AMERICAN SOCIETY FOR
BIOETHICS + HUMANITIES

Reimagining and Claiming the Role of Public Bioethics and Health Humanities

October 26–29, 2022 | Portland, Oregon

Wednesday, October 26, 2022

2:00 - 4:00 pm, Courtyard-Hawthone Room Preconference Session: Mediation Workshop: Conflict Resolution Skills for Ethics Committees (001)

Haavi Morreim

Often, ethics consults stem not from moral puzzlement but from conflict: staff tensions about a complex situation, a “difficult” patient, or intra-family feuds. Here, the optimal consult usually is not opining about ethics, but resolving conflict: exploring the situation, learning the back-stories that fuel the conflict, helping people articulate their most important priorities, and forging a mutually agreeable plan. Ethics committees and consultants must be prepared to discern what approaches and resources will best suit each consult. This workshop teaches clinical conflict resolution, including negotiation, facilitation, and assisted negotiation. The workshop begins by presenting a key tool set of skills, such as: mirroring, managing expectations, affect labeling, normalizing, active listening, and probing for detail. These core techniques help build the trust on which successful resolution relies, thereby enabling those in conflict to come to their own workable agreements. Practice scenarios are interwoven so participants can gain comfort in using each skill. The workshop culminates in a two-part exercise focused on a complex problem of family dynamics.

3:00 - 6:30 pm, Courtyard-Pearl Room Preconference Session: HEC-C Review Course (003)

Virginia Bartlett, Trevor Bibler, Amanda Hine, Amy DeBaets, Jason Wasserman, Laura Webster

Developed and presented by ASBH Clinical Ethics Consultation Affairs Committee members, this updated review course will provide a solid foundation for those interested in or planning to or take the Healthcare Ethic Consultant-Certified (HEC-C) Examination. The course will be highly interactive, with enhanced sample questions used to provide attendees an opportunity to test their knowledge and connect information with the HEC-C Examination content outline, knowledge statements, and core references as a review framework.

3:30 - 6:30 pm, Courtyard-Broadway Room Preconference Session: Improv for Equity (004)

Gitanjli Arora, Katie Watson, Rachel Rusch, Byron Stewart

Improvisation (improv) is a well-defined technique in theater arts with application to health care. In practice, it requires spontaneity and authenticity, yet to reach this goal it teaches an underlying skill set that empowers scene partners to trust and communicate with one another to co-create a narrative in the moment. “Medical improv” is an adaptation that applies the tenets of improv to medical education and practice. Medical improv recognizes that health practitioners must have the agility to listen and respond in the moment, think creatively and collaboratively, and work within trusted partnerships with patients and colleagues. Through skill building and exploration of improv themes, this interactive workshop will apply the medical improv framework to health equity. Improv for Equity will cultivate an awareness of self and others with a focus on the stakes and power differentials of health care, and the goal of improving our ability to serve and empower historically marginalized and minoritized patients. Through improv, participants will consider the limitations of individual perspectives and biases, and expand their acceptance of the patient’s expertise about their own body and values.

4:30 - 6:30 pm, Courtyard-Hawthone Room Preconference Session: Mediation Workshop: Managing Challenging Conversations: Advanced Facilitation Skills for Clinical Ethics Consultation (002)

Autumn Fiester

While mastery of multi-party facilitation is one of the core competencies for ethics consultation, many ethics consultants have not been trained in facilitation techniques. Empirical data show that the majority of clinical ethicists in the United States hold group meetings with clinical staff, patients, and families as part of an ethics consult, even though many have not had formal training in group facilitation techniques. Having skills-based knowledge in approaches to group interaction is especially important when tensions in the group are running high

and members of the group are experiencing anger, frustration, burnout, or moral distress. This workshop will provide facilitation foundational training by teaching group management; strategies to manage difficult and contentious conversations among and between the clinical team, family members, and patients; and pitfalls to avoid that can cause a group meeting to fail. Participants will master advanced facilitation through a combination of didactic presentations, question and response activities, and small-group activities.

Thursday, October 27, 2022

7:00 - 8:00 am, Pre-Function E **Breakfast**

7:00 - 8:00 am, E148 **Baccalaureate Bioethics and Humanities Educators**

Andrea Kalfoglou

The Baccalaureate Bioethics and Humanities Education affinity group meeting will discuss how undergraduate educators can develop cross-departmental and cross-college bioethics and health humanities education. Members will share their challenges and strategies for successful collaboration with other departments/programs on campus.

7:00 -8:00 am, E147 **Neuroethics**

Nada Gligorov, Brent Kious, Nicole Martinez, Peter Zuk

The ASBH Neuroethics Affinity group meeting will focus on the intersection of the environment and neuroethics, including issues related to mental health, structural discrimination, and social justice. The presentations will address how the environment affects neurological function and the neuroethical issues that arise from that.

7:00 - 8:00 am, E146 **Animal Bioethics**

Providenza Rocca

7:00 - 8:00 am, E145 **Environmental Bioethics**

Paul Cummins

7:00 - 8:00 am, E144 **Military, Humanitarian and Disaster Medicine**

James Giordano

7:00 - 8:00 am, E143 **Holocaust Genocide Contemporary Bioethics and History of Medical Ethics**

Matthew Wynia, Robert Baker

7:00 - 8:00 am, E142 **Rural Bioethics**

Elizabeth Held Dobos

7:00 - 8:00 am, E141 **Feminist Approach to Bioethics**

Georgina Campelia

The Feminist Approaches to Bioethics Affinity Group meeting will focus on connecting conference participants with shared interest in feminist bioethics. Participants in this meeting will be invited to engage in small group discussions to connect over work they are doing, specific questions they are grappling with, find potential mentors or collaborators, or just simply learn more about feminism in the field of bioethics. Organizers will provide some basic structure to facilitate conversation and networking, as well as follow-up after the conference to continue to support these connections.

8:15 - 9:30 am, PBR 252 **Flash: Ethical Issues in Medical Decisionmaking**

Mattea Miller, Rachel Sweeney, Alexandra White, Jafar Al Souz, Michelle T. Pham, Katrina Hui, Pierce Randall

8:15 - 9:30 am, PBR 253 Workshop: Intersectionality is a Buzzword – But What Does it Mean for Bioethics?

Daphne Martschenko, Jen James, Paris Adkins-Jackson, Uchenna Anani

Over the last two years, bioethics has seen renewed calls to address racism in research, teaching, and clinical care. Alongside these renewed calls is a growing conversation about the role of intersectionality in antiracism and social justice. Despite this growing conversation, however, confusion remains as to what intersectionality is and how to operationalize it in bioethics. In response to these developments, this workshop will examine how intersectionality as a heuristic framework can be used in empirical bioethics research and clinical ethics consultations toaddress racism in research, teaching, and clinical care.Developed by women of color during American social movements such as the Civil Rights and Black Power movements in the 1960s and 1970s, intersectionality has served as a boundary-pushing tool of resistance. This framework offers ways to understand and analyze the many interlocking complexities in our world and in human experiences and offers a precious opportunity for those interested in justice to examine how assigned definitions inform social inequality, relationality, and power.The workshop will begin by providing an overview of intersectionality and offering examples of its application inclinical ethics consultations, empirical bioethics, andnarrative ethics frameworks. Through small breakout groups, we will equip participants with the tools and resources toapply intersectionality in qualitative, mixed-methods, narrative medicine, and community-engaged research contexts. Participants will leave this workshop feeling confident about what intersectionality is, what it can bring to bioethics, and how it can be used to address racism in research, teaching, and clinical care.

8:15 - 9:30 am, PBR 254 Panel: Exploring the Role of Social Media in Health Literacy: Bioethics & Social Media

Sheridawn Peden, Jameisha Brown, Lexi White, Sean Brinkley Jr.

Various forms of misinformation and disinformation being shared across social media had a significant influence on perceptions of public health among vulnerable populations in the United States. While many reputable health organizations and healthcare professionals sought to rectify the misinformation and disinformation, it became futile because of past deeply rooted beliefs and the information received through social media. This led to the propagation of myths related to the Covid-19 vaccination and fostered mistrust between public health institutions and vulnerable populations. Despite the interdisciplinary nature of bioethics, the field lags in understanding the impacts of social media and misinformation on healthcare literacy. Because individuals will continue to utilize social media for healthcare decision-making, more work is needed to foster trust between vulnerable populations and health professionals to improve healthcare outcomes for these populations. Thus, the field of bioethics needs to engage with social media as a conduit for health literacy and health information. This panel will consist of a bioethicist who will discuss the field's role in social media health literacy, a digital health communication specialist who will discuss the propagation of information on social media, and a layperson who primarily used social media for health information during the Covid-19 pandemic.

8:15 - 9:30 am, PBR 255 Paper: Post-Dobbs Reproductive Care

Rebecca Feinberg, Sneha Gajarla, Nadia Sawicki

8:15 - 9:30 am, D139-140 Panel: How inclusion matters: The perceived benefits and impacts of diversity in precision medicine research

Caitlin McMahon, Dennis Zhang, Larissa Saco, Nicole Foti

Precision medicine research (PMR) initiatives have increasingly called for the inclusion of diverse and historically underrepresented populations, including people of color, sexual and gender minorities, individuals with disabilities, and people from socioeconomically disadvantaged groups. This multi-institutional panel will discuss how the ethical imperative for diversity and inclusion is put into practice throughout the lifecourse of PMR studies, and present empirical research on how such diversity mandates are understood by different PMR stakeholders to benefit participants and communities that are underrepresented in biomedical research. The first panelist will draw on thematic analyses of social media posts used to recruit and engage diverse participants in PMR, to examine how conceptions of diversity and inclusion shape appeals to particular underrepresented groups. The second panelist will present findings from a study on underrepresented groups' needs and expectations in receiving genetic results, preferences on how to navigate clinical care follow-up, and the barriers that may impact their access to potential health benefits. The third and fourth panelists will present findings from a multi-sited study of three PMR consortia. One speaker will discuss researcher perspectives on the potential for PMR to contribute to reducing health disparities and the challenges in doing so, from complexities in translating research findings to enduring social and healthcare inequities. The fourth speaker will explore how PMR researchers discuss the expansion of public participation in research, from participation as research subjects to participation as researchers, including "citizen" and "community" scientists and particularly those from underrepresented populations, as a new dimension of inclusion.

8:15 - 9:30 am, D137-138 Paper: Inclusion and Equity in Clinical Research

Calli Cahill, John Massarelli, Richard Weinmeyer

8:15 - 9:30 am, D136 Paper: Surgical Ethics

George Lin, Alyssa Izatt, Virginia Bartlett

8:15 - 9:30 am, D135 Paper: Bias and Injustice

Jada Wiggleton-Little, Bradley Steven Thornock, John Lee

8:15 - 9:30 am, D133-134 Paper: Theology and Public Bioethics

Kaiulani Shulman, Bharat Ranganathan, Brett McCarty

8:15 - 9:30 am, E148 Panel: Navigating Ethical Conflicts Between Professional Commitments and Institutional Aid-In-Dying Policies

Jean Abbott, Margaret Battin, Thalia DeWolf, Charles Miller

The panelists will present several controversial cases to conduct an ethical analysis of the question of whether it is ethically supportable for a hospice or other healthcare organization to put constraints on staff participation in caring for patients using legal medications to control the end of their lives. Some institutions, provider groups and hospices in U.S. jurisdictions where Medical Aid in Dying (MAID) is legal have implemented such policies. The panel members have grappled with these issues as part of a unique national ethics consultation service responding to dilemmas of clinicians and agencies involved in the practice of MAID.We will review legal origins, professional codes of ethics and organizational policy statements pertinent to aid-in-dying care, as well as the applicable ethical principles to act in the patient's best interest, do no harm, provide expertise, and respect patient autonomy. We will discuss the risk of conveying a message of stigma and abandonment associated with policies that restrict providers' professional duty from patient and family perspective. Agencies providing end-of-life care should be transparent with potential patients about any policies that constrain staff participation and seriously consider modifying such policies. This requirement has significant implications inasking a wide spectrum of professionals to potentially abandon patients and loved ones at a critical time in their passage toward a desired and legal death.

8:15 - 9:30 am, E147

Paper: Public Health Data and Decision-Making

Bennett Allen, Stephen Molldrem, Juliet Guichon

8:15 - 9:30 am, E146

Panel: The signal and the noise: are we adding meaningless data to ethics consult tracking systems?

Sara Kolmes, Kayla Tabari House, Kevin Dirksen, Nicholas Kockler

According to Fox and colleagues (2020), 90.7% of hospital Ethics Consultation Services (ECS) track data on consultations, for internal or external use. Little academic work has focused on how this data should be tracked. However, questions of how to track ethics consultation are questions of both how to gather data about ethics and data ethics questions themselves: questions about what information it is appropriate to gather, whether to design databases to 'nudge' or support ethicists in particular ways of thinking, and what metrics we should use to track clinical bioethics. We will outline some important considerations in ECS data tracking, based on real data and experience tracking hundreds of consults.Panelist One will discuss the process of developing a novel ECS data tracker, and considerations in translating a regional database to a systemwide approach, with a roadmap for broader adoption.Panelist Two will discuss questions of what consult data is appropriate to track, and how, through choice architecture, database design can reflect and guide its users ethical thinking in cases.Panelist Three will discuss the ways that rigorous data excellence practices in clinical ethics can allow for more honest review of trends in clinical ethics consults, and how this can help undermine the undue vice grip that the 'exceptional' case have in clinical ethics discussion.Panelist Four will ask: Why do we do this? Are we gathering information primarily for education, to justify the utility of clinical ethicists to hospital administration, to assist caregivers, or for professionalism discussions between ethicists?

8:15 - 9:30 am, E145 Panel: Interdisciplinary Considerations of Research Ethical Protections for Resettled Refugee Participants

Najah Zaaeed, Julie Aultman, Brittany DiVito

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8:15 - 9:30 am, E144 **Paper: Neuroethics**
Twisha Bhardwaj, Natalie Dorfman

8:15 - 9:30 am, E142 **Paper: Discerning the Proper Role of the Clinical Ethics Consultant**
Stuart Finder, Beverly Frase, Will Schupmann

9:45 -11:00 am, PBR 252 **Paper: Sex, Gender, and Vulnerability: Protecting Minor Patients**
Timothy Murphy, Abhishek Chandra, Theodore Schall

9:45 -11:00 am, PBR 253 **Paper: Inclusion: Homeless, LGBTQ, and Low-Resource Settings**
Kirsten Riggan, Barry DeCoster, Gabriella VanAken

9:45 -11:00 am, PBR 254 **Paper: Disparities, Bias, and Clinical Ethics Consultation**
Trevor Bibler, Connor Hannon, Eric Mathison

9:45 -11:00 am, PBR 255 **Paper: Transplant Ethics**
Laura Kimberly, Jordan Joseph Wadden

9:45 -11:00 am, D139-140 **Panel: Community Partnerships in Sickle Cell Disease: Success of Novel Therapies Depends on the Villages We Build**
Liza-Marie Johnson, Yoram Unguru, Kim Sawyer, Yvonne Carroll

Patients with sickle cell disease (SCD) suffer from serious morbidities and are at-risk for early mortality. The disease disproportionally impacts racial and ethnic minorities, with 90% of individuals identifying as Black. Patients with SCD can experience structural inequities in healthcare as well as bias from individual providers during routine clinical encounters, both of which can result in suboptimal care and may foster feelings of mistrust. Given the serious disease burden and significant morbidity, curative therapies are urgently needed. Presently fewer than 10% of patients have access to curative matched sibling bone marrow transplantation. Haploidentical donor transplantation and gene therapy are two investigational approaches in early-stage clinical trials. Best practices for communication with SCD patient-family stakeholders about these novel interventions are lacking. Given the historical mistreatment of minority participants in clinical trials, there is an ethical imperative to develop innovative, culturally competent approaches for engaging with individuals who will be offered novel 'high risk potentially high reward' therapies where long term risks remain to be established. This multi-disciplinary panel will present our experience working with an advisory council of SCD patients and parent caregivers over the past two years. Through a series of surveys and focus groups we have gathered community perspectives and our panel will outline recommendations for communicating with SCD patients/families. These recommendations can be extended to provider-patient communication with other underrepresented and vulnerable populations.

9:45 -11:00 am, D137-138 **Panel: Dyad Method of Healthcare Ethics Consultation**

Ellen Case, Kevin Whitford, Corrine Benzinger, Ellen Meltzer

This overview of the Dyad Method of Healthcare Ethics Consultation (D-HCEC) highlights the complexity of “clinical ethics consultations” and offers an account that predicts better outcomes employing two collaborative consultants compared to those mediated by one person acting as sole Healthcare Ethics Consultant (HCEC).The D-HCEC approach was created with the understanding of the formidable impact a singular consultant may have on consultation quality and outcomes. The D-HCEC structure accounts for the potential impact of inevitable personal biases, voids of the knowledge base in any one consultant, idiosyncrasies of consultant’s moral perspective, values, and learned predispositions established in a particular domain of professional study or training.A physician-ethicist is partnered with an individual with experience in one of the disciplines of Social Work, Nursing, Chaplaincy, or other relevant professions. Ideally both, but at least one will have formal graduate-level medical ethics education. Importantly, this model is not hierarchical. The strength of the model is contingent upon the absence of hierarchy and the complementary nature of the D-HCEC dynamic. As such, the success of the model is dependent on refined communication skills by each member, commitment to respectful discourse, thoughtful deliberation, courteous disagreement and critique, and ongoing efforts to nurture an environment that reinforces willingness to critique and to be critiqued, the core purpose of which is to remain focused on the primacy of patient welfare.A survey of all Ethics Consult Requesters was employed to review the overall satisfaction with the consultation service.

9:45 -11:00 am, D136 Panel: The All of Us Responsible Conduct of Research Training: Fostering Ethical and Socially Responsible Research with Data from All of Us Participants

Subhashini Chandrasekharan, Katherine Blizinsky, Sonya Jooma, Lottie Barnes

The All of Us Research Program strives to increase participation of individuals from groups that have been historically underrepresented in, and often stigmatized by, biomedical research. Protecting participants’ privacy and ensuring that data are not misused for harmful or stigmatizing purposes are therefore of paramount importance. But this protection and prevention presupposes researchers understand both the complex issues at play and the expectations of the program. The program seeks to assist researchers in cultivating this understanding through its self-navigated Responsible Conduct of Research (RCR) training. The RCR training aims to inform data users about the ethical frameworks and expectations for conducting research using human data, and stimulate awareness of considerations around diverse populations and sensitive, socially charged data types. In making its data available broadly to diverse researcher audiences, in terms of scientific disciplines, institutional affiliations, and career stages, the program must ensure the training is suitable for users with a wide range of familiarity with research and research ethics and can bring users to a common baseline of knowledge.The panelists will describe and lead discussion of the RCR training development process; the specific topics covered, and why those may diverge from topics addressed in traditional research ethics trainings; the opportunities and challenges for educating “big data” users about socially responsible research; and the role of RCR training in building trust with diverse research participants, groups, and communities.

9:45 -11:00 am, D135 Panel: Shame and ethical behavior: constructive or destructive?

Alyson Capp, LaShaunda Reese, Hille Haker, Gwendolin Wanderer

Recent attention to covid shame has again laid bare its negative effects on wellbeing and mental health. In the ethical tradition, however, shame is not only an affect but also an important indicator for social or moral dissonance. Morally, it indicates the felt gap between one’s values and convictions regarding moral questions and one's actions and behavior. Confronting one's moral failures—even internalizing them—can be important for responsible agency. Martha Nussbaum's Stoa-inspired concept of shame emphasizes its cognitive import, while Agnes Heller distinguishes between shame as non-cognitive affect and the (moral) emotion of shame that reacts to normative expectations of others. June Tangney and Brené Brown draw distinctions between shame as an (unproductive) identity-focused emotion compared to action-focused guilt that can promote remorse and moral learning. Recognition theory, furthermore, reflects on the experience of being shamed (and feeling ashamed in effect) as one way of misrecognition and stigmatization.The first speaker will point to the detriments of shame and shaming behavior from a feminist perspective, and provide some keys to reframing shame in a way that promotes responsible agency.The second speaker will explore the ethical concept of shame and shaming in relation to recognition/misrecognition theory and ask how it can be factored into medical ethical reflections.The third speaker will contextualize the concept of shame for mental health and explore its relevance for a psychiatric ethics, with a focus on depression.The fourth speaker will ask, from a womanist perspective, how racism exacerbates shaming in healthcare.

9:45 -11:00 am, D133-134 Paper: Vaccines and Religion

Armand Antommaria, Brittany Acors, Jason Eberl

9:45 -11:00 am, E148 Panel: Experiments in Public Bioethics: Learning from the Experiences of State-Funded Research Programs

Aaron Levine, Kirstin Matthews, Beth Roxland, Geoffrey Lomax

The 21st Century has seen the advent of several large state funding programs for biomedical research, including the California Institute for Regenerative Medicine (CIRM, ~$8B), the Cancer Prevention and Research Institute of Texas (CPRIT, ~$6B) and New York State's stem cell funding program (NYSTEM, ~$600M). As these state initiatives had multiple goals (e.g. supporting important science, promoting economic development and, in some cases, advancing fields that faced federal funding restrictions) and developed within varied state policy environments, they collectively represent a fascinating experiment in science policy and public bioethics.This multi-institutional and multidisciplinary panel focuses on this policy experiment, examining the development of these programs, including their implementation of research ethics frameworks and bioethical standards. The first speaker, a social scientist, will discuss the emergence of state science funding programs and focus on the experience of CIRM. The second speaker, a molecular biologist with extensive experience in science policy, will highlight the case of CPRIT. The third speaker, an attorney and bioethicist, with experience leading governmental policy-making bodies, will discuss NYSTEM. Each panelist will share illustrative examples to identify key challenges faced by these programs and facilitate comparisons among the programs in how they incorporated ethical considerations into their operations. As a whole, the panel will identify opportunities to improve state-funded research programs and address emerging ethical issues. The panel will also inform the development of future state programs and public-private partnerships to support scientific research.

9:45 -11:00 am, E147 Panel: 'Managing prognosis' in genetics: Utility, Communication, and Imagination

Rebecca Mueller, Katharine Callahan, Brittany Lee

Research on how physicians predict and communicate prognosis focuses primarily on end-of-life situations. Unsurprisingly, as genomic technology emerges as a prognostic tool, the focus has also been on terminality. Researchers have studied how genetic results may be used to decide to terminate pregnancies or redirect care towards palliation for neonates. However, genomic results also have powerful impacts on how non-terminal patients prepare for their futures. Genomic testing provides broad-reaching and early, albeit complex and uncertain, prognostic information. In this panel discussion, we interrogate the concept of prognosis from three perspectives. First, from the neonatal intensive care unit, we use data from clinician interviews and literature review to raise critical questions about how genetic results are used to conceptualize and communicate what a neonate's future may look like. Second, in pediatric oncology, where genetic testing of cancer cells may clarify prognosis or inform treatment, we explore families' hopes and uncertainty about this testing using data from parent interviews and literature review. Third, we present findings from a study of adults with cystic fibrosis and draw on disability studies to generate a theory of prognostic imagination, defined as what an individual can hope, plan, or fear for their lives given an evolving prognosis. Collectively, we highlight potential sources of biased or inaccurate prognostic information and its impact on patient and family outlook and planning. We close by calling for work to help clinicians and patients manage the prognostic power and uncertainty of genomic information to mitigate potential harms of genetic testing.

9:45 -11:00 am, E146 Paper: End of Life Ethics

William Choi, Nicholas Murphy

9:45 -11:00 am, E145 Panel: Disability Justice in Precision Medicine and Genomic Research: Cultivating a Public Dialogue on Inclusion, Equity, and Access

Kevin Mintz, Skye Miner, Nina Roesner, Maya Sabatello

Disability communities have a contentious relationship with genetics. Genetics research and precision medicine have supported ableist legacies and neglected disability justice. This interdisciplinary panel advances the dialogue between disability communities and precision medicine researchers by highlighting challenges and exploring how precision medicine can be enhanced through engagement with disability justice. The first presenter, a sociologist, presents survey data on the differences in pregnant couples' independent perspectives on the types of expanded prenatal genomic information they would like to receive, providing insight into how individuals may have different attitudes about raising children with varying (dis)abilities. The second presenter, a lawyer, explores the embrace of disability rights rhetoric by anti-abortion advocates and its implications for disability communities, with an eye toward the interaction of the disability rights framework and emergence of new prenatal genetic testing technologies. The third presenter, a bioethicist and disability advocate who lives with cerebral palsy, presents preliminary findings from a pilot study at one site of NHGRI's Undiagnosed Diseases Network about parental perceptions of their children's health conditions as disabilities. Finally, a lawyer and political scientist, shares findings from mixed methods research to situate people with disabilities in the growing national efforts to create representative datasets for precision medicine research and consider how intersectional identities create unique barriers to inclusion. Taken together, these presentations provide an opportunity to critically reflect on how bioethics can foster greater disability inclusion in precision medicine and genomic research.

9:45 -11:00 am, E144 Paper: Politicization of Science

David Satin, Jackson Ennis, Barry DeCoster

9:45 -11:00 am, E143 Workshop: Beyond Abstract Debate: Teaching Abortion Ethics as a Matter of Justice

Lou Vinarcsik, Stephanie Tillman

Conversations promoting reproductive justice are fundamental to teaching basic health care ethics principles. Yet, many of us find ourselves challenged by the task of facilitating quality discussions about abortion care. Now is the time to intentionally establish best practices for discussing abortion in ethics education. Abortion care ethics education cannot be covert in the face of the criminalization and desperation brought about by the overturning of Roe. As an intellectual/academic topic, the conversations we have in classrooms about abortion care are far removed from people's lived experiences – we often talk about personhood, the doctrine of double-effect, intentionality, and definitions of life, while entirely cordoning off pregnant people's lived reality. The time for discussing abortion care in terms of abstract pros and cons has passed. If we are serious about understanding justice as a pillar of health care ethics, we must be courageous enough to change how we teach and talk about reproductive health care and intentionally reframe our pedagogy to reflect a commitment to a justice-based framework of health care ethics. Advocating for abortion care access is a bioethical impereative not because it's a fun puzzle in analytic philosophy, but because people are being harmed. This workshop will bring together a community of ethics educators dedicated to open access resources and strategies for abortion ethics education. Coming from a variety of disciplines, and from states with varying abortion legality, participants in this workshop will work through creative teaching strategies.

11:15 am - 12:30 pm, General Session Room Opening Plenary Session: Reframing the Great Resignation in Healthcare

Mara Buchbinder, Mary Ersek, Pringl Miller

We have all heard that high numbers of healthcare workers have chosen to leave their jobs during the COVID-19 pandemic. Terms like "Great Resignation" put the focus on the individual who decides to leave rather than on the environment. This panel will focus on the structural issues that have contributed to the departure of healthcare workers, such as racism, sexism, ableism, and other forms of bias and systemic disadvantage that adversely impact healthcare workers, which pre-date the pandemic. Our panelists will offer their perspectives and wisdom on these larger problems and address the role of bioethics and the humanities in thinking about and helping to solve them.

12:30 - 2:00 PM, Hall E Opening Luncheon, Supported by University of Pennsylvania Department of Medical Ethics & Health Policy

2:15 - 3:30 pm, PBR 252 Panel: The Applicability of the Best Interest Standard on the Margins: Neonates, Teens, and Children with Disabilities

D Micah Hester, Erica Salter, Lainie Ross

There remains a persistent conceptual and practical debate about the definition, usefulness, and scope of The Best Interests Standard (BIS) in pediatrics. In June 2022 a symposium will be held in bringing together 14 pediatric bioethics experts to discuss the definition and application of the BIS. However, that symposium will focus only on cases of typical-developing school-aged children. As such, this panel purposefully addresses the BIS in relation to cases of neonates, adolescents, and children with disabilities, providing arguments regarding the applicability of the BIS in regards to decision making for children in these cohorts.Speaker1 (philosopher/clinical ethicist) will speak to neonatal decision making, where patient interests are suggested, imposed, or projected from "outside" sources. In this case, "best interests" are necessarily (not just usefully or conveniently) developed through a negotiation or sharing of various viewpoints where “best” gives way to a determination that is reasonable/acceptable.Speaker2 (pediatrician/clinical ethicist) will discuss adolescent decision making, willexamine adolescent claims to determine their own best interest as part of respect for their developing autonomy versus parental claims to determine what is best for their adolescents as part of their right to raise their children according to their own values.Speaker3 (philosopher/clinical ethicist) will address decision-making surrounding children with disabilities, arguing that the dominant medical view of the best interests of a child, one which prioritizes interests in service of the child qua future, rational, autonomous adult, is ill-suited (if not harmful) to certain populations of children, especially those with significant developmental disabilities.

2:15 - 3:30 pm, PBR 253 **Flash: Ethics Education and Decisionmaking from Diverse Perspectives**

Isra Abdulwadood, Annie Friedrich, Joan Madden, Ben Sarbey, Michael Certo, Joyeeta Dastidar, Tyler Gibb

2:15 - 3:30 pm, PBR 254 **Paper: Research Ethics: Disparities**

Ana Iltis, Frank Chessa, Jennifer Miller

2:15 - 3:30 pm, PBR 255 **Workshop: The “Ladder of Inference” as a Conflict Management Tool in Healthcare Ethics Consultations**

Autumn Fiester

Conflict resolution skills are a core competency of healthcare ethics consultation (HEC), recognized by the ASBH and its HEC certification process, yet the component skills for managing conflict are rarely taught in HEC training. In this workshop, we will focus on the first step in conflict resolution, namely, diagnosing the source of the conflict, by learning the device referred to as the “Ladder of Inference” (LOI). Because so many interpersonal and normative conflicts rest on misunderstanding and mischaracterization, the diagnosis of the problem requires untangling the actual positions and perspectives of the conflicting parties from the fallacious assumptions made about the parties’ respective positions and views. Developed in management science, the LOI is a diagnostic tool for assisting stakeholders in re-examining the process they used to form beliefs about others involved in the conflict. The LOI is an instrument that detects errors in reasoning, including implicit racial or other types of bias, that lead to false judgments and counterproductive responses to those judgments. The LOI is an instrument that can be used by ethics consultants to help resolve contentious bedside conflicts, but the LOI can also be employed as a teaching tool used by healthcare ethics consultants in training the clinical staff in how to avoid such conflicts in the first place. Using a series of interactive exercises, participants will master the LOI instrument to improve their skill of diagnosing the sources of conflict in an HEC.

2:15 - 3:30 pm, D139-140 **Panel: The Ethics of Health Care Organizations' Apologies for Systemic Racism**

Nanette Elster, Carlos Smith, Liz Stokes, Lena Hatchett

In 2003, the Institute of Medicine Report, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care was released. Actions based on many of the recommendations made in that report, however, have been slow to take shape. It took a decade or more, however, for many health care organizations and institutions to formally acknowledge their own contributions to the exacerbation of systemic racism. From the American Psychological Association to the American Dental Association and the American Medical Association to academic institutions, healthcare organizations have been issuing formal apologies for their collective roles in contributing to systemic racism. Apologies have addressed restrictions on membership, admissions denials, and the failure of some professions to reflect the diversity of the population. This panel proposes to apply an ethics lens to examine these apologies and consider their impact on professionalism, leadership, and social determinants of health. The speakers come from diverse backgrounds that include nursing, public health, dentistry, bioethics, ministry and law allowing for a multidisciplinary focus. Questions to be addressed will include how such apologies impact organizational and institutional policy, diversity of health care professions, and direct patient care.

2:15 - 3:30 pm, D137-138 **Paper: Inequity in COVID: UDNRs, Visitor Policies, Incarcerated Patients**

Gina Piscitello, Georgina Campelia, Hajung Lee

2:15 - 3:30 pm, D136 **Paper: Burnout and Empathy**

Reid Johnson, Yen-Yuan Chen

2:15 - 3:30 pm, D135 **Panel: Aiming at the North Star: Holding the Organization's Moral Compass**

Deborah Cruze, Bates Moses, Alain Durocher, Kellie Lang

As the Covid-19 pandemic raged around the world, healthcare providers were called upon to meet extraordinary demands, with limited knowledge and resources, overwhelmed by the volume of patients and deaths. Although less visible, bioethicists were working feverishly to develop crisis standards of care and a crisis triage system to deal with the potential inability to provide the necessary care to all patients due to the lack of resources. Throughout the ebb and flow of the surge, healthcare providers exhibited symptoms of moral injury and burnout; in response, bioethicists held town halls on moral distress and prepared organizational initiatives to provide support. No one seemed to notice the emotional toll, devastating burden, and disenfranchised grief borne by the bioethicists. There was no healing for the moral leaders of the crisis.This panel will explore and distinguish moral injury, burnout, and disenfranchised grief by utilizing the narrative approach similar to Schwartz Center Rounds. Each of the panelists, bioethicists from diverse backgrounds will share their stories of the impact of the Covid pandemic, on their work, their personal lives, and their long-term abilities to cope with these burdens. Following the Schwartz Rounds model, the panel will provide the opportunity for reflections and sharing from the audience. As the panel engages with the audience, the desired outcome will be recognition of the impact of the pandemic on bioethicists, the need for resources to promote healing for those charged with the responsibility for making the challenging decisions regarding who may live and who may not.

2:15 - 3:30 pm, D133-134 **Paper: Theoretical Foundations for Health and Public Health Equity**

Andrew Jager, Carina Fourie

2:15 - 3:30 pm, E148 **Panel: "Right to Try": Law, ideology, and implications**

Alison Bateman-House, Paul Knoepfler, Christopher Robertson, Karla Childers

In 2018, the US enacted a federal "Right to Try" (RTT) law that has attracted global attention; additionally, 41 states have RTT laws, and a new wave of "RTT 2.0" proposals is now percolating. The federal RTT law—which pertains to the use of unapproved drugs for patients who do not qualify for clinical trials and who have no approved treatment options—has seen little reported use due to the biopharmaceutical industry's preference for a FDA-regulated pathway called Expanded Access. Nonetheless, the phrase "Right to Try" has appeared in contexts as varied as patients seeking access to

1) approved medicines for unproven uses (for example, ivermectin for Covid-19), 2) stem cell-based interventions, and 3) psychedelics. The U.S. Supreme Court has never embraced (or squarely rejected) such a right (dodging the famous case ofAbigail Alliance), but the current Court may be more receptive.A panel consisting of an ethicist moderator, a stem cell scientist, a biopharmaceutical company employee, and an expert in regulatory law will examine Right to Try as both a legal pathway and as a declaration of patient and/or physician autonomy and discuss why it has been so little used in the first context and so widely used in the latter. The panel will also consider how Right to Try has been a controversial and divisive concept and debate if discussions can be reframed in ways that more explicitly balance patient access and choice, risk minimization, and the generation of knowledge about medical products' safety and efficacy.

2:15 - 3:30 pm, E147 **Panel: Debunking myths in critical care resource allocation: Lessons learned from operationalizing crisis standards during the Coronavirus Disease-19 pandemic**

Prasanna Krishnasamy, Robert Macauley, Molly Osborne, Jaime Fair

When experts in public health, clinical ethics, and critical care in the Pacific Northwest engaged in a regional cross institutional collaborative effort to develop crisis standards for critical care, they made seemingly reasonable assumptions in the service of distributive justice: prioritize saving the most lives and the most life-years, use SOFA/mSOFA scores to estimate likelihood of survival, and apply these principles to all patients, regardless of location or disease process. As the nation experienced a profound racial awakening - and in response to thoughtful engagement with disability rights advocates - it became clear that many of these assumptions actually promoted injustice. Prioritizing "saving the most lives" without adjustment for health inequity may perpetuate/worsen structural inequities, and "saving the most life-years" without careful consideration to the limits of long-term clinical prognostication may discriminate against disadvantaged populations. SOFA/mSOFA scores have limited applicability to crisis care triage, as well as inherent biases against historically disenfranchised patient groups. Small rural hospitals face distinct challenges from urban tertiary centers, along with healthcare systems with hospitals across state borders with differing triage models. And unanticipated practical concerns - including competition for market share as well as state governmental reluctance to offer liability protection - fosterreluctance to declare "crisis stage," despite the literally overwhelming patient demand. Building on lessons learned during this journey we will offer practical suggestions for operationalizing a triage model that reflects various competing ethical, clinical and political considerations.

2:15 - 3:30 pm, E146 **Paper: Ethics of ""One Health""**

Rebecca Walker, Joshua Moise-Silverman

2:15 - 3:30 pm, E145 **Panel: Integrating Artificial Intelligence and Machine Learning into Healthcare: Lessons Learned from An Engaged Bioethics Project**

Kristin Kostick-Quenet, Jennifer Blumenthal-Barby, Ben Lang, Holland Kaplan

Speakers in this panel will present results from a federally (AHRQ) funded research project to develop and integrate a machine-learning (ML)-based personalized risk (PR) calculator into clinical decision support for patients considering treatment for heart failure. Presentations will convey insights from our formative research to identify stakeholder (clinician and patient) preferences for and potential concerns about integrating ML-based PR estimates into shared decision making. We discuss how our findings raise specific ethical considerations for implementing ML risk estimates in healthcare settings. Combining

perspectives from an interdisciplinary research team from the fields of bioethics, medicine, philosophy, medical anthropology, and with technical expertise from our team of ML developers, this panel conveys concrete insights into responsible deployment of ML in healthcare. Panelist 1 (medical anthropologist) will report stakeholder perspectives towards integrating AI-ML-derived personalized risk estimates into clinical decision support, based on [insert number] interviews with clinicians and patients. This presentation will highlight potential benefits and key concerns with the goal of identifying ethical responsible strategies for integrating ML-based risk prediction into clinical decision support.Panelist 2 (a philosopher bioethicist) will discuss the intersection of clinical views encountered during interviews and the concerns of culpability for errors caused by reliance on AI and the issue of interpretability for machine learning.Panelist 3 (a physician and clinical ethicist) will discuss patient and clinician preferences surrounding exchange of ML-based personalized risk information and the ethical implications of physicians serving as gatekeepers for this information.Panelist 4 (a bioethicist, decision scientist, and project PI) will moderate.

2:15 - 3:30 pm, E144 Paper: End of Life

Elizabeth Dzeng, Patricia Mayer, Joelle Robertson-Preidler

2:15 - 3:30 pm, E143 Paper: Critical Global Issues: Climate and Conflict

Alex Dubov

2:15 - 3:30 pm General Session Room Panel: Legal Update 2022: Top 10 Legal Developments in Bioethics and Public Health

Arthur Derse, Paul Lombardo, Thaddeus Pope, Valerie Gutmann Koch

Each year brings important legal developments related to bioethics. This panel will discuss the latest legal trends of significance for ASBH members. This annual panel has been well-attended and popular. This year’s panel will be interdisciplinary and diverse – in terms of topics covered and the speakers’ areas of expertise, geographic regions and institutional affiliations.In keeping with the conference theme, this year the panelists will address the many intersections of law with bioethics, public health and society through a review of the major legal developments in areas with a range of bioethical concerns in a changing landscape of judicial, legislative and administrative decisions and actions in bioethics-related law.Relevant recent legal developments will include those affecting our diverse communities, delineating challenges and potential paths forward for individuals, health professionals, and populations at the state, federal, and international levels. Panelists will cover thematic areas of interest to the wide and diverse areas of expertise of the ASBH audience, representing a breadth of key areas in law and bioethics.Major legal developments addressed include:· Reproduction, assisted reproductive technologies, genomics and issues concerning vulnerable populations, e.g., individuals with disabilities (Panelist 1);· Aid-in-dying/Medically-assisted death, and withdrawal/withholding of life-sustaining treatment (including DNR and POLST orders) (Panelist 2).· Brain death (including unilateral withdrawal of somatic support), futility, and informed consent/unwanted medical treatment/conscience claims (Panelist 3);· Public health law (including COVID-19), government regulation of behavior and research ethics (Panelist 4)All ASBH attendees are invited to discuss these emerging legal trends.

3:45 - 5:00 pm, PBR 252 Paper: Educational Innovations

Jeffrey Berger, Elissa Larkin, Lisa Kearns

3:45 - 5:00 pm, PBR 253 Panel: Growing With Purpose: Integrating and Aligning Ethics Programming for Hospitals Joining an Expanding Healthcare System

Joshua Crites, Cristie Horsburgh, Becket Gremmels

As healthcare systems grow, it is essential for ethics programs to keep pace by meeting the expanding need for ethics services and enhancing integration of ethics benchmarks in system operations. In many cases, expanding staffing is insufficient or not feasible. Rather, programs need to innovate service delivery without sacrificing quality and service commitments. This panel discussion will describe one system's efforts to develop a standardized process that aligns and integrates ethics services in current and newly acquired facilities across a healthcare system, i.e. a playbook for sustainable growth of ethics services.In this session, the first panelist (and moderator) will describe recent growth patterns and corresponding ethics needs in a large healthcare system with a multi-state and international footprint. The second panelist will present experiences with adapting the Catholic Health Association's "Striving for Excellence" assessment tool to their system context, which includes both secular and Catholic-affiliated facilities. The adapted tool outlines what we believe to be minimum necessary ethics services across the system and is used to maintain alignment of current ethics services and programs, assess and where necessary guide modification of existing services and programs for newly acquired facilities, and inform implementation of ethics programming when new hospitals are built. The third panelist will describe the development and original use of the CHA tool, and will reflect on its evolution. Attendee participation will be crucial to this session; adequate time will be reserved for discussion about how others are responding to this common challenge.

3:45 - 5:00 pm, PBR 254 **Paper: Issues in Allocation Equity**

John Brems, Gerard Vong, Harald Schmidt

3:45 - 5:00 pm, PBR 255 **Flash: Issues Highlighted by the COVID-19 Pandemic**

Sheethal Jose, Julia Carp, Omar Kawam, Brittany Acors, Roberta Driscoll-Weiss, Nandini Sarma, Timothy O'Connor, Grayson Holt, Eman Mubarak

3:45 - 5:00 pm, D139-140 **Panel: Increasing disability representation in bioethics: Coproduction and collaboration, rather than objectification**

Holly Tabor, Joseph Stramondo, Laura Cupples, Dora Raymaker

Historically, bioethics has had a complex and often contentious relationship with disability and disability communities. On the one hand, normative and empirical ethics scholarship, and much of clinical ethics, has focused on many issues affected disabled people, including those involving conception/birth, decision-making, quality-of-life, and end-of-life decision making. However, many disability advocates and scholars have been critical of the ways that bioethics and bioethicists neglect disabled perspectives and promote ableist policies and frameworks. This multi-disciplinary panel will present four intersectional perspectives on disability in bioethics, and on increasing disability representation in bioethics. First, using the methodology of narrative identity and ethics, a physically disabled philosopher will argue that faculty may sometimes have an obligation to disclose their own disability identity to create the social space for other disabled people with less institutional power to flourish within the academy. Second, a bioethicist will present a case-based analysis of why and how disability perspectives are critical to clinical ethics consultation and health care institutional policy making. Third, a philosopher of science and disability will describe an interview study examining tensions between disabled people's goals surrounding independence and employment and those of health policy makers and benefits administrators. She will discuss the values and assumptions that make benefits administration an adversarial process and undermine well-being for disabled claimants. Fourth, an Autistic complexity scientist will present models for inclusive research with adults with disabilities and discuss how community-engaged research and practice can broadly impact science, community, policy, advocacy, and the academy to shift ableist structures.

3:45 - 5:00 pm, D137-138 Paper: Guiding Clinical Ethics Decisions

Adira Hulkower, Abram Brummett

3:45 - 5:00 pm, D136 Panel: Ethical Challenges in Advancing Clinical AI: Claiming a Role for Public Bioethics

Rosamond Rhodes, Benjamin Glicksberg, Bruce Darrow, Gary Ostertag

Artificial Intelligence (AI) software is being rapidly developed and introduced into clinical practice. AI promises improvements in predicting disease, monitoring health, identifying appropriate treatments, and overall progress in clinical care. Recently the U.S. Food and Drug Administration (FDA) has begun approving some AI technology. Yet, even with noble intentions and FDA review, the introduction of AI may also produce an array of novel hazards for clinical practice. The technology may promote unrecognized and detrimental biases (including underdiagnosis biases), and, when an AI program allows for machine learning, biases may become exacerbated. Furthermore, clinicians may adopt inappropriate technology, employ programs on incompatible equipment, employ AI without understanding its limitations, or apply it to populations beyond the program’s intended domain. In sum, bias and misuse may have detrimental consequences. Medical professions have long recognized their responsibilities for training their members, assuring their competence in knowledge and skills, and maintaining professional standards through peer oversite. This panel will explain why we must recognize that those professional responsibilities now extend to creating and upholding professional standards for (1) the development of AI technology, (2) the adoption of AI technology, (3) training medical professionals to understand and properly employ AI technology, and (4) helping the public to understand, appreciate, and accept the use of AI technology in their care. The panel will also describe the policies established for our hospital system's development, adoption, and employment of AI technologies, and plans for educating the public about their value and use.

3:45 - 5:00 pm, D135 Paper: Humanities and Arts Approaches to Providers, Patients, and Students

Marlaine Figueroa Gray

3:45 - 5:00 pm, D133-134 Panel: Justice As A Public Duty for Bioethics

Nancy King, Larry Churchill, Gail Henderson

Bioethics needs an expanded moral vision. Born in the ferment of the 1970s, the field responded to rapid developments in biomedical technology and injustices in clinical care and research. Since then, bioethics has predominantly focused on respect for autonomy, beneficence and nonmaleficence, and the zero-sum “lifeboat” ethics of distributive justice, applying these principles almost exclusively within the walls of medical institutions. It is now time for bioethics to take full account of the problems of health disparities and structural injustice that are made newly urgent by the Covid-19 pandemic and the effects of climate change. To do so, the field must look “upstream” toward social and structural inequities and understand justice as central to bioethics scholarship and practice. This panel will highlight aspects of a forthcoming book addressing bioethics and health justice. We argue that the field as a whole must embrace a broader and more meaningful view of justice. Much good justice work has been done to date, but everyone in bioethics must now do justice to justice.

3:45 - 5:00 pm, E148 **Panel: Strategies to Assess and Respond to Staff Harm During a Global Pandemic**

Charles Binkley, Alison Parmar, Eileen Searle, Hannah Lipman

As the world transitions into the next phase of COVID-19, health systems are starting to understand the lasting impact the past two years has had on health care providers, particularly nurses. Faced with limited staff resources, health care administrators made trade-offs, realizing that harm would occur in some measure to staff, patients, the community, and the system itself. As decisions were made, minimization of predicted patient harm was prioritized, but some of the harms experienced were unanticipated.When health systems recognized staff harms, many also implemented measures to mitigate the damage and address such issues as trust, moral distress, guilt, and shame. As health systems begin to reflect on the decisions which were made, assessing and understanding the outcomes is critical. Such a review can inform future planning and mitigation efforts, as well as create room to ask the challenging questions such as, how much harm is acceptable, and what to do when faced with a situation that may make harm unavoidable.

3:45 - 5:00 pm, E147 **Paper: Treatment of Patients with Mental Health Issues**

Tali Ziv, Marie Nicolini, Michael Redinger

3:45 - 5:00 pm, E146 **Paper: Mental Health**

Nicholas Ma, David Wendell Moller

3:45 - 5:00 pm, E145 **Panel: Novel Implanted Visual Prostheses: Continued Access and Post-Trial Obligations**

Lilyana Levy, Ashley Feinsinger, Hamasa Ebadi, Peter Zuk

This panel addresses continued obligations to users of implanted visual prostheses (IVPs). In 2019, the biotechnology corporation Second Sight Medical Products discontinued support of its retinal implant, Argus II, leaving over 350 users without access to implant repairs, replacement, or support. In 2022, Second Sight announced a merger with another biotechnology company, leaving the future of its Orion visual cortical prosthesis uncertain during an ongoing clinical trial. This is an important opportunity for public bioethics work to intervene in an ongoing issue, andalso serves as a cautionary tale that may redirect existing debates about continued access and other post-trial obligations to invasive implanted biotechnologies more broadly. The first speaker will present data from semi-structured interviews with participants in the Orion trial, including their hopes and expectations of functionality, technological advancement, andpost-trial access and care. The second speaker will relate these events to increasing privatization of biomedical research and the impact of this trend on the aims and conduct of the research enterprise. The third speaker will contextualize IVPs within dominant narratives of technological progress and norms of planned obsolescence as a design principle (e.g. smartphones, laptops). They will then explore the connection between these narratives and user abandonment, transition costs, and obligations of continued access. The last speaker will discuss the responsibilities of surgeon-researchers and funding agencies to patients given the complex relationship between clinicians, institutions, and corporations which may revoke support for implanted devices for a variety of reasons.

3:45 - 5:00 pm, E144 **Workshop: From the Ground Up: Building Community Advisory Boards for Healthcare Policy and Research**

Karen Meagher, Susan Curtis, Austin Stroud, Sara Watson

As translational science and personalized medicine advance, community engagement (CE) provides a way to infuse patient values and participation from bench to bedside. Common CE approaches include deliberative democracy, discrete feedback groups, and community-based participatory research (CBPR). Another respected strategy is engagement with Community Advisory Boards (CABs). This workshop will detail presenters' CAB experiences, provide adaptable steps to design and implement a CAB, and foster CE skills of attendees. Four stages of CAB development include:Develop: staffing, meeting preparation, investigator collaborationsLaunch: recruitment strategies, onboarding/offboarding membersFacilitate: active discussion, opposition, consensus, strengthening capacity, virtual-engagement techniquesEvaluate: meeting content, disseminate community feedback, program evaluation/improvementPresenters provide faculty and research coordinator perspectives on conceptual and logistical components of CE. We will describe our recent experience launching a new CAB specialized to evaluate artificial intelligence (AI) and data-sharing. Presenters will also describe the ten-year maintenance of a CAB network established to supplement broad consent to a multi-site biobank. Both CABs are active and currently advise researchers and institutional leaders on new projects, research ethics decision-making, and results dissemination.The workshop provides resources for bioethics teams interested in a CAB approach, including strategies for community capacity building, eliciting constructive community discussions, and linking CABs into governance structures. Facilitators will tailor the workshop to attendees' distinct CE needs. Attendees will reflect on stages of their own CE and address potential barriers. In small groups, participants will share challenges and opportunities for development. The workshop will include practical suggestions, resources, and examples of successful CAB implementation.

3:45 - 5:00 pm, E143 Panel: The Malignancy of Dobbs Decision: The Need for Reporductive Autonomy in Cancer Care

Jamie Riches, Emily Hahn, Divya Yerramilli

The incidence of cancer in pregnant and reproductive-age people is rising and requires a careful multidisciplinary approach. Standard of care (SOC) cancer treatments are often fetotoxic or affect fertility. Thus, treatment recommendations may often include termination of the pregnancy, depending on the risk of the therapy and the gestational age of the fetus, as well as fertility preservation (including embryo cryopreservation). The Supreme Court Dobbs decision and subsequent restrictive State anti-abortion laws, medical exceptions "for the life of the mother" are vague, and do not account for increased long-term mortality of pregnant people with cancer due to compromised SOC cancer treatment. Regardless of definitions of personhood, this panel will discuss how the Dobbs decision affects cancer patients who are pregnant or of child-bearing age, as well as peri- and neonatal challenges resulting from limited abortion access. We will focus on the loss of autonomy and deprioritization of the patient and their rights, as well as implications for cancer care providers who may face legal challenges in providing SOC treatments for their patients. We will place medical decisions prioritizing the fetus in the context of other decisions clinicians already make about lifesaving treatment. We will also discuss the rights of a theoretical premature and disabled infant with a sick or dying parent.

3:45 - 5:00 pm, General Session Room Panel: The Ethics of Normothermic Regional Perfusion in Cardiac Donation after Circulatory Death

Karola Kreitmair, Brendan Parent, David Magnus, Gretchen Schwarze

Donation after circulatory death (DCD) is a growing strategy for addressing the U.S. organ shortage. In traditional DCD protocols, transplantable organs are explanted prior to reperfusion. In normothermic regional perfusion (NRP) protocol, organs are reperfused in situ, via extra corporeal membrane oxygenation (ECMO). This allows both warm and cold ischemia to be limited, thus permitting comprehensive assessment and retrieval of organs, including the heart, under optimal transplant conditions. However, given that "irreversible cessation of circulatory and respiratory functions" are required to meet legal criteria for death, the apparent restoration of circulation via ECMO strains the credibility of the death determination for some. Moreover, the NRP protocol involves occluding blood vessels to the brain prior to starting ECMO to avoid cerebral reperfusion. This move has been likened by some, including the American College of Physicians (ACP), to purposeful induction of brain death, thereby casting doubt on adherence to the dead donor rule (DDR). After the moderator gives an overview of NRP-DCD, the first presenter provides an argument for whyin situ reperfusion in NRP-DCD does not invalidate the determination of circulatory death and why the occlusion of the brain prior to starting ECMO is not a means of inducing brain death. The second presenter argues that while NRP-DCD does not violate the DDR, the occlusion of the brain is problematic as it invites misconceptions about the nature of death. The third presenter argues that given NRP's problematic appearances, performing it rather than ex situ reperfusion techniques cannot be ethically justified.

5:15 - 6:15 pm, E147 **Religion, Spirituality, and Bioethics**
Jeff Matsler

5:15 - 6:15 pm, E146 **Organizational Ethics**
Melissa Bottrell

Please join the ASBH Organizational Ethics Affinity Group. We'll meet and gauge member interest in ongoing discussion and opportunities for partnership and community for those with a broad range of interests in organizational ethics.

5:15 - 6:15 pm, E145 **Reproduction**
Benjamin Krohmal

5:15 - 6:15 pm, E144 **Bioethics and Christian Theology**
Kimbell Kornu, Jason Eberl, Devan Stahl, Travis Pickell

5:15 - 6:15 pm, E143 **Health and Science Policy**
Aaliyah Eaves

5:15 - 6:15 pm, E142 **LGBT Bioethics**
Theo Schall

5:15 - 6:15 pm, E141 **Astro Ethics**
Vaso Rahimzadeh

The Astro-Ethics Affinity Group provides an accessible platform for multidisciplinary scholars of the ASBH to exchange ideas, inform policy and cultivate ethically conscious praxis in human space exploration and experimentation. The group endeavors to promote innovative scholarship on the clinical, as well as distinct ethical, legal and social issues (ELSI) unique to human presence in extraterrestrial environments. It will draw on diverse philosophical traditions, policy development approaches and ways of knowing to provide a diverse and inclusive platform for discourse. Scholars at all stages in their career are encouraged to share resources, collaborate, and consider complex interests in human space exploration—medical, economic, geopolitical—that advances the academic subdiscipline of Astro-Ethics.

5:15 - 6:15 pm, D135 Medical Decision Making

Kim Sawyer

5:15 - 6:15 pm, D133-134 Pediatric Ethics

Amy Caruso Brown

Friday, October 28, 2022

7:00 - 8:00 am, Pre-Function E Breakfast

7:00 - 8:00 am, E148 Psychiatry and Psychotherapy

Laura Guidry-Grimes

What can and should people dedicated to the health humanities and bioethics do about carceral harm and mental health injustice? We will host a panel with diverse professional experiences and advocacy roles related to this topic. Jen James, PhD, MSW, MSSP will describe the impacts of COVID risk mitigation measures, including and especially ongoing lockdowns, on the mental health of people incarcerated in women's prisons in California. She will then describe the effects of the rapid decarceration of county jails that occurred in San Francisco jails in 2020 on the delivery of mental health and substance use services in the city. Kathryn Petrozzo, PhD(c) analyzes how approaches to punishment should be reformed when it comes to persons with psychiatric diagnoses. She argues that reduced responsibility is often treated as an aggravating factor in sentencing and leads to vagueness in determining when those who are convicted but also mentally ill are deemed "safe" to return to the community. Paul Ford, PhD argues that clinical ethicists have an opportunity to be the catalyst for change and support that connects community stakeholders to programs and licensed professionals. He will describe the lessons learned from his experience in working with community members in the past year and specifically related to the mentorship he received from community leaders (including one of our panelists, Fred Ward). Fred Ward will discuss the real world experiences working with and advocating for change in the system from our framing of policing to the support and resources we provide both for those incarcerated and then those who were formally incarcerated. He will emphasize the importance of investing in healing -- trauma awareness, restorative justice diversion, education, social services, good jobs, and, above all, our voices. This involves shifting our focus toward community health and support and away from punishment as the default. Fred Ward will lead discussion among the panelists and attendees to connect scholarship, real world experiences, and advocacy work.

7:00 - 8:00 am, E147 Literature and Medicine

Jamie Watson

2022 marks the 40th anniversary of Literature and Medicine. To acknowledge this occasion, members of the journal's editorial board will begin by looking back on those 40 years and then open the room up for a discussion about the journal's future. Anne Hudson Jones, a founding editor and current Senior Consulting Editor, will focus on the journal's first decade and the platform it provided for an emerging dialogue between literary scholars and physicians about the value of the humanities in medical education. Catherine Belling, former Executive Editor and current Senior Consulting Editor, will present

highlights from her tenure as executive editor, paying special attention to that dialogue's evolution. Managing Editor Anna Fenton-Hathaway will speak to the challenges of keeping the journal accessible to a multidisciplinary readership. And current Executive Editor, Michael Blackie, will conclude the formal presentation by offering suggestions for expanding that dialogue beyond its initial voices and concerns, and then invite participants to join the panel in an open discussion about what should come next for Literature and Medicine.

7:00 - 8:00 am, E146 ELSI

Kadija Ferryman, Daphne Martschenko, James Tabery, Anya Prince

At the turn of the 20th century, the eugenics movement and the early field of Mendelian genetics were combined by some thinkers to establish a mistaken concept of racial hierarchy and superiority. Believing the eugenic science to be correct, scientists, physicians, politicians, theologians, and lawyers rallied around the call to improve the American stock, bringing the hype to the general public by way of academic courses, better baby competitions, and print ads. By mid-century, most scientists rejected the "science" of eugenics as overly simplistic. Not all people followed in this belief, however, and today we still see remnants of the eugenical thinking common then. Worsening the situation, advances in genomics (e.g., polygenic scores) have emboldened fringe thinkers in their claims to racial and other kinds of superiority, centered on an incorrect belief of genetic essentialism. With radicalization, these beliefs not uncommonly are cited as a reason for violent attacks on minoritized groups.

We address various ethical, legal, and social concerns surrounding genetic research and the potential weaponization of that research against minoritized people. What responsibilities do researchers have to protect their work from such hijackings? How should findings be communicated to the general public? Should there be restrictions on the sorts of studies undertaken by scientists? Should regulations be imposed on large scientific (genetic) databases?

7:00 - 8:00 am, E145 Conflict Resolution and Bioethics

Bruce Tizes

7:00 - 8:00 am, E142 Surgical Ethics

Carrie Thiessen, Joel Adler

The Surgical Ethics Affinity Group is a forum for ASBH members to discuss the ethical challenges in surgery and peri-operative care. Non-surgeons are encouraged to attend! Our annual meeting will include networking opportunities, a disparities in transplant, a discussion on disparities in other aspects of surgical care, and a discussion of ways to continue our Affinity Group's activities throughout the year.

7:00 - 8:00 am, E143 Public Health

Karen Meagher

7:00 - 8:00 am, E141 Clinical Research Ethics Consultation

Donna Chen, Holly Taylor

8:15 - 9:30 am, PBR 252 Paper: Critical Perspectives on Gender-Affirming Care

Grayson Jackson, Janet Malek

8:15 - 9:30 am, PBR 253 Panel: Balancing Patient Access and Evidence-Generation: The Quandary of Compassionate Use

Arthur Caplan, Andrew McFadyen, Rafael Escandon

Clinical trials are how investigational drugs are tested for safety and efficacy before being granted marketing authorization. For patients who do not qualify for clinical trials and for whom the risks of trying the experimental intervention are less than the risks of their untreated condition, their physicians may ask the entities developing these unapproved products for access via compassionate use. Such non-trial access provides patients an opportunity to try possible treatments that they otherwise would be unable to obtain. But we much balance the needs of those patients with the need of a larger number of patients for expeditious conduct of robust clinical trials, in order to bring new medicines to market. This means prioritizing clinical trial enrollment over non-trial access. However, some argue that this is inappropriate, maybe even unethical. During Covid-19, some clinicians opted to secure unproven medical interventions (like convalescent plasma) for their patients rather than enrolling these patients in trials, often framing their actions as being in the best interests of their individual patients. But de-prioritizing trials has a population-level impact, in that it slows the gathering of needed evidence of a product’s safety and efficacy. An ethicist will moderate a multi-stakeholder panel in which individuals with backgrounds in the biopharmaceutical industry, patient advocacy, and medicine discuss the optimal balancing of private interests and public goods in the context of compassionate use and analyze how policies such as the Right to Try and emergency use authorization impact this balance.

8:15 - 9:30 am, PBR 254 Panel: The Crisis in Abortion Access: How to Navigate New Legal Landscapes and Work Toward a Better Future

Thomas Cunningham, Katie Watson, Lisa Harris, Steven Joffe

The right of people capable of pregnancy to resist forced childbearing is at a dire turning point in the U.S. This panel considers how and why ASBH members should play an active role in supporting people in need of abortion today and contributing to the realization of a more just future.First, we consider the current landscape. A lawyer from a “haven state” will offer a brief overview of the current legal status of abortion in light of what the Supreme Court decides in Dobbs v Jackson this summer, and what additional changes might lie ahead. Then a physician who provides abortion care in a more restrictive state, and led her institution's planning for a "post-Roe" world will explain the on-the-ground realities of abortion access (or lack thereof) in a hostile state, and the role of healthare provider and bioethicists' voices in shifting the climate for abortion care. She will also discuss how abortion access impacts academic institutions across all of their missions.Second, we address the roles that bioethicists can play to inform abortion-related law and policy. Two bioethicists who have been expert witnesses in litigation challenging restrictive abortion laws will explain how ASBH members can educate courts and legislatures about fundamental bioethical principles and their application to laws that violate patient rights, threaten professional obligations, and increase existing inequalities.Finally, the panelists explain why it is urgent to increase our teaching and scholarship about abortion ethics, medicine, and policy, and offer ideas and examples for doing so.

8:15 - 9:30 am, PBR 255 Flash: Sexuality, Identity, Reproduction and Family

Emma Rowlinson, Miku Shimasaki, LaKisha David, Lauren Taylor, Chase Binion, Kellie Owens, Ryan Lam, Saloni Lad, Georgia Loutrianakis

8:15 - 9:30 am, D139-140 Panel: Why Bioethics Policies Should Not be Created in a Silo: One of the most Populous Counties in the U.S Creates a Community Non-Beneficial Treatment Policy

Paula Goodman-Crews, Lynette Cederquist

One of the largestcountiesin the United States, home to 3.3 million individuals includes18acute care hospitals under the auspices of 9 health care systems. Chief Medical Officers (CMOs) from the county major health care systemsbegan meeting as a group during the Covid 19 pandemic for the purpose of collaborating onsurge and crisis care planning. Based upon the success of this collaboration, they decided to extend theirreach to non-Covid health care issues. They agreed the community would benefit from every hospital having the policiesand standards of practice align for how requests for treatment deemed non-beneficialare managed.The CMO group formed a "Medical Appropriateness Committee", assigned experts from their group to represent their respective health care organizations, and delegated one of the CMOs to facilitate this project.They contacted the County Medical Society's Bioethics Commission Leadership to seek their expert guidance and collaboration on creatinga model Non-Beneficial Treatment Policy for the county. The methods included Bioethics Leads collecting, analyzing, and deconstructing existing hospitalpolicies addressing non-beneficial treatmentto determine alignment with existing state model policy, and alignment between hospitals. Consensus from the CMO group was reached regarding the following: term used; purpose/ scope; definition of non-beneficial treatment; foundational ethical standards; legal standards; conflict resolution process; role/ authority of institutional ethics committees; and role/ authority of hospital leadership. A model policy was created, its use is being tracked and monitored, and collaboration between Bioethics Commission and the CMO group continues.

8:15 - 9:30 am, D137-138 **Paper: Moving Towards Equity in Reproduction and Race**

Alyssa Newman, Chelsea Chung, Darcy Metcalfe

8:15 - 9:30 am, D136 **Paper: Health Humanities Education**

Sarah Berry, Andrew Childress, Lindsey Grubbs

8:15 - 9:30 am, D135 **Paper: Making Meaning from Texts**

Courtney Tyler, Andrea Eidsvik

8:15 - 9:30 am, D133-134 **Panel: Can Death Determined by Neurologic Criteria Be Salvaged? Alternatives and Implications**

Christos Lazaridis, Lainie Ross, L. Syd Johnson, Thaddeus Pope

Whole brain death, or death determined by neurological criteria (DNC), has long been controversial on medical, legal, and philosophical grounds. In recent years, it has increasingly been a source of public controversy as well. The current paradigm faces two challenges: (1) Brain death is not equivalent to, or sufficient for, the biological death of the organism; (2) Current testing does not satisfy the requirement to diagnose the irreversible loss of all brain functions.The four panelists are all clinical ethicists and also identify as a neurointensivist, a physician philosopher, a neuroethicist, and a philosopher. We consider four possible alternatives to moving forward and the implications of each pathway.A. Abandon DNCSince DNC is not equivalent to biological death, we should abandon DNC and rely only on circulatory-respiratory criteria.B. Change the neurologic standard to a “higher brain” or consciousness-based criterionWe should not abandon DNC but re-define it as the permanent loss of the capacity for consciousness.C. Acknowledge that DNC is a legal fictionMaintain DNC because of its important social and practical value.D. Allow individual choice in the determination of deathWe should maintain DNC but allow objections and a degree of individual choice about the determination of death.This panel will critically examine these proposals on both normative and practical grounds, to potentially identify areas of consensus and continued controversy.

8:15 - 9:30 am, E148 Paper: Expanding Access to Clinical Ethics

Duncan McElfresh, Anita Tarzian, Steven Shields

8:15 - 9:30 am, E147 Paper: Treatment of People with Substance Use Disorder

Ryan Ravanpak, David Vaughan, Dana Howard

8:15 - 9:30 am, E146 Paper: Post-Pandemic

Ana Iltis, Anna Gotlib

8:15 - 9:30 am, E145 Panel: Polygenic Embryo Screening: Ethical Challenges, Potential Benefits, and Stakeholder Perspectives

Gabriel Lazaro-Munoz, Stacey Pereira, Dorit Barlevy, Meghna Mukherjee

Embryo screening for polygenic conditions (e.g., psychiatric disorders, diabetes, cancer, etc.) is offered by at least one U.S.-based company in 8 countries. Polygenic embryo screening (PES) also makes it possible to estimate propensity for traits (e.g., cognitive ability, height). However, there has been little examination of the ethical implications of PES and limited research on stakeholders' perspectives. This panel will examine key potential harms and benefits of PES and report on interviews with diverse stakeholders.The first speaker, a neuroscientist,bioethicist, and lawyer, will introduce PES, discuss the current state of PES, its capacities and limitations, and some of the ethical challenges it poses. The second speaker,an anthropologist, will present on four clinical considerations of PES identified by a multidisciplinary roundtable comprising reproductive medicine clinicians (REI), social scientists, bioethicists, lawyers, geneticists, and genetic counselors.The third speaker, a bioethicist, will report results from in-depth interviews with U.S.-based REI's on their perspectives toward the acceptability of and willingness to offer PES, their attitudes toward screening for different polygenic conditions and "desirable" traits, their concerns about PES, and their perspectives toward regulation of PES. The fourth speaker, a doctoral student in sociology, will report on interviews with IVF patients examining their perspectives on potential harms and benefits of PES, which conditions, if any, they would screen for, what would they do with the information, and how they feel about screening for "desirable" cognitive and physical traits. The panel will end with a moderated discussion with audience members.

8:15 - 9:30 am, E144 Paper Session: Issues in Vaccine Allocation

Benjamin Berkman, Yael Mayer, Danielle Pacia

8:15 - 9:30 am, E143 Workshop: Confronting Culture Wars in Clinical Encounters: Should Clinicians Advance or Retreat?

John Moskop, Clint Parker, Jeremy Garrett

In March 2022, a Wake Forest medical student was thrust into the national spotlight after attempting unsuccessfully to draw blood from a patient. What was notable about this seemingly commonplace occurrence was the interaction that preceded and followed it. The medical student displayed a pin that identified her preferred pronouns as "she/her," which led the patient to question its necessity disparagingly. The medical student shared this exchange on Twitter, cryptically noting: "I missed his vein so he had to get stuck twice." The tweet created a media firestorm, with many condemning the student for deliberately harming the patient because of his derogatory comments and others defending her handling of an unfortunate situation (which, she later clarified, involved no malice). This case raises a significant and timely question: How can patients and physicians, who disagree radically about topics such as gender identity, political philosophy, and a host of other ethical and metaphysical topics, interact respectfully and authentically when the exigencies of illness bring them together? To inform exploration of this question, workshop faculty will introduce concepts, distinctions, and strategies for balancing civility and respectfulness with authenticity and advocacy in therapeutic relationships. Faculty will then facilitate small group discussion of clinical cases that involve conflicts between clinicians and patients related to wider religious, philosophical, political, and cultural disagreements. Faculty will recruit one participant in each group to provide a brief report about that group's discussion and conclusions, and the workshop will conclude with questions and general discussion.

9:45 - 11:00 am, PBR 252 Panel: The Ethics of Referral: Ethical and Professional Issues in Pediatric Quaternary Care

Amy Caruso Brown, Ian Wolfe, Susan Gerik, Bryanna Moore

Most children and adolescents with serious illness or medical complexity are treated at the nearest children's hospital, which may vary dramatically in number of staffed beds, available specialties and specialty services, and physical location (freestanding or embedded in an adult facility). For an unknown proportion of these children, treatment choices will eventually include referral to one of a handful of very large, quaternary care children's hospitals offering highly specialized or experimental interventions. Such a choice may be proposed by their local specialists, researched and pursued independently by their families, or both concurrently, and may be influenced as much by quaternary care centers' branding and marketing campaigns as by physicians' professional or parents' social networks—and by their social and financial resources. Referral to a geographically distant center presents new complexity for families and clinicians. The process of informed consent becomes, deliberately or not, a shared effort between two discrete healthcare teams. Clinicians often discover that there are no consensus guidelines or even common expectations with regard to communication or documentation between the two teams and their respective institutions. Assumptions regarding standard practices or approaches or available resources may go unspoken but magnify misunderstandings; and while families of children with medical complexity may have a level of health literacy and sophistication far above the median, previous immersion in the culture of one hospital may generate a kind of culture shock when transferred to a new hospital. Together, these ethical and professional issues present an emerging challenge in contemporary pediatric ethics.

9:45 - 11:00 am, PBR 253 Paper: Post-Roe: A Humanities Perspective

Rosemarie Garland-Thomson

9:45 - 11:00 am, PBR 254 Paper: Improving Clinical Ethics Consultation

Jessica Ginsberg, Olivia Schuman

9:45 - 11:00 am, PBR 255 The Hastings Center's Awards Ceremony: The Bioethics Founder's Award and the David Roscoe Award for an Early-Career Scholar's Essay on Science, Ethics, and Society

The Hastings Center makes two awards each year. Its Bioethics Founders' Award is the Center's most prestigious award. It recognizes excellence in scholarship and impact on health and science policymaking. This year's honorees are Anita L. Allen, JD, PhD, the Henry R. Silverman Professor of Law and professor of philosophy at the University of Pennsylvania Carey School of Law, and Farhat Moazam, MD, PhD, professor and founding chairperson of the Centre of Biomedical Ethics and Culture (CBEC) of the Sindh Institute of Urology and Transplantation in Pakistan.

Dr. Allen was recognized for outstanding contributions to law and philosophy and to their practical applications in medicine, science, and public affairs. Dr. Moazam was commended for a remarkable range of accomplishments as a pediatric surgeon and an educator, ethicist, ethnographic researcher, and institution-builder.Hastings Center President Mildred Solomon will lead a conversation with the Bioethics Founders' Award recipients. She will ask Dr. Allen about her views on privacy and what values she thinks various privacy regulations should aim to uphold. Dr. Moazam will reflect on the most helpful ways to integrate cross-cultural insights into bioethics and, in particular, what she has learned about organ sales from her ethnographic work in Pakistan. This session will also present the 2022 winner of The Hastings Center's David Roscoe Early Career Award for an Early Career Scholar's Essay on Science, Ethics and Society and will include that awardee's reflections on his or her paper.

9:45 - 11:00 am, D139-140 **Paper: Critical Perspectives on Mental Health/Illness**

Garson Leder, Kathleen Lowenstein, Kriszta Sajber

9:45 - 11:00 am, D137-138 **Paper: Novel Approaches to Addressing Cultural Difference and Discrimination**

Elisa Gordon, Tina Nguyen, Ayesha Ahmad

9:45 - 11:00 am, D136 **Paper: Interprofessional Education**

Samantha Lyons, Alyson Stover, Joan Henriksen

9:45 - 11:00 am, D135 **Paper: Reenvisioning for Equity and Change: Medical Humanities, Medicine, and Publishing**

Marin Gillis, Brandy Wright, Anna Gotlib

9:45 - 11:00 am, D133-134 **Panel: Did the OPO write this policy themselves?**

Jennifer Markusic Wimberly, E Haavi Morreim, Elizabeth Heitman, Becket Gremmels

Participation in Medicare services requires institutional agreement and cooperative activities with a federally-designated certified organ procurement organization (OPO). As a result of this requirement, thefinancial responsibilities of parties involved in organ donation processes are detailed in hospital policies and memoranda of understanding (MOU). Institutions that participate in donation after cardiac death (DCD) procedures may work with OPOs whose catastrophic brain injury guidelines detail medical management protocols to promote optimal organ function for transplant. The financial costs of guideline- or protocol-based medical interventions may be assumed by the OPO but may also fall to patients and their insurance companies, families, and the hospital.Panelists from four institutions will report on our survey of UShospitals and evaluation ofconsistency across hospital policies that address the financial burden for care afterfailed attempt at DCD. We will present a range of cases and empirical information on the financial burden after failed attempt at DCD. The panel will review survey questions as follows:After a failed DCD attempt, does the patient status default to comfort measures or are other interventions undertaken? Who determines what is medically appropriate for the patient's care?How often do institutional organ donation policies address the issue of costs after failed DCD?Under what circumstances does the hospital bill the patient, the patient's insurance, or the OPO for care after a failed DCD attempt? How often and for how long do patients survive after a failed DCD attempt and are the associated medical costs billable as medically necessary?

9:45 - 11:00 am, E148 **Paper: Access to Other Types of Medical Treatment During the Pandemic**

Philip Crowell, Samantha Scott, Kaitlynn Craig

9:45 - 11:00 am, E147 **Paper: Usage of Human Tissue and Materials**

Kirstin Matthews, Amitabha Palmer, Aaron Levine

9:45 - 11:00 am, E146 **Paper: Public Health Ethics**

Paul Cummins, Michael Montess, Sophie Gibert

9:45 - 11:00 am, E 145 **Panel: Ethical consideration when conducting research involving populations impacted by incarceration**

Jennifer James, Andrea Knittel, Matthew Murphy

The incarceration rate in the US has exploded over the last 50 years, increasing more than five-fold since 1975. Despite the fact that over 2 million individuals are currently incarcerated in the US and 4- 5 million Americans pass through the country's correctional facilities annually, incarcerated individuals are underrepresented in clinical research. Further, historical legacies of unethical research performed on people in prison, coupled with stringent policies intended to protect those who are incarcerated from exploitation, has meant that much clinical research about the health of people who are incarcerated is conducted at a distance, without directly engaging with those who are incarcerated in the formulation of studies or the interpretation and/or dissemination of results. As a result, research conducted about correctional healthcare and the healthcare needs of incarcerated persons may not reflect specific stakeholder values, priorities, or needs. In this panel, we will explore the ethical implications of conducting research about and with people who are incarcerated. Our multidisciplinary panel will describe research taking place in the North East, the South, and the West Coast, including both small and large correctional systems and both prison and jail populations. Specifically, we will draw on research conducted about or in partnership with older adults, women, populations impacted by substance use disorders as well as sexual and gender minority communities. We will elucidate the particular ethical considerations that arise in conducting research inside correctional facilities including research design; recruitment; autonomy and consent; privacy and confidentiality; and the dissemination of findings.

9:45 - 11:00 am, E144 **Panel: Individualized Antisense Oligonucleotides for “N-of-Few” Genetic Conditions: Ethical Challenges**

Alison Bateman-House, Andrew McFadyen, Liza-Marie Johnson, John Massarelli

In 2018, the first individualized antisense oligonucleotide (ASO) was created for a 6-year-old girl named Mila, who had a previously unknown variant of Batten Disease. The drug, called Milasen, was developed in just over one year and reduced some of her symptoms. Although Mila passed away, there are countless others like Mila who face devastating diagnoses with no treatment options and no market incentive for such to be developed, due to their ultra-ultra-rare ("n of few") incidence. Individualized ASOs offer hope to these patients;however, they bring with them a host of ethical challenges, some standard to all novel therapeutics; others not. An ethicist will moderate a multi-stakeholder panel that will take up such issues as evaluating the risk/benefit profile of an intervention in the context of a disease where there is often no natural history data available and actualizing informed consent for the use of novel interventions with scant preclinical evidence. As these innovative treatments blur the historically distinct line between treatment and research, they raise regulatory, research oversite, and clinical use questions. In addition, individualized ASOs are currently very resource intensive to develop, raising concerns about justice, both for the patients and families who desire such treatments, as well as for healthcare systems which must anticipate their projected costs and benefits. The panel will also grapple with the question of if n of few interventions should prioritize evidence generation and the sharing of patient outcomes or solely focus on making customized ASOs available to seriously ill patients.

9:45 - 11:00 am, E143 Paper: Abortion and Access

Madeline Thornton

9:45 - 11:00 am, E142 Paper: Research in Vulnerable Populations

Stacey Pereira, Hannah Allen, Addison Tenorio

11:15 am - 12:15 pm, General Session Room Plenary: Decolonizing Data: Restoring Culture and Building Beauty, Supported by University of Texas Medical Branch's Institute for Bioethics & Health Humanities

Abigail Echo-Hawk

This session will focus on ethical data and research techniques that are centered in Indigenous scientific knowledge systems. It will discuss how western based models of achieving health equity have not work for Indigenous communities and must shift to be inclusive of non-western modalities if true equity is to be achieved. An Indigenous framework will be presented that discusses strength-based protective factors and illustrates how to interrupt colonially built health disparities in a manner that benefits tribal communities in rural and urban settings. This framework defies and resists the impacts of ongoing oppression and resulting historical trauma, instead it moves into historical healing which gathers the pieces broken by historical trauma and stitches them back together in bold, beautiful, intricate patterns of strength and resiliency woven on the fabric of Indigenous knowledge and cultural systems.

12:45 - 1:45 pm, E148 Current and Former Clinical Ethics Fellows

Sarah Wieten

12:45 - 1:45 pm, E147 Social Work

Sophia Fantus

12:45 - 1:45 pm, E146 Nursing

Angela Knackstedt

Nurses have continued to face professional challenges over the past year. Whether we reflect on the COVID-19 pandemic, or the recent U.S. Supreme Court rulings, we bear witness to people's suffering who are impacted by the expansive social injustices. Considering these many challenges, nurses must focus on social change. So how do we do this? It begins with recognizing the need for social change and moral action. This year's program will focus on some of these challenges, and through collaboration, shift the focus to developing moral action plans.

12:45 - 1:45 pm, E144 Philosophy

Gerard Vong

The Philosophy Affinity Group meeting at the ASBH annual conference will begin with a peer-reviewed philosophical bioethics research presentation followed by discussion of that presentation. After that presentation there will be discussion and evaluation of how Affinity Group members can collaborate to

best further the academic and professional goals of the Affinity Group. This discussion will include plans for the upcoming leadership transition of the ASBH Philosophy Affinity Group.

12:45 - 1:45 pm, E143 Jewish Bioethics

Carol Gerson

12:45 - 1:45 pm, E142 Ethics and Humanities Educators in the Health Professions and Residency Training

Patrick Herron, Ruchika Mishra

The Ethics and Humanities Educators in the Health Professions and Residency Training Affinity Group session will include oral presentations highlighting novel and innovative approaches that integrate ethics and humanities curricular programming goals.

12:45 - 1:45 pm, PBR 252 Race and Culture/Ethnicity

Jennifer James, Jennette McCurdy

12:45 - 1:45 pm, PBR 254 Beyond Abortion and into the Wilderness: The Post-Roe Landscape, Supported by Taylor & Francis

Lisa Harris, Mary Faith Marshall, Lynn Paltrow

In the wake of the overturn of Roe v Wade, attention has appropriately centered on the consequences for people needing to end their pregnancies. Here our focus is on the impact of Roe's overturn on people who plan to continue their pregnancies. The presenters will build on their AJOB article, Beyond Abortion: The Consequences of Overturning Roe. Using post-Dobbs examples, they will show how abortion bans now mean that anyone who becomes pregnant will be newly vulnerable to increased surveillance, civil detentions, forced interventions, and criminal prosecutions. This includes people who experience a pregnancy complication, as well as those who give birth to healthy newborns. The panelists will show that the central holding in Roe – that that fetuses are not Constitutional "people" - meant that pregnant women retained their Constitutional rights throughout pregnancy. Roe, and Casey, which followed, acknowledged that the State has a legitimate interest in potential human life, but that interest could never be advanced in ways that deprived pregnant women of liberty, or jeopardized their life or health. As the panel will explore, with Roe and Casey now overturned, there are currently no Constitutionally-defined limits on how a state can advance its interest in fetal life or protection, and therefore no limits on what a state can demand of pregnant people (or the ways they can be punished) in the name of that interest. The panel will explore the ripple effects of the Dobbs decision on pregnant persons, their families, and health care professionals, centering on implications for people of color and members of historically disadvantaged communities.

12:45 - 1:45 pm, PBR 255 A Critical Moment in Bioethics: A Call to Lead on Health Equity, Supported by Hastings Center

Virginia Brown, Faith Fletcher, Keisha Ray, Patrick Smith

A new report calls on the field of bioethics to take the lead in efforts to remedy racial injustice and health inequities in the United States. The editors of the report, "A Critical Moment in Bioethics: Reckoning with Anti-Black Racism Through Intergenerational Dialogue," will discuss how the field should proceed.

12:45 - 1:45 pm, D133-134 Hospice & Palliative Care

Janice Firn

The session will include an introduction of the new chair and co-chairs, a brief discussion of affinity group business and solicitation of ideas for future conference topics and/or affinity group webinars, and a focused presentation on the opportunities and pitfalls of shared decision making with and for children with severe neurological impairment.

2:00 - 3:00 pm, Genera Session Room Members Meeting/Awards

3:15 - 4:30 pm, PBR 252 Paper: Challenges in Parental Decision Making
Jacob Earl, Christy Cummings
3:15 - 4:30 pm, PBR 253 Paper: Mental Illness and Substance Use Disorders
Natalie Dorfman, Erika Versalovic, Lauren Bunch
3:15 - 4:30 pm, PBR 254 Paper: Public Responses to Pandemic
Dave Langlois, Kriszta Sajber
3:15 - 4:30 pm, PBR 255 Paper: Critiquing Values in Reproductive Medicine
Fayla Junior, Lisa Campo-Engelstein
3:15 - 4:30 pm, D139-140 Paper: Rhetoric and Context in Covid and Police Violence
Erika Kaske, Joel Wu, Amanda Caleb
3:15 - 4:30 pm, D137-138 Paper: Medical Education
Tamar Schiff, Megan Applewhite, Johan Bester
3:15 - 4:30 pm, D136 Panel: Effective Strategies to Engage Clinical Nurses in Ethics Programming
Dianna Copley, Georgina Morley, Julie Gorecki, Meghan Pishnery
The realities of clinical practice present challenges to meaningfully engaging nurses in ethics-related programming, and yet nurses at the bedside frequently encounter ethical challenges that may compromise the quality and safety of patient care, and cause moral distress. This panel of nurses will describe their experiences with the Nursing Ethics Program, a collaborative between Nursing and Bioethics at a large healthcare system aimed at helping nurses thrive through the provision of ethics education, building nursing ethics scholarship, and providing targeted professional development opportunities to sustain a network of nurses with specialist interest in ethics.The moderator and first panelist, a nurse ethicist, will discuss the primary aims of the program, and share their experiences garnering institutional support for the program and developing key initiative such as Nursing Ethics Huddles and Moral Distress Reflective Debriefs. The second panelist, a Clinical Nurse Specialist (CNS) and inaugural Nursing Ethics Faculty Fellow, will describe their experience as a faculty-fellow and the strategies they used to integrate ethics and nursing practice into their current CNS role. The third panelist will discuss the way in which the program has helped to build relationships with bioethics in their unit, and share perceived limitations. A fourth panelist, a nursing leader, will share insights into ways ethics programs can integrate with nursing leadership to optimize ethics programs for nurses. The panel will highlight strategies for promoting moral well-being, integrating ethical nursing practice into everyday interaction and their vision for the future of the program.

This session guide is updated as of October 20, 2022. Last-minute schedule or speaker changes may occur. For the most up to date information and more information about flash and paper presentations, visit the conference website. Reach out to info@asbh.org with any questions.

3:15 - 4:30 pm, D135 Panel: What can state medical boards do to effectively address serious ethical violations by physicians?: Interdisciplinary insights from an innovative consensus-building project

Tristan McIntosh, Kelly Dineen, Jennifer Oliva, Liz Chiarello

Serious ethical violations by physicians, including sexual abuse, unnecessary surgeries, and illegitimate prescribing of opioids, directly harm patients and undermine trust in the healthcare system. A primary goal of state medical boards (SMBs) is to protect the public by ensuring physicians ethically and responsibly practice medicine. However, some SMBs fail to remove seriously offending physicians from practice in a timely manner. This panel presents findings from an innovative consensus-building project that engaged members of SMBs to generate legal and policy recommendations supplemented with expert commentary.The multi-disciplinary panel will explore strategies for improving practices that protect patients from harmful physicians. Panelist One, a bioethicist, organizational psychologist, and project PI, will present an overview and share recommendations for boards. Panelist Two, a professor of law and medical humanities, will present how a shared definition of "mis-prescribing" could support SMBs' efforts to address wrongful prescribing. Panelist Three, a health law professor, will discuss potential legal and policy implications of SMB reliance on smart tools (e.g., AI-driven risk assessments and prescriber evaluations) to make informed and appropriate investigatory and disciplinary determinations. Panelist Four, a medical sociologist and socio-legal scholar, will present on organizational barriers that explain why hospitals fail to report despite mandates to do so and why boards fail to take action against egregious misconduct.Panelists will explore mechanisms for holding healthcare institutions and providers accountable along the timeline of ethical violations (e.g., prevention, incident, response) and provide insight on how to best move forward with this timely and important issue.

3:15 - 4:30 pm, D133-134 Paper: Impact of Research and Approval Priorities

Leah Pierson, Leah Rand, Lisa Kearns

3:15 - 4:30 pm, E148 Performance: Modeling Missingness in Data Visualization: Toward a Visual Epistemology of Absence

Caitlin Leach

This exhibition includes three data visualization graphics andtwo24" x 48" canvaspaintings exploring the intersections of the digital health humanities and artmaking as research-creation.Using mixed media, data visualization dashboards, and pharmaceutical elements such as capsules, prescription bottles, and package inserts, these works explore how centering missing data reimagines visual epistemologies of medicine.Missing data is a prevalent problem in clinical data analysis and visualization where missingness is understood to reduce the reliability of research results. Conventional methods to account for missing data include omitting the missing values, inputting zero, or replacing the missing values with estimates. The appropriateness of each approach depends upon which method is thought to best improve the reliability of the analysis. But what if we centered instability, rather than reliability, as the analytic aim of missing data? What does missingness reveal about the limitations of conventional data analysis and visualization? Instead of accounting for missingness to preserve analytic coherence, this exhibition seeks to destabilize coherence by centering missing data.As digital humanist Johanna Drucker (2020) explains, "The graphical forms of visualization are inadequate to the needs of humanists for whom ambiguity, nuance, inflection, and complexity are essential — as is the recognition of the partial,

situated, and historically/culturally specific acts of understanding that constitute interpretation" (111). This exhibition takes this provocation seriously and utilizes mixed media works to visualize missingness not as zero or nothing, but as having incalculable material consequences for patient populations exceeding the limits of clinical data collection.

3:15 - 4:30 pm, E147 Panel: Bioethics and Mental Health First Aid: A Reimagined Community Partnership

Paul Ford, Jane Jankowski, Sundus Riaz, Fred Ward

We have an ongoing project organized by our clinical ethics program that is designed to train healthcare providers alongside community members in Mental Health First Aid.These sessions occur in a local neighborhood. Mental Health First Aid is a standardized evidence based 8 hour training course to provide individuals with basic skills surrounding mental health issues (https://www.mentalhealthfirstaid.org/). After our hospital system declared Institutional Racism a health crisis, we realized a need to proactively converse with people outside of our walls. The panelists include a psychiatrist, a clinical ethicist, a project coordinator, and a center director to present the various layers of internal challenges as well as the opportunities for collaboration with community members. We will weave the community partners' voices through the process recordings and quotes elicited for this purpose.The partnering community has a population who is largely comprised of racial and ethnic minorities and is low resourced. Bioethics can serve as an effective catalyst to bring actionable attention to disparity in healthcare, and demonstrate a commitment to an authentic partnership while building ethicists' clinical skills. This panel will share the process of opening dialogues in ways a clinical ethics program can support and partner with communities. In addition we will share our process for creating metrics and sustainability plans. This session will be structured to provide dedicated time for audience participation in conversations about new ways of community consultation, setting metrics of success, and opportunities to be proactive in providing trauma informed care.

3:15 - 4:30 pm, E146 Panel: A Pandemic Dilemma: Research or Innovation. When should a clinician offer research instead of prescribing an innovative treatment when faced with devastating disease without cure? Understanding and approaching decisions between research or innovation.

Michael Andreae, Mark Sheehan

Eager to lower mortality rates and desperate to save their patients during the COVID-19 pandemic, clinicians have been trying an array of unproven treatments. Their hypotheses are grounded in medical experience and their understanding of diseases and human biology. We know, however, that some promising ideas turn out to be ineffective and some actually cause harm.When no known effective treatment is available, the impetus to alleviate suffering for patients with novel diseases and poorly understood medical conditions that threaten major disability or death runs headlong into medicine's commitment to science and rigorous hypothesis testing with randomized controlled trials. COVID19 highlighted the dilemma; however, the quandary arises across translational research. When are clinical researchers justified in initiating innovative treatment, when are rigorous trials required, and where, when, and how should we move from one activity to the other?This panel will develop these questions by considering a range of contexts in which they arise. It will then consider the ethical tension as it presents itself to clinicians in these contexts. Finally, the panel, in discussion with the audience will consider a range of ways of understanding the psychological and character-based foundations of this tension. In this way the panel will move, with the audience, from the description of a problem to an understanding of its essential ethical basis and will conclude with some important ideas about empirical research that might support solutions to the underlying ethical tension.

3:15 - 4:30 pm, E145 **Paper: Clinical Trial Design**

Meghan Halley, Douglas MacKay, Chelsea Modlin

3:15 - 4:30 pm, E144 **Workshop: Expanding the empirical toolbox: the policy Delphi method and its applications for engaging the public in bioethics**

Vasiliki Rahimzadeh, Jill Robinson, Emily Anderson, Amy McGuire

Policy development in healthcare and clinical research requires accounting for competing values, which few empirical research tools can rigorously capture. The Delphi method, first developed by the RAND Corporation in the 1950s, has evolved to help researchers forecast translational issues in implementing emerging technologies. Delphi methods can generate consensus on a predefined topic of interest. They engage experts in structured communication and feedback over successive survey rounds where responses are statistically aggregated and analyzed. The policy Delphi has shown to be an effective method for identifying where consensus and dissensus lie on contentious issues in bioethics and, as such, differs from conventional Delphi methods in important ways. First, the policy Delphi unveils rather than resolves intractable value conflicts. Second, informed stakeholders rather than professional experts serve on panels to include diverse experiences and perspectives to shape policy options. Although popular in many disciplines, there is limited guidance for bioethicists about whether and how to apply the policy Delphi to inform evidence-based guidance. Equipping bioethics policy researchers with foundational and practical knowledge about Delphi-based approaches to stakeholder engagement can re-center bioethical deliberation in the policy development process. This interactive workshop will provide an overview of policy Delphi methodology, foster discussions about its methodological strengths and limitations for bioethics and build empirical research capacities. Attendees will gain practical experience collecting and analyzing study data as part of a Delphi simulation. Panelists will share lessons learned from their own bioethics Delphi research on IRB review, pediatrics and genomics.

3:15 - 4:30 pm, E143 **Paper: Health Care Decisions After Dobbs**

Matthew Fields, Rebecca Dresser, Julie Gunby

3:15 - 4:30 pm, General Session Room **Paper: Reframing Our Concepts: ""Self-Managed Abortion,"" ""Good Death,"" ""Management Conditions""**

Margaret Matthews, Joshua Moise-Silverman, Jaime Konerman-Sease

4:45 - 6:00 pm, PBR 252 **Paper: Challenges with New or Advanced Therapies**

Ryan Felder, Leah Tenenbaum, Emily Rao

4:45 - 6:00 pm, PBR 253 **Flash: A Diverse Public Bioethics**

Leah Lomotey-Nakon, Brian Tuohy, Benjamin Krohmal, Miyako Takagi,Elena Bosack, Keiichiro Yamamoto

4:45 - 6:00 pm, PBR 254 **Paper: Thinking at the Institutional Level: Trustworthiness, Conscientious Objection, Legacy Admissions**

Rebecca Volpe, Samuel Deters

4:45 - 6:00 pm, PBR 255 **Paper: Design Approaches to Intersectional Equity**

Alex Conway, Caitlin Leach, Nicole Martinez

4:45 - 6:00 pm, D139-140 **Panel: Disability Rights and Disability Justice after Dobbs: Advocacy, Allyship, and Access**

Kevin Mintz, Leah Smith, Liz Bowen, Tyler Tate

Sixty-one million Americans live with some form of disability, making people with disabilities the largest minority group in the United States. The disability rights movement considers access to sexual and reproductive autonomy a critical source of empowerment for disability communities. Similarly, the disability justice movement brings critical attention to how ableism intersects with other forms of structural oppression to marginalize the sexualities of women with disabilities. With the Dobbs v. Jackson Women's Health Organization decision, the US Supreme Court has significantly curtailed the rights of all Americans to reproductive and sexual autonomy, but it especially endangers people with disabilities, whose bodily autonomy has long been up for debate. This panel provides a forum to reflect on our role in being allies and advocates for disability communities moving forward. First, a disability rights advocate with dwarfism frames the discussion by articulating the distinction between reproductive rights and reproductive justice for those who identify as women with disabilities. Second, a bioethicist living with cerebral palsy examines Dobbs through the lens of sexual ableism, highlighting how it places all people with disabilities at risk of losing their sexual self-determination. Then, a pediatric palliative care physician considers the moral implications and impact of the Dobbs decision on public discourse around disability and emerging fetal therapies. Finally, a disability studies scholar with diabetes highlights different ways in which the Dobbs decision has the potential to exacerbate existing reproductive health disparities for pregnant people with disabilities.

4:45 - 6:00 pm, D137-138 **Paper: Medical Education II**

Stacey Page, Cristina Richie, David Doukas

4:45 - 6:00 pm, D136 **Paper: Uses of Diverse Forms of Personal and Medical Data**

Susannah Rose, Jill Robinson, Matthew McCoy

4:45 - 6:00 pm, D135 **Panel: Out for Blood: Reimagining Allocation Protocols to Address Blood Product Scarcity**

Paul Hutchison, Katherine Wasson, Kathy Johnson Neely, Leah Eisenberg

In early 2022, the American Red Cross declared its first-ever blood shortage crisis amid the Omicron surge.In response, ethicists and blood bank clinicians have been tasked with engineering allocation processes for blood transfusion. Similar to guidelines for ventilator allocation, these models will utilize generalizable ethical principles. But distinct differences limit the applicability of ventilator protocols to the current crisis: blood supply and demand are unpredictable and constantly fluctuate; limiting transfusionconstrains the activities of multiple vital services (ie obstetrics, transplant surgery, critical care); and racial disparities in blood availability necessitate a plan for triage-within-triage.Because ethicists will play a role in the design and implementation of transfusion protocols across the country, this panel consisting of experts in philosophy, medicine, and law will provide a review and discussion of the blood shortage crisis and will suggest ethically-relevant considerations during protocol development.First we will argue that salient features of blood product transfusion necessitate a novel approach to allocation. Second, we will highlight the strengths and weaknesses of previously published blood allocation protocols. While current protocols lean on foundational ethical principles, they are either too vague for implementation or rely too heavily on triage teams. Third, we will argue that a fair and effective blood allocation protocol must incorporate multiple tiered strategies. These include widely adopted transfusion austerity measures, ceilings on transfusions to any single patient, reserving blood for special populations and limitations to massive transfusion in the operating room.

4:45 - 6:00 pm, D133-134 Panel: Reimagining and Claiming the Dignity of Risk

Debjani Mukherjee, Rosemarie Garland-Thomson, Elizabeth Reis, Megan Crowley-Matoka

Dignity of risk is commonly used in disability justice but underutilized in bioethics. At the concept's core is the tension between safety/protection and autonomy/self-determination as a matter of social justice. Clinical judgment, diverse evidentiary standards, and varying definitions of risk complicate its application. In this multi-disciplinary and multi-institutional panel, contributors to a special issue ofPerspectives in Biology and Medicineon the dignity of risk engage and extend this concept. First, a clinical psychologist and clinical ethicist, frames the discussion and the various applications of dignity of risk, then draws upon the social psychological literature and her clinical experience to underscore the impact of context and perspective. Then, a professor of literary and cultural studies and academic bioethicist, develops the concept of dignity maintenance for people with disabilities and discusses the way risk operates intersectionally. They offer examples of self-presentation practices of intersectional dignity maintenance used by W.E.B. DuBois and Frantz Fanon. Next, a historian and gender studies scholar argues that the dignity of risk needs to be reimagined when we consider intersex and transgender care for young people. Efforts to promote the traditional gender and sex binary undermine the dignity of these patients' eventual self-authorship. Finally, an anthropologist uses ethnographic research to explore how calls to "balance risk" in pain care can be reframed via a dignity of risk lens, prioritizing clarification over calculation in more patient-focused risk management. Together the panel reimagines the dignity of risk as an important framing for applied and theoretical bioethics and humanities.

4:45 - 6:00 pm, E148 Panel: Good Ethics and Bad Choices: The Relevance of Behavioral Economics for Medical Ethics

Jennifer Blumenthal-Barby, Alex London, Jon Tilburt, Doug Opel

Speakers in this panel will discuss a new book,Good Ethics and Bad Choices: The Relevance of Behavioral Economics for Medical Ethics(MIT Press, 2021).The book offers an analysis of how behavioral economics challenges fundamental assumptions in medicine and medical ethics about patient decision making and autonomy, as well as how its insights can be used in ethically defensible ways to improve patient decision-making through the use of nudges and choice architecture.It integrates the most cutting-edge research in behavioral economics and medical decision-making and analyzes nudging in several real and varied clinical contexts, including psychiatry, palliative care, pediatric critical care, fetal surgery, and prostate cancer decision-makingGood Ethics and Bad Choices: The Relevance of Behavioral Economics for Medical Ethicsis intended to be a conversation between ethics, behavioral economics, and the day-to-day practice of medicine. The panel relfects that aim:Panelist 1 (a philosopher) will briefly summarize the main arguments in the book that defend nudging in medical practice and will raise 3-4 "big picture" questions, considerations, or objections regarding thearguments.Panelist 2 (a decision science researcher) will discuss3-4 big picture questions that the book raisesregarding decision-making and shared decision-making research, policy, or practice.Panelist 3(a physician) will discussthe implications of the book's arguments for patient-physician interaction and communication.Panelist 4 (discussion moderator) will offer remarks and lead discussion with the audience and panel.

4:45 - 6:00 pm, E147 Paper: Community Engaged Research

Lisa Rasmussen, Stephanie Solomon Cargill, Emily Anderson

4:45 - 6:00 pm, E146 Panel: In the public domain or mind the gap? Examples, exigencies, and enjoinders on when clinical ethicists refuse to stay in their lane and cross the line into public policy

Kevin Dirksen, Robert Macauley, Prasanna Krishnasamy, Molly Osbourne

When John Fletcher examined the collapse of public bioethics nearly 30 years ago, a common reference point was a “working public bioethics body” (cf. Fletcher, Politics and the Life Sciences, 1994) like the National Commission (1975-1978) or the President’s Commission (1981-1983): a so-called “unified national voice in the area of bioethics.” A quarter century later with an institutionalized bioethics presence able to perform an estimated 68,000 consults annually in U.S. hospitals (cf. Fox et al., AJOB, 2021), the ability for a public bioethics on even the local level in communities across the country has never been greater. However, as the field of clinical ethics continues on its journey towards professionalism, it is necessary to ask hard questions like: what is the role of a clinical ethicist in public bioethics, and should ethicists based at the bedside be making health-related public policy? Our panel addresses these and related questions from the vantage point of our cross-institutional, multidisciplinary engagement in local public bioethics. We will consider the opportunities that have surfaced during the COVID-19 pandemic for engaging stakeholders in other health care systems, public health experts, and advocacy groups to develop health policy solutions to pandemic-related, ethical challenges ranging from triage policies for scarce resource allocation to hospital visitation protocols. Because existing clinical ethics training programs do not train how to collaborate with community partners on creating health policy in the public sector, we will explore where this engagement can occur, where it is most necessary, and how it can go awry.

4:45 - 6:00 pm, E145 Paper: Artificial Intelligence

Anita Ho, Ariadne Nichol

4:45 - 6:00 pm, E144 Paper: Research Governance

Robert Steel, Anna Marion

4:45 - 6:00 pm, E142 Paper: Personal Decision-Making During a Pandemic

Rachel Gur-Arie, Dana Howard, Erica O'Neil

4:45 - 6:00 pm, E143 Paper: Moral Distress and Burnout

Matthew Eddleman, Daniel Kim

4:45 - 6:00 pm, General Session Room Paper: Re-thinking Decisionmaking

Julie Gunby, Daniel Fogal

6:15 - 7:15 pm, Hyatt Regency New Member, Student, First-timer Reception, Supported by The Hastings Center

Saturday, October 29, 2022

7:00 - 8:00 am, Pre-Function E Breakfast

7:00 - 8:00 am, PBR 255 Discussing Religion and Bioethics, Supported by St. Louis University

This session guide is updated as of October 20, 2022. Last-minute schedule or speaker changes may occur. For the most up to date information and more information about flash and paper presentations, visit the conference website. Reach out to info@asbh.org with any questions.

Jeffrey Bishop, Abram Brummett, Jason Eberl

Religion remains one of the most important features in the lives of most people even today. Religion gives a world-view and provides a coherence to the being and the meaning of the world. Religions, then, articulate metaphysical moral answers to the questions of purpose and meaning in the lives of their adherents. However, the tradition in Western societies has been to exclude religious metaphysical moral systems from the public by appeal to the idea of the secular state. The secular state governs public discourse and religion is only permitted in the private lives of adherents. However, what is meant by the "secular" sounds very much like a metaphysical moral system, like a religion. Thus, the question of the relation of the metaphysical moral systems to one another is once again a live question, even as "secular" bioethicists adheres to the older way of thinking. This session will explore these questions.

8:00 - 9:15 am, PBR 252 Paper: Post-Roe Legal Implications

Craig Klugman, Bethany Bruno, Scott Schweikart

8:00 - 9:15 am, PBR 253 Paper: Complex Clinical Decision Making

William Choi, Sarah Montembeau, Oliver Schirokauer

8:00 - 9:15 am, PBR 254 Paper: Disability: Discrimination and Inclusion

Daniela Feingold, Carla Keirns, Adam Pena

8:00 - 9:15 am, D139-140 Panel: Forgotten People: A Public Bioethics for Immigrants and Patients with Limited English Proficiency

Amelia Barwise, Brian Tuohy, Samantha Chipman, Mark Kuczewski

With the change in Presidential administration, the heated, xenophobic rhetoric toward immigrants no longer dominates the national conversation. Unfortunately, as a result the pressure for healthcare institutions to advocate for policy reforms for their immigrant constituents has largely subsided. Immigrant communities, including undocumented immigrants, children living in mixed status families, and those with Limited English Proficiency (LEP), have become what we will describe as the nation's "forgotten people". The featured panelists will highlight chronic and under-recognized ethical, legal and policy issues faced by these vulnerable populations. Presenter A will describe the significance that local context and state policy exert on the lives of undocumented immigrants and mixed-status families, particularly given the lack of comprehensive federal immigration reform since 1986. Presenter B will analyze the situation of undocumented youth in this current environment, failures of recent policy proposals and the implications for DACA recipients as well as the growing numbers of undocumented youth currently ineligible for DACA. Presenter C will apply a public health lens including the principles of fundamentality, interdependence, community trust, and justice to identify considerations for immigrants and those with LEP. Presenter D will discuss care and language services for hospitalized patients with LEP, including the disparities in care and the ethical challenges for those involved. The panel will also explore the role of public bioethics in utilizing the COVID-19 pandemic experience to reframe our understanding of who immigrants are (e.g., essential workers) and the role of healthcare as a community benefit that enhances the safety of all.

8:00 - 9:15 am, D137-138 Paper: Neonatal and Periviability Care

Matthew Drago, Giulia Faison, Nithi Fernandes

8:00 - 9:15 am, D136 Debate: Neonatal Euthanasia: Ongoing Public and Academic Ethical Debate

Alex Kon, Jacob Kon, Annie Janvier, Eduard Verhagen

Neonatal euthanasia is legal and openly practiced only in the Netherlands; however, publications shows that it is practiced sub rosa in many other regions including the United States, throughout Europe, and elsewhere. Research in France indicates that a majority of the general public supports neonatal euthanasia in some cases, and parts of Canada are considering extending legal euthanasia to children. A guiding principle in bioethics is that decisions should be based on the child's best interest using a shared decision-making approach, and many argue that at times hastening an infant's death is in that infant's best interest. As end-of-life options and care continue to evolve, a robust and transparent discussion of neonatal euthanasia is essential.In this session, the moderator, an American student who has published on neonatal euthanasia, will introduce the session by describing the range of end-of-life options, providing historical context and an overview of the ethical arguments in both adult and pediatric healthcare. Next, a Canadian bioethicist-researcher who has publish widely on end-of-life care and decision-making will discuss optimal communication strategies during difficult conversations. Then, a Dutch clinician-bioethicist who has published extensively on neonatal euthanasia will argue that neonatal euthanasia can be performed ethically and compassionately under specific criteria. Finally, an American clinician-bioethicist who has published extensively on decision-making and neonatal euthanasia will argue that neonatal euthanasia cannot be supported and should be abandoned. Attendees will then be given ample time to discuss, argue, and question one another and the presenters on this important and timely subject.

8:00 - 9:15 am, D133-134 Workshop: Poetry in Healthcare

Jake Young, Dahlia Seroussi, Gary Young

Writing a poem is a transformative act. The process creates a space where the writer is safe to reimagine and reclaim events and emotions, and provides time for reflection. Research has shown that writing poetry can be beneficial for patients suffering from depression and anxiety as well as from terminal illnesses. Likewise, studies have shown that writing poetry can help foster empathy, emotional understanding, and interpretive skills for clinicians. While poetry is not a cure-all, it is a potential tool for healthcare. For workers suffering from burnout, both aspects of poetry's benefits should be considered, as burnout/moral injury transforms the clinician into someone who is both caregiver and in need of care. While other activities such as meditation and yoga have been proposed for combatting employer burnout, poetry offers an additional avenue, one that requires little time, space, or previous practice. Because writing poetry can be beneficial for both patients and practitioners, it also offers healthcare professionals an opportunity to "double-dip" in the rewards of poetry, easing their own burdens through writing while fostering important clinical skills at the same time. After a brief overview of the benefits of writing poetry, each of the three panel members will lead the workshop group through a writing prompt. Panelists will discuss writing practices and strategies for bringing poetry into healthcare. The workshop will include a brief presentation of sample poems, followed by a brief period for writing, and then a voluntary presentation and discussion of the poetry exercises.

8:00 - 9:15 am, E148 Panel: Reimagining and Reclaiming the Role of Public Bioethics in Transplantation

Keren Ladin, Joel Adler, Carrie Thiessen, Catherine Butler

Following a backdrop of persistent disparities in access to transplantation and pressing public concerns related to discrimination in transplant listing policies and practices, this panel session examines and reimagines the role of bioethics as a driver of policy change to improve equity and restorative justice for structurally marginalized populations in need of transplant. We examine how implicit judgments, organizational practices, and health policies impede progress, entrenching stigma and disparate treatment for structurally marginalized populations. We also examine successful “reclaiming” of bioethics: including how policy ethics committees and deliberative stakeholder-engagement can alleviate these challenges and restore trust, autonomy, and improve equitable access to care.The first presentation presents qualitative findings from a national study reflecting how transplant clinicians’ perceptions of their gatekeeping role contribute to withholding of advance care planning conversations, disproportionately disadvantage persons with fewer social supports and persons of limited economic means. The second presentation presents qualitative analyses of electronic health records of a national sample of patients with advanced kidney disease to analyze how transplant evaluation and selection processes uphold principles of fairness. The third presentation explores how geography, access to appropriate healthcare resources, and local laws governing organ donation both mitigate and exacerbate disparities in access to kidney transplantation. The fourth presentation analyzes how use of race to estimate renal function has perpetuated racial disparities in kidney transplantation, and promotes a restorative justice approach as a means of regaining trust and correcting for past injustices among Black patients who have experienced harms because of this policy.

8:00 - 9:15 am, E147 **Paper: Managing Conflicts in Research and Medicine**

S. Scott Graham, Matthew McCoy, Daniel Buchman

8:00 - 9:15 am, E145 **Paper: Risk and Pregnancy**

AYA ENZO, Inmaculada de Melo-Martin

8:00 - 9:15 am, E144 **Paper: Data Sharing and Governance**

Sara Ackerman, Kayte Spector-Bagdady

8:00 - 9:15 am, E142 **Paper: Research Informed Consent**

Anya Prince, Skye Miner, Kaitlyn Jaffe

8:00 - 9:15 am, General Session Room **Panel: The Network Connecting Communities and Bioethics: Innovating Integration of Diverse Community Perspectives in Ethics Work**

Cristie Cole Horsburgh, Jane Jankowski

Integrating community perspectives into clinical ethics work is a priority within the field but sustained engagement and meaningful diversity is often a challenge. Traditionally, community perspectives have been integrated by including community member(s) on hospital clinical ethics committees. However, professionalization of the field has, in many cases, shifted the traditional functions of an ethics committee (consultation, education and policy) to ethicists who are generally not representative of the diverse communities served by healthcare organizations. This shift risks diluting community perspectives if organizations fail to innovate the roles and responsibilities of Ethics Committee community members, particularly with regard to underrepresented and vulnerable communities. In our organization (a large global healthcare system)we are transforming the traditional ethics committee structure. Core to this transformation is the creation of a community-based group called the Network for Connecting Communities and Bioethics (NCCB). NCCB members will represent the communities served by our system, and contribute in a bi-directional way by informing clinical ethics work (e.g. consultation, policy, systems-level processes or responses to ethics issues) and serving as "ethics liaisons" within their community (e.g. collaborate on community-oriented education and events). In this panel, a clinical ethicist will moderate and provide an overview of the NCCB infrastructure and its inception. A second clinical ethicist will present core education/training for NCCB participants. The final two panelists are individuals from the first cohort of the NCCB who will discuss their experiences working with a bioethics department to create the NCCB and share their hopes and goals for the future.

9:30 -10:45 am, PBR 252 **Paper: Complex Clinical Decision Making II**

Cristina Richie, Vivian Altiery De Jesus, Georgina Campelia

9:30 -10:45 am, PBR 253 **Panel: Rethinking Context**

Tod Chambers, Catherine Belling, Micah Hester, Gretchen Case

This panel will look at a key concept in the health humanities and bioethics, context. The first speaker, a literary criticism scholar, will consider Derrida's controversial proposition that the hors-texte, the "outside-text," what is beyond the boundary-limits of textuality itself, consists of nothing. This presentation considers the biomedical implications of engaging a contextual reality that is both outside of, and lacking, the human.The second speaker, a performance studies scholar, will argue that the COVID pandemic showed many new audiences that remote, recorded, asynchronous events can be effective and powerful. Performers and scholars of performance must now reconsider live, in-person events in this new context, addressing the importance of liveness alongside crucial gains in accessibility. The third speaker, a philosopher, will argue that while in everyday life and bioethics we talk about context as if there are individuals lives and decisions, on the one hand, and there is the context in which they exist, on the other. However, this is a mistake, as context is constitutive of individuals and decisions, lives and events, understanding context in this way undermines both insular individuality and isolation in decision making in health care. The third speaker, a cultural studies scholar, will argue that the notion of context which has been central to a number of approaches in the health humanities and bioethics should be abandoned and replaced with the concept of framing. The speaker contends that using framing makes clear that all descriptions are rhetorically biased.

9:30 -10:45 am, PBR 254 **Flash: Research Design and Patterns in the Literature**

Caroline Beit, Allison Lyle, Jeffrey Berger, Hannah Moyer, Lauren Sankary, Matthew Vo, Brandy Fox, Priya Dave

9:30 -10:45 am, PBR 255 **Workshop: Integration of ELSI and Diversity, Inclusion and Equity in Biomedical Research**

Sara Goering, Jenny Reardon, Chessa Adsit-Morris, Dejda Collins

The increased importance private and public institutions place on Ethical, Legal and Social Implications (ELSI) research and Diversity, Equity and Inclusion (DEI) has led to a growing interest to include scholars perceived to have expertise in ethics in STEM research. However, little attention has been paid to best practices for fostering their integration into research teams, or for evaluating its effects. What counts as "embedded" or "integrated" ELSI, or DEI work, is not clearly defined. Additionally, no clear guidelines exist to determine if the inclusion of ELSI and DEI specialists leads to more inclusive, ethical and just outcomes. This lack of guidance has led to a number of critical debates and raised fundamental questions: (1) Who should speak for ELSI and identify ELSI questions within biomedical research (e.g. members of affected communities, scientists, social scientists, philosophers, etc.)?; (2) What counts as ELSI research and how should ELSI be integrated (e.g. stand-alone, integrated or embedded) and evaluated?; and (3) Who is responsible for DEI and how should DEI objectives be measured, evaluated, and managed? This workshop will begin with brief presentations on the challenges of integrating ethics into biomedical research and the need for a multi-institutional, multi-disciplinary effort towards Leadership in the Equitable and Ethical Design of Science and Engineering (LEED). Participants will be invited to engage in discussion on the meaning of "integration" and "embedded" ELSI and DEI efforts in small breakout groups that will include specific fields of inquiry such as genomics, neuroscience and artificial intelligence.

9:30 -10:45 am, D139-140 Panel: Fellowships at Auschwitz: A Novel Approach to Interdisciplinary Ethics Education

Jay Malone, Benjamin Frush, Jordan Mason, Danish Zaidi

75 years have elapsed since the conclusion of the Doctors' Trial at Nuremberg. The trial opened a window into the way German professionals, previously considered standard bearers for commitment to ethical practice, had become indispensably involved with the crimes of Nazi Germany. For the past ten years, the Fellowships at Auschwitz for the Study of Professional Ethics (FASPE) have gathered young professionals in interdisciplinary groups for intensive two-week trips to Germany and Poland to study the perpetrators of these crimes. Visiting Auschwitz and other key historical sites, fellows are challenged to engage with the actions of their historical counterparts. Utilizing power of place and close investigations of the roles of professionals, fellows explore the ways in which professionals abandoned ethical norms. These lessons are then applied to contemporary ethical issues facing physicians, clergy, journalists, lawyers, and businesspeople.In this session, panelists will reflect on lessons learned through the FASPE experience, including tangible ways that these lessons can be applied to the training of young professionals (without requiring intensive trips to Europe). The panel moderator is a FASPE faculty member and is joined by two physicians and one theologian who are FASPE fellows. The presenters will focus on specific aspects of this type of ethics training, including how it fills unmet needs in traditional academic medical and theological training. Further, because medical and theological professionals travel together and engage closely on these trips, the panelists will discuss the importance of interdisciplinary engagement in the formation of ethical professionals.

9:30 -10:45 am, D137-138 Workshop: Ethical management of aggressive patient behavior

Catherine Shubkin, Timothy Lahey

Aggressive patient behavior can endanger staff safety and contribute to clinician burnout while raising challenging ethical questions such as how to balance respect for patient autonomy with the creation of a safe work environment. We will review the impact on staff of the growing epidemic of aggressive patient behavior and explore the ethical ramifications of that behavior through a trauma-informed lens. We will discuss and practice pragmatic trauma-informed approaches to the management of aggressive patient behavior. We will discuss how these pragmatic trauma-informed approaches to the management of aggressive patient behavior themselves are critical to the discernment of how to strike the proper balance between respect for patient autonomy and the creation of a safe work environment. By the end of this session participants should be more familiar with the impact and ethical challenges of aggressive patient behavior and better prepared to respect patient autonomy in a safer work environment.

9:30 -10:45 am, D136 Paper: Quality and Competence in Clinical Ethics Consultation

Anita Tarzian, Lexi White, Thomas Cunningham

9:30 -10:45 am, D135 Panel: Interrogating Solidarity and Reimagining Public Bioethics

Sabrina Derrington, Nora Jones, Patrick Smith, Charlene Galarneau

At a time when social cohesion and cooperation has been desperately needed to meet the many challenges of a global public health crisis, the COVID-19 pandemic seems to have highlighted deep fragmentations in our society and has exacerbated the effects of recalcitrant injustice. Seeing this unfold has left many bioethics and health humanities professionals with unsettled questions: What roles do bioethicists and humanities scholars play in creating and cultivating solidarity? Do the fields of bioethics and health humanities have a shared understanding, a common definition of solidarity, or is there disagreement or confusion about what solidarity means and whether it even ought to be a goal? Are there ways to foster authentic public moral discourse that might help us realize solidarity amidst diverse perspectives, lived experiences, and epistemologies?During this interactive session, the four panelists will critically examine the concept of solidarity and its utility for public health, social justice, and human flourishing. Drawing from anthropology, feminist epistemology, religious studies, and narrative medicine, the panelists will engage attendees in thinking critically about different meanings and functionsof solidarity, considering opportunities they have to cultivate solidarity as bioethicists and health humanities professionals within their own spheres of influence. Together we will reimagine ways of knowing, relating, and communicating within individual practice, within our profession, in local communities, and in the public at large.

9:30 -10:45 am, D133-134 Panel: Confronting the Impossibility of 'Patient-Centered Care'

Samuel Reis-Dennis, Elizabeth Reis, Jeffrey Goldenberg, Naomi Kirtner

Providing “patient-centered care” is a core aspiration of contemporary American health systems. But what does it mean to deliver such care, and how successful are our hospitals, clinics, and doctor’s offices at doing so? Our panel will argue that the ideal of “patient-centered care” is unreachable for reasons that have not been adequately explored: Rather than facilitating a singular focus on patients, the structure of our health systems forces patients and families to either cater to the psychological needs and expectations of their providers or risk receiving sub-standard care. We will show how forcing patients and families to make this choice can be disastrous for quality and safety. Each panelist brings a unique perspective from a different discipline and institution. One has years of experience as a family medicine physician. Another is the founder of a non-profit dedicated to patient-provider communication. Our third panelist is a philosopher who is a professor of ethics at a medical school and a clinical ethics consultant. Our final panelist and moderator/chair is a medical historian who writes about iatrogenic harm and is a member of a hospital ethics committee. Collectively, we will explore the ways in which the medical system is ill-equipped to offer care that is genuinely “patient-centered” and suggest that advertising such care and then failing to deliver it can be unjust and undermine flourishing. Finally, we will consider how our healthcare institutions might productively recognize and improve the aspects of healthcare delivery that cannot live up to the “patient-centered” promise.

9:30 -10:45 am, E148 Paper: New Directions for Medicaid

Rachel Fabi, Caleb Easterly, Brendan Saloner

9:30 -10:45 am, E147 Panel: To cure, to assist, or even to enhance? Emergent Neurotechnologies and Disability Justice

Ally Peabody Smith, Ashley Feinsinger, Lilyana Levy, J. L. A. Donohue

The development of neurotechnologies targeting the concerns of disabled persons has accelerated in recent years. Their development and application sometimes pits the interests of technology start-ups or research institutions against the core tenets of the disability rights movement. For example, they violate “nothing about us without us” by failing to include disabled persons in their development process, and they often aim to cure conditions that proponents of the social model of disability see as mere, rather than bad, differences.This panel will discussconcerns surrounding the development of neurotechnologies that could plausibly be used as curative, assistive, or even enhancement technologies. Our core case will be the development of cortical implants that give visually-impaired persons artificial vision. Panelists will problematize conversations that attempt to include disability justice perspectives alongside the goals of other stakeholders.Panelist 1 will discuss the inclusion of disabled people in research using qualitative data from a supplemental ethical study run alongside initial first-in-human trials of visual cortical implants. Panelist 2 will address the complexities of applying disability justice to curative versus assistive technologies by considering the heterogeneity of perspectives of disability communities. Panelist 3 will discuss the relationship of these emergent neurotechnologies to human enhancement, considering concerns of distributive justice and their connection topublic interests, military uses, and capitalism. Finally, Panelist 4 will discuss the complexities involved in determining appropriate stakeholders to the debate surrounding neurotechnology and disability. Does it matter if the technology is likely to mean the end of a particular disability community?

9:30 -10:45 am, E146 Panel: Reimagining Consent for Biobanks: How using a health justice lens can inform future biobanking practices

Julie Cakici, Aaron Goldenberg, Julia Brown

Background: Biobanking samples and health data has long been the gold standard for precision medicine researchers. Traditionally, biobanks store samples and data that are collected with or without consent to then share anonymously for a wide range of research uses, which often including multiomics technologies. As precision medicine pivots towards precision health, it is time to reexamine how consent mechanisms for these biobanks function.Methods: This panel brings together a variety of biobank researchers to discuss how biobanks can be reimagined using a health justice lens. The first panelist will discuss the shifting rhetoric surrounding informed consent and community engagement for biorepositories, with an increasing focus on stewardship, equity, and the return of value to participants. They will also highlight how recent court cases brought against state-run research biobanks may challenge the evolving ethical justifications for public biobanks. Our next panelist will consider how the next generation of state-run biobanks may utilize a learning public health system model. In this example, the panelist will discuss the ethical trade-offs between genomic inclusion and individual consent in the context of secondary research using newborn bloodspot data. Our third panelist will discuss the how precision health biobanking brings back old concerns, like eugenics. They will show how principles of equity and justice can be used to facilitate community engagement and guide the conceptual evolution of consent.Conclusion: This panel will demonstrate numerous ways that health justice can be incorporated into planning for future biobanking practices and can highlight new considerations for researchers.

9:30 -10:45 am, E145 Paper: Drug Policy

Kaitlyn Jaffe, Merlin Bittlinger

9:30 -10:45 am, E144 **Paper: Duty, Trust, and Loyalty Conflicts: Soldiers, Workers, Students**
Anna Goff, Sheena Eagan

9:30 -10:45 am, E143 **Panel: Conceptual Framework for Embedding Artificial Intelligence in Clinical Decision-Making: Considerations for Clinical Ethicists**
Eleanor Gilmore-Szott, Maggie Taylor, Ryan Dougherty

A primary hope for artificial intelligence (AI) is to complement the clinical decision making (CDM) process by which clinicians make judgments about patient care. The process of CDM includes three stages: 1) data gathering, 2) data interpretation, and 3) data evaluation, whereby data is both intersubjective and diagnostic. We introduce a conceptual framework to distinguish how AI may be integrated into each of these CDM stages. We call this framework the social integration of embedded AI. Through case analysis, we explore whether and how AI might help treatment teams achieve value-concordant care for patients, and, underscore implications for the practice of clinical ethics.Moderator (Clinical Ethicist/Philosopher) will summarize the discourse on AI ethics relevant to CDM, describe examples of AI to support CDM, and introduce a clinical case.Panelist 1 (Social Scientist/Clinical Ethicist) will present a social process framework characterizing how AI may be embedded into CDM, applying this framework to the case elucidates ethical considerations.Panelist 2 (Clinical Ethicist/Lawyer) will discuss how embedding AI within CDM highlights the divergent ways in which stakeholders (e.g. institutions, clinicians, and patients/clinicians) view the promise of such technology. Embedded AI holds promise for promoting intrinsic goods,like value-concordant care, and instrumental goods. The latter varies depending on the stakeholder perspective, andtheycan diverge from intrinsic goods. Recognizing this divergence is of significant import to the practice of clinical ethicsand evaluating embedded AI.Panelist 3 (Philosopher/Clinical Ethicist) will discuss ethical considerations for surrogate decision-makers interacting with AI in the CDM process.

9:30 -10:45 am, General Session Room **Panel: Boycotting White Coat Speakers: Ethical and Professional Implications**
Frederick Paola, Kristin Collier, Stephanie Anderson

On July 24, 2022, dozens of University of Michigan Medical students received their white coats, took their oaths, and then walked out of their white coat ceremony as the keynote speaker began her address. The walkout was purportedly motivated by anti-abortion comments that the speaker had made in the past, and came days after some 400 alumni, students and faculty signed a petition calling for a change of speaker. The events of July 24 and their aftermath are neither unique to Michigan nor to medicine. They raise important issues that our panel proposes, with audience involvement, to discuss, including: (1) What ethical issues are raised by the events surrounding July 24? (2) How does the concept of medical professionalism jibe with the walkout? (3) How should medical educators, and particularly those involved in medical ethics and humanities education, respond to such walkouts? (4) What role should the views of speakers play in their selection as speakers? (5) What role should medical students play in the selection of speakers at ceremonies such as this? (6) What does the phrase “the ethical integrity of the medical profession” mean as it relates to issues on which reasonable persons disagree?

11:00 am - 12:15 pm, PBR 25 **Panel: COVID-19 Vaccine Boosters: A Public Bioethics Dilemma**
Kyle Ferguson, Arthur Caplan, Rosamond Rhodes

By February 2022, about two-thirds of the world's population received at least one dose of a COVID-19 vaccine. Nevertheless, globally, vaccine distribution was starkly unequal. In most high-income countries (HICs), more than two-thirds of their populations were fully vaccinated, whereas vaccination rates remained astonishingly low in many low- and middle-income countries (LMICs). Yet, in 2021, several HICs began providing "boosters" for their populations despite protests from the WHO, the African Union, and many bioethicists who argued that justice and prudence required HICs to provide vaccine to LMICs with low access. Should HICs implement booster programs while people in other countries lack access to vaccination? This panel will address that question.Presenter 1 is a professor of bioethics and director of a medical school's ethics division who publishes prolifically and makes significant contributions to the construction of public policy. He will explain how the term "booster" is immunologically inaccurate and argue that a dose's status as "booster" or "finisher" is partly a matter of values with significant implications for distributive justice. Presenter 2 is a clinical ethicist and co-chair of a hospital ethics committee.She will present facts about case numbers, hospitalizations, deaths, disease prevalence, transmission risks, delivery feasibility, and likely uptake to argue that justice is more complicated than equalizing distribution. Presenter 3 is a philosopher and postdoctoral fellow in medical ethics. He will argue that opponents of HIC-based booster campaigns present a false dichotomy since we can and should enhance protection at home while contributing to global vaccination efforts.

11:00 am - 12:15 pm, PBR 253 Paper: Compliance and Discomfort

Katie Watson, Jacob Mago, Caroline Anglim

11:00 am - 12:15 pm, PBR 254 Panel: Teaching to Transgress: Tools for Structural and Interpersonal Change in Medical Education

Nicolle Strand, Whitney Cabey

Two seminal texts in liberatory pedagogical theory--bell hooks' Teaching to Transgress and Paulo Freire's Pedagogy of the Oppressed--describe the ways in which traditional education perpetuates inequities and enacts systems of domination and control. Freire describes the banking concept of education, in which the teacher holds all knowledge, and the student passively receives the information. Hooks describes the way that traditional education constrains, rather than enhances, our capacity to be free. American medical education enacts these same patterns, to the detriment of faculty, future physicians and, most importantly, patients. Traditional models of teaching in both undergraduate and graduate medical education create a biased hidden curriculum, where expertise is judged by one's position in the hierarchy. In American medicine, patients and students sit at the bottom of the hierarchy. This leads to transactional and extractive teacher-student and doctor-patient interactions.The for-profit incentive structure of US health care contributes significantly to this phenomenon, and makes it difficult to conceive of medical education differently. In this panel presentation, three colleagues from an urban academic medical center, including a social worker, an emergency physician and a lawyer/bioethicist, will discuss structural and interpersonal barriers and facilitators to transgressive teaching. Embracing transgressive teaching would enable physicians to tap into the humanity of their patients, center lived experiences, and bring their full selves to both teacher-student and doctor-patient relationships, whereas the current model stifles this kind of doctoring. The panelists will discuss potential solutions and models of education that would enable more curiosity, radical empathy and compassion.

11:00 am - 12:15 pm, PBR 255 Workshop: Protecting Access to Gender Affirming Care for Adolescents: The Challenge of Conscientious Objection During Medical Training

Amy Caruso Brown, Karen Teelin, Catherine Shubkin

Important reasons to respect conscientious objection in healthcare have been well-described in the scholarly literature; however, equally important concerns have also been raised about the extent to which conscientious objection should be permitted in a pluralistic society, particularly given a power differential which favors healthcare providers, and those providers' monopoly over certain services. Medical residents and other health professions trainees are in a unique position: they are employees in some respects and students in others, creating vulnerability within the hierarchy of healthcare and of institutions. When a physician in training objects to providing care to another vulnerable population—transgender youth—what should be done? Is this particular objection legitimate, or does it constitute invidious discrimination? How should educators respond, and how might they promote tolerance through their response? Do some objections limit trainees' ability to pursue particular career paths? Accommodating conscientious objection during medical training requires compassionately balancing the vulnerability of students and trainees with the vulnerability of patients. Educators have an obligation to strive to foster empathy, mitigate bias and mentor trainees regardless of their beliefs, but in rare cases, they may need to guide trainees into an alternative career path, recognizing patients' welfare ultimately takes precedence. In this interactive workshop, we will explore the ethical and legal limits of conscientious objection for trainees, the role of educators in supporting professional identity formation of their learners, and the implications of medical and health professions schools taking a public stance on our role in protecting our most vulnerable patients.

11:00 am - 12:15 pm, D139-140 Panel: The Public Role of State Bioethics Organizations in Advancing Ethical Practices and Policies

Louis Voigt, Susan Tolle, Kenneth Goodman, Stephen Post

The U.S. enjoys tremendous geographic and demographic diversity, along with50 distinct – and often idiosyncratic – state political and legal frameworks. While national bioethics organizations such as ASBH and National Bioethics Advisory Commission provide invaluable guidance and support to healthcare professionals, there often arise state-specific or population-specific healthcare and/or public health-related ethical issues that require local analysis and attention. Over the past decades, several state-based bioethics organizations have emerged to respond to their constituents' unique bioethical and public health issues. Some were formed to address specific local political or legal issues, while others materialized in response to medical or public health crises. Certain issue-specific entities disbanded after fulfilling their distinct missions, while others have continued to evolve and adopt additional priorities. Members of these bioethics organizations espouse diverse values and viewpoints, and represent a multitude of healthcare-related professions, including (but not limited to) medicine, nursing, public health, law, government, education, and public advocacy. In this panel presentation, leaders from bioethics entities in Florida, New York, Ohio and Oregon will describe their organizations' geneses and missions, and discuss the challenges, benefits, successes, and failures they have encountered. They will further explore how their organizations can and should respond to ongoing health-related issues and crises, better engage their states' diverse communities through attentive listening and epistemic humility, and create a greater voice for bioethics within their state and beyond. In addition, they will explore how national and state bioethics organizations can work together to advance public bioethics and health humanities.

11:00 am - 12:15 pm, D137-138 Paper: Examining Inclusive or Divisive Public Dialogues

Rachel Fabi, Jason Egginton

11:00 am - 12:15 pm, D136 **Panel: Vaccination Dissent During COVID and After**

Bernice Hausman, Heidi Lawrence, Kari Campeau

Why are we surprised at vaccine refusal? Studies in history, social sciences, and rhetoric demonstrate longstanding concerns about, and violent responses to, vaccines.COVID taught us much about vaccine resistance: Certain communities, scarred by histories of medical discrimination and exploitation, lack confidence that vaccines will be safe and protective for them. Vaccine dissent is heterogeneous and vaccine skepticism can be politically manipulated to an extreme. Public health efforts are harmed by polarization that amplifies mistrust.This panel presentation provides an introduction to vaccine dissent before and during COVID, then pivots to two studies, demonstrating how narrative and rhetorical approaches address cultural logics underpinning vaccination behaviors.Study 1 reports on narrative-based, longitudinal interviews with pregnant and breastfeeding people about Covid vaccine decisions. Findings document two broad health rhetorics that made Covid vaccination challenging: 1. that they should get vaccinated as soon as possible, and 2. a gendered rhetoric that they should make personalized and optimized health decisions for their families.Study 2 considers mandates for COVID-19 vaccines in relation to school-entry vaccine mandates. Prior to COVID-19, a small portion of the population resisted school-entry mandates with legal exemption, with relatively minor consequences (staying home during a local outbreak). Mandates under consideration for COVID-19 were designed to create difficult consequences for large numbers of adults, particularly loss of employment or frequent testing, which changed the stakes of mandates and their felt impact. The future of vaccine mandates for children's school entry may rest on the current, contested rhetorical context of COVID vaccines.

11:00 am - 12:15 pm, D135 **Paper: History of Reproduction and Law**

Paul Lombardo, Luke Haqq, Heather Dron

11:00 am - 12:15 pm, D133-134 **Panel: Reimagining the Treatment of Individuals with Substance Use Disorders**

Jennifer Oliva, Kelly Dineen, Doron Dorfman

A panel comprised of experts in law, nursing, drug policy, disability rights, bioethics, medical humanities, and business administration will proactively examine a variety of ethical, legal, and social issues affecting individuals with substance use disorders. The first speaker, an attorney and disability rights scholar, will identify barriers to health care services and other forms of discrimination faced by individuals with substance use disorders and highlight specific features of nondiscrimination laws that are particularly well-suited to addressing discrimination and disadvantage in this context. The second speaker, a nurse and bioethicist, will offer a solidarity-based approach to combat the negative impacts of intragroup and association stigma for people associated with drugs, including people with substance use disorders, chronic pain, or both. Too often, intragroup stigma is used to legitimize one group at the expense of the other—undermining effective policies to improve care and reduce morbidity and mortality.The third speaker, an attorney and medical humanist, will report findings from a survey of state statutes containing outdated, medically inaccurate, and/or stigmatizing substance use disorder-related language. The third speaker will examine the multiple means by which such statutory language permeates public discourse and will make four proposals designed to improve the autonomy and dignity of individuals with substance use disorders. The fourth speaker, a drug policy expert, willargue that the now-dominant

health framing of substance use as a chronic medical disease facilitates the mistreatment of individuals who use drugs in more insidious ways than a blatantly straightforward criminal law approach.

11:00 am - 12:15 pm, E148 **Paper: Organizational Ethics**

Lindsay Semler, Daniel Daly, Jay Carlson

11:00 am - 12:15 pm, E147 **Paper: Seeking a Good Death**

Ben Sarbey, Bryanna Moore, John Frye III

11:00 am - 12:15 pm, E146 **Panel: Ethics of Genomic Uncertainty: Perspectives across the Perinatal Continuum**

Marsha Michie, SIohan Dolan, Stephanie Meredith, Aaron Goldenberg

Genetic testing has always brought prognostic uncertainty, as even clear genetic diagnoses may not predict onset or severity of symptoms. Genome and exome sequencing now bring parents much more extensive information, often including both prognostic and diagnostic uncertainty–leaving them struggling with decisional uncertainty. Prenatally, challenges in understanding fetal phenotypic markers and predicting future phenotypes mean that parents must make life-and-death decisions quickly, with deeply uncertain information. Postnatally, parents must choose between vastly different courses of action, including burdensome and/or exorbitant interventions, with little certainty about the natural progression of their child’s condition. Healthcare providers need to advise families without coercion, and research that could help clarify families’ needs and desires is challenging given the fragility of these decisions.This panel will explore a variety of perspectives on uncertainty in the context of genomic decisionmaking across the perinatal continuum. The first panelist will present prenatal genetic testing cases that illustrate real world issues of genomic uncertainty, including microdeletion findings, rare disease, and time-limited pregnancy decisionmaking. The second panelist will discuss challenges for prenatal patients in understanding prognoses, making reproductive decisions, and finding supports and services; and will offer potential strategies to address these. The third panelist will discuss psychosocial and equity impacts of expanding state newborn screening programs that have increased potential diagnostic and prognostic uncertainty regarding screening results. The fourth panelist will address sources of decisional uncertainty and challenges in producing reliable evidence for clinical best practices via empirical research, which must navigate vulnerable decisional moments and patient-clinician relationships.

11:00 am - 12:15 pm, E145 **Paper: International Research Ethics**

Tristan McIntosh, Sarosh Saleem, Rebecca Permar

11:00 am - 12:15 pm, E144 **Paper: Deception**

Abram Brummett, Pierce Randall

11:00 am - 12:15 pm, General Session Room **Panel: Death or Disability: Parental Decision Making and Ableism**

Emily Hahn, Divya Yerramilli, Kara Ayers

In pediatrics, it is presumed caregivers operate under the “best interest standard” when making medical decisions. However, the definition of “best interest” has evolved. After the Baby Doe cases and 1984 Baby Doe Law, infants who were previously denied lifesaving treatments based on disability are now required to receive them. With improving medical technology, changing values, and disability advocacy, the weight given to disability has changed.Usually, there is alignment of “best interest” between parents and providers. When this is not the case, it frequently is because of ableism in medicine, and there is significant literature on provider biases against disability despite patient and family adaptability. However, when making decisions, parents do consider more than "best interest” – they weigh financial resources, caregiver burden, and values. What happens when concerns about the risk of future disability is driving parental decision making against standard of care?We will explore the ways ableism may inform parental decision-making for life threatening conditions by considering the case of a toddler with a brain tumor with a 50% chance of cure with standard of care therapy: whole brain radiation. A side effect of treatment is some degree of neurocognitive impairment. His parents’ decision hinged on their belief that potential intellectual disability was worse than death.Through examining this case, we will touch on questions of parental autonomy vs. justice for disabled individuals, the “best interest” versus “not unreasonable” standard, prognostic uncertainty, and probe the ways potential disability is used in medical recommendations and parental decisions.

12:30 -1:30 pm, E147 Law and Bioethics

Elizabeth Pike

The session will consider the roles and responsibilities of legally trained bioethicists given recent legislative and judicial enactments pertaining to the provision of medical care. In Dobbs v. Jackson Women's Health Organization, the Supreme Court overturned Roe v. Wade and Planned Parenthood of Southeastern Pa. v. Casey and held that the Constitution does not confer a right to abortion. State trigger laws that went into effect upon the Supreme Court's ruling severely limit, and in some instances criminalize, the provision of reproductive health care. Several states recently enacted laws prohibiting, and in some cases criminalizing, the provision of gender-affirming health care to transgender youth, and more states are considering similar legislation. In this facilitated dialogue, attendees will consider key questions such as: When issues of health care and medical practice--matters typically decided between a doctor and patient--are addressed in legal venues, what ethical obligations do legally trained bioethicists have?

12:30 -1:30 pm, E144 Student Affinity Group

Adrienne Feller Novick

Welcome, we hope you are enjoying the conference and the robust discussions of many challenging issues. Some of you may be new to ASBH and we want to let you know about the Student Affinity Group. At the student affinity group, students from all disciplines and levels of education are welcome. We will provide a brief introduction and discuss ways ASBH serves students. This is an opportunity to answer your questions about ASBH. We want to ensure that everyone is aware of existing opportunities, and most importantly we want to hear from you about how ASBH can serve you! Please join us for a brief presentation and informal discussion.

12:30 -1:30 pm, E145 Dental Ethics

12:30 -1:30 pm, E142 Philosophy of Medicine

Matthew Shea

12:30 -1:30 pm, E143 Pharmacy Ethics

Caitlin Leach

12:30 -1:30 pm, E141 Visual Arts and Cultural Representations

Nancy Tilson-Mallett

12:30 -1:30 pm, D137-138 Clinical Ethics Consultation

Thomas Cunningham

12:30 -1:30 pm, D136 Disability Ethics

Devan Stahl

Please join us for an informal meet and great and as well as a celebration of the recent publications and ongoing projects from our DEAG members.

12:30 -1:30 pm, D135 LatinX Bioethics

Nicole Martinez-Martin

12:30 -1:30 pm, PBR 255 Biopolitics After Neuroscience: Morality and the Economy of Virtue, Supported by Saint Louis University

Jeffrey Bishop

Jeffrey P. Bishop, M. Therese Lysaught, and Andrew A Michel examine the limits of scientific claims in the Neuroscience of Morality. This book argues that neuroscience is the fusion of two sciences, human neurobiology and human behavioral science. This books explores the claims made by neuroscience and argues that the models for human behavior used in neuroscience stand in the lineage of homo economicus. That is to say, human moral behavior is imagined to be akin to an economic transaction. The book argues that neuroscience is not so much discovering the biological basis of human moral behavior as it constructs its own political economic image of human behavior in the brain. Modern neuroscience of morality is just a modern phrenology. Neil Messer calls Biopolitics After Neuroscience a "tour de force," and Wendy Brown says that it is "deeply researched, immensely thoughtful, and beautifully written..." and notes that it helps us to understand "how the sciences mirror rather than bracket social and political principles of an age.”

1:45 - 3:00 pm, PBR 252 Panel: Reimagining and Claiming the Role of Public Bioethics and Health Humanities

Kirk Johnson, Amelia Barwise, Elizabeth Chuang, Nicolle Strand

Please note that this session will be recorded by the presenters.

For years, bioethics scholars from diverse backgrounds have been calling for broader inclusion of topics, perspectives and methodologies related to health equity and social justice in the bioethics professional arena. During meetings of the Race Affinity Group of ASBH, we discussed how to promote engagement between bioethicists/bioethics and other scholars and advocates/activists working on marginalized topics. In January 2021, a working group was formed to develop a podcast to create a public space for such dialogue. The working group spent five months consensus-building with frequent check-ins with the larger Race Affinity Group. We also connected the LGTBQ, Latinx and Disability groups. We conducted an environmental scan of existing bioethics podcasts, gray literature, and editorials addressing marginalization in mainstream bioethics. Based on these findings, we developed a name, mission statement, and outline of topics and speakers. The podcast was launched in the fall of 2021 and episodes are released monthly.Our live podcast panel will include the two co-hosts and two other members of the production team. Each will speak for 10 minutes and the remainder of the time will be devoted to questions. We will elicit audience feedback on various decisions, address challenges developing a podcast, the intended impact of the podcast and future directions.To reimagine and to

claim a public bioethics alternative modes of sharing knowledge, and challenging norms are needed, and we hope our podcast can provide avenues for scholarship, awareness, and engagement.

1:45 - 3:00 pm, PBR 253 Paper: Decisionmaking in Pedatrics

Sundes Kazmir, Michael Certo, Rohit Jaswaney

1:45 - 3:00 pm, PBR 254 Paper: Sexual Ethics

Marlee Mason-Maready, Stephanie Tillman, Barry DeCoster

1:45 - 3:00 pm, PBR 255 Paper: Mistrust and Misinformation

Patrick Herron, Nathalie Egalite

1:45 - 3:00 pm, D139-140 Paper: Identifying the Root of the Problem: Epistemic Violence, Error, and Guidance

Gabriella Nutter, Claire Shearer, Eleanor Gilmore-Szott

1:45 - 3:00 pm, D137-138 Panel: The Ethics of Psychedelic Research: Partnering with Key Stakeholders to Build Trust

Amy McGuire, Dominic Sisti, Kevin Mintz

Over the past decade, there has been an increase in the number of psychedelic clinical trials, and a cultural and regulatory shift from criminalization and stigma to regulation and mainstream acceptance. The use of psychedelics by indigenous communities dates back millennia, but modern psychedelic research presents novel ethical, legal, and social challenges. This panel discusses these challenges and the importance of building respectful partnerships to address them. The first panelist describes the landscape of modern psychedelic research, examines how psychedelic research organizations have or have not addressed ethical challenges, and suggests ways medical ethicists can work more closely with psychedelic research organizations to build comprehensive ethics programs. The second panelist addresses the evolving regulatory environment, examines the conflicting interests of those who use psychedelics for medical, religious, and recreational purposes, and discusses the role of intellectual property, including how patents should intersect with indigenous knowledge. Drawing on informal interviews and direct observation, the third panelist explores the lived experiences of indigenous communities, their beliefs about the use of psychedelics, and ways that modern researchers can partner with and learn from them. Finally, the fourth panelist explores the barriers that people with physical and sensory disabilities confront in psychedelic trials and suggests that the psychedelic research community needs to engage with disability communities about barriers to access and needs for accommodations. Taken together, these presentations foster a dialogue about the role bioethics can play in shaping public debate about the future of psychedelic research and therapies.

1:45 - 3:00 pm, D136 Panel: The vivid cases that shape us, the varied backgrounds that make us

Laura Webster, Claire Horner, Kristine Ehlert, Leslie Kuhnel

Vivid cases make vivid impressions; and unique personal and professional experiences offer the opportunity to reimagine the work of clinical ethics consultants in response. In this presentation, four clinical ethicists will share the vivid cases that linger in their hearts and minds, and how they drew upon their multidisciplinary skills and experience to navigate the clinical and emotional challenges of these difficult cases. In addition, each panelist will describe how their different primary professional lenses of a social worker/chaplain, lawyer, nurse, and public administrator shaped -- and was shaped by – their consultation experience. They will explore the varied lessons learned, consider how these vivid cases connect them with the broader public health crisis of professional and personal burn-out, and reflect on their own unique efforts to remain resilient in the face of intense complexity and ambiguity. By comparing and contrasting these unique professional and personal perspectives, the audience is invited to consider new ways of reimagining the role of clinical ethicist as convener of diverse perspectives, facilitator of integrative dialogue, and explorer of personal self-awareness. Ultimately, this panel asks the question: How do we draw from the best of our personal and professional selves as we continue to grow, learn, reflect on, and move forward from the vivid cases that stay with us long after the consultation ends? Come for the stories, stay for the conversation.

1:45 - 3:00 pm, D135 Panel: Framing Bioethics in Light of Historical Trauma

Austin Dalgo, Duane Loynes, Paul Young, Albert Mosley

Trauma-informed care is a conceptual model that responds to the ways that traumatic events experienced at the individual level produce continuing adverse effects. The concept of historical trauma extends the insights associated with individual trauma-informed care into a recognition that there are complex and long lasting communal effects of past injustices. Entire communities absorb the cumulative effects of injustice as they compound over time. The effects of historical trauma may be experienced at the community level, but they also manifest in morally fraught individual clinical encounters. Inattentiveness to historical trauma may lead providers in the ER to respond to the pain experienced by patients with sickle cell disease in ways that trigger distrust. Care that is not framed by awareness of historical trauma may lead ICU providers to engage in conversations about life prolonging technology that unintentionally communicate a failure to value the life of loved one.We contend that in order to adequately care for persons embedded in communities marked by historical traumas, medical providers and systems as a whole need to develop a historical trauma-informed model of care. We further contend that bioethics must be framed by attentiveness to patterns of social inequality to address most pressing ethical issues of our day. Drawing on a case study where historical trauma was especailly relevant, our panel will address the need to develop a framework for bioethics that recognizes the effects of historical trauma on everyday clinical interactions and ethics consultations.

1:45 - 3:00 pm, D133-134 Panel: The Emperor has No Clothes: Advance care planning and the role of the ethicist

Kellie Lang, Deborah Cruze, Alain Durocher

As recently highlighted in a New York Times guest essay (Lamas 3-3-22), evidence has emerged that advance care planning (ACP) is not all it had promised to be. ACP has not demonstrated to have had a positive impact on patients and the care they wish to receive later in life. And yet, healthcare institutions continue to invest in these efforts and taxpayers, as well as private foundations, continue to fund research (Morrison 2020.)Our panel will unpack the potential issues underlying these findings. We will begin by providing a brief history and the rationale for supporting ACP efforts and provide a summary of the research related to its effectiveness. From there, we will explore whether the anticipated effectiveness of ACP was ever justified given a lens of whiteness and “able-ness”; a tacit goal to limit care; and the inherent uncertainty of medicine and human decision-making. In conclusion, we will invite attendees to share their expertise and perspectives, particularly regarding the role of an ethicist when entities may wish to defend, rather than amend, their ACP programs.

1:45 - 3:00 pm, E146 Panel: Moving IRBs from Audit Culture to Deliberative Quality

Holly Fernandez Lynch, Justin Clapp, Holly Taylor

This panel discussion will introduce the audience to the current status of efforts to define, measure, and improve the quality and effectiveness of institutional review boards (IRBs) and the human research protection programs (HRPP) of which they are often a part. We will begin by describing the difficulties of evaluating deliberative bodies charged with applying standards subject to reasonable disagreement and of incorporating outcome measures into IRB and HRPP assessments. We will then present the results of a large interview study comparing the perspectives of various IRB stakeholders on how best to define and measure quality. These interviews reveal an important disconnect between the views of thought leaders in research ethics oversight and those of current IRB directors, with only the former group highlighting participant protection and thoughtful review as essential elements of IRB quality. Next, we will reflect on IRB quality within the larger sociological and anthropological context of “audit culture,” in which actors and organizations tailor their practices to obtaining favorable measurements rather than to achieving more substantive goals. For IRBs, audit culture takes the form of measuring success via compliance and efficiency standards, distracting attention from careful deliberation and participant protection. Finally, we will close with a discussion of how best to incorporate assessments of deliberative quality into assessments of IRB quality. This discussion will address the core role of ethical deliberation within the realm of human research protections, challenges in measuring deliberative quality, and proposals for empirical study.

1:45 - 3:00 pm, E145 **Paper: Issues of Ethics and Risk in Diverse Care and Research Settings**

Rebecca Walker, Jonathan Herington, Hillary Weiner

1:45 - 3:00 pm, E144 **Panel: Supporting Diverse Patient Populations: Ethicists’ Strategies for Addressing Trust Issues in Clinical Care**

Ruchika Mishra, Robert Fulbright, Kelsey Gipe, Shilpa Shashidhara

Trust is an essential tool in healthcare. It anchors a patient and family to a healthcare provider. Clinical ethics consultations are often requested in situations where loss of trust leads to value conflicts. This can result in refusal of treatment, requests for medically inappropriate treatments, poor patient outcomes, and overall distress among patients, families, and providers. This interdisciplinary panel with clinical ethicists ranging in practice from 2 to 15 years and serving multicultural patient populations across seven community hospitals will discuss ethically challenging situations related to diverse patient populations where loss of trust was a key trigger for conflict. The panel will review four different clinical cases where an ethics consultation was requested. The patient care situations will focus on specific characteristics in the following scenarios: 1) patient and family, with fixed beliefs, do not believe the diagnosis and prognosis, 2) surrogate claims that patient is being denied equal treatment due to their race, 3) family requests medically non-beneficial treatments due to their cultural beliefs, and 4) patient unable to follow through with treatment plan due to linguistic barriers. The panelists will identify communication techniques for how to move forward in a productive manner when patients and their families struggle with trusting the medical system. The ethicists will also explore effective tools, strategies, and integrative approaches that have proven effective to address cultural and linguistic barriers, heal broken relationships, build trust and rapport, and help healthcare providers maintain trust with patients and families in the future.

1:45 - 3:00 pm, E143 **Paper: Advanced Medical Technology**

Isabel Canfield, Karola Kreitmair

1:45 - 3:00 pm, E141 Panel: Dobbs, Disability, and ""Medical Futility"" Exceptions

L. Syd Johnson, Stephanie Meredith, Kara Ayers, Alyssa Burgart

Following the Supreme Court’s Dobbs decision on abortion, several US states have enacted near total bans on abortion. Some state laws include exceptions to save the pregnant person's life, or when the fetus is diagnosed with a condition deemed “incompatible with life.” This panel will examine one such law in Louisiana, which defines procedures to remove “an unborn child who is deemed to be medically futile” as not an act of abortion. The state Department of Health has issued a list of “Conditions that shall deem an Unborn Child ‘Medically Futile.’” Value judgments are embedded in the language of futility. We object to using this language to carve out specific abortion exceptions for multiple reasons. Such exceptionalism does not protect the reproductive freedom of pregnant persons; it reinforces biases concerning disability and quality of life in medical decision-making concerning abortion and pregnancy; and it imposes existing neonatal biases in circumstances in which infants declared “medically futile” are born alive and survive. The panel includes a philosopher/clinical ethicist, a patient educator, a disabled researcher living with a listed condition, and a pediatric anesthesiologist/ethicist who cares for children with medical complexity. We will explore the ambiguity and misuse of futility and how “futility” based abortion exceptionalism usurps the roles of pregnant persons, parents advocating for infant children, and medical providers, and foments inaccurate, prejudicial, and incomplete perceptions of disability.

3:15 - 4:30 pm, General Session Room Closing Plenary: Doing Bioethics in Public: A Conversation About the Aducanumab Controversy

Holly Fernandez Lynch, Toby Schonfeld, Jason Karlawish

In June 2021, the FDA approved Biogen’s aducanumab for the treatment of Alzheimer’s disease–and with that, patients and their caregivers finally had a treatment. Or did they? In the months that followed, controversy unfolded over several domains: regulatory capture at the FDA, the difficult balance between speed and certainty, the role of advocacy groups and patient desperation, the relevance of expertise, the distortion of innovation, the cost and coverage of drugs, and more. Join Holly Fernandez Lynch and Jason Karlawish for a conversation about their experiences wading into this controversy and doing bioethics in public.

5:30 - 7:00 pm, PBR 252 Talk RX

Pablo Romano, Jason Gomez, Rachel Ryan, Maite Van Hentenryck, Jenny Tiskus

This performance presents four stories from TalkRx, a quarterly community storytelling event for students in medical school and residency. Narrative medicine is well established as a powerful tool in developing resilience amongst physicians and medical students as well as an effective therapeutic tool for healing amongst patient communities. TalkRx is a live storytelling event that showcases diverse experiences of medical students and residents while providing space for reflection, creativity, and catharsis. This session brings TalkRx to life with four speakers sharing their stories for the audience, followed by an opportunity to ask questions.

This session guide is updated as of October 20, 2022. Last-minute schedule or speaker changes may occur. For the most up to date information and more information about flash and paper presentations, visit the conference website. Reach out to info@asbh.org with any questions.