## SESSION A1

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<th>Theme</th>
<th>Obscured Voices in Healthcare</th>
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<td>Title</td>
<td>Medical Decision Making: Exploring Generational and Cultural Differences Using Graphic Narrative</td>
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<td>Speaker(s)</td>
<td>Molly Osborne, M.D., Ph.D.</td>
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<td>Date</td>
<td>Thursday, April 11, 2019</td>
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<td>Time</td>
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### SESSION A1 OBJECTIVES

- Explore generational and cultural differences in medical decision making.
- Use Graphic Narrative to demonstrate generational and cultural medical decision making.
- Review ‘Broken Speech: A graphic narrative of a vulnerable patient.’

### SESSION A1 SPEAKERS

**Molly Osborne, M.D., Ph.D.**
Molly is a Professor of Medicine at Oregon Health & Science University (OHSU), 18-year Associate Dean of Student Affairs, with over 60 publications including NIH research focusing on asthma epidemiology. She is the Integrated Ethics Program Officer at the VAPORHCD, awarded the national VA William A. Nelson Award in 2015. Her current areas of emphasis are ethics and end-of-life care and with the support, advice and collaborative guidance of the faculty in the Humanities Department at Penn State [Kienle scholar in 2016, 2017] is developing a graphic novel to address ethics. The graphic narrative, ‘Critical Space,’ was published in the Annals of Internal Medicine [Ann Intern Med 2018; 169: W6-W12. Doi: 10.7326/G17-0017]. ‘Critical Space’ has already been used as a teaching tool at Duke University and has resulted in multiple presentations at OHSU in 2018-2019. Most recently it has received a book contract from Penn State to include eight graphic narratives tentatively entitled, ‘Graphic Ethics.’

**Julia Zottola**
Julia enjoys coordinating the Integrated Ethics Program at the VA in Portland, Oregon in the role of Special Assistant. She introduces ethical concepts at each New Employee Orientation, coordinates monthly meetings for Consultation, Preventive and Leadership Ethics meetings. She enjoys being accessible to veterans, staff, clinicians, and leadership to help with any ethical concerns. In short, she loves teaching ethics and is always thinking about ways to improve and streamline our processes and improve the ethical culture at VA Portland Health Care System!
Medical Decision Making: exploring generational and cultural differences using graphic narrative

Molly Osborne, MD, PhD, Integrated Ethics (IE) Program Officer, OHSU
Julia Zottola, IE Program VAPORHCS

Learning objectives

• Review four bioethical principles

• Understanding how graphic narratives can address diversity/ cultural differences

• Identifying symbolism in a graphic narrative using 'Broken Speech'
Four bioethical principles

**Beneficence - To do Good**
- duty to benefit the patient

**Non Maleficence - To do no Harm**
- duty to minimize the risk of harm

**Respect for Autonomy - choice**
- informed consent

**Justice - fairness**
- egalitarianism, utilitarianism

Definitions

**Ethics**
- Moral principles that govern a person's behavior or the conducting of an activity; our determination of what is right or wrong

**Values**
- Principles or standards of behavior; one's judgement of what is important in life

**Ethical dilemma**
- A situation in which a difficult choice has to be made between two or more alternatives which can be value-laden
Values

Definition:
Principles or standards of behavior; one’s judgement of what is important in life

- beneficence, non-maleficence, autonomy, justice
- absence of pain, enjoyment of an activity, etc.

Values labels are used to understand the perspective of each individual and help to clarify an ethical conflict

Graphic Narratives: Asian Values (general)

- Highly group-oriented with emphasis on family, community
  - Lack of directness to preserve harmony

- Common to withhold ‘bad news,’ especially cancer from the patient
  - Reveal the diagnosis to the family to make the decision to inform the patient.

Ref: M Carteret, M Ed 2010: Cultural values of Asian patients and families
M Sekimoto, et al. BMC Fam Pract 2004; 5: 1
Practice of ‘Omakase’

Entrusting one’s care to one’s family and physician

- on the assumption they will make decisions most beneficial or appropriate to the patient.
HOW LONG HAS THIS BEEN GOING ON, DAD?*
IT'S NOTHING - PLEASE DON'T WORRY.

*Square, shaded boxes indicate that dialogue is in Japanese.

DAD...
I THINK WE SHOULD TAKE YOU TO A DOCTOR.
One week later, at the primary care provider’s office...

He won’t eat, he’s lost twenty-five pounds...

He’s so shaky he broke the vase he was painting.

Hum...

PCP

I’d like to run some tests...

WHAT ARE THEY SAYING?
Needle biopsy results:
PET Scan:
Referral:

Dr. Metastatic Thyroid Cancer

It's metastatic thyroid cancer.
It has spread throughout his body.
What do we do now?

Oncologist
Oh, no thank you. We can translate for him.

Well... I'm afraid it's incurable.

You're sick, Dad.

We could try palliative radiation...

You need some medicine.

...but we aren't sure how effective it would be.

The treatment will make you feel better, Dad.
One month later, after starting treatment...

DONT' YOU WANT SOME DINNER, DAD?
WE'RE MAKING YOUR FAVORITE...
NO...
I'm too tired right now.

Son, would you put these things away?

Back at the PCP's office...

How are you feeling, Mr. Ito?
Oh, he’s doing just fine!

So much better, doctor.

Maybe we should get a translator...

Oh, not necessary. We’re happy to translate for him.
In that case, would you ask him directly?

It's important that I hear from him in his own words.

Oh...

Well...

We don't want to worry him with his diagnosis.

We think it's best not to use the word 'cancer'...
I really do need to speak to him one-on-one...

Oh, that's not...

This is important. I'm calling a translator.
Thirty minutes later...

Mr. Ito, I'd like to explain your diagnosis from the beginning.

Mr. Ito, I'd like to explain your diagnosis from the beginning.

Translator

It's follicular thyroid cancer. It's incurable.

It's follicular thyroid cancer. It's incurable.
I understand. I've seen this happen to so many childhood friends in Japan.

How have you been feeling from the treatment?

That's been miserable, doctor.

I can't eat or walk very far. Worst of all, I can't do my calligraphy painting.
I've had a good life...

This doesn't feel like living now.

I know my children and the other doctor want to continue treatment. But...
I can bring him to the clinic every Wednesday and Friday except the 24th and the 28th but if my brother can use the van on the 18th...

I read about a treatment that has been very effective in mice...

CHILDREN! PLEASE. NO MORE!

I... I... DO NOT WISH TO CONTINUE TREATMENT.
I wish only to return to my hometown, to see my childhood friends and family.
How can we shift our goals to help Mr. Ito have the strength for a trip back home?

I believe that with physical therapy...

SQUEEZE!
He could use a wheelchair...

And maybe, in a few weeks, he'd get stronger and be able to take that trip.

In three weeks...
Two weeks later...

Welcome back, Mr. Ito. How was your trip?

Oh, it was wonderful.

Thank you so much for honoring my wishes, doctor.

To thank you...

Oh, what are these beautiful gold lines?
I used gold lacquer to mend the cracks - our Japanese art of Kintsugi.

It's even more beautiful with its imperfections.
Critical Space: Identifying futility/ symbolim

- Which themes catch your attention?
- How are intergenerational and race/ethnicity issues expressed?
- Who do you identify with?
- How is informed consent arrived at?
- What is the symbolism of Kintsugi?

Myers, K., Wu, Charlotte, Osborne, M.L. Critical Space. Annals Internal Medicine, in press, 2018
Thomas R. McCormick, D Min Faculty, Bioethics & Humanities University of Washington
Kintsugi

- Kintsugi is a Japanese art form in which breaks and repairs are treated as part of the object’s history.

- Broken ceramics are carefully mended by artisans with a lacquer resin mixed with powdered gold, silver or platinum. The repairs are visible — yet somehow beautiful.

Kintsugi means "golden joinery" in Japanese

A Kintsugi bowl
Thank You

Q & A