



The God Squad

Lesson Plan

playing god? in the classroom is an educational resource designed to accompany the *playing god?* podcast, for use by instructors to introduce bioethics concepts and facilitate discussions of ethics among high school and above students. The *playing god? in the classroom* resources are free and available for non-commercial uses, with attribution to the Johns Hopkins Berman Institute of Bioethics. For other uses and more information, please contact playinggod@jhu.edu.

This Lesson Plan accompanies Episode 10, Season 1 of *playing god?*

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Summary

In the 1960s, a committee of seven Seattle residents met regularly to decide which patients with chronic kidney disease were “worthy” of getting access to a new but scarce technology, life-saving dialysis. Whoever wasn’t selected by the committee would likely die within months. An exposé of this so-called “God Squad” helped spark the formation of a new field: bioethics. In this bonus Episode to the *playing god?* Podcast, students will hear how this early committee made life-and-death decisions, and why its approach is unlikely to be used again.

This Lesson Plan uses a historical case study to facilitate a discussion on allocating scarce life-saving resources in healthcare. Students will critically examine how decisions were made in the 1960s and contrast this story from the past with contemporary allocation decisions featured in other Episodes.

Vocabulary

The following are key terms used in the Episode and their definitions. The terms are marked in bold when they appear elsewhere in the Lesson Plan.

Allocate

To distribute according to a plan based on clear rules and principles.

→ Today, kidneys are **allocated** based on a scoring system that considers how sick someone is and how long they have been waiting for a transplant.

Health Equity

A state in which everyone has a fair opportunity to attain their highest level of health.

Laypeople

People who do not belong to a particular profession or who are not expert or versed in some field.¹

Scarce

Insufficient in number to meet demand.

→ In the 1960s, kidney dialysis machines were **scarce**. In the Episode, the Seattle hospital had nine dialysis machines and over 450 patients who needed them.

Utilitarianism

An ethical theory that argues that decisions should be made with the aim of providing the maximum benefit for the maximum number of people, while minimizing harms.

Discussion Guide

The following Assessment Questions can be used by instructors to evaluate student comprehension of Andrea's story and the bioethics concepts featured in the Podcast Episode. The Discussion Questions can prompt students to make claims and provide evidence and their reasoning. Student comprehension and views can be assessed before and after listening to the Episode and/or participating in the group activity.

Assessment Questions

- What were the challenges of treating kidney disease in 1962?
- Describe the process that the Seattle clinic used to **allocate** access to treatment on the dialysis machines.
- What does it mean to consider “social worth” in this decision? What non-medical, social factors were important to the committee, based on what you heard in the Episode?
- What is the difference between a **utilitarian** approach and an **equity**-based approach to **scarce** resource **allocation**?

Discussion Questions

- Some members of the “God Squad” committee were **laypeople**, who helped make the final decision about which patients would be treated with dialysis. Why do you think the hospital chose **laypeople** for the committee? Do you agree with that choice? Why or why not?

The following questions are drawn from the Discussion Guide from Episode 3: Need a New Liver? Drinkers to the Back of the Line.

- Was there a time in your life where there weren't enough resources to go around? How was it decided who would get the resource and who wouldn't? Or, how was it decided who would get the resource first, and who would have to wait?
 - *Possible examples: the last slice of pizza; concert tickets; a ride in someone's car*
- In the 1960s, dialysis machines were a **scarce** resource. What other **scarce** resources can you think of that we, as a society, have to **allocate** fairly, deciding who gets the resource and who doesn't, or who has to wait?
 - *Possible examples: PPE (personal protective equipment, like gloves, and safety glasses), ventilators, hospital beds, vaccines during the COVID-19 pandemic*

- What factors should be considered when evaluating someone's place in line for a **scarce** life-saving resource like a dialysis machine, or a kidney transplant? Which factors are not okay to consider?
 - *Possible examples: severity of disease/urgency, a "good match" (likelihood the treatment will succeed), the availability of alternative treatments, and effectiveness of those treatments, side effects and quality of life, genetics, age, health insurance status, social support/relationships, income, employment (such as a healthcare worker), intelligence, time on the waitlist, and others.*

Sample Activities

The activities allow students to actively engage with the bioethics questions at the center of the Episode. Students will develop critical thinking skills and reason-based judgment by citing evidence from the Podcast and other sources. In bioethics, there often isn't a single "right" answer to a particular question; ideally, students will express and evaluate diverse viewpoints about complex, real-world problems.

Large Group Activity: Compare to Another Episode

This Lesson Plan is best used in tandem with another Lesson Plan from Season 1 of *playing god?*

Episode 3: Need A New Liver? Drinkers to the Back of the Line

This Lesson Plan discusses the **allocation** of scarce healthcare resources. Students will identify and apply ethics concepts used in making those difficult decisions. Using the **Discussion Questions** in that Lesson Plan and this one, students can compare and contrast **allocation** decision making in the Seattle dialysis case from the 1960s versus now.

Episode 4: Why Can't I Buy a Kidney?

Episode 5: A Womb of One's Own

Episode 8: Miracle Drugs, Million Dollar Price Tags

Episode 9: The Future of Babymaking

These Episodes also introduce issues of **allocation**. Each deals with a different kind of **scarce** resource, and the ethics concerns and decision making processes are different for each. Pairing this Lesson Plan with one of these can show students how different resources and different circumstances call for different ethics considerations when deciding who should have access to a limited resource or expensive technology.

Episode 1: I Would've Let You Die, Too

Episode 2: The Girl Who Died Twice

These Episodes show students how medical decisions are made for individual patients in ethically challenging situations. In these Lesson Plans, students learn the values that inform these decisions and the stakeholders who have a say. Contrast those decision making processes with the one featured in this Episode.

Individual Activity: Research & Writing

- ELA Writing Assignment: Identify another **scarce** resource in healthcare and medicine, in history or today. Describe the resource, what it's used for, and who needs it. Research reasons why the resource is **scarce**. Research how the resource is currently **allocated**. Apply ethics principles to the method of **allocation**—what values influence the decisions? Are benefits maximized? Are burdens or risks minimized? Is **allocation** fair, is it equitable? Would you change the current **allocation** method? Why or why not?
 - *Examples of scarce resources students might select:*
 - *RSV vaccines for older people*
 - *Kidney or other organ transplants*
 - *The COVID vaccine rollout*
 - *Ventilators or PPE during COVID*

Additional Resources

Further readings about key topics covered in the Episode.

More About the “God Squad”

[God Panels, Then and Now](#), Massachusetts General Hospital Proto Blog, 2020

[The Seattle ‘God Committee’: A Cautionary Tale](#), Health Affairs, 2009

More About Contemporary Scarce Resource Allocation

[Who Should Be Saved First? Experts Offer Ethical Guidance](#), The New York Times, 2020

[COVID-19 Resources: Treatment Allocation](#), University of Pittsburgh Center for Bioethics & Health Law

Careers Mentioned

Medical Historian:

Richard “Rick” Mizelle, Jr., PhD, MA
(American history, history of medicine)

Physician:

Belding Scribner, MD, MS
(nephrology)

Catherine “Kate” Butler, MD, MA
(nephrology, surgeon)

Bioethicist:

Catherine “Kate” Butler, MD, MA

About This Lesson Plan

Authors: Amelia Hood, MA, Mrigaanka Sharma

Editors: Anna Mastroianni, JD, MPH, Jeffrey Kahn, PhD, MPH

Advisors: Kenji Nomura, MS

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¹ Merriam-Webster, retrieved 2025