

How to prepare the essay to be presented

Write an essay on a neurological topic in the field of Ethics or Public health.

- Make your choice for a topic. You may use one from the list beneath or find another one yourself.
- Give a short introduction, referring to the literature.
- Provide 1-5 references from Journals, Newspapers, Internet-Sites etc.
- Describe the actual problem.
- Give your own opinion, approach or ‘solution’.
- Prepare yourself for a short presentation. Power-point slides may be used for a presentation on a laptop provided in the examination room.
- Do not hesitate to ask for help or advice: j.b.m.kuks@umcg.nl

Suggestions on Ethics

How to deal with.....

- telling the truth in a situation you doubt that this might harm the patient
- demanding patients asking for investigations you feel unnecessary
- a car driver with epilepsy, forbidding you to make known his diagnosis
- a medical error, that did not lead to a serious problem to the patient
- gifts of industry or gifts of patients
- non-compliant patients who you would like to leave your praxis
- a colleague who is misbehaving in his field of expertise
- with an attractive patient trying to get more than a professional relation
- a Jehova’s Witness in coma, whose wife refuses you to transfuse blood
- an end-stage ALS-patient asking for continuous artificial ventilation
- a patient with locked-in syndrome who previously said that she always wanted to be treated and now apparently changes her mind
- a patient with a disabling multiple sclerosis asking for euthanasia
- a patient who wants to have a drug under research in a trial you are participating in , but who does not want to be randomized.

Suggestions on Public Health

- **What's the difference between private and public health care in your country. Should it be changed?**
- **How is the insurance system in your country influencing possibilities in medical care for single patients? Should it be changed?**
- **How is the vaccination program with respect to neurological disorders in your country? Should it be changed?**
- **How is public health organized in your country, e.g. infant care, school medical care, care for the elderly? Should it be changed?**
- **How are medical professionals paid for their work in your country, are there differences that should be harmonized or not?**
- **What is the influence of changes in work-climate (e.g. industrialization, computerization) in patients from your practice?**
- **Which rules exist in your country with respect to public hygiene and management of contagious diseases?**
- **Does malnutrition play a role in the development of neurological diseases in your country? How could this problem be dealt with?**

Scoring form for Public Health / Ethics Presentation

	Item	Maximal Score	Actual score*
2	The topic is relevant for clinical practice	1	
3	There is a sound introduction	2	
4	The elaboration of the problem is adequate	2	
5	The own vision of the candidate is clear	1	
6	The presentation is clear and to the point	2	
7	The answers to the questions are adequate	2	
8	Handling ignorance is adequate	1	
9	Time management is adequate	1	
	Total	12	

*There will be a conversion of the score to a mark between 0 and 10

Example 1 Ethics

Because I have some personal experience in this field and moreover because there is much debate on this topic as dealt with in the Netherlands, I made my choice for euthanasia, especially performed by myself in one of my own patients. Of course you may decide to take a general topic but a personal case may be more easy.

Try to present this case with sufficient distance, to be able to perform a sound discussion.

I started my essay with some general comments on ethics and euthanasia.

Then the situation within the Netherlands was depicted.

Thereafter I described my own case, which I considered suitable for this discussion.

Finally some recommendations and open questions were given.

For literature I went to Medline (Pubmed) with the Key-Words 'Euthanasia', 'Ethics', 'Physician Assisted Suicide', 'Palliative Care'.

I made a concise powerpoint-presentation to facilitate my oral presentation and to challenge the examiners. This is NOT mandatory. However, by choosing my slides, I will lead the examiners the way I want to go.

Slide 1 Tell what it will be all about and why you took this subject.

Slide 2 Elucidate the pros and cons, the advocates and opponents.

Slide 3 Is Euthanasia legalized all over the world? No, it is not. In the USA there is no unanimity.

Slide 4 My case. I will tell some clinical details not on the slide and highlight the suicide attempt.

Then I will elucidate the procedure followed before, during and after the intervention.

Slide 5 Then I will point to the different opinions in literature.

Slide 6 Say something about the public opinion in Oregon about Euthanasia and Murder.

Slide 7 Now go through some discussion points and give your own opinion. Do not hesitate to underline your own doubts. In most situations there is no clear-cut solution to an ethical problem. Mark that the last slide often gives the examiners opportunity to ask questions, so make a slide with the points you'd like to discuss.

For the exam itself, I would read through the references given to be able to answer the examiners.

Euthanasia in patients with a hopeless prognosis.

A workpiece for the European Board Examination in Berlin 2015 by JBM Kuks.

People may get into a situation that they ask for ending their live to take away their suffering by Euthanasia (often referred to as Physician Assisted Suicide).

Discussions about Euthanasia are mostly ruled by ethical opinions, legal considerations and religious feelings. People who make political decisions or are considered to be opinion-leaders in this field, may not have their own experiences and yet express their point of view for true, moral, ethical and justified, based on philosophies and regulations from other times and cultures. On the other hand, patients being victim of diseases with a hopeless prognoses take their own rights which may lead to uncontrolled and heart-rending situations. Several scholars have argued against or in favor of assisted dead. Arguments go between respect for life and the individual's right for autonomy¹

The Netherlands with their system of legalized Euthanasia following a careful procedure. Yet also Dutchmen are not unanimous as well and have their fierce discussions with ethical and religious considerations. Furthermore many Dutch Physicians struggle with personal feelings, anxiety for making mistakes and problems with dealing with patients and family²

A 55 years old male patient, diagnosed with amyotrophic lateral sclerosis asked for euthanasia. He was well able to walk and use his hands but bulbar functions were declining and ventilation was threatened. His general physician was not willing to help him because of religious reasons. He then went his own way and made an attempt for suicide. His neurologist decided to help him after taking the measures of carefulness, ruling out (together with a psychiatrist) concomitant disease influencing the decision making capacity of the patient and asking a general physician (SCEN-doctor) for a second opinion, informing him and his family again and again, asking for advice to a pharmacist. Regal rules were followed, after the procedure, the municipal coroner was called in and the case was brought to the police officers. After a couple of weeks the court decide to acquit.

In situations like this, it is crucial to make a right diagnosis and to follow a procedure as described in the case. The moral question remains, whether one should go over to Euthanasia or to palliative care, where appropriately administered doses of sedatives do not shorten life. Doctors and Ethics still are not unanimous with respect to this³ and have fear for injure vulnerable persons and populations. Especially the question whether or not to legislate Euthanasia is a matter of fierce debate⁴. It should be clear, that Euthanasia is not an easy topic in the Netherlands as well. Many professionals are struggling with it and by far not all doctors are willing to participate in a procedure. There is however a way-out policy to refer a patient to another colleague. Even many of those Doctors performing Euthanasia, trying to respect their patients, feel it as a considerable burden.

Questions with respect to this cannot be answered definitely here but a continuing intensive and open discussions with due nuances remains highly necessary. One of the questions will be whether, after legalization of Euthanasia, a medical doctor should be mandated to act here.

¹ Boudreau JD et al. Euthanasia is not medical treatment. Brit Med Bull 2013; 106: 45-66.

² Van Wijlick E et al. Dokters hikken soms tegen euthanasie aan. Medisch Contact 2015 1/2: 16-19. Visser J. Het is nooit: "U vraagt, wij sputten". Medisch Contact 2015 1/2: 20-21.

³ Quill TE. Death and dignity. N Engl J Med 1991; 324: 961-4, Goldblatt D. The gift. When a patient chooses to die. Perspect Biol Med 2006; 49: 537-41. Pellegrino ED. Compassion needs reason too. JAMA 1993; 270: 874-5.

⁴ Dieterle JM. Physician assisted suicide: a new look at the arguments. Bioethics 2007; 21: 127-139.

Example 2 Public Health

Looking at the list of suggested topic, I made my decision for 'vaccination against meningitis' in the Netherlands.

Therefore I performed a search on Google and on Medline. It soon became clear, that this topic would be too broad, therefore I confined myself to vaccination against Haemophilus (Hib) Meningitis. The questions I asked myself were:

- How did the vaccination program influence the occurrence of Hib-Meningitis?
- What can be said about the complications of this vaccination?

Be restrictive in formulating your questions. A small topic with a sound elaboration will be preferred over a broad but chaotic exposition!

Looking around and confine yourself to the questions you asked yourself. I met several hints to meningitis vaccination for people who want to take a pilgrimage to Mekka. Most interesting, but alas, this would not be within my national scope and also not of importance for the questions I formulated..

Furthermore I looked for a Cochrane review (www.cochrane.com) but found none, therefore I went through MEDLINE. I collected information and came to the following text.

There is no need to be complete! Just look for a couple of reliable reference sources and try to be concise. You will have the opportunity to explain yourself at the examination.

I made a short powerpoint show to adstruct my presentation. This is NOT mandatory. For pictures I just went to Google with 'HIB vaccination' and 'HIB meningitis'.

Although it would look better, I decided not to rewrite translate the table into English but to add some legends. With my presentation, I will lead the exam in the direction I like and I will try to seduce the examiners to ask the questions I would like them to ask.

Slide 1 Tell what it will be all about and why you took this subject.

Slide 2 Elucidate the epidemiology aspects

Slide 3 Explain the vaccination program

Slide 4 Show the decrease of incidence after introduction of the vaccination. Note, that we are dealing here with HIB in general and not specific withmeningitis!

Slide 5 Show the serious side effects.

Slide 6 Go to world-wide and announce the millennium goals for children.

Slide 7 Say something about barriers. Be prepared for further questions.

For the exam itself, I would read through the references given to be able to answer the examiners.

Haemophilus influenza vaccination in the Netherlands.

A workpiece for the European Board Examination in Berlin 2015 by JBM Kuks.

Haemophilus influenza (HIB) is a bacterial pathogen that accounts for more than 80% of the bacterial meningitis-cases in children between 2 and 5 years with a mean case fatality of about 14% (WHO 2002).

Vaccination against HIB is in the Dutch National Vaccination program since 1993. It is provided - together with vaccinations against Diphtheria, Poliomyelitis, Tetanus, Pertussis and Hepatitis B – at the ages of 6-8 weeks, 3 months, 4 months and 11 months. This is at an early age, because especially young children are in danger for being diseased.

Before the introduction of this vaccination, about 700 children under the age of 5 years were affected, 50% of whom getting a meningitis. Nowadays some tens of cases are reported. The same holds for other European countries and the USA. Both in the UK and in the Netherlands there was an increase of the incidence of HIB-meningitis around 2002. There was a vaccination failure of about 5/year before 2002, in 2002 there was a number of 15/year. Most half of the affected children did not show an adequate HIB-immune-response in their blood, which could be corrected by a boost-vaccination. The UK-children did not get a boost at the age of 11 months anywayⁱ.

Also non-vaccinated children may take benefit of the vaccination program, as the number of carriers in the population, and with that the risk of community acquired disease, lowers. On the other hand elder people may become more vulnerable as the lower prevalence will reduce natural boosting at older ages.

In spite of systematic review of literatureⁱⁱ, no proof has been found for the induction of diabetes mellitus by HIB-vaccine, but warnings for the risk for other diseases, as forwarded by critics, as there are multiple sclerosis, arthritis or autism, are not weakened until now. It is not possible to discriminate possible specific side effects from HIB-vaccination from side effects of concomitant vaccines.

The Dutch institute for side-effect-registration gives an overview of side-effects reported for all vaccinations performed in the first half year of 2011. 360 (out of a total of 929 reports for all moments, the number of vaccinations given is not known) adverse reactions for the first three vaccination moments were given. 37 [of these concerned unspecified fits, 7 epileptic fits and 6 'other CNS-diseases']. No deaths or non-neurological severe diseases occurred. Data for the 4th vaccination after 11 months were comparable although with some more serious side effects by then.

In the past it has been established, that the incidence of side effects was not increased after adding HIB to the usual package of vaccinationsⁱⁱ.

In conclusion it can be stated, that HIB vaccination produced a tremendous decrease of HIB-meningitis cases in the Netherlands. Therapeutic failures partly could be attributed to a partial response, and as this could be repaired by a new boost, I would recommend a serological check after vaccination to identify non-responders. The procedure is not free from side effects but these are usually mild and cannot be linked specifically to HIB-vaccination.

It is urgent to start a world-wide campaign for HIB vaccination to meet the 4th Millennium Development Goal (reducing child mortality) but there will be several obstaclesⁱⁱⁱ

ⁱLadhani SN. Two Decades of Experience With the Haemophilus influenza Serotype b Conjugate Vaccine in the United Kingdom. Clin Ther 2012; 34: 385-399.

ⁱⁱZingg W Does Vaccination cause disease? Ther Umsch 2005 Oct; 62(10): 665-74

ⁱⁱⁱ R Hajjeh. Accelerating introduction of new vaccines: barriers to introduction and lessons learned from the recent Haemophilus influenza type b vaccine experience. Phi Trans R Soc B 2011; 366: 2827-2832