

## ***Bioethics Digest***

*In this feature, our team provides you with an overview of the most recent publications in the field of bioethics, with a particular focus on contributions coming from (or having relevance for) Switzerland.*

*Buona lettura! Bonne lecture ! Viel Spass beim Lesen! Enjoy!*

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### **CLINICAL ETHICS**



#### **“Overtreating Alzheimer’s Disease”**

In this article, the authors criticise the problematic tendency of overdiagnoses and overtreatment that is widespread in the frailer older population, by focussing especially on the case of Alzheimer’s Disease (AD). Initially driven by the conviction that anticipating interventions would improve the treatment of AD, research has created “a myriad of preclinical conditions”, including mild cognitive impairment, prodromal AD and subjective cognitive decline. Such tendency has led to “an earlier diagnosis of AD [...] generating a more extended life ‘with the disease’”. This produces not only “higher costs for the healthcare systems”, but it also “overshadows the person’s values and priorities”, because it promotes an excessive focus on ‘the disease’, thus privileging “functional integrity over life quality and emotional fulfilment”. The authors conclude by calling for research on AD that better integrates the concepts of aging and frailty and for a reduction of the tendency of physicians to overdiagnose and overprescribe with reference to such disease.

Canevelli, M., Vanacore, N., Blasimme, A. et al. Overtreating Alzheimer’s Disease. *J Prev Alzheimers Dis* 2020. doi: [10.14283/jpad.2020.74](https://doi.org/10.14283/jpad.2020.74)

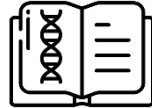
#### **“After COVID-19: The Way We Die from Now On”**

In her article, the author reflects on how COVID-19 impacted on the phenomenon of dying and calls for a stronger integration of the ethics of care in the culture of healthcare professionals. Elsner underlines how the current pandemic has accelerated the pre-existing tendency to medicalise death and to accentuate the perception of death as an individualistic phenomenon, since dying in isolation and in a medically-controlled environments have now become more widespread. This tendency should be countered, since death is more than a medical fact and it impacts on all the people that are connected with the one passing away. This requires a more holistic interpretation of the dying experience by medical professionals, one that is based on an ethics of care and that integrates palliative care know-how across medical specialties. Indeed, “[b]y reframing death as a key issue within medicine generally,

this will, in the longer term, make dying visible in the healthcare sector and beyond, potentially even redressing the gender imbalance of the field”.

Elsner AM. After COVID-19: The Way We Die from Now On. *Camb Q Healthc Ethics*. 2021 Jan;30(1):69-72. doi: [10.1017/S0963180120000572](https://doi.org/10.1017/S0963180120000572)

## TEACHING ETHICS



### **“COVID-19 era healthcare ethics education: Cultivating educational and moral resilience”**

In this article, the authors reflect on the impact of COVID-19 on bioethics teaching and propose a few lessons to improve the latter beyond the time when the pandemic is over. This is fuelled by the observation that “[j]ust as COVID-19 is a ‘reckoning’ for healthcare and the world, rapid shifts to distance learning and possible impact of COVID-19 on professional lives and career choices could also threaten a ‘reckoning’ for healthcare education including healthcare ethics. To foster what authors call “educational resilience”, they propose both procedural and content suggestions on how healthcare ethics teaching could improve. To improve the educational process they suggest, for example, to provide an unpurposed space during classes to foster the integration of lived experiences into ethics teaching, thus also bringing us back “to fundamentals of ethics teaching with facilitation of inquiry versus ‘delivery’ of information.” One final objective of improved ethics teaching is that of strengthening moral courage in the new generations of healthcare professionals, a virtue that “does not limit itself to contemplate principles and identify a morally preferable solution from the viewpoint of a detached observer, but puts these principles into tangible action”.

Wald HS, Monteverde S. COVID-19 era healthcare ethics education: Cultivating educational and moral resilience. *Nurs Ethics*. 2021 Jan. doi: [10.1177/0969733020976188](https://doi.org/10.1177/0969733020976188).