system
there is a conflict on weighting
competing principles

Within a given system there is conflict
between the analysis of the parties



External

Conflict between parties within a system
Conflict between systems of ethics

Resolutions in Ethics



RESOLVE FACTUAL
ISSUES



RESOLVE INTERNAL
SYSTEMS ISSUES



RESOLVE CONTEXTUAL
ISSUES



ONE METHOD IS
DESCRIBED AS THE
CASES METHOD

CASES—A Step-by-Step Approach to Ethics Consultation

This section describes the CASES approach, a practical, systematic approach to ethics consultation. This approach involves five steps:

- C** **CLARIFY** the Consultation Request
 - Characterize the type of consultation request*
 - Obtain preliminary information from the requester*
 - Establish realistic expectations about the consultation process*
 - Formulate the ethics question*
- A** **ASSEMBLE** the Relevant Information
 - Consider the types of information needed*
 - Identify the appropriate sources of information*
 - Gather information systematically from each source*
 - Summarize the case and the ethics question*
- S** **SYNTHESIZE** the Information
 - Determine whether a formal meeting is needed*
 - Engage in ethical analysis*
 - Identify the ethically appropriate decision maker*
 - Facilitate moral deliberation about ethically justifiable options*
- E** **EXPLAIN** the Synthesis
 - Communicate the synthesis to key participants*
 - Provide additional resources*
 - Document the consultation in the health record*
 - Document the consultation in consultation service records*
- S** **SUPPORT** the Consultation Process
 - Follow up with participants*
 - Evaluate the consultation*
 - Adjust the consultation process*
 - Identify underlying systems issues*

<https://bioethics.pitt.edu/sites/default/files/CEP/Dober%2C%20VHA%20Integrated%20Ethics.pdf>

* Language

- ▶ Language positions the context
 - ▶ Patient vs person
 - ▶ Clinician vs provider
 - ▶ Corporate vs Social Support

Teaching Points for this case*

(conventional, ie law based ethics)

- ▶ **Capacity is task-specific**, not diagnosis-based.
- ▶ Trauma, disability, and psychiatric illness interact in complex ways.
- ▶ Family objections do **not** override a competent patient's autonomy.
- ▶ Understanding local **MAID/euthanasia laws** is essential for ethical practice.
- ▶ High-stakes capacity evaluations require structured, defensible documentation.

* per Co-Pilot for this summary

Exceptional Contexts

- ▶ Can Autonomy be usurped?
 - ▶ Yes, the clinicians may contest the designated HCS and ask the court for a replacement
 - ▶ Law enforcement and courts can remove liberty rights and even life rights
 - ▶ Government currently declares human beings as unworthy to live or as having sacrificed their right to life
 - ▶ Culturally there is some discussion of a Duty to Die
 - ▶ (see Ezekiel Emmanuel I will die at 75)
 - ▶ If hospitals and Government officials determine a person does not warrant life, what are we teaching AI ?

Unworthy of Life, Life not worth living

- ▶ If we proclaim that life is not worth living (MAID advocates)
 - ▶ Or that some people forfeit their right to life (eg death penalty)
- ▶ Then cannot the SuperAI make an assessment that some humans are not worthy of living?
- ▶ Will SuperAI enforce a “**Duty to Die**”
 - ▶ What are the safeguards?

UNESCO'S 10 ETHICAL PRINCIPLES FOR AI

2021

Human Dignity and Human Rights	Do NO Harm	Safety and Security	Fairness and nondiscrimination	Privacy
Sustainability	Human oversight and determination	Transparency and explainability	Responsibility and accountability	Multistakeholder collaboration and governance

ETHICALLY DEVELOPING AI TOOLS TO ASSIST IN HOSPITALIZED PATIENT AUTONOMY

Ana Silva, MD

PGY3 Psychiatry Resident, University of Florida College of Medicine

Joseph Thornton, MD

Clinical Associate Professor of Psychiatry, Founding Director for the UF-VA UNESCO Bioethics Unit

- ▶ <https://app.synthesia.io/#/video/dd474d8c-ed65-4a5d-a510-1280dcadc5ff?version=1>

AI is already being used in clinics to help analyze imaging data, such as X-rays and scans. But the recent arrival of sophisticated large-language AI models on the scene **is forcing consideration** of broadening the use of the technology into other areas of patient care. In this edited conversation with the Gazette, **Rebecca Weintraub Brendel**, director of **Harvard Medical School's Center for Bioethics**, looks at end-of-life options and the importance of remembering that just because we can, doesn't always mean we should.

[https://news.harvard.edu/gazette/story/2025/02/
should-ai-be-used-in-end-of-life-medical-
decisions-a-i-artificial-intelligence/](https://news.harvard.edu/gazette/story/2025/02/should-ai-be-used-in-end-of-life-medical-decisions-a-i-artificial-intelligence/)

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The inventor of the 'suicide pod' says AI should decide who can end their life

The inventor of the controversial Sarco suicide pod says AI software could one day replace psychiatrists in assessing mental capacity for those seeking assisted dying.

Philip Nitschke has spent more than three decades arguing that the right to die should belong to people, not doctors.

<https://www.euronews.com/next/2026/01/22/the-inventor-of-the-suicide-pod-says-ai-should-decide-who-can-end-their-life>

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