Wednesday, October 11, 2023

2:00 - 4:00 pm, Galena **Preconference Session: Conflict Resolution Skills for Ethics Committees (Conflict Management, Part I)**

Haavi Morreim

Often, ethics consults stem not from moral puzzlement, but from conflict - - staff tensions about a complex situation, a "difficult" patient, intra-family feuds, and myriad other scenarios. 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 "toolset" 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. In Part One, small-group consult teams will "huddle" to discuss how best to approach the situation. Following a debrief, smaller pairings then conduct conflict resolution conversations. Everyone will participate in all practice exercises, followed by extensive debriefing for each. The presenter is a highly experienced and frequent mediator, both for the courts and in the clinical setting. She teaches 4-day conflict resolution/mediation trainings for clinicians, has co-taught 5-day mediation trainings designed for attorneys, and also provides full-day trainings for residents.

2:00 – 5:30 pm, Heron **Preconference Session: Implementing a Cutting Edge Ethics Consult Data System**

Kelly Armstrong, Stowe Locke Teti

Translating an aggregate of daily consult work into valid, useful insights that can drive a better understanding of one's practice environment, laser-focus evidence-based quality improvement efforts, and facilitate high-powered research is of great value to an ethics consult service. But setting up a system that meaningfully communicates ethics consult data and simplify its analyses can be a daunting prospect. In this workshop, the presenters will share their ACECS-powered data model and data dashboard using their own 1,700-case database as an example. Presenters will demonstrate how to use a robust customizable data system and will leave with a sample coding system and an Excel-based data collection and modeling system that they can immediately put into practice to begin analyzing and sharing data. The process of creating meaningful data will be discussed: the benefits, barriers, and blunders along the way. The benefits of this system are many: participants can better understand their practice environment, better allocate resources, identify areas needing improvement, and communicate their service's performance and value to other stakeholders. ACECS is the most widely used coding system available at this time and is in use by dozens of hospitals and health systems. As a result, participants can utilize their own data dashboard to create opportunities for benchmarking, collaboration, and data sharing. Finally, we will propose a vision of enable data-sharing on a large scale so the field can develop an epidemiology of ethics issues—essential to advance the profession and empirically ground practice standards.

2:00 – 5:30 pm, Falkland **Preconference Session: HEC-C Review Course**

Trevor Bibler, Abram Brummett, Maggi Budd, Anca Dinescu, Amanda Hine, David A. Oxman

Developed and presented by ASBH HEC-C Review Course Task Force members, this review course will provide a solid review foundation for those interested in or planning to or take the Healthcare Ethic Consultant-Certified (HEC-C) Examination. The course will be interactive, with updated sample questions used to provide attendees an opportunity to test their existing knowledge and connect question themes with the HEC-C Examination content outline, knowledge statements, and core references as a review framework.

Each attendee will receive an PDF version of the HEC-C Study Guide following the session.

4:30-6:30 pm, Galena **Preconference Session: Managing Challenging Conversations through Skilled Facilitation: Conflict Resolution Part II**

Autumn Fiester

The ASBH has long endorsed the facilitation approach as the best model for ethics consultation yet many clinical ethics training programs do not offer skill-based training in this important technique. While mastery of multi-party facilitation is one of the core competencies, many ethics consultants have not been trained in facilitation techniques. Empirical data show that the majority of US clinical ethicists 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 skill-based knowledge in the 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. In this hands-on workshop, participants will learn how to effectively conducting complex, multi-party, and emotionally charged meetings with a diverse set of stakeholders. Careful attention will be paid to the issue of values-imposition and how to avoid it in consultation. Participants will master advanced facilitation through a combination of didactic presentations, question and response activities, and small group activities.

Thursday, October 12, 2023

7:00 am – 5:30 pm, Networking Hall

7:00 am – 8:00 am, Grand BR Foyer Breakfast

7:00 am – 8:00 am, Affinity Group Meetings
Galena Animal Bioethics Affinity Group Meeting
Dover AB Current and Former Clinical Ethics Fellows Affinity Group Meeting
Essex AB ELSI Affinity Group Meeting
Essex C Islamic Bioethics Affinity Group Meeting
Laurel AB Nursing Affinity Group Meeting
Heron Philosophy of Medicine Affinity Group Meeting
Chasseur Public Health Affinity Group Meeting
Dover C Rural Bioethics Affinity Group Meeting
Lauren CD Surgical Ethics Affinity Group Meeting

8:15 – 9:30 am, Atlantic Session: Pediatric Clinical Ethics
A Multi-Center Retrospective Analysis of the Characteristics of Pediatric Patients with Ethics Consults
Nicole Drawbridge
Assessment of Nudges Delivered to Critically Ill Children: What Makes a Nudge Ethically Defensible.
Joshua Moise-Silverman
Pediatric Ethics Consultation in the Outpatient Setting
Janice I. Firn

8:15 am – 9:30 am, Essex C Session: Implementing Genetic Testing
A Normative Justification for Health-System Led Notification of Relatives Eligible for Cascade Genetic Testing
Leila Jamal
Ethical Considerations for the Universal Genetic Testing of Cancer Patients
Andrew Schildcrout
Genetics and Democracy: Deliberative Mini-Publics and GMO Decision-Making
Naomi Scheinerman

8:15 am – 9:30 am, Grand Ballroom 3-4 Addressing Racism and Achieving Equity in Bioethics Programs: Reality and Recommendations
Yolonda Wilson, Sandra Soo-Jin Lee, Nancy Berlinger, Sarah Raskoff

The 1st presenter will set the stage for this panel: Recent years have brought increased attention to the problem of racism in health care settings and the role bioethicists should play in addressing it. One intervention that bioethicists can make in ameliorating racism is through training bioethicists. As the training site for future bioethicists, bioethics programs occupy a unique position in shaping the future of the field. What trainees are taught about race and racism can help frame the discourse on these issues for decades. The 2nd speaker will present results of a recent online survey of bioethics program directors that examined how their programs responded to calls to address racism. The 3th presenter will report the work of a two-year international task force focused on identifying challenges to achieving racial equity, diversity and inclusion (REDI) in bioethics programs. This presentation will discuss the task force recommendations for bioethics program directors to advance REDI through their programs. The 4th presenter will discuss her center's DEI and anti-racism programming which includes a publication project regarding the health consequences of racism and two initiatives involving students who are underrepresented in bioethics: a week-long educational workshop for undergraduates and a year-long opportunity for minority doctoral students to build a mutually supportive community with support from diverse bioethics scholars. The presenter will explain how these initiatives were developed and offer practical suggestions for audience members interested in building on existing assets to develop programming to support DEI and anti-racism goals at their own institutions.

8:15 am – 9:30 am, Bristol **Session: Moral Distress and Clinical Ethics**

Anticipatory Moral Distress: A conceptual analysis

Emma Tumilty

Identifying Sources of Moral Distress Among Medical Students in the Clinical Learning Environment

Annika D. Reczek

Moral Distress Rounds: Development of a New Technique to Alleviate Moral Distress

Brian M. Jackson

8:15 am – 9:30 am, Galena **Session: Communitarian Approaches to Public Health Issues**

Beyond Coverage: A Luck Egalitarian Argument for Making Orphan Drugs Affordable

Eric J. Kim

Justice and the Tragedy of the Commons: Addressing the Antimicrobial Resistance Crisis

Timothy Shaw

Measuring and correcting for the moral dilemma of cost-effectiveness and disadvantaged populations

Kate Saylor

8:15 am – 9:30 am, Falkland **Workshop: Educating on Evolving Technologies: Case-Based Learning for Ethics of Healthcare AI**

Richard R. Sharp, Sara Gerke, Anya Prince, Michelle McGowan

As applications of artificial intelligence (AI) are rapidly integrated into healthcare, there is a pressing need for educational content to prepare interdisciplinary learners for identifying, interrogating, and addressing AI-related ethical challenges. Despite this need, few pedagogical resources exist to support bioethics educators and learners as they consider the ethical dimensions of healthcare AI. Involving highly technical elements and emerging regulatory structures, healthcare AI presents unique challenges to bioethics educators. Additionally, lack of transparency behind AI algorithms can limit opportunities to examine more nuanced ethical themes related to algorithmic biases and validation. These limitations have far-reaching implications when applied in practice, raising broader ethical concerns related to public trust, distribution of accountability for clinical decisions, and oversight of healthcare AI. While evidence supports the use of case-based learning (CBL) in ethics education, the complexity of AI technologies demands careful consideration for how to integrate CBL into AI ethics education. This workshop will provide attendees with guidance on the development and use of AI ethics case studies. Drawing on personal experiences as ethics educators, presenters will facilitate hands-on activities related to the use of AI cases constructed using pedagogical research and application-specific literature. Additionally, presenters will offer reflections on their use of specific case studies in the context of undergraduate- and graduate-level courses. Attendees will be directed in small groups on how to construct effective case studies and discussion questions that can be iteratively modified to meet the needs of learners in the context of dynamic technological developments and individual institutional experiences.

8:15 am – 9:45 am, Waterview AB **Ethical Issues Surrounding Physician Aid in Dying: The Experiences of One California Institution**

Holly K. Tabor, Megan Cvitanovic, David Magnus, Joshua Fronk

The End of Life Option Act (EOLA) took effect in the state of California in June 2016 and permits adult terminally ill patients to receive medical aid-in-dying (MAID) medication to hasten their death. This panel will discuss the experiences of EOLA/MAID at one California academic medical institution. A bioethicist who helped lead the implementation and exploration of MAID /EOLA will describe the stakeholder process and issues that arose in implementation, including the requirement of an ethics consultation. The second speaker, a bioethics researcher, will present results from a mixed methods study of physicians involved in the EOLA process during the first five years it was in effect. To our knowledge no other studies to date have examined the attitudes and experiences of California physicians' participating in the process. She will present themes including: 1) challenges in end-of-life discussions; 2) practical challenges in implementation; 3) personal construction of professional boundaries, 4) questions about patient eligibility; 4) concerns about inequity in access; and 5) parallels with abortion. The third speaker, a palliative care physician at the institution who has participated in EOLA, will present some of his experiences since the law went into effect, and elaborate on barriers and ethical challenges. The fourth speaker, a bioethicist, will present empirical data about ethical challenges that providers face and that arise in implementation of EOLA in a large health care institution. She will discuss these ethical challenges in the context of the broader ethical discourse about EOLA/MAID.

8:15 am – 9:30 am, Dover C **Session: Ethical Issues in the NICU**

Moving Forward from the Past with Equity, Inclusion and Cultural Humility: Contemporizing the Neonatal Intensive Care Unit (NICU) Family Centered Care Model

Beatrice Lechner

Sequencing at Birth: Neglected Ethical and Equity Issues in Genomic Screening of Newborns

Aaron Goldenberg

8:15 am – 9:30 am, Chasseur **Session: Psychiatry**

Pediatric Psychotropic Polypharmacy: Clinical and Ethical Tensions

Gail A. Edelsohn

The ethical justifications for lobotomies in historical context and implications for clinical ethics practice

Leon Budrie

What Does Clinical Ethics Have to Say to Newly-Legalized Psilocybin Therapy?

Sara Kolmes

8:15 am – 9:30 am, Laurel CD **Quantitative Bioethics: The Promise and Challenges of Using Advanced Quantitative Methods in Empirical Bioethics**

Jonathan Herington, Juan C. Rojas, William F. Parker

The increased scale and complexity of health data collected by hospitals and public health organizations has coincided with an explosion in advanced quantitative techniques. Tools like machine learning, simulation models, and quasi-experimental causal inference present opportunities and challenges for the field of empirical bioethics. This panel will examine using data science as a method for bioethical inquiry. The first presenter, a philosophical bioethicist, will identify the bioethical questions amenable to quantitative bioethics – including resource allocation, health equity measurement, and equipoise in research ethics. They will demonstrate how advanced quantitative techniques can test bioethical interventions, rigorously assessing the intervention's performance per its stated goals, and quantify important tradeoffs (e.g. benefit versus risk of harm, individual versus population). The second presenter, a health services researcher and bioethicist, will discuss the simulation of life-support allocation in crisis standards of care. They will discuss how advanced empirical methodologies can inform and influence normative ethical reasoning, specifically how algorithm design forces the designer to make specific normative choices that in turn leads to a re-examination of the underlying bioethical reasoning. The third presenter, a clinician and healthcare delivery scientist, will discuss how implementing prediction models in healthcare generates new empirical bioethical questions. They will explain how advanced quantitative methods are often opaque to key stakeholders and how many technical assumptions by the data scientists encode value judgments. Finally, they will discuss the practical challenges of attempting to embed normative values and into machine learning predictors.

8:15 am – 9:30 am, Waterview CD **Responding to Patients Who Manifest Prejudice Towards Clinicians: A Dialogue with the Audience**

Michael Andreae, Anita Fernander, Monica Peek, Rosamond Rhodes

Most minoritized clinicians have experienced prejudice at the hand of their patients. While implicit bias of clinicians against patients of color is well-described, the inverse, Patient Prejudice towards Clinicians PPtC), has received little attention. Physicians, nurses, and other medical professionals who are targets of prejudiced micro- and macro-aggressions are often hard-hit by the experience, and trainees are typically unprepared to respond. PPtC events are a hardship for minoritized clinicians throughout their clinical training and practice. Enduring verbal or behavioral assaults is exhausting. Repeated prejudiced aggression affects their health, impedes their careers, and leads to burnout. PPtC can interfere with clinical care. Instead of leaving affected clinicians unsupported, some team members may try to rally in their defense, but often allies don't know how to respond effectively. When supervisors and bystanders trivialize the events, their response adds insult to injury. Thus, responding to hostility from prejudiced patients often becomes a team crisis that may culminate in ethical, legal, or professional problems. Ethically responding to PPtC behavior raises challenges. When must medical professionals maintain non-judgmental regard towards their patients? If patients have the right to choose caregivers, do clinicians have a right to reject prejudiced hostile patients? Without normalizing or accepting prejudice, how should clinicians, how should teams respond to patients' bigotry? We introduce this topic with presentations of relevant study findings and the challenges diversity officers face. Subsequently, two panelists debate positions on ethical considerations regarding PPtC. Throughout and following that prelude, we will invite the audience to join the dialogue.

8:15 am – 9:30 am, Dover AB **Revisiting Convalescent Plasma – Again: Ethical Stewardship of Immunology's "Holy Grail"**

Alen Agaronov, Arturo Casadevall, Chaim Lebovits

Convalescent plasma was one of the first investigational treatments available for COVID-19 during the darkest days of the pandemic when few alternatives were available. The premise is thus: blood plasma rich in antibodies donated by people recovering from COVID-19 is transfused into recently infected people to help the latter fight off an active infection. Theoretically, this approach provides a cheap, accessible, and up-to-date treatment for emerging infectious diseases anywhere in the world. Yet, convalescent plasma, or serotherapy more broadly, is nothing new; clinicians advocated for its use since at least 1890 when it was tested for diphtheria and tetanus, followed by measles, the 1918 flu, two Ebola epidemics, swine flu, SARS, and, recently, COVID-19, to name a few. Following each outbreak, convalescent plasma generated political drama and 'mixed evidence' before again becoming the subject of pandemic amnesia. COVID-19 offers an opportunity to reflect on a longstanding ethical debate about physician autonomy in pandemic medicine. This panel, moderated by an ethicist-implementation scientist, brings together four voices in patient advocacy, immunology, clinical medicine, and drug development to explore what ethical stewardship of convalescent plasma would look like given its lack of a traditional corporate sponsor, and what this practically and symbolically means for medical regulation. The panel will discuss market (dis)incentives for developing government-sponsored medical technologies like convalescent plasma and weigh the pros and cons of standardizing and commercializing convalescent plasma (drawing links to recently FDA-approved fecal transplant therapy) to debate who or what is responsible for the future of convalescent plasma.

8:15 am – 9:30 am, Heron **Session: Suffering Revisited**

Should we all die asleep? The problem of the normalization of palliative sedation

Hans Van Delden

The Uncertain Meaning of "Medical" in Canadian Medical Aid in Dying

William Choi

This session guide is updated as of October 5, 2023. 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.

8:15 am – 9:30 am, Grand Ballroom 1-2 **Panel: The Ethicist as Troubleshooter: From Critical Disagreement to Consensus About the Clinical Ethicist Role**

Thomas V. Cunningham, Eli Weber, Felicia Cohn, Mark J. Bliton

Many attempts have been made to formalize the clinical ethicist role, yet disagreements remain. Some argue for a narrow view—ethicists should respond to consult requests solely by providing ethical analysis and referring cases to other specialists to perform any functions other than analysis and recommendation. Others advocate for an expanded role, where the ethicist could perform functions shared with other provider roles, based on the authorization and needs of the institution. In this panel, four clinical ethicists attempt to resolve these tensions based on their experience in academic medical centers and large health systems. The first panelist argues we must be able to explain the central responsibilities of the clinical ethicist, otherwise the perception that there are no core tasks associated with the role undermines chances for the profession's longevity and security. The second panelist contends that certification only provides a baseline for defining the core clinical ethicist role, as the ethicist's practice extends beyond the competencies examined. The third panelist advocates for understanding the ethicist as a "troubleshooter" within hospitals and then suggests how narrative and data-centered quality assessment methods support this expanded view of the role. The fourth panelist proposes that as clinical ethics practices are increasingly performed in large health systems, the influence of operational goals means that the role of ethics consultation is to make "ethics" problems recognizable as "typical," and able to be "resolved" using standard procedures rather than a moral engagement in helping patients and other stakeholders reckon with transformative moral experience.

8:15 am – 9:30 am, Laurel AB **Panel: The impact of clinical algorithms on racial and ethnic disparities - findings from a systematic review, and critical discussion of policy options and value tradeoffs**

Kelley Tipton, Harald Schmidt, Shazia M. Siddique, Jaya Aysola

This interdisciplinary panel combines perspectives from scholars in clinical medicine, epidemiology, health policy, and bioethics. The moderator will begin by describing the background to a systematic review commissioned by a major federal agency in response to a Congressional request for a comprehensive report on race-based algorithms. The first speaker is an Associate Professor of Medicine and health services researcher with expertise in health equity improvement. She will define core terms and present current standards, challenges, and opportunities for approaching race and ethnicity in healthcare. The second speaker, is an Assistant Professor of Medicine and Associate Director of a University-based Center for Evidence-based Practice. She will discuss, in general terms, the systematic review findings to identify and characterize the extent to which clinical algorithms impact healthcare disparities across racial and ethnic groups. The third speaker is an Associate Director of an entity specializing in systematic reviews. She will focus on select cases of identified bias and also focus on ways of mitigating its impact. The fourth speaker is an Assistant Professor of Medical Ethics and Health Policy focused on improving equity in resource allocation. He will outline and contextualize the tradeoffs between 3 different options in response to identified biases (viz. accepting that they exacerbate disparities, seeking to ensure that they do worsen them, or seeking to mitigate them), and bridge to engaging the audience to discuss in which cases which of the 3 strategies should be ethically justified.

8:15 am – 9:30 am, Kent A-C **Debate: To see or not to see the patient**

Oliver Schirokauer, Monica Gerrek, Steven Radwany, Louis Ferrari

The Core Competencies for Healthcare Ethics Consultation, 2nd Edition, (ASBH, 2011) asserts that "Generally speaking, a consultation about a specific patient would require, in most instances, direct communication with the patient or surrogate and involved practitioners …." This view that the consultant should typically meet with the patient or surrogate is widely endorsed by practicing clinical ethicists. However, not everyone agrees with it. In this debate, we will hear arguments for and against it from two ethicists who have extensive experience with ethics consultation and have each served as chair of a hospital ethics committee. Not surprisingly, the discussion will touch on fundamental questions regarding the clinical ethicist's role and impact. The proponent of the position that seeing the patient should be the default will argue that visiting the patient respects the patient's autonomy and is essential for the consultant to fully understand the situation at hand. The opposing presenter will argue that the well-being of both the patient and medical team is generally best promoted by engaging the team in ethical deliberation and supporting the patient-team relationship, and moreover that these processes do not require and could be hampered by having the ethicist enter the clinical space. After both positions have been presented, a physician who consults Ethics regularly will speak to the value of having the consultant see or not see the patient. The session will include considerable time for audience participation and will be moderated by a fourth panelist who has both clinical and ethics consultation experience.

8:15 am – 9:30 am, Essex AB Performance/Exhibition: Transforming OBGYN Pedagogy: Informed Consent in Medical Education

A'magine Goddard, Ari Silver-Isenstadt

"A new documentary exposes the little-known, questionable practice of teaching medical students how to do pelvic exams by performing them on unconscious patients without their explicit consent. In an era when conversations about patient rights, reproductive justice and racial justice are front of mind, this film investigates how medical education is failing to teach the importance of consent and bodily autonomy to students and who it most harms when it does. By going inside medical schools and hospitals, following students as they work to reconcile their personal ethics with the learning methods they encounter, we grapple with the questions:

-How do we teach medical students and maintain high standards of patient consent for participating in medical education?

-Why has peer-reviewed research led to the conclusion that informed consent becomes significantly less important for medical students at the time of their OBGYN clerkships?

-What needs to happen to ensure patients are properly consented to intimate exams that are beyond their scope of care?

-What is the impact of intimate exam education as it has been done historically on both patients and students?

-What new standards can and should be adopted for intimate exam education that create transparency and clarity of consent for both students and patients?

We will review several film clips that include tender patient testimonies and accounts, medical student stories, and the expertise of legal advocates, historians and researchers, followed by discussion about the questions being raised in this work."

9:30 am – 10:45 am, Waterview AB Panel: Conserving Personhood: Meaning, Experience, and Regret in Intersex-affirming Healthcare

Elizabeth Reis, Jacob D. Moses, Debra Carroll-Beight, Rowan Kim

"Recently, the first intersex-affirming policies from US hospitals sharpened public awareness of ongoing concerns in intersex healthcare. And yet, questions remain as to what it means to be intersex-affirming. What does conserving personhood mean with regard to intersex patients? When the patients are children, how should physicians navigate parents' wishes about their bodies? And how should we interpret recent studies that explore parental regret about such permanent decisions? Drawing from a range of disciplines, institutions, and career levels, our panel will explore how policymakers, physicians, parents, and activists consider intersex personhood. Using disability and queer frameworks, Panelist #1 will explore how the language we use to describe "intersex" obscures people's lived experiences, thus contributing to a disconnect between intersex people's identities, bodily experiences, and familial relationships. Panelist #2 will examine the parameters of the term ""medically necessary"" when physicians consider infant genital surgery. To what extent is the term dictated by assumptions about the patient's presumed future gender identity? Panelist #3 will consider the nature of regret: whose "regret" should be prioritized, the parents' or the patients'? And what role should potential regret play in making surgical decisions? Panelist #4 will discuss the political and ethical implications of recent intersex cases where physicians surgically preserved anatomical options instead of enforcing a single gender identity, recognizing that the children might choose a different gender later. Collectively, we will explore whether we are headed in an ethical direction with intersex-affirming care."

9:45 am – 11:00 am, Galena Session: Community engagement in research

A Pragmatic Neuroethics Framework for Research Ethics Consultation: Embracing Pluralistic Stakeholder Engagement in Research Ethics Deliberations

Shelly Benjaminy

Advancing equity in artificial intelligence-enabled mobile health tools: A focus group study of Hispanic and Latinx community perspectives

Stephanie A. Kraft

The roles and responsibilities of patient partners in the development of research ethics guidelines

Cory E. Goldstein

9:45 am – 11:00 am, Falkland **Workshop: "It must be nearly finished…" Samuel Beckett's Endgame as a lens for examining illness, caregiving, and bioethics**

Gretchen Case

"By putting human complexities in front of audiences, theatre offers a framework for exploring lived experiences through metaphor and fictional characters. When that audience is made up of health professionals and trainees, theatrical texts and practices can offer insight into health, illness, caregiving, and bioethics.

In 1954, playwright Samuel Beckett learned that his beloved brother Frank had been diagnosed with terminal lung cancer. Beckett, not in good health himself, immediately left Paris to tend to Frank in Ireland for several months until Frank's death. This experience of caretaking and witnessing his brother's slow death in the small Kilkenny house is reflected in Beckett's absurdist tragicomedy Endgame, which is set inside a shack in a post-apocalyptic landscape. Samuel and Frank Beckett shared a passion for chess, from which the play's title, a chess term, is derived. The play's characters include Hamm, a blind, domineering man in a wheelchair; Clov, Hamm's servant and caretaker, who is not able to sit; and Hamm's parents Nagg and Nell, who live (and die) in garbage cans in the corner of the room. In this workshop we will examine Endgame for issues of disability, bioethics, and caretaking. Reading from the script, participants will contemplate the ways in which the play reflects their own experiences with illness and health care and the ways in which it opens conversations not represented in the play. Participants will leave this workshop with practical guidelines for using theatre in pedagogical settings, as well as in support settings for caregivers and others."

9:45 am – 11:00 am, Laurel AB **Session: Diversity in Research Ethics**

Adaptive Engagement: Applying an Old Concept in a New Direction to Promote Diversity, Inclusivity and Equity in Research

Erin Paquette

Race-Making – The Imperative to Include how Biomedical Research Contributed to Racism in Research Ethics Curricula

Elizabeth Chuang

9:45 am – 11:00 am, Essex C **Session: Incarcerated Patients and Surrogates**

Advocacy for Forensic Patients & Access to Care

Ariel Clatty

Clinical Ethics Consultations within the Incarcerated Population: A Single Center Retrospective Review

Yena Kang

Putting our assumptions about surrogate decision-making on trial: The incarcerated surrogate

Holland Kaplan

9:45 am – 11:00 am, Grand Ballroom 1-2 **Panel: Are Clinical Ethicists Next? Recognizing Triggers and Mitigating Burnout**

Ryan J. Dougherty, Joelle Robertson-Preidler, Sirin Yilmaz, Ruchika Mishra

"Burnout is a construct that characterizes chronic exposure to workplace stress. Recently, burnout has gained renewed interest in healthcare research, which has documented deleterious outcomes for job performance and personal well-being. Yet, there is little work exploring this phenomena in clinical ethics consultants, depsite that consultants are regularly exposed to high-stakes ethical dilemmas and value conflicts in hospital medicine.

To address this gap, this panel will present a) a conceptual analysis of burnout and its application to the clinical ethics profession; b) narrative accounts of clinical ethicist burnout; and, c) structural solutions to mitigate burnout. This multidisciplinary panel includes clinical ethics professionals and program leaders from four health systems across the United States. The presenters have varying levels of experience and represent clinical ethics service within both academic medical centers and community health settings. The first panelist will provide an analysis of burnout by drawing from empirical research and considerations in applying it to clinical ethics. The second panelist will present a firsthand experience of burnout in a high-volume consultation service to discuss the role of personal and structural contributing factors. The third panelist will discuss their experience, as an individual ethicist, with setting reasonable expectations for a sustainable ethics practice and taking steps to bolster institutional support for burnout prevention. The last panelist will highlight methods to build structural support for clinical ethics consultants from the perspective of a system ethics administrator. The presenter will share strategies to intentionally organize the clinical ethics workplace environment to make burnout preventable."

9:45 am – 11:00 am, Bristol **Session: Moving towards more equitable systems in bioethics and healthcare**

Disruptive Health

Carina Fourie

Hogs, Humans, and the Environment: Expanding upon and emphasizing the importance of "One Health" by looking at the industrial hog farms of North Carolina

Seoyeon Cho

Toward Left-Bioethics: From Public Deliberation to Social Democratic Transformation

Stephen Molldrem

9:45 am – 11:00 am, Waterview CD **Ethics in the Care of Patients with Disorders of Consciousness**

Ariane Lewis, Matthew Kirschen, Michael Young, Michael Rubin

There are unique ethical considerations in the care of persons with disorders of consciousness related to diagnosis, prognosis, equity and resource allocation, consent for treatment and participation in research, and evaluation for covert consciousness. Clinicians and researchers involved in the care of persons with disorders of consciousness must adhere to the principles of respect for persons, beneficence, and justice. In this session, a panel with expertise in ethics, neurology, neurocritical care, neuropalliative care, and philosophy will discuss: 1) Ethical dimensions of diagnosing disorders of consciousness and predicting recovery; 2) International variability in the assessment and management of disorders of consciousness and prediction of recovery; 3) Ethical issues related to consent in clinical care and research involving persons with disorders of consciousness; and 4) Evaluation for covert consciousness and disclosure of results.

9:45 am – 11:00 am, Dover C **Session: Ethics Education for Students**

Ethics In Action - An Innovative Approach for Health Science Students

Cynthia S. McCarthy

Immersive Bioethics Internships for High School Students

Lisa Kearns

Medical Student Education in Bioethics: A Replicable, Interdisciplinary, Co-Curricular Learning Model

Elizabeth Badalov

9:45 am – 11:00 am, Essex AB **Workshop: Feeding the unwilling: ethical challenges in the medical treatment of severe anorexia nervosa**

Catherine D. Shubkin, Sydney Hartman-Munick, Valerie Riss, Timothy Lahey

Severe anorexia nervosa (AN) involves life-threatening distortions in body image and food intake. These cognitive distortions complicate assessment of decision making capacity, and place respect for patient autonomy and provider beneficence in conflict, especially when providers consider involuntary feeding protocols. In this session, an eating disorder specialist, a pediatric hospitalist, an adult clinical ethicist and a pediatric clinical ethicist will discuss the complexities of capacity and consent for patients with AN for whom involuntary feeding is considered. We will highlight conflicting ethical models which may lead to divergent treatment approaches, including the right to an open future versus the right to bodily autonomy, and propose how to align individualized ethical care decisions to specific patient clinical traits. We will explore the dangers of medical paternalism, inherent limitations of treatment and the desire to promote a therapeutic relationship with patients. Finally, we will explore the moral distress experienced by teams tasked with deciding on a course of action for patients with severe AN.

9:45 am – 11:00 am, Atlantic **Session: Pediatric research ethics**

Gene Therapy Trials and Pediatric Assent – Is it Time to Re-Think or Align with Organ Transplant?

Rafael Escandon

Parent Attitudes Towards Using Brain Imaging Technologies for Pre-symptomatic Identification of Autism Spectrum Disorder

Aurora Washington

9:45 am – 11:00 am, Atlantic **Preparing to parent a child with a genetic condition: Key stakeholders weigh in on prenatal genetic testing and its implications**

Sabina Rubeck

9:45 am – 11:00 am, Chasseur **Session: Reckoning with Eugenics and Sterilization Policy**

Patient perspectives on Medicaid sterilization policy

Kavita Arora

U.S Eugenics, Reckoning Lessons, and Bioethics

Charlene Galarneau

9:45 am – 11:00 am, Heron **Session: Effective Communication Skills**

Advance Care Planning One-Page Keystone Document: A Product of a Palliative Care Advisory Council

Steven Squires

Approaching the Patient as Teacher: Cultural Value Disputes and the Virtue of Studiositas

Andre Chavez

Protecting Patient Autonomy from Medical Misinformation: A Pilot Project to Train Providers to Effectively Engage with Patients Who Endorse Medical Misinformation about Cancer Care

Amitabha Palmer

9:45 am – 11:00 am, Laurel CD **Panel: Research Participation as Labor: Models for Respect, Inclusion, and Compensation**

Amelia Hood, Marielle Gross, Isaac Chan, Samantha Horn

"The historical exclusion of many populations from research has had significant consequences on the health outcomes of these populations. Whether they were excluded as a policy (e.g., people with disabilities) or out of convenience (e.g., women of reproductive age), resulting health disparities represent failures of both epistemic and structural justice—skewing the medical evidence base and the distribution of benefits and burdens of research participation. In an effort to facilitate broader inclusion and more generally ethical oversight of research processes, many funders now require researcher accountability to participants. These requirements typically call for participant-advocates to have a seat at the table—as grantees, advisors, and/or co-investigators to research. Participant engagement throughout the research process can facilitate transparency, respect, and accountability of researchers to the participants they rely on. However, models for engagement often view participant-advocates as minimally- or un-paid add-ons to meetings that happen within the niche, academic, and frankly, isolated lab setting. Advocates are often professional proxies for the actual research population, presenting additional challenges of representation and accountability. This panel explores alternative approaches that fundamentally challenge these models, and present alternatives that genuinely restructure the research process to provide meaningful engagement and accountability to all research participants, as well as advocates. Panelists—an ethicist, a biomedical researcher, and a professional patient-advocate—will explore technologies, organizational structures, and engagement activities that promote these values and pursue more ethical and just research endeavors."

9:45 am – 11:00 am, Grand Ballroom 3-4 **Panel: Social determinants in action: An innovative bioethics course provides a practical roadmap to promote equity**

Lori Bruce, Lena Hatchett, Elizabeth Torkington, Jennifer Legardy-Williams

Bioethics continues to grapple with its identity and history. Last year, “Erasing Blackness from Bioethics” by Robert Baker, a prominent bioethicist, revealed bioethics as “a moral insurrection initiated [in part] by… black civil right activists,” and Keisha Ray’s Black Bioethics movement rightly encourages us to recenter bioethics to include those who are “dismissed and forgotten.” But practically speaking, how do we advance these goals, reframing our work around connecting, relating, and belonging - the hallmarks of a decolonized approach? Bioethics seems “stuck” right now as we grapple with our interest in changing but not knowing how to proceed. A landmark course on social determinants of health shows the way through the development of a Learning and Action Plan (LAP). This panel will be facilitated by the course instructor; panelists are multidisciplinary and experienced professionals who completed the course. They will discuss how their LAPs contributed to increased equity within medicine and public health. One panelist, a bioethicist/policy analyst, will discuss her series of published nationwide op-eds addressing inequity within post-Roe laws. The second panelist, a public health nurse, will discuss an initiative which created conversation and connection between disparate groups, reducing stigma and isolation. The third panelist, an epidemiologist, will discuss her innovative approach to food insecurity/obesity within couples experiencing homelessness. This panel will provide attendees with achievable approaches to promote social justice within their programs and research initiatives, fully engaging with the conference theme through centered engagement with key community stakeholders and destructuralizing biases within healthcare.

9:45 am – 11:00 am, Kent A-C Panel: The Experience of Receiving Clinical Ethics Consultation – When You’re A Clinical Ethicist

Maggie Taylor, Laura B. Webster, Virginia L. Bartlett, Amy DeBaets

"Ethics consultants often share, analyze, and reflect on case studies to learn about clinical ethics practices, but less frequently consider what might be learned at the intersection of our personal experiences and our clinical practice – when we are “on the other side” as recipients of an ethics consultation. Through clinical storytelling, critical reflection, and unscripted dialogue, this panel engages with the experience of receiving an ethics consultation in order to interrogate and sharpen our own practices, and to consider how sharing such experiences creates opportunities for peer learning. The panel begins with a presenter telling her story of embodying three different roles on the receiving end of an ethics consultation: as the patient’s wife, as his surrogate decision-maker, and as a clinical ethics consultant. A panel of three experienced clinical ethicists will then respond, critically reflecting on each of the roles presented, engaging with their personal and professional experiences, and identifying the questions and responsibilities that emerge from these intersecting roles. The panel will explore potential implications for clinical ethics practice: 1) identifying different modes of thinking, and goals, perspectives, imperatives to action, etc., associated with each of these roles; 2) considering how the success of a consult may be determined by the role of the person evaluating the consult; and 3) acknowledging and leveraging our lived experiences and vulnerabilities (as consultants, patients, and family members) as part of our clinical practice. Finally, panelists’ reflections on the challenges of sharing personal aspects of consultation experiences will invite audience discussion."

9:45 am – 11:00 am, Dover AB Panel: The Varieties of Religious Experience in Clinical Ethics

Stephen Molldrem

In order to answer the procedural question of “how to solicit the perspectives of key stakeholders when making decisions with broad implications” in healthcare, we must first grapple with the substantive question of whether to adjudicate the normative moral guidance offered by those key stakeholders. This panel will seek to answer this substantive question by exploring the role of theologians, religious ethicists, and chaplains in clinical ethics. The panelists are each dually trained in religious studies and clinical ethics, but they will answer the following questions in different ways to critically assess the place (if there is one) of a theological anthropology in clinical ethics: Is it possible to suspend theological commitments in clinical ethics? Can a clinical ethicist express her theologically informed views about the moral and ethical basis of the practice of medicine without imposing her own religious views on patients and staff? Can she show respect for others, as demanded by liberal democracy and a religiously diverse environment, and still approach her clinical work with a theologically informed moral anthropology? Procedurally speaking, can (or should) training in comparative religions displace training in a normative theology, specifically for those who approach clinical ethics through their roles as chaplains? Ultimately, these questions all deal with the place of theological reflection in the public square but aim to focus our attentions on the specific nature of moral and religious conflict in the healthcare space and the multiple demands put on clinical ethicists with training in theology, religious ethics, or chaplaincy.

9:45 am – 11:00 am, Iron Panel: Value or Villain? Balancing gene therapy patient access and financial challenges

Meghan Halley, Hadley Stevens Smith, Mark Trusheim, Ryan Fischer

Excitement regarding gene therapies (GTs) for rare diseases has been matched by alarm at their cost and potential to amplify disparities. Indeed, the challenges GTs pose are entangled with longstanding biases in healthcare reimbursement structures. For example, some types of healthcare spending of comparable dollar amounts (e.g., neonatal intensive care unit stays) are relatively uncontroversial, while high-priced pediatric GTs generate debate, suggesting deeply entrenched biases in the types of healthcare deemed essential. One driver of this disconnect may be a mismatch in the timing of the costs (immediate) and benefits (long-term) of durable GTs, which differs from traditional therapies dosed over years. The nature of the US healthcare system, in which individuals frequently switch between health plans, exacerbates this mismatch. Creative payment models, such as value-based contracting agreements, could mitigate financial impacts. However, insurance products with GT carve-outs designed to increase access could inadvertently influence patients to choose GTs over traditional therapies. Narrowly focusing on GTs while coverage for other essential healthcare needs (e.g., durable medical equipment) remains poorly reimbursed suggests systemic failures that harm patient outcomes and diminish patient preferences. Further, without a robust long-term patient outcomes data collection system, evaluating the trade-offs between various treatments and their reimbursement approaches is impossible. In this panel, experts from multiple disciplinary backgrounds and perspectives will discuss ways in which the structure of healthcare system financing, benefits design, and reimbursement creates or exacerbates biases in access to GT, as well as opportunities for practical solutions to address these ethical and policy challenges.

11:30 am – 12:45 pm, Harborside Ballroom Plenary: President's Welcome and Engaging the Past to Energize the Future: 25 Years of ASBH and Counting

Bernice L. Hausman, Paul Lombardo, Keisha Ray, Danish Zaidi, Andrew Shuman, Kayhan Parsi

ASBH President Kayhan Parsi will open the conference with a few words and guidance on making the most of your conference experience. ASBH's Silver Jubilee offers an opportunity for us to celebrate the role of bioethics and humanities in society and focus on how we can continue to grow and improve as an ASBH community. This session will look to current and future leaders of ASBH to use the interdisciplinary lenses of bioethics, history, health humanities, education, and equity to celebrate our accomplishments, explore necessary room for improvement, and chart our course moving forward.

12:45 pm – 2:15 pm, Grand Ballroom 5-10 Opening Luncheon

This luncheon is generously supported by the AMA Journal of Ethics.

2:30 pm – 3:45 pm, Laurel AB Panel: "Where you stand depends on where you sit": Navigating medical aid in dying across state lines

Liz Blackler, Yesne Alici, Cindy Bruzzese, Danielle J. Doberman

"Medical Aid in Dying (MAiD) is legal in 10 U.S. states and Washington DC. As large academic medical centers and hospital systems continue to expand and/or merge they have confronted – or may confront as more states legalize MAiD - incompatible MAiD laws in their operational jurisdictions. MAiD is a divisive and polarizing issue that elicits strong emotions from patients, caregivers, healthcare professionals, and the community at large. Faced with conflicting laws, how do institutions develop policies and procedures that ensure ethically-minded and patient-centered care in all their regions and sites? Institutional responsibility requires the thoughtful development, implementation, and oversight of policies and procedures that address requests for MAiD while also respecting the often-conflicting viewpoints surrounding these requests.

This Panel Presentation will feature representatives from 3 separate tertiary healthcare institutions whose clinical operations straddle jurisdictions with incompatible MAiD laws. The panelists will discuss the myriad of legal, ethical, and logistical challenges their centers have faced in drafting and executing sound policies and practices that recognize and respect the innumerable professional and community values. They will elaborate on how these policies have been communicated to patients and staff, and how their institutions provide support to all constituents when the subject of MAiD is raised."

2:30 pm – 3:45 pm, Chasseur Session: Reconsidering Autonomy and Consent

Autonomy Pluralism

Jonathan Knutzen

The Wrong of Nonconsensual Sterilization

Aleksy Tarasenko-Struc

2:30 pm – 3:45 pm, Waterview CD; Panel: Building Tomorrow's Bioethics Today: Field Notes from a New Generation of Clinical Ethics Leaders

Jordan G. Potter, Hilary Mabel, Chelsey Patten, Kevin Dirksen, Trevor Bibler

"As clinical ethics continues to professionalize, hospitals and health systems are increasingly hiring new leaders to oversee their ethics programs. Standing on the shoulders of influential leaders in bioethics before them, we posit that a new generation of leaders offer untapped resources for strengthening the field. By engaging the past to energize the future, this panel of new clinical ethics leaders will offer valuable insights regarding the novel challenges they have faced, how professional organizations can better support them, and where the future of clinical ethics is headed. One panelist directs a moderate-sized ethics program. Another leads an established clinical ethics fellowship. The third directs ethics at a health system in the process of building a new ethics program. The final panelist directs a robust ethics program within a large religious health organization. At the time of the conference, the panelists will have been in their roles from less than a year to over two years. The panelists will first draw upon their experiences to offer insights for new clinical ethics leaders, such as strategies for leading change management, navigating political landmines, and speaking the language of hospital administrators. Then, they will explore how organizations like ASBH can better support the needs of those in their shoes. They will conclude by forecasting what they see (and hope) for the future of the field, including professionalization, changes in practice, and barriers and opportunities facing the profession; we anticipate the panelists' views may differ from existing influential voices in the field."

2:30 pm – 3:45 pm, Galena Session: Conscientious Objection

Can Institutions Exercise Conscientious Objection?

Jason A. Wasserman

Finding Balance Between Professional Integrity and Patient Centered Care: Creating Inclusive Spaces in Situations of Conscientious Objection

Andrea Frolic

2:30 pm – 3:45 pm, Dover AB Panel: Defending and Evolving Secular Bioethics in Response to Religious Critiques

Timothy Murphy, Abram Brummett, Janet Malek

While bioethics had certain religious roots, it ultimately adopted a largely secular discourse. Recent scholarship has renewed efforts to demonstrate that secular bioethical reasoning is not the neutral "view from nowhere" that it purports to be and that religious views are not only wrongly excluded but have something vital to offer. Given the vigor of religious critiques of bioethics and the resurgence of religious influence in political life, this panel defends and refines the value of secular bioethics in response to these challenges. Speaker One will identify characteristic complaints against secular bioethics, for example, that it claims epistemological privilege and that it effectively treats religious perspectives as secondary concerns. Speaker One will affirm the continuing value of conceiving the epistemic framework of bioethics as secular in matters of public reasoning and argue that the burden of proof to integrate religious views as such into bioethics has not been met. Speaker Two will acknowledge that secular bioethical reasoning is not neutral but contains many substantive philosophical commitments that nevertheless satisfy the standard of public reason. Focusing on clinical ethics, Speaker Two will further identify the conditions under which secular and religious voices can engage in meaningful discourse when working to develop bioethical consensus. Speaker Three will affirm the role that religion may play in individual decision making and in institutional commitments but argue that defenders of the inclusion of religious reasoning in bioethics are vulnerable to the same type of critique they make about secular bioethics.

2:30 pm – 3:45 pm, Atlantic Session: Perspectives on the Business of Health

Direct-to-Consumer Laboratory Tests: An Empirical Assessment of Companies' Policies

Anna Wexler

Ethical Issues Facing Medical Venture Philanthropies

Matthew McCoy

Facilitating value considerations in design of machine learning-based tools for precision medicine

Ariadne Nichol

2:30 pm – 3:45 pm, Waterview AB Panel: Disadvantage indices as a way of operationalizing intersectionality in health equity: taking stock and next steps.

Harald Schmidt, Susan Dorr Goold, Ruqaiijah Yearby, Dana Hargunani

This interdisciplinary panel combines perspectives from scholars in clinical medicine, law, health policy, and bioethics. All speakers take as their point of departure the unprecedented uptake of disadvantage indices (DI) in Covid-19, especially in vaccine allocation, when the majority of US states used indices to promote health equity. DIs are typically based on census data and integrate around 15 variables (including income, education, housing quality) to compute an overall score that captures, how disadvantaged, on average, people living in a particular area are, capturing directly the link of health and place, and typically also health, place and race/ethnicity. The first speaker is a Professor of law. She will speak about the intersection of race, ethnicity and disadvantage, and outline the relevance of DIs for addressing racial and ethnic equity. The second speaker is a Professor of Medicine. She will describe the uses of the Social Vulnerability Index (SVI) in the state of Michigan, In Covid vaccine allocation and other areas. The third speaker is a policy maker in the state of Oregon. She will describe the way in which the state drew on the DIs in reviewing its Crisis Standards of Care. The fourth speaker is an Assistant Professor of Medical Ethics and Health Policy. He will address differences in the design of major DIs, and unfold their relevance of design differences for impacting equity, along with a scoping review of uses of DIs in the published literature.

2:30 pm – 3:45 pm, Dover C Session: Ethics in Action

Eating Disorders and Ethics Consultation: Expanding the Dialogue for Pediatric and Adult Patients

Isabel O'Sullivan

Education, Formation, and Malformation: On the Hidden Curriculum

Bharat Ranganathan

Get Creative: New tools for training volunteer ethics consultants to identify values

Leah Eisenberg

2:30 pm – 3:45 pm, Essex C Session: Informed Consent

Ethicists as Advocates in the Case Against AMA Discharges

Preya S. Tarsney

Solutions to Informed Consent and Coercion Issues Related to Split Liver Transplants

Evelyn M. Tenenbaum

2:30 pm – 3:45 pm, Grand Ballroom 3-4 Panel: Fifteen Years of Cases that Haunt Us

Denise M. Dudzinski, Kaarkuzhali B. Krishnamurthy, Lucia D. Wocial, Crystal Brown

The phrase “cases that haunt us” has been a part of the bioethics lexicon since the publication of Complex Ethics Consultations: Cases that Haunt Us in 2008, inviting ethicists to consider the affective dimensions of ethics consultation. Fifteen years later, this panel will reflect upon the evolving practice of clinical ethics consultation. What remains salient and instructive about the way ethics consultations were conducted in 2008? What has changed? What should change? As we emerge from a global pandemic, do the same issues haunt us? With special attention to equity, diversity, and inclusion, members of the panel will reflect upon the types of cases captured in several themes from the book to answer these questions. The first panelist is a neurologist and clinical ethicist who directs ethics programs at the health system level. She will consider ethics consultations involving innovative therapies. The second panelist is a nurse ethicist and former neonatal intensive care nurse who has decades of experience in clinical ethics. She will consider prenatal and neonatal clinical ethics cases. The third panelist is a pulmonary/critical care physician whose research focuses on medical racism in serious and critical illness. She will reflect on ethics consultations involving the withdrawal of life-sustaining treatments. The moderator has directed a clinical ethics service for over 15 years and publishes on the practice of clinical ethics consultation and haunting cases. The interactive panel will invite attendees to discuss and debate what haunts them– past, present, and future.

2:30 pm – 3:45 pm, Heron **Session: Empirical Studies in Religion and Medicine**

How religion influences support for mRNA vaccines and genomic medicine: A discussion of findings from a survey of 4800 adults in the U.S.
James M. DuBois
The current state of religious and spiritual training in bioethics education in the United States
Tyler J. Ostrowski

2:30 pm – 3:45 pm, Bristol **Session: Clinical Ethics Practice I**

Intuitionism as a basis for elevating the patients' voice in shared decision-making
Ryan Lam
Listening for That Which Is Not Said: Combating Testimonial Smothering in Clinical Ethics Consultation
Kelly Turner
The Limits of Competence: Encountering the "Ethics" of Clinical Ethics Consultation in Ordinary, Everyday Practice
Andy Kondrat

2:30 pm – 3:45 pm, Iron **Session: Surgical Ethics**

Parental Refusals of Blood Transfusions from COVID-19 Vaccinated Donors for Children Needing Cardiac Surgery
Dan Kim
Surgery and Innovation in the 21st Century: How Artificial Intelligence is Changing the Ethical Landscape
Chad M. Teven
The weight of thresholds: Revisiting the use of BMI in access to gender affirming surgery
Elijah Castle

2:30 pm – 3:45 pm, Falkland **Session: Narrative Ethics**

Queering the Function of Intersex in Medicine and Society
Debra Carroll-Beight
The Impact of a Liberal Arts Education on Physician Residency Choice
Caroline Anglim
The Journey of a Medical Student: Stories from a 22-year-old Medical Humanities Journal
Chenyi Yang

2:30 pm – 3:45 pm, Grand Ballroom 1-2 **Panel: Reimagining Black Health in the Age of Black Lives Matter**

Keisha Ray, Jennifer James, Daphne Martschenko

The overarching goal of this panel is to discuss the importance of Black Bioethics for advancing equity and justice in healthcare. To this aim, we describe how medical humanities can contribute to the larger project of Black Bioethics. That is, how bioethicists and medical humanities scholars can center the effects of interpersonal and structural anti-Black racism on Black people's health when discussing clinical interventions, technological advances, and socio-political initiatives that affect their overall health and well-being. In particular, medical humanities' focus on narratives and telling the complete story is especially helpful when discussing Black people's health, as their voices are often silenced or not prioritized in bioethics scholarship. Our panel of four presenters will discuss intersectionality and Black identities, storytelling as a tool for humanizing and empowering Black patients, carcerality and (in)justice, and the joy found in Black communities, which can be illuminated via medical humanities methodologies. Storytelling and the fight for justice have always been central to Black American traditions of knowledge production. Here we discuss how medical humanities can aid this ongoing tradition. Furthermore, by embracing these traditions, Black Bioethics can help the field refocus and remember its own rebellious roots of empowerment and centering those least well-off among us. Lastly, our panelists will demonstrate that the fight we see in #BlackLivesMatter are lessons that bioethics cannot afford to ignore and, in today's politically and socially changing world, must adopt to secure the very principles it so frequently calls for.

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2:30 pm – 3:45 pm, Laurel CD Panel: Special Considerations for Investigators and IRBs in Supporting the Inclusion of Underrepresented Populations in Research

Jessica Hirsch, Michelle McGowan, Karen Meagher, Megan Allyse

This panel will draw attention to recent debates about the appropriate role of justice in research participant selection among those that may experience heightened vulnerability: sometimes characterized as the protection/inclusion dilemma (Friesen et al, forthcoming). While it has long been recognized that some populations that may experience vulnerabilities are underrepresented in research, little progress has been made in the regulatory process to equip investigators and institutional review boards with tools to increase underrepresented populations on grounds of equity. In this panel we will discuss how a protectionist stance in research oversight has led to exclusionary practices in potentially beneficial research and contributed to a lack of health data for marginalized populations. Drawing from research involving pregnant women, those with limited English proficiency, and population health science, we observe how research exclusion can retard social justice goals. While the panel's approach is a critical evaluation of the protectionist paradigm, it also offers constructive suggestions for expanding research ethics interpretation of the principle of justice. Our panel consists of an IRB member, a research ethicist, a health disparities researcher, and a public health ethicist.

2:30 pm – 3:45 pm, Kent A-C Performance/Exhibition: Talk Rx: Live Storytelling in Medicine

Pablo Romano

"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 the diverse experiences of medical students and residents while providing space for reflection, creativity, and catharsis. Producing this live show involves thoughtfully curating stories and coaching in the writing and delivery of a story. Aside from creating community, TalkRx strengthens students' presentation abilities and narrative competence, skills relevant to clinical training and practice. TalkRx harnesses the therapeutic potential of narrative frameworks within the space of medical education to encourage trainees to celebrate the individual experience within a pluralistic world and to recognize the power of storytelling in their own individual journeys. This session brings TalkRx to life with four speakers sharing their stories for the audience. The four presenters include trainees from different stages of medical development and their reflections on the experience of preparing for and performing in TalkRx highlight the importance of not just a space for storytelling itself (e.g. open mics, talent shows, etc), but the importance of storytelling mentors (e.g. Writers-in-Residence). We hope our sample performance and Q&A session will provide an opportunity for creators of TalkRx to share their experiences and lessons after three years of producing live storytelling shows."

2:30 pm – 3:45 pm, Essex AB Panel: The limits of 'decision making': widening the lens of clinical ethics

Justin T. Clapp, Gretchen L. Schwarze, Jacqueline M. Kruser, Robert M. Arnold

Examination of how doctors, patients, and families determine which course of medical care to pursue is a classic focus of bioethics. Bioethical frameworks typically analyze this as a matter of 'decision making' involving consideration of options through the integration of medical information with patient values and preferences. While the idea of medical 'decision making' is intuitive, this panel will interrogate deep-seated assumptions that underlie this construct and, in doing so, suggest novel directions for bioethical research and theory in this well-trodden area. We will focus our presentations and discussion on two specific issues with the medical decision-making paradigm. First, the notion of decision making directs a disproportionate amount of attention to informed consent conversations between doctors and patients/families, which are conceived as the pivotal determinant of courses of care. This conception lacks an understanding of how these conversations take place among broader infrastructure and systemic processes that shape the treatment path. Second, the decision-making paradigm largely ignores that 'decision' is a term used not only by scholars, but also by doctors and patients/families themselves, who hold particular cultural notions of what a 'decision' is and who is responsible for it. Close examination of the language of 'decision making' as used by doctors and patients/families in their discussions can, we suggest, reveal important but often overlooked ethical considerations while enhancing our understanding of how clinicians operationalize bioethical discourse in practice.

2:30 pm – 3:45 pm, Harborside Ballroom Panel: Top 10 Legal Developments in Bioethics and Public Health

Arthur R. Derse, Paul Lombardo, Thaddeus M. 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 for the past 12 years. As in the past, 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, the panelists will address inclusive public discourse in the 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 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 areas of interest to the 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)

4:00 pm – 5:15 pm, Essex AB Flash Presentation Session: Clinical Ethics

A Historical Perspective on Pediatric Ethics Consultations
Catherine M. Groden

A Tool for Ethical Analysis of Persuasion and Influence in Genetic Counseling Communication
Chenery Lowe

Bone Marrow Transplantation from Minor to Parent: An Ethical Analysis of Conflict of Interest
Brianne Helfrich

Ethics After Committees: Managing Change, Measuring Success, and Building Capacity within a System-wide Ethics Network
Joshua S. Crites

Ethics and the Medicalization of Menarche and Menstruation in Pediatric Endocrinology
Camilia Kamoun

Making Meaningful Use of Ethics Consult Data
Pageen M. Small

Medical assistance in dying for people with mental disorders: Recent developments from a participatory action research project in bioethics involving key stakeholders
Caroline Favron-Godbout

Tracheostomy: An Opportunity for Improved Shared-Decision Making
Katie R. Baughman

Transfusion Refusals in Pediatrics: From Shared Decision Making to Court Orders
Liza-Marie Johnson, Kim E. Sawyer, Yoram Unguru, Deena Levine

What is the public's view of tiebreakers in the prioritization protocols for accessing critical care in extreme pandemic context COVID-19?
Claudia Lucrecia Calderon Ramirez

4:00 pm – 5:15 pm, Atlantic Panel: "Not Parent Expected," Now What?: Consumer Genetic Testing Experiences, Ethical Challenges, and Opportunities

Christi Guerrini, Olivia Schuman, Michele Grethel, Brianne Kirkpatrick

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"Genetic genealogy has become an important tool for those interested in researching their family trees. Fueled by direct-to-consumer (DTC) genetic testing, some participants in genetic genealogy databases, like AncestryDNA, are making discoveries about their genetic relationships that are reshaping their lives and those of other relatives and loved ones. Arguably, one of the most life-changing discoveries that DTC genetic genealogy might reveal is that the person who a participant believed was a biological parent is not. There is growing interest in collecting data to better understand the experiences of individuals making these discoveries—sometimes called "not parent expected" (NPE) discoveries—with the objective of better supporting them. This panel will report findings from studies with those who have made NPE discoveries and identify resources and opportunities for future development. The first speaker will provide an overview of DTC genetic genealogy and describe growing awareness of and attention to NPE outcomes and related ethical questions. Turning to empirical data, the second speaker will describe common experiences of 646 survey participants who made NPE discoveries from DTC genetic genealogy. The third speaker will report findings from 27 interviews about challenges related to sharing NPE discoveries within families. Finally, the fourth speaker will describe existing resources to support those with NPE outcomes and identify gaps and opportunities. The panelists will draw on their multidisciplinary professional experiences as well as their personal experiences with DTC genetic genealogy in a broad discussion of the issues."

4:00 pm – 5:15 pm, Falkland **Session: AI in Practice**

Access vs The Human Element of Care: Ethical Challenges for AI Chatbots in Mental Healthcare

Amitabha Palmer

The Minority Report: Is Big-Data Suicide Risk Prediction Something We Should Want?

Margaret P. Battin

Views from the Frontlines: Physician Perspectives on the use of AI in Behavioral Health

Austin M. Stroud

4:00 pm – 5:15 pm, Dover AB **Panel: Behavioral and cognitive research in diverse populations: Experiences of the All of Us research program integrating ethical, legal and social implications (ELSI) in research design and implementation**

Subhashini Chandrasekharan, Cecelia Tamburro, Heather Sansbury, Karl D. Cooper

Behavioral and cognitive tasks are used to engage people in neurocognitive research and have been validated as tools for collecting large amounts of crowd-sourced research data. However, data collected through crowdsourcing is not representative of the diversity of the United States because of self-selection biases, with most completing these tasks being younger, more educated, and white. This limits the utility of available data for studying mental health, and especially health disparities. All of Us (AoU) strives to include individuals historically underrepresented in biomedical research from racial, ethnic, gender identity, sexual orientation, disability status, as it collects data from one million or more participants. While participants provide health and lifestyle information through surveys and electronic health records, to date the program has collected limited mental health and cognitive data, including interactive tasks like those included in tools for neurocognitive research. AoU presented an opportunity to further validate the utility of behavioral and cognitive tasks and augment the utility of these data for research in diverse populations. This research also raised important ethical and social considerations including accessibility of tasks for participants with various health conditions, informed consent, and whether, and how individual results should be returned. Panelists' discussions will include practical and ethical challenges faced, and approaches taken to address ELSI considerations through design and research implementation, and for returning individual results responsibly. Additionally, lessons learned from stakeholder consultations, and feedback from participant experience surveys used to refine implementation of the research protocol and return of results will be presented.

4:00 pm – 5:15 pm, Atlantic **Session: Perspectives on virtue**

Bioethics and Climate Change: A Need for Fresh Ethical Theory

Paul J. Cummins

Ethically Operationalizing Professional Discretion through an Ecological Structures of Virtue Approach

Anna Meurer

Moral Testimony Pessimism and Clinical Ethics Consultation

Megan Kitts

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4:00 pm – 5:15 pm, Grand Ballroom 1-2 **Panel: Burn Ethics: Complex Cases and the Role of Clinical Ethics Consultation**

Monica Gerrek, Anjay Khandelwal, Anna D. Goff, Eva Regel

Caring for burn patients is often an ethically and emotionally complicated experience for health care providers. The nature of burn injuries, the pain that practitioners routinely have to subject their patients to during their recovery, the length of time severely burned patients spend in the burn unit, and the isolation of burn units make burn care a unique medical specialty with unique ethical issues. For example, severely burned patients may be fully lucid when they arrive to the burn unit and yet be told they will die within the next several hours. Additionally, severe burns must ultimately be autografted which requires a surgeon to repeatedly subject a patient to further significant injury. Repeated trips to the operating room also raise ethical concerns, especially in certain vulnerable patients such as the elderly. Like other medical specialties, however, burn providers experience disagreements and conflicts between themselves and patients/surrogates about treatment options, goals of care, surrogacy, and resource allocation all of which may result in moral distress for team members. This panel, comprised of an experienced clinical ethicist who specializes in burn ethics, a burn surgeon, a licensed social worker who worked in a burn unit, and a clinical ethics intern who has studied burn ethics and participated in burn unit ethics consultations will discuss cases and aspects of burn care that raise ethical issues and considerations. We hope that shedding light on the complexities of burn care will encourage further burn ethics research and collaboration between ethicists and burn care providers.

4:00 pm – 5:15 pm, Essex C **Session: Informed Consent in Research**

Consent and the shift to governance

Mark Sheehan

Exempted and Exhausted: A Survey of Institutional Hurdles to Conducting "Exempt" Human Subjects Research

Benjamin Krohmal

Waiving Consent for Comparative Effectiveness Research: What Three Legal Cases Tell Us

Lois Shepherd

4:00 pm – 5:15 pm, Waterview AB **Panel: Empowering Clinicians to Advocate for Incarcerated Patients**

Nicholas V. Nguyen, Erin DeMartino, Erin DeMartino, Gwenyth Day, Gabriel Eber

Approximately 1.7 million individuals are detained in federal, state, and local prisons or jails across the United States. Chronic medical conditions are more prevalent among adults in custody than their age-matched non-incarcerated counterparts, resulting in needs that often surpass the on-site treatment capabilities of correctional facilities. It is therefore likely that clinicians will encounter these patients in an inpatient or outpatient setting. Yet, healthcare professionals receive little to no education about the carceral system or unique considerations in caring for incarcerated patients. Our multidisciplinary panel will examine carceral health care and patient advocacy through a clinical, ethics, and legal lens. The first panelist, a postbaccalaureate ethics researcher, will present an overview of carceral health care, evaluate its oversight, and define key vocabulary. The second panelist, a physician trainee, will describe the clinician experience of ambiguity and moral distress when caring for incarcerated patients. The third panelist, a public health researcher and attorney who has travelled to prisons and jails nationwide, investigated correctional health care systems, and promoted the legal rights of incarcerated persons, will discuss institutionalization, multiple loyalty conflicts, and how clinicians can avoid and combat these clinical pitfalls. The fourth panelist, an attending physician-ethicist, will offer pragmatic steps clinicians can take to protect and uplift these vulnerable patients. We aim to embolden stakeholders from diverse professional backgrounds to improve the healthcare experiences of adults in custody by advocating for autonomy-affirming care.

4:00 pm – 5:15 pm, Laurel CD **Sessions: Post-Dobbs Decisionmaking**

End-Of-Life Decisions and Pregnancy: Post-Dobbs Sanctioned Death Sentences

Hannah V. Carpenter

Infant Abandonment Laws in a post-Roe America

Lori Bruce

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4:00 pm – 5:15 pm, Waterview AB Panel: Empowering Clinicians to Advocate for Incarcerated Patients

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4:00 pm – 5:15 pm, Heron Session: End of Life Care

Factors affecting end-of-life care in patients lacking decision-making capacity

Jafar Al Souz

Neither the day nor the hour: withdrawal of life-prolonging measures from patients who wish not to know that they are going to die

Alan Murphy

Should We Expand Continuous Sedation Practices at the End of Life? Ethical Insights from Dame Cicely Saunders, Founder of the Modern Hospice Movement

Joseph A. Raho

4:00 pm – 5:15 pm, Dover C Session: Ethics of Emerging Technologies

Five Arguments Against Brain Monitoring in the Workplace

Peter Zuk

Health Equity and the Prevalence Principle in Human Genome Editing

Douglas Mackay

The Value of Care and Emerging Technology

Isabel Canfield

4:00 pm – 5:15 pm, Grand Ballroom 3-4 Panel: Healthcare Ethics Consultation – Necessity or Luxury?

Leon Budrie, Adam Omelianchuk, Joelle Robertson-Preidler

"In the last twenty years, the use of healthcare ethics consultation services has expanded and the number of healthcare ethics consultations in the US has increased by almost 100%. However, over that time the gap between the number of consultations at large, teaching hospitals and small, non-teaching hospitals has widened. In addition, mechanisms to address clinical ethics issues in developing nations is notably absent or extremely limited given scarce resources and contextual challenges. These changes likely differ from issues addressed by current US-based healthcare ethics consultation models. Given the shortages of medical professionals and medical goods in low-resource settings, is there a justification for having healthcare ethics consultation services or are they simply a luxury afforded to tertiary level, well-resourced institutions? This interdisciplinary panel includes perspectives from medicine, philosophy, and health policy to explore the value of healthcare ethics consultation and how it might be implemented in low-resource settings. The first and second panelists will describe unique challenges faced in a rural US hospital in South Carolina and a hospital in Trinidad and Tobago. The third panelist will assess the value of healthcare ethics consultation services and describe how current service models used in high-resource settings are often inappropriate for low-resource settings. The panelists will then discuss potential frameworks for addressing ethical issues in low-resource settings that are more feasible and culturally appropriate."

4:00 pm – 5:15 pm, Chasseur Session: Reconsidering Standard Concepts: Insight, Conscientious Objection, and Race

Interpersonal Communication in Community-Engaged Research
Susan Brown Trinidad
Justifying New Uses of Non-diagnostic Psychiatric Constructs: The Case of Insight
Derek W. Braverman
Solving the racial health disparities problem
Ian Peebles

4:00 pm – 5:15 pm, Galena Session: COVID and Vulnerable Populations

Next Time Around: Federal Recommendations for Improving Pandemic Response
Craig M. Klugman
Rethinking public engagement in health care priority setting
Leah Pierson
THE EFFECT OF COVID-19 ON VULNERABLE POPULATIONS IN THE US AND UK: AN INTERNATIONAL SCOPING REVIEW
Audrey Funwie

4:00 pm – 5:15 pm, Iron Session: Surrogate Decision-Making

Parents are NOT surrogates
D Micah Hester
Rights Considerations Surrounding Surrogate Decision-Making in Guardianships
Pamela B. Teaster
When Needs Collide: The Role of Surrogate Preferences in Medical Decision-Making for Incapacitated Adults
Margot Hedlin

4:00 pm – 5:15 pm, Kent A-C Panel: The Move Towards Ethical and Patient-Centered Informed Consent for Surgery

Baddr Shakhsheer, Sean Wightman, Megan Applewhite, Ryan Antiel

"The history of informed consent mirrors the move towards respect for patient autonomy as a guiding principle. The term “voluntary informed consent” was first introduced in the Nuremburg Code but did not become relevant in clinical medicine until 1957 after a patient sued for paralysis following an aortogram. The process of informed consent includes aspects of patient-proceduralist communication, ethical standards, legal standards, and local practice patterns. Investigations into patient understanding and retention reveal dramatically low outcomes, suggesting that patients rarely understand and retain critical information from pre-procedural interactions.

In this panel, a group of surgeon-ethicists will discuss the how informed consent has evolved from its past iterations to the present. We will propose practical methods by which informed consent can be improved to become more patient-centered by exploring four themes including: 1) Patient-centered informed consent should take into account the patient’s level of understanding as well as the patients’ social and contextual situations that may affect their ability to undergo surgery and safely recover (Panelist1), 2) The setting, timing, and individuals present, during consent discussions are critical factors in effectively communicating and assessing an adequate understanding of the proposed intervention (Panelist2), 3) Innovative development of new approaches for comprehension and retention are required, as current instruments that assess efficacy of risk discussion have shown to be minimally effective (Panelist3), 4) Consent should utilize rich narratives from clinical experience as an alternative to typical discussions laden with probabilistic information - thus improving communication in high stakes surgical decision making (Panelist4)."

4:00 pm – 5:15 pm, Waterview CD Workshop: The unveiling: Exposing and dismantling racism, a personal and professional journey

Kara Curry, Stacy Smith, Danisha Jenkins, Nikki Akparewa

"As nurses we are invited into the sacred spaces of birth, death, pain, suffering, and healing. This privilege comes with an obligation to resist all forces that work to dehumanize our patients and ourselves.

Several professional organizations and academic institutions have recently reckoned with their history, and acknowledged participation in upholding white supremacy resulting in racial violence and profound health disparities. Subsequently, organizations developed policies indicating their commitment to promoting racial justice. Rather than including specific anti-racist directives, these statements often focused on, performative declarations of diversity, equity, and inclusion. This workshop will explore a collaborative effort to develop a national policy which exposes the nursing profession's adoption and perpetuation of racist systems and structures, and proposes a way forward that contains explicit anti-racist language and recommendations rooted in professional ethics. These recommendations can be a call to action across disciplines. Healthcare professionals who value human dignity and seek to provide respectful care must recognize the importance of engaging in ongoing critical self reflection. Additionally, the structured design of systemic racism required intentionality; therefore, the same intentionality should be used to dismantle it. Using deliberative dialogue, we will collaborate with attendees to explore approaches to dismantling racist practices. This unveiling and unlearning must first happen at the individual level and is incumbent upon healthcare leaders, educators and researchers. Workshop facilitators have expertise in conflict transformation, community engagement, ethics education and consultation and represent different racial identities, backgrounds and generations."

4:00 pm – 5:15 pm, Bristol Panel: Trial Prioritization as a Bioethics Issue

Holly Fernandez Lynch, Michelle N. Meyer, Kate Saylor

Because clinical studies compete for limited resources, it is important to prioritize between possible studies at multiple levels, both at the point of selection for funding and at the level of research sites. Prioritizing trials most likely to produce social value is recognized as an ethical imperative for funders but it is not clear that NIH grant reviews successfully achieve this goal. Less well-recognized is that it is also ethically essential to prioritize between studies from multiple funders converging at the site-level. This challenge became evident during the pandemic as sites were inundated with proposals of varying quality and importance, leading many institutions to develop de novo COVID trial prioritization committees. Other disease areas have typically engaged in only informal trial prioritization, if at all, with the exception of oncology, where NCI-designated Cancer Centers must maintain Protocol Review and Monitoring Systems to determine which studies should open or close, although without clear ethical guidelines. In this panel, we will start with a focus on funders, describe findings indicating that NIH grant reviewers' overall impact scores are driven primarily by Approach scores with secondary consideration given to social value or Significance, suggesting that reviewers may need more explicit instructions on how to assess social value. Next, we will share key findings from interview studies conducted to understand the ethical implications of how COVID trial prioritization and Cancer Center protocol review committees prioritize potential studies. Finally, we will contextualize these findings against a conceptual framework developed to guide site-level trial prioritization and make recommendations regarding adoption of site-level prioritization systems across disease areas.

4:00 pm – 5:15 pm, Harborside Ballroom Panel: Using disadvantage indices to promote health equity in scarce resource allocation: Legality, degree, and culpability

Robert Macauley, Kevin Dirksen, Prasanna V. Krishnasamy, Ruqaiijah Yearby

"Disadvantage indices (DIs)—which combine metrics such as socioeconomic status, household composition, disability, and minority status—have been used when allocating scarce health resources, particularly during the COVID-19 pandemic. While it is impossible to deny the racial and socioeconomic disparities in health-related outcomes, there is debate about the appropriate implementation of these indices. For instance, even though the NASEM vaccine allocation framework prioritizes vulnerable groups as measured by the Social Vulnerability Index, some have argued that this index does not meet the Supreme Court's "strict scrutiny" standard for race-based policies. Others have countered that by not addressing known racial and ethnic disparities in access to health care, states and hospitals are violating anti-discrimination laws. Incorporation of a DI also prompts the question of degree, with some policies incorporating it into initial triage decisions and others only as a tie-breaker for patients with equivalent prognoses. Finally, even if one accepts the use of DIs in population-level decisions—such as vaccine distribution—there may be reluctance to apply them to individual triage decisions, in recognition of their inherent imprecisions. Others have countered that this is an example of "perfect being the enemy of the good," even likening it to the famous "Trolley Problem" where concern for personal culpability may lead to greater loss of life.A panel of ethicists, clinicians, and a legal scholar will define several frequently used DIs, examine legal debates regarding the use of race in resource allocation, and explore the appropriate use of DIs in resource allocation."

5:30 pm – 6:30 pm, Affinity Group Meetings

Chasseur Astro-Ethics Affinity Group Meeting

Dover C Bioethics & Christian Theology Affinity Group Meeting

Essex C Environmental Bioethics Affinity Group Meeting

Laurel AB Ethics and Humanities Educators in the Health Professions and Residency Training Affinity Group Meeting

Essex AB Feminist Approach to Bioethics Affinity Group Meeting

The ASBH Feminist Approaches to Bioethics Affinity Group will host a discussion among bioethicists working at the intersection of feminist ethics, critical theory, and clinical practice. The session will feature panelists addressing specific work they are engaged in for the implementation of feminist and critical theory approaches in ethics consultation practice and will ensure time for questions and discussion. Specific panel topics will include moral distress consultation, justice and dignity of risk, and trauma informed ethics consultation.

Atlantic Health and Science Policy Affinity Group Meeting

Kent A-C Pediatric Ethics Affinity Group Meeting

The demand for mental and behavioral health services in the United States is at an all-time high. Mental health crises, including suicide rates among children and adolescents, are on the rise. In addition to the usual stressors, the environment created by social media, online learning, the short and long-term effects of the Covid-19 pandemic, sustained global instability and mass casualty events, mean that children and adolescents today face some unique challenges to their mental and behavioral health. Barriers to accessing services include a shortage of mental health care providers and an increasingly fragmented care system. During our monthly meetings, PEAG members have consistently brought cases and raised issues involving a mental or behavioral health component to the group for their support and guidance. The PEAG membership expressed a desire to use this year's meeting to critically reflect on this issue together. The session will consist of a multidisciplinary panel of national experts on mental health care, caring for children, advocacy and policy work in this space, and pediatric ethics. Dr. Moore (current PEAG chair) will moderate discussion, using a mixture of (1) pre-prepared questions that are developed with Drs. Madrigal and Brown (co-chairs) and the panelists, and (2) live audience questions, to generate conversation.

Dover AB Philosophy Affinity Group Meeting

"Do Suicide Attempters Have a Right Not to Receive Emergency Stabilization?'

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."

Grand Ballroom 1-2 Reproduction Affinity Group Meeting

5:30 pm – 6:30 pm, Falkland Meet the Expert

The Meet the Expert session is an opportunity for a small group of students, trainees, and early career individuals to meet with nationally-renowned experts in bioethics and health humanities in a friendly, casual setting during the Annual Meeting. The Meet the Expert program is not a forum for individual advising, but rather an opportunity to engage in an hour-long group conversation with other participants and the Expert. This year's session will feature recently-published authors. Visit the ASBH website for information on registration.

6:00 pm – 7:00 pm, Heron Conference Supported Session: An Evening with the Arts and Humanities: artSPEAKS

This session is generously supported by the William E. Proudford Sickle Cell Fund Inc. Capacity is limited; attendees should register for the session during the conference registration process.

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The William E. Proudford Sickle Cell Fund, a non-profit dedicated to raising awareness about sickle cell disease, will provide attendees with an opportunity to participate in an artSPEAKS session, similar to the sessions held for sickle cell patients and their families. The session will give participants an opportunity to creatively express their thoughts, feelings, and experiences interacting with sickle cell patients, patients impacted by diseases for which pain is a defining characteristic, and/or other patient populations. Participants will be given a prompt, after which they will create paintings that capture their responses. Images of artwork created by patients and their families will be on display.

Friday, October 13, 2023

7:00 am – 3:00 pm, Grand Ballroom 5-10 Networking Hall

7:00 am – 8:00 am, Grand BR Foyer Breakfast

7:00 am – 8:00 am, Affinity Group Meetings

Iron Arts & Humanities Affinity Group Brainstorming Session

Falkland Dental Ethics Affinity Group Meeting

Heron Holocaust Genocide Contemporary Bioethics Affinity Group Meeting

Laurel AB Hospice & Palliative Care Affinity Group Meeting

This session will include 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 areas of interest as identified by affinity group members addressing: 1) the current conceptualization and role of palliative care for patients with serious illness, 2) palliative sedation at the end of life, and 3) pain management in the context of the opioid crisis.

Kent A-C LatinX Bioethics Affinity Group Meeting

Essex AB Literature & Medicine Affinity Group Meeting

Galena Medical Decision Making Affinity Group Meeting

The Medical Decision-Making AG will offer a time of networking and discussion of attendees' projects, clinical concerns, and interests. We will also discuss how to maximize the affinity group's impact for members moving forward.

Laurel CD Neuroethics Affinity Group Meeting

The meeting will include the following presentations:

1. Peter Zuk, PhD, Research Fellow & Teaching Faculty Memeber, Center for Bioethics, Harvard Medical School
    a. Presentation Title: Mental Privacy, Self-Expression, and Hermeneutical Injustice.
2. Parker Crutchfield, PhD, Professor, Medical Ethics, Humanities, and Law
    a. Western Michigan University Homer Stryker M.D. School of Medicine
    b. Presentation Title: The Incoherence of Cognitive Liberty.
3. Helen Webster JD/PhD Candidate. Saint Louis University
    a. Presentation Title: Re-routing Along the Path to Enshrine Neurorights.

Essex C Religion, Spirituality & Bioethics Affinity Group Meeting

Theological Implications (or lack thereof) in the Modern Clinical Ethics Consultation Process: The panel will facilitate a discussion on the role of theological formation on the modern paradigm for clinical ethics, and the role it (does or does not) continue to play in the ethical decision-making process.

8:00 am – 9:15 am, Harborside Ballroom Panel: A National Study of Organizational Ethics: Understanding the Practical World of Ethicists in the Organizational Context

Kelly Turner, Timothy Lahey, William Nelson

Organizational ethics (OE) has been defined for decades, but relative to clinical ethics has seen less recognition (including at academic conferences), funding, and formal implementation in healthcare institutions. The pandemic, however, has highlighted the critical role of OE in prioritization of vaccines for healthcare workers, scarce clinical resource allocation, and contributions to institutional policies such as restricted hospital visitation. Despite that vanguard role in forging collaboration between organizational leaders and community members amid controversy, there are sparse empirical data describing how existing OE services facilitate this inclusive decision making process, and the ways in which institutional realities shape or constrain these services. In this panel presentation, we will leverage the results of our new national survey and interview study to characterize OE program structures, barriers to success, and evaluation metrics in use at a wide variety of institutions. Building on these new and impactful data, our panel will address how practitioners of OE can help healthcare institutions align with their mission and values, especially by fostering collaborative conversations with the diverse populations they serve. We will focus on real-world challenges reported by OE practitioners, including supporting institutional DEI work, creating policies related to controversial practices like abortion and medical aid-in-dying, and navigating value-laden leadership decisions regarding hospital discharge of homeless patients. The panelists, who work in healthcare systems and academic bioethics institutions across the United States, will then integrate personal experiences conducting OE work with empirical study data to characterize specific, implementable practice recommendations in response to these challenges.

8:00 am – 9:15 am, Bristol **Session: Neonatal Ethics**

"In The Room Where It Happens": Understanding the interplay of interdisciplinary teams dynamics in complex ethical decision-making in the NICU

Isabel L. Gothelf

Survival and long-term outcomes of children who survived after End-of-Life decisions in NICU

Béatrice Boutillier

When to Save the Baby: The Fundamental Conditions Approach

Corine Astroth

8:00 am – 9:15 am, Laurel CD **Session: Political and Public Discourse**

Addiction and Political Liberation: Moving from "Stigma" to "Oppression"

Tessa V. Murthy

Collective Action and Pediatric COVID Vaccines

Elizabeth Lanphier

Public Discourse as Real and as Ideal: Against Viewpoint Inclusivity as Overriding Principle

Anna Gotlib

8:00 am – 9:15 am, Heron **Session: End-of-Life Care and Physician-Aid-in-Dying**

Aristotelian medical virtues, Christian medical virtues, and end-of-life decision making

Justin Oakley

Physician Aid-in-Dying, Suicide, and the Ethical Significance of the Interpersonal

Bryce Herndon

Using Past Injustices to Correct Future Harms: Revising the Criteria for Physician-Aid-in-Dying

Em K. Walsh

8:00 am – 9:15 am, Galena **Session: Data sharing and participation**

Barriers and facilitators to genomic data sharing: Ongoing tensions between federal expectations and researcher practice

Kayte Spector-Bagdady

Examining Federally Qualified Health Center Patient-Participant Motivations in the All of Us Research Program

Danielle M. Pacia

Exchanging Words: Engaging the Ethical and Practical Challenges of Sharing Qualitative Research Data

James M. DuBois

8:00 am – 9:15 am, Grand Ballroom 1-2 **Panel: Bioethics Education at a Crossroads: Challenges and Possibilities**

Johan Bester, Erica Salter, Paul Ford, Bryan Kibbe

"Against the backdrop of a divided society facing many ethical questions and challenges, bioethics and humanities education takes on an important societal role. We educate in various spheres, including medical education, PhD and Master's programs, fellowship programs, and educational programs in medical centers. Doing so creates spaces for engagement with complex ethical reasoning and policy ideas, and for development of the skills and

expertise necessary for our learners to engage with debates and serve the public. Yet, we face numerous challenges in the present social environment. This panel brings together four experts from different backgrounds and trainee populations to discuss some of the most significant challenges we face with regards to bioethics education, including suggestions on how to overcome them. Each panelist will present the most significant challenges in their field as they see it, and offer possible solutions for overcoming them. Then we will facilitate audience discussion regarding these challenges and possibilities.
Problems to be discussed include:

- assessment, learner engagement, pedagogy;
- incoming learner preparation;
- underdeveloped normative lens;
- various issues related to interdisciplinarity;
- creating hospitable educational spaces in professional settings;
- the challenge of taking value pluralism seriously and learning to live well alongside one another;
- integrating learners as productive members of practice teams.

The four panelists:
(1) Academic bioethicist/physician in medical education (Moderator)
(2) Academic and clinical ethicist leading a PhD program
(3) Clinical and research ethicist directing a fellowship program
(4) Clinical ethicist who educates professionals and trainees in a healthcare system"

8:00 am – 9:15 am, Waterview CD **Panel: Building an inclusive ethics agenda for the psychedelic medicine renaissance**

Amy L. McGuire, Nese Devenot, Andrew Peterson, Dominic Sisti

"A psychedelic renaissance is upon us. Preliminary evidence suggests that psychedelics could profoundly and positively transform healthcare, and interest in psychedelic therapy has gone mainstream. Over the past three years, 25 states have proposed legislation that would decriminalize psychedelics and support additional research. Meanwhile, FDA is considering approval of the first psychedelic drugs, and institutions are beginning to prepare by establishing training programs for practitioners of psychedelic medicine. However, the therapeutic use of psychedelics substances raises distinctive ethical and policy challenges. Through an assessment of psychedelic research from the past alongside anticipation of future developments, this panel will consider the stakes of these emergent challenges for a public that is increasingly curious about the potentials of psychedelic medicines. The proposed panel will draw on multi-stakeholder deliberations from a three-day workshop on psychedelic medicine at the Banbury Center, Cold Springs Harbor Laboratory. The first panelist will present three distinct explanatory models for the potential therapeutic impact of psychedelics (biological, psychological, and spiritual) and discuss their implications for the regulation and administration of psychedelic medicines. The second panelist will explore the role of non-drug variables that may contribute to the neurochemical effects of psychedelics and argue for publication standards based on the tenets of Open Science. The third panelist will use a case study to examine ethical issues related to the use of psychedelics to treat vulnerable adult populations, including persons with severe brain injury and Alzheimer's Disease. The fourth panelist will explore ethical issues related to pediatric use of psychedelics."

8:00 am – 9:15 am, Iron **Session: Theoretical Foundations of Clinical Ethics**

Can Richard Rorty provide a vision for clinical pragmatism?

Ryan M. Felder

For a Materialist Bioethics

Jonathan D. Shaffer

Theistic Commitments and Substantive Recommendations in Clinical Ethics Consultation

J. Clint Parker

8:00 am – 9:15 am, Essex AB **Panel: Changes to the California Health Care Decision Law: When Appointing Health Care Surrogates Impacts Clinical Ethics Consultations.**

Robert Fulbright, John Frye, Kelsey Gipe, Sarah Sawicki

"A significant percentage of ethics consultations involve issues relevant to health care surrogates. Before 2023, California law did not grant health care providers or health care facilities authority to appoint a surrogate when there is no health care agent, conservator, and the patient does not have decision-making capacity. The lack of specific authority did not prevent providers or facilities from choosing surrogates in order to promote patient autonomy. California law now explicitly grants health care providers and health care facilities the legal authority to appoint surrogates. This panel will discuss complex ethics consultations that required significant consideration before appointing a potential surrogate in the acute care setting as well as recommendations for resolving conflict after appointment of selected surrogate. The panelists have a multidisciplinary background and represent numerous hospitals with varying patient populations in California. The first panelist will clarify changes to California law and introduce areas of concern that should be addressed when appointing surrogates. The second panelist will focus on an ethics consultation where the medical team appointed the patient's friend instead of a family member. The third panelist will discuss an ethics consultation that involved the appointment of an estranged family member that created ethical concerns over the course of the hospitalization. The fourth panelist will present an ethics consultation that included multiple potential surrogates; however, appointment of specific surrogate may not have been necessary. The panelists will conclude with best practices relevant to the issues in each particular case."

8:00 am – 9:15 am, Waterview AB Panel: Engaging the Past in Neonatal Bioethics: How Lessons over Time Can Guide Advocacy, Societal Change, and Equity in the Future

Jeanne Krick, Uchenna E. Anani, Stephanie Kukora, Nancy Kuemin

"Historically, physicians and ethicists, influenced by law and society, have shaped what therapies were offered to which critically-ill infants. The increasingly socially connected world has fueled direct accessibility to traditional ""gatekeepers""; much of the drive to extend therapies to the sickest infants has been led by parents questioning whether determinations that interventions were ""futile"" were based in paternalistic views and discrimination. The moderator/panelist #1, a former NICU parent, peer-parent supporter, patient experience coach, and lawyer will provide an overview of neonatal ethics, society, and the law, and the role of parents in advocating for justice. They will introduce the other speakers and conclude prior to engaging the audience for questions/discussion. Panelist #2, a neonatologist/ethicist will discuss the changing societal views of the moral status of newborns through history, contributions to these changes, how this has affected practices for resuscitation at the earliest gestational ages, and how this knowledge can shape the future. Panelist #3, a neonatologist/ethicist will discuss changing approaches to patients with chromosomal trisomy conditions over time, how technological advances in medicine, socio-political contextual factors, and disability stigma have impacted approaches to patient care, and how survival outcomes have been historically limited by clinicians' willingness to offer interventions to these patients.Panelist #4, a neonatologist/ethicist will explore the historical lens of systemic racism and its contribution to injustices in maternal/infant healthcare, illustrate ways in which systemic racism continues to impact maternal/infant health, and demonstrate how frameworks like trauma-informed care are uniquely situated to promote social justice and equity."

8:00 am – 9:15 am, Essex C Session: International Approaches to Stakeholder Research

Expanding the Concept of Social Value in Health-Related Research

Jake Earl

Into Routine Practice?: Insights from Botswana TB Stakeholders on the Ethics of Hypothetically Scaling Up Whole Genome Sequencing into Botswana's TB Program

Stephen Molldrem

The Fairness Dialogues Field Laboratory (FairLab)

Yukiko Asada

Session: Clinical Ethics Practice II

8:00 am – 9:15 am, Falkland Exploring Empathy; Re-Framing how we Connect with Others During Clinical Ethics Consultations

Katherine Feder

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Why Cultural Humility Requires Metaphysical Competency: The Dialectics of Clothing and Unclothing in the Hospital

Joseph P. Swindeman

8:00 am – 9:15 am, Grand Ballroom 3-4 Panel: Innovation in Collaborative Clinical Ethics Consultation

Krishna A. Chokshi, Ron Shapiro, Jolion A. McGreevy, Gary J. Ostertag

"Dramatic changes transformed life in the last century. People moved from close families in rural small towns to far-flung locations with populations clustered in big cities. Simultaneously, medical technologies developed rapidly. The combination of these radical developments spurred the need for clinical ethics consultation in hospitals to address the complex issues that arose with new technology often involving patients living without support from an extended family network. The clinical ethics consultation model that evolved in response to those needs often provides service from a single Bioethics expert (sometimes two). When summoned, the clinical ethicist arrives at the bedside, and to varying degrees, takes on an active role in communicating with the patient or family. This prevailing structure meets immediate needs with limited staff. At our hospital, we recognized an additional need, and therefore took a turn in the opposite direction. We became acutely aware of the need for clinical ethics education. Given pressure for curriculum time in medical education, medical professionals typically receive minimal, cursory medical ethics education. We therefore designed our ethics consultation service to both meet the requesting clinical service's need for guidance, while addressing the unfortunate educational deficit we identified. We created a broadly inclusive, interdisciplinary ethics consultation service of 45 members, including medical students, residents, and fellows. This panel will describe what we developed and report on how we conduct ethics consultations. Our presentation will include data on cases we encounter, services requesting consults, participants involved, and our distinctive educational consult notes."

8:00 am – 9:15 am, Atlantic Session: Ethics of Familial Relationships

Making People: The Fairness to Future Persons Principle

Janet Malek

The Ethics of Paternalism: Bringing Parenthood Back Into the Conversation

Sophie Gibert

Violence done to those who are less than: social death, dementia, and the role of the family

Ashley Yukihiro

8:00 am – 9:15 am, Laurel AB Session: Professional Guidelines

Medicine, Professional Practice Guidelines and Ethical Dilemmas

Sheron Latcha

Results of the Views in Bioethics Survey

Leah Pierson

To sex or not to sex, that is the question: A comparative analysis of five western democracies' legal frameworks for elective sex-based selection of embryos.

Whitny M. Braun de Lobatón

8:00 am – 9:15 am, Kent A-C Panel: Unzipping Ethical Dilemmas regarding Parental Authority in Prenatal Gene Therapy

Jeremy Garrett, Ana Maria Dumitru, Rafael Escandon, Meghan E. Strenk

While targeted gene therapy in adult and pediatric patients has gained momentum in oncology and rare inherited diseases, parental pursuit of in utero gene therapy (IUGT) is more fraught. IUGT seeks to maximize therapeutic intervention to the fetus at minimal risk to the pregnant person, but few models exist to delineate the ethical distinctions between the two patients, and there are many as-yet unexplored nuances regarding therapeutic strategies, timing of interventions, and possible ramifications. Additionally, while parental authority is widely invoked in the pediatric ethics literature, the content, strength, and scope of this concept are vigorously disputed. To date no models specifically address parental decision making for IUGT, due in large part to its novelty and its limited use in research settings. However, as gene and cell therapy have advanced rapidly to regulatory approvals, the same is likely for IUGT, prompting our exploration of how best to understand and evaluate factors such as illness severity, onset of symptoms, and weighing treatment risks against therapeutic benefits. This panel will introduce and debate the merits of a gradient model of parental authority as a comprehensive tool for ethical decision making regarding IUGT, with greater decisional authority afforded for more devastating diseases with easily targetable genetic mutations, and stricter limits to parental authority applied to mild disease states with difficult genetic target sites. This ethical model will be explored from multiple professional perspectives, including clinical genetics, industry R&D, genetic counseling, and philosophy, and applied to multiple clinical scenarios where IUGT is being considered.

8:00 am – 9:15 am, Dover AB **Workshop: We Have a Code of Ethics? Why Organizational Codes of Ethics are Important and How to Make them Better**

Molly Sinderbrand

"This workshop highlights the importance of organizational codes of ethics—as distinct from professional codes of ethics—for healthcare organizations and bioethics generally. Codes of ethics are integral parts of many nonprofit organizations, but healthcare workers tend to focus primarily on professional codes instead, for good reason. Healthcare organizations may be large and fragmented and decision-making can seem opaque. In these situations, employees might feel more connection to their profession than to their organization. Further, organizational ethics codes are not always a priority for leadership in healthcare organizations, so they cannot play a significant role in individual decision-making. In this workshop, participants will read through and compare organizational codes of ethics with professional codes of ethics. We will discuss what function organizational codes can play beyond professional codes, including bringing different professions together and creating a sense of organizational unity and belonging. In breakouts, participants will brainstorm ways for organizations to modify their codes of ethics to increase participation, feedback, and uptake by employees."

9:00 am – 10:15 am, Chasseur **Session: Regulation and Clinical Ethics**

Communication and Resolution Programs in Medical Malpractice - The Promise or Peril of Clinical Ethicists

Lynette Martins

Simplifying Consent for Pharmacogenomics: A Defense of Verbal Consent for Pharmacogenomics Testing in Primary Care

Tom Doyle

9:30 am – 10:45 am, Grant Ballroom 1-2 **Hastings Center 2023 Bioethics Founders' Award Celebration: Reflections on the Work of Norman Daniels and Rebecca Dresser**

Vardit Ravitsky, PhD FCAHS

9:30 am – 10:45 am, Bristol **Session: Vulnerability in Clinical Decision-making**

"Consent" by Proximity: Unconsented Rectal Examinations, Misogyny, and Queer Theory

Stephanie Tillman

Clinical ethics as an important space for reflective engagement with racism in medicine: Evaluating the role of patient race and primary language in clinical ethics consultation

Krishna A. Chokshi

Understanding the Autonomy of Transgender Patients: A Broader Appreciation for Gatekeepers

Zackary Berger

9:30 am – 10:45 am, Essex AB **Flash Presentations: Policy and Law**

A Scoping Review of Health AI Controversies in the Grey Literature from 2013-2022

Joshua Faber

Amend Notes as the Next Frontier of the Open Notes Movement

Grayson Holt

Coercive contraception and sterilization of people with disabilities sanctioned by systemic ableism in healthcare and payer systems

Kara Ayers

Cultural Contexts Impacting Patient Informed Consent

Aulina Chowdhury

Ethical and Legal Challenges in Nanomedical Innovations

Sophia Wasti

Health professionals' beliefs in genetic determinism and their perspectives on the ethics of using COVID-19 host genomic information for decision-making during the pandemic

Sheethal Jose

Public Perceptions on Law Enforcement Use of Investigative Genetic Genealogy (IGG): Results from a Choice Experiment

Whitney Bash Brooks

Toward the Ethical Provision of Patient Complaint and Grievance System

Basel Tarab

What is Organizational Bioethics?

Molly Sinderbrand

9:30 am – 10:45 am, Chasseur **Session: Interprofessional Education**

"Geneticization of Education: on consumer interpretation of DTC genetic reports for educational outcomes"

Lucas J. Matthews

Addressing the Unique Healthcare Needs of Justice-Involved Individuals through Medical Education

Gabriella Vanaken

Allyship and the Formation of Professional Identities during the Pandemic

Daniel T. Kim

9:30 am – 10:45 am, Heron **Session: Engaging Public Health and Community**

"We're so glad you're here": Exploring the ethicist's role in community health settings

Bryanna Moore

Models and goals of engaging faith communities in public health efforts: A scoping review

Ana Iltis

Now is not the time to "Stay in Your Lane!"

Patrick D. Herron

9:30 am – 10:45 am, Atlantic **Session: Navigating Stigma and (Mis)Perception in Public Discourse**

Addressing Restriction on Gender-Affirming Medical Care in New Spaces: State Houses and Courtrooms

Armand H. Matheny Antommaria

Beyond effects on the users: the US public thinks neuroenhancement policy should consider justice and societal impact

Saskia Hendriks

The fentanyl vaccine moonshot: navigating the ethics of the development and distribution of a novel vaccine

Sean Riley

9:30 am – 10:45 am, Iron **Session: Towards Equitable and Just Applications of AI/ML in Healthcare**

Building Equitable and Effective Systems of Maintenance and Repair for Health AI

Kellie Owens

Utilizing machine learning to advance maternal health outcomes among Black women: ethical and equity considerations

Alice Story

9:30 am – 10:45 am, Dover AB **Panel: Community consultation for Exception from Informed Consent (EFIC) trials: Lessons for public engagement in medical research**

Justin T. Clapp, Samantha Stein, Mark Sheehan, Ethan Cowan

U.S Exception from Informed Consent (EFIC) regulations permit clinical trials on emergency medical conditions without prospective informed consent, so long as certain requirements are met. Perhaps the most demanding of these requirements is 'community consultation.' Typically, community consultation is implemented as a series of engagements—e.g., town halls, focus groups, surveys, interviews—through which investigators solicit feedback about their trials. They do so often with a goal of using this feedback to modify their research designs in order to make them more acceptable to the community, since individual participants will not be able to choose whether to enroll. However, empirical findings indicate that community consultation rarely results in substantive study modifications, leading to questions about the purpose of this process and what it can practicably accomplish. Community consultation may be pivotal to conducting EFIC trials ethically; it is also highly resource intensive and time consuming. Lack of consensus about what it can and should accomplish is therefore concerning. This panel will draw on a combination of empirical and conceptual work to critically evaluate the goals and justifications for community consultation. It will then look more broadly at how contemporary efforts to involve lay publics in medical research can best result in meaningful outcomes rather than serving as exercises in bureaucracy or institutional public relations.

9:30 am – 10:45 am, Galena **Session: Death and Dying**

Consoling the Grieving: Palliative Bereavement Care and the Ethics of Support Conversations

Ben Sarbey

The Final Act of Care: Accuracy in Cause of Death Statements for Socially Stigmatized Deaths.

Johnna Wellesley

What We Do When We Allow Families to Decline Brain Death Exams

Karola V. Kreitmair

Session: Ethics of Trust

9:30 am – 10:45 am, Laurel AB **Corrective Trust: An Effective Way to Destructuralize Biases in Healthcare**

Ju Zhang

Integrating the Ethics of Trust into Bioethics: Examining the Prospects and Challenges

Joseph Jebari

Too Much to Ask for? Trust in the Modern U.S. Healthcare System

Lauren Bunch

9:30 am – 10:45 am, Laurel CD **Session: Allocation of Scarce Medical Resources**

Disability and Civil Rights: Ethical Failures During Crisis Standards of Care

Jennifer Tillman

Earthquakes and Staffing Shortages: Recommendations for Disability-Informed Hospital Triage Protocols

Jordan Joseph Wadden

How Were Scarce Resource Allocation Plans Developed During COVID-19?

Kirsten Riggan

9:30 am – 10:45 am, Grand Ballroom 3-4 **Panel: Exemptions and Exceptionalism in Transgender and Intersex Healthcare**

Jacob D. Moses, Elizabeth Reis, Lisa Campo-Engelstein, Theodore Schall

This panel explores how health policies have treated transgender and intersex people as exceptional cases and exempt from other domains of healthcare. Such policies have exacerbated disparities in access to care and produced bodily harm. Presenter 1, a health policy researcher, reviews the recent slate of state legislation restricting access to gender-affirming healthcare, analyzing how these bills have cleaved pediatric and adult care from one another. Presenter 2 and panel moderator, a historian and gender studies scholar, examines legislation that seeks to curtail gender-affirming healthcare for trans people while making exceptions for surgery and hormones for children born with intersex traits. Ironically, these are the same medical interventions denied to transgender children. Presenter 3, a feminist and queer studies philosopher, explores exceptionalism in sexual and reproductive healthcare access. Youth generally permitted to make their own decisions regarding sexual and reproductive health (e.g. contraception, STI screening) are required to obtain parental permission for gender-affirming care and fertility preservation—two treatments that disproportionately affect transgender and intersex youth. Presenter 4, a historian of medicine and science & technology studies scholar, considers how exceptional standards of evidence have been demanded for gender-affirming care for transgender people. Across successive iterations of standards of care guidelines, transgender health researchers have responded by hewing more closely to the precepts of evidence-based medicine in an effort to de-exceptionalize transgender healthcare. The session will invite attendees to share how exemptions and exceptionalism in LGBTQI health policy have affected their clinical practice.

9:30 am – 10:45 am, Waterview CD **Exploring Moral Distress in Medical Education: Ontological Ambiguity and Cadaveric Dissection**

Erik Larsen, Margie Shaw, Natercia Rodrigues

Most students begin medical education by dissecting cadavers, a practice that challenges moral norms governing how we think about and behave toward bodies. Seen from one perspective, the cadaver is little more than an educational tool; from another, it is a body connected to the donor's person, and thus deserving of high moral regard. When students struggle to separate these contrasting ontological perspectives, they frequently interpret their behavior and developing professional identities in pathological terms. Studies of moral distress in medicine focus overwhelmingly on interactions between healthcare providers and patients, making cadaveric dissection a distinctive but neglected instance of the phenomenon. Based on a study conducted by an interdisciplinary team of health humanities and bioethics faculty, this panel will explore similarities between distressing dissection experiences and moral distress. The panel will identify and reflect on patterns of student moral distress, and how they lead to maladaptive coping strategies in early career and beyond. Panelists will share a conceptual framework developed to clarify the ontological ambiguities influencing moral distress in dissection. Derived from Roberto Esposito's philosophical work (1), the framework illustrates how the distinction between person and thing in Western societies creates confusion around the ontological status of dead bodies. The panel will consider how dissection challenges our attempts to keep persons and things separate, and how this ambiguity might generally inform our accounts of moral distress in healthcare.

9:30 am – 10:45 am, Waterview AB **Workshop: Fundraising in Bioethics and the Medical Humanities: Strategies and Best Practices for Increasing Philanthropy**

Jason A. Wasserman, Claus Weimann

Grant funding for projects in bioethics and medical humanities pales in comparison to the hard sciences. Moreover, the outcomes associated with such projects can be difficult to measure. But there is an inherent appeal to the work of clinical ethicists and health humanities scholars that can ground a compelling case for financial support, particularly in the area of philanthropy. This session will explore strategies and best practices for the solicitation of philanthropic dollars to support bioethics and the humanities. The presenters—one a bioethicist, the other a director of philanthropy—worked together to secure more than one million dollars in support of a Holocaust and Medicine program, an endowed lecture series, and now have an ongoing effort to solicit funds in support of a bioethics center. Broader lessons about raising money for bioethics and humanities projects will emerge as they share about the successes and challenges promoting these efforts to a donor base. Participants will work collaboratively to identify high-potential projects and create initial pitch documents that can be used to approach development offices at their home institutions in order to formulate fundraising strategies and partnership.

9:30 am – 10:45 am, Kent A-C **Workshop: Learning (and Teaching) How to Avoid Values Imposition and Reduce Moral Distress**

Autumn Fiester

The Core Competencies is definitive in stating that consultants must not "impose their own values" on patients and families. They maintain that such values imposition is a kind of "moral 'hegemony'" in which the consultant "usurps the authority of the primary decision makers." But while trained consultants are aware of this danger, there is another source of "moral hegemony" in bedside ethical conflicts that has no parallel professional safeguards: the values imposition of the healthcare providers who care for patients and interact with their families. A substantial empirical literature demonstrates that the care team's values undergird their clinical recommendations and advocacy of particular goals of care. Providers' values imposition is not only problematic for patients and families, but it has an unanticipated deleterious impact on the providers themselves: it creates the conditions for experiencing their own moral distress. Defined as a provider who knows the morally right course of action to take but is thwarted from taking it, moral distress has become a pervasive syndrome for healthcare providers. But American values pluralism – in which individuals hold profoundly different bioethical values – guarantees that nurses and physicians will frequently feel thwarted in their ability to achieve "the morally right course of action." Values imposition and moral distress are closely related problems. In this workshop, I will present a method for learning how to avoid values imposition in HEC and then teaching colleagues the same approach. Understanding this method also has the potential to reduce providers' experience of moral distress.

9:30 am – 10:45 am, Essex C **Session: Reproductive Ethics Post-Dobbs**
Reproductive Ethics, Parental Decision-Making, and Child Protection: Parent-Child Conflict Regarding Abortion in a Case of Sexual Abuse
Sundes Kazmir

9:30 am – 10:45 am, Falkland **Workshop: The Transgender Teen and Their Parents: How to Navigate a Productive Dialogue in a Situation Potentially Fraught with Conflict**
Carolyn Baker Ringel, Rachel L. Glick

"While the concept of parental rights in the arena of transgender teen health is currently a hot topic in the news media and political arena, in this workshop we will address the issue as it might unfold for an individual family in interacting with physicians, teachers or others who support the teen. An inherent conflict arises when parents are unaware of or do not support their teen's transgender identity while other adults may strive to support the teen. These support people may be placed in the uncomfortable position of trying to balance their ethical desire to be advocates for the teen's mental or physical well-being while recognizing that the parents still have legal control of the child. From issues as simple as what name or pronoun to use for the teen in front of the parents or as complicated as how to best address the teen's needs as a transgender person, supporters often feel uncomfortable and think they lack the basic skills necessary to facilitate these discussions well. In addition, they may be unsure of how to best support all members of the family while trying to move the teen and the parents closer together in a way that fosters the parents supporting the teen. This workshop will help teachers, providers, and anyone interested in bridging the gap between parents and transgender teens take an ethical approach that acknowledges both the rights of parents and the needs of these teens."

11:00 am – 12:15 pm, Harborside Ballroom **Plenary: Policymakers' Unmet Desire for Ethicists**
Liz Walters, Adam Seth Levine, Jeffrey P. Kahn

"This plenary session is generously supported by the Institute for Bioethics and Health Humanities at UTMB. Much has been written about the role that ethicists should play in the policymaking process. These conversations typically focus on the supply of ethical expertise. In this session, we approach this topic from the demand side and ask: What roles do policymakers want ethicists to have? In what ways do they already fulfill those roles, and to what extent is there an unmet desire for ethicists in the policymaking process? Going forward, how can and should ethicists engage in the policymaking process?"

12:30 pm – 2:00 pm, **Lunch**

12:30 pm – 1:30 pm, Affinity Group Meetings
Essex C **Bioethics and Artificial Intelligence Affinity Group Meeting**
Laurel AB **Clinical Research Ethics Consultation Affinity Group Meeting**
Jake Earl, Liza Dawson, Devan Duenas, Liza-Marie Johnson, Holly Ann Taylor, Benjamin Wilfond
Meet the Editors – Challenging Cases in Clinical Research Ethics: The Clinical Research Ethics Consultation Affinity Group will host our own Ben Wilfond, Liza Johnson, Devan Duenas, and Holly Taylor, co-editors of the forthcoming book, Challenging Cases in Clinical Research Ethics (publication expected November 2023). The book includes 31 cases drawn from presentations to the Clinical Research Ethics Consultation Collaborative and published with commentaries in the "Challenging Cases is Research Ethics" series in the American Journal of Bioethics since 2013.

The editors will discuss their approach to organizing the cases by ethical principles, values, and content, and to narratively summarizing case commentators' ethical analyses. The editors hope the collection will serve as a teaching tool for graduate classrooms, an orientation and training guide for research ethics consultants, and a helpful resource for anyone with an interest in research ethics.

Laurel AB Conflict Resolution and Bioethics Affinity Group Meeting

Essex AB Disability Ethics Affinity Group Meeting

Galena History of Medical Ethics Affinity Group Meeting

Engaging the Past: Recent Work in the History of Medical Ethics: The four presenters—two philosophically trained bioethicists (one with a medical degree) and two social scientists who study and write about bioethics—work on interdisciplinary projects and disseminate their research and expertise through a range of media from professional journals and university presses including pod casts, widely read non-professional publications, and the news media

Bristol Jewish Bioethics Affinity Group Meeting

This year our session will focus on the rise of Anti-Semitism, white supremacy, and associated violence. We will present some statistics about attacks in the past few years in the US, the impact of these ideologies on our sense of comfort in our professions and the ethical challenges of treating those who wish us harm. We will open to discussion about how we and our practices are affected and how we deal with those impacts. We will discuss self-defense and controversies about how to go about protecting our patients and ourselves.

Grand Ballroom 3-4 Law & Bioethics Affinity Group Meeting

The past year has seen a number of critical developments in areas that have significant implications for the field of law and bioethics: Dobbs and the post-Roe landscape, ChatGPT and considerations around generative AI; the end of the COVID-19 emergency declaration; increasing restrictions on gender-affirming care; and recent Supreme Court decisions on affirmative action (Students for Fair Admissions v. Harvard) and First Amendment expressive speech (303 Creative LLC v. Elenis). This session will provide attendees with a forum to discuss and consider these and other compelling topics at the intersection of law and bioethics to facilitate peer dialogue and foster community collaboration and connections.

Laurel CD Race & Culture/Ethnicity Affinity Group Meeting

Dover AB Social Work Affinity Group Meeting

12:30 pm – 1:30 pm, Falkland Meet the Expert

The Meet the Expert session is an opportunity for a small group of students, trainees, and early career individuals to meet with nationally-renowned experts in bioethics and health humanities in a friendly, casual setting during the Annual Meeting. The Meet the Expert program is not a forum for individual advising, but rather an opportunity to engage in an hour-long group conversation with other participants and the Expert. This year's session will feature recently-published authors. Visit the ASBH website for information on registration.

12:30 pm – 1:30 pm, Grand Ballroom 1-2 Conference Supporter Session: Publishing in Bioethics: From Submission to Publication (and everything In between)

Keisha Ray, Kayhan Parsi, Anna Wexler, Jennifer Blumenthal-Barby

"This session is generously supported by the American Journal of Bioethics.

Meet with editors from the AJOB & AJOB-Neuro team to talk about academic publishing in bioethics, from submission to peer review and everything in between. We'll also have one a digital media editor talking about blog posts and other non-traditional forms of publication!

Panelists include:

- Veljko Dubljeciv (AJOB-Neuro EIC); affiliation: NC State
- Jennifer Blumenthal-Barby (associate editor for AJOB); affiliation: Baylor
- Keisha Ray (digital media & associate editor for AJOB)
- Kayhan Parsi (associate editor for AJOB); affiliation: Loyola
- Anna Wexler (associate editor for AJOB-Neuro); affiliation Penn

12:30 pm – 1:30 pm, Kent A-C Conference Supported Session: Resolving Ethical Tensions between Prolonged Modern Deaths and Patient Centered Care

David Hoffman, Sarah Kiskadden-Bechtel

"This session is generously supported by the Completed Life Initiative.
Critics of the right to die often indicate that a person's choice to determine the timing and circumstances of their end of life trajectory opposes the notion that no one – including the patient – should interfere with the timing of death. Advances in medical technology with life-extending standards of care have unnaturally extended life beyond what individuals used to expect as a natural life expectancy in the late 19th and early 20th centuries. Remediation of ancient diseases, such as tuberculosis and smallpox, have greatly increased the likelihood we will live past retirement, without necessarily living better lives: to some, quality of life lessens due to falls or organ failures; social isolation increases; as does the risk of medical complications, which usually precipitate extreme heroic measures. This session will explore how modern deaths are often unnaturally prolonged, and will offer insights into how individuals and their families, communities and healthcare professionals can refocus choice of care conversations to uphold and empower patient centered care at the end of life."

1:00 pm – 2:00 pm, Grand Ballroom 5-10 Anniversary Dessert

2:00 pm – 3:00 pm, Harborside Ballroom Members' Meeting and Awards Ceremony Affinity Group Meeting

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3:15pm – 4:30 pm, Laurel CD Performance/Exhibition: A Sinking Feeling: A Readers' Theater Performance on Medical Malpractice
Ramya Sampath, David Kaufman
By the time a physician retires, there is a greater than 50% chance that they will be named in a malpractice lawsuit. However, most medical schools provide minimal teaching on the process, experience, and impact of malpractice litigation on physicians' careers and well-being. Concerns about legal liability plague all health professions: nurses are increasingly concerned about personal liability given recent high-profile cases. Readers' Theater is a tool to engage trainees of all levels, from nursing, pharmacy, and medical students to residents and fellows, in meaningful exploration of the concepts and skills relevant for navigating litigation to prepare them for such events to which they may be exposed through the course of their careers. In this session, we will set the stage and perform "A Sinking Feeling." We will situate utilization of the performance in the curriculum at a medical school; describe the evolution of the instructional intervention, including writing of the play; and engage the participants in a performance of "A Sinking Feeling," a dramatized rendition of the malpractice process from receiving legal notice to the proceedings of a deposition, legal questioning, and the psychosocial impact on practicing physicians. We will invite audience participation for five roles within the script. Subsequently we will engage in a constructive dialog around readers' and attendees' experiences and perceptions of the script, impact on their understanding of the legal process, and attitudes toward the intersections of medicolegal procedures and medical practice.

3:15pm – 4:30 pm, Atlantic Session: Posthumous Gamete Retrieval
An ethical case for pediatric posthumous assisted reproduction
Anna Pfeiffer
Ethics Consultation in the Crucible of Terminal Cancer and Pregnancy: Autonomy, Suffering and Posthumous Wishes
Philip D. Crowell
Life after Death? Navigating (Lack of) Consent, Special Relationships, and Access to Gametes
Lauren Flicker

3:15pm – 4:30 pm, Iron Session: Vaccines, Disinformation and Trust
Breaking It Down to Build It Up: Understanding Trust in the US Food and Drug Administration
Leah Z. Rand
How to Create Fair Procedures of Reviewing Applications for Religious Exemptions to the Covid Vaccine Mandates and Communicate Clear and Equitable Guidelines to the Public
Hajung Lee
How to Deal with Health Disinformation in an Inclusive Public Discourse: Lessons Learned from the COVID-19 Pandemic
Kiarash Aramesh

3:15pm – 4:30 pm, Laurel AB Panel: Can Non-Profit Healthcare be Saved? A Tale of Two Narratives

Mark G. Kuczewski, Patrick McCruden, Andrew Jager, Katherine Wasson

"This panel will explore strategies and structures that can aid non-profit health systems in maintaining a focus on mission while appropriately attending to margin. Not-for-profit hospitals and health systems (NFPs) were founded to provide charity care for indigent patients and serve local communities. Their mission statements develop a narrative of quality healthcare for patients while promoting health equity and social justice. A recent spate of media and academic publications develop a competing narrative that NFPs have become “medical empires” that engage in ruthless and illegal collection practices, excessive capital accumulation, and privilege generating and investing revenue over delivery of services. The first presenter, a bioethicist who focuses on organizational ethics, will describe these contrasting narratives. He will argue that some expectations have grown from failures of public policy and are unrealistic. He will pose the question: How can a focus on mission be maintained and balance with appropriate attention on maintaining margin? The second presenter, a chief mission integration officer for a regional health system, will discuss strategic and operational initiatives that will help NFP healthcare to retain a focus on its founding mission including board recruitment, strategic planning, budgeting, key performance indicators, and executive evaluation and compensation. The third presenter, a director of population health for a trade organization, will focus on the opportunities and ethical duty to bring forward community and patient voices. He will explore what accountability to these voices means as a way to integrate the mission aspects of NFPs."

3:15pm – 4:30 pm, Grand Ballroom 3-4 Panel: Clinical, Legal, and Ethical Perspectives on Behavior Contracts: Lessons from One Institution's Experience

Rachel Fabi, Amy E. Caruso Brown, L .Syd M. Johnson, Sarah Reckess

"Workplace violence in healthcare settings has been on the rise. One contributing factor to workplace violence and subsequent provider burnout is a troubling upward trend in aggressive and abusive behaviors in hospitals, exhibited by patients and their families, as well as by hospital staff. A common mechanism for addressing these behaviors is the behavior contract, also known as a behavioral agreement, used in clinical contexts in response to patient or family behaviors that the care team deems disruptive or otherwise unacceptable. Behavior contracts typically list the behaviors that the team finds unacceptable and propose consequences that may be invoked if the behaviors continue. This panel consists of an interdisciplinary team from an urban teaching hospital. They will explore the ethical, legal, and clinical implications of the use of behavior contracts and recount how their institution's position on behavior contracts has evolved. A clinician/bioethicist will detail a troubling case in their hospital involving the unilateral imposition of a punitive behavior contract on a dying patient, and how that case spurred organizational change. A lawyer will consider the legal implications of the use of behavior contracts in the clinical setting. A philosopher will consider the ethical implications of unilateral behavior contracts. The moderator, a health policy ethicist, will review possible institutional and policy solutions to the problems presented by behavior contracts. A moderated discussion will provide an opportunity for the audience to share their own experiences with behavior contracts and brainstorm potential alternative approaches to protecting hospital staff from workplace violence."

3:15pm – 4:30 pm, Kent A-C Panel: Creating inclusive spaces for policy dialogue on the responsible conduct of research: Experience crafting standards for research during commercial space flight

Amy L. McGuire, Paul Root Wolpe, Vasiliki Rahimzadeh

This proposed panel will discuss the processes, policies, and politics of developing ethical standards for research involving private citizens in commercial spaceflight. It has been more than 50 years since the Outer Space Treaty designated space the “province for all mankind”. Massive public and private investment in space manufacturing, human exploration, and scientific research has since enabled the commercial spaceflight industry to expand opportunities in space. Yet safe commercial spaceflight for all requires rigorous research that is currently constrained by the scale of scientific uncertainties, the extreme research environments within with cSFPs will be exposed, and associated health risks of flight and ongoing space presence. And although well-established norms, policies, and regulations govern responsible conduct of research involving humans on Earth, it remains unclear which laws and policies should apply to the commercial sector (Panelist 1), what research should be prioritized and whose input matters in those decisions (Panelist 2), and what lessons can the commercial sector draw from the past 50 years of government-sponsored research with respect to maximizing the social value and minimizing potential harms of space exploration moving forward (Panelist 3). What we learn in the early years of commercial spaceflight will be critical for ensuring the safety of future missions to space and will also have potential to improve human health on Earth. Therefore, inclusive forums for soliciting diverse input on whether and how research involving cSFPs should be governed are critically needed to build a robust evidence base that can be generalizable “for all humankind.”

3:15pm – 4:30 pm, Dover C **Session: Evaluating the Acceptability of AI**

Ethical and Acceptability Considerations for Integrating AI-Based Perceptual Computing in Clinical Care: What do Physicians Think?

Anika Sonig

Standards for Explainability: The Role of Stigma and Disease State in Patient Acceptance of Artificial Intelligence-Generated Care

Meghan E. Hurley

Synthetic Data for Drug Development: Epistemic and Ethical Challenges

Carole Federico

3:15pm – 4:30 pm, Falkland **Session: Artificial Intelligence and Research**

Ethical implications of Precision AI-enabled Clinically Embedded Research (PACER), a novel technology-enabled approach to conducting minimal risk research in outpatient community healthcare settings

Kelly Michelson

Losing the “human element”: Patient reflections on the tensions between artificial intelligence and humanized medicine

Cambray Smith

3:15pm – 4:30 pm, Bristol **Session: Opioids and Pain**

Harm Reduction and the Opioid Crisis: Clinical, Policy, and Ethical Perspectives

David A. Oxman

The Pain Lottery

Parker Crutchfield

The Role of Self Concepts in Addiction and Recovery

Nada Gligorov

3:15pm – 4:30 pm, Essex AB **Panel: Heuristics and Bias in Health Care Decision Making: Identifying Problems and Advancing Solutions**

Jeffrey Berger, Jennifer Blumenthal-Barby, Peter Reese, Dana Ribeiro Miller

"Cognitive, metacognitive, and behavioral-psychological factors all affect the quality of health related decision making for clinicians and for patients. Metacognition describes ways in which one self-monitors and self-regulates the activity of thinking, both conscious and sub-conscious, and includes ways in which we evaluate, analyze, and interpret information as part of reflective judgments. The psychological and behavioral aspects of reasoning, including decision-making heuristics and biases, have significant impacts on clinician and patient decision making, yet are under-appreciated in bioethics and not well represented in medical education. Presenter 1 (a philosopher-bioethicist from a southern U.S. medical school and bioethics center) will discuss ways in which heuristics and biases affect the decisions patients make on their own behalf in ways that threaten their autonomy and result in decisions that are not aligned with their values and interests. Presenter 2, (a transplant nephrologist from a mid-Atlantic U.S. university and bioethics center) will discuss ways in which heuristics and biases affect organ allocation, including clinician decisions to accept or to reject an organ for transplantation. Presenters 3 and 4, (a physician-ethicist and a social worker/clergy-ethicist from a Northeast U.S. medical school) will describe an outcomes-based curriculum in medical education in which metacognition, heuristics, and psychological biases are taught longitudinally over three years, using a variety of modalities. The presentation will feature a web-based concept mapping tool for complex case analysis. The goal is to help clinicians-in-training gain perspective on their own cognitive patterns and those of peers."

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3:15pm – 4:30 pm, Chasseur **Debate: Is it morally permissible to travel to ASBH despite climate change?**

Travis Rieder, Sarah Raskoff

"In a year marked by devastating heat waves, catastrophic fires, droughts and floods, and generally all manner of climate disasters, the question of how to live a morally decent life amidst climate change looms large. Our collective greenhouse gas emissions warm the planet and lead to massive harm, which makes our individual emitting actions seem to implicate us in one of the most serious moral problems humanity has ever faced. Despite this sense (shared at least by environmentalists) that each of us is contributing to the problem, there is a well-known challenge to the idea that we could be obligated to refrain from any emitting action: in short, our individual contributions are so small—so insignificant—that they do not cause or meaningfully worsen any harm. Thus, although one might think that each of us should travel less in order to reduce our carbon footprint, it seems there is no justification for thinking that it's wrong to, for instance, travel to Baltimore in order to attend ASBH. Is that right? Do none of us flaunt our moral responsibilities by attending this conference? In this session, two speakers will articulate different arguments that bear on the answer to this question. One of us will rehearse an argument made in the animal ethics literature, which purports to show that we can (and do), in fact, have a duty to contribute to collectives that make a difference, even when our own individual contributions do not. The other will rehearse an argument from the climate literature suggesting that, while we can have moral reasons not to so contribute, we do not have duties, and so while it may be a good thing to forego conference attendance for environmental reasons, none of us is morally required to do so. From there, both speakers will address the question of whether their arguments can coexist: does a duty to go vegan imply a duty to forego conferences? If we have only reasons to reduce our carbon footprint, does that imply that no one has a duty to go vegan?

3:15pm – 4:30 pm, Waterview AB **Panel: Leveraging Voice as a Biomarker: Ethical and Legal Considerations in Developing Trustworthy Voice AI Technology**

Hortense Gallois, Ruth Bahr, Gavin Victor, Alexander Bernier

"Advancements in AI and machine learning present unprecedented opportunities for healthcare. The implementation of these technologies is also uniquely challenging, beyond legal requirements. It is essential to develop voice AI technology that is not only legally compliant but also ethical and trustworthy, ensuring the protection of patient privacy, respect for human dignity, and preventing health disparities. This panel joins diverse experts to consider the legal and ethical implications for responsible Voice AI technology design. The panelists and their presentations are as follows: A Canadian legal expert will highlight the need for voice data governance and discuss the Canadian/EU legal requirements for protecting patient privacy. A US legal expert will examine the US legal compliance mechanisms, such as HIPAA, and their implications for developing ethical voice AI technology. A philosopher will present on the importance of incorporating ethical considerations and normative values, such as fairness, privacy, and autonomy, into the design process using value-sensitive design. An ELSI expert, will explore the challenges involved in creating voice AI technology that is trustworthy and compliant while balancing ethical considerations and legal demands. She will also discuss the benefits of involving diverse stakeholders, such as patients and healthcare providers, in the design process. The experts will provide a comprehensive understanding of the topic and offer recommendations for developing voice AI technology that meets the highest ethical and trustworthy standards. This proposed panel is insightful and necessary to ensure that voice AI technology ultimately benefit patients and healthcare systems as a whole."

3:15pm – 4:30 pm, Galena **Session: Deciding for Others**

Major Decisions for Mature Minors: Navigating Misaligned Patient and Parent Values in Adolescent Tracheostomy Decision-Making

Rachel G. Clarke

When Ethical and Legal Perspectives Differ: Moral Courage in the Face of Legal Risk

MaryKatherine Gaurke

You don't have to go home but you can't stay here: The ethics of indefinite pediatric hospitalizations

Jacqueline Meadow

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3:15pm – 4:30 pm, Dover AB **Panel: Medical Interventions for Children with Severe Neurological Impairment: Moving from Discrimination to Discretion to Promote the Good of the Patient**

Jenny Kingsley, Jori Bogetz, Katie Moynihan, Aaron Wightman

Children with severe neurological impairment (SNI) have high degrees of medical complexity and reliance on others for daily assistance. This population accounts for 25% of hospital bed days in children's hospitals and one-third of costs. Studies suggest that relative to parents, clinicians underrate the quality of life of children with SNI, which creates challenges and variability in decision-making that has the potential to lead to inequity and bias. Conflict over the appropriateness of medical intervention may also arise between clinicians who have different perspectives. As medicine advances, there is a growing confusion surrounding when certain interventions and therapies should be offered for children with SNI. This panel explores this growing yet under-examined tension in clinical practice using two case examples: 1) the changing landscape in the language and care outcomes among children diagnosed with trisomy 13/18 and 2) goal directed extracorporeal membrane oxygenation (ECMO) use for pediatric patients with SNI. The first speaker, a pediatrician-bioethicist, highlights lessons from prior ethical debates surrounding decisions about care for children with SNI and how those lessons inform intervention options today. The second speaker, a pediatric palliative care physician, advocates for a paradigm shift in communication surrounding candidacy considerations for patients with trisomy 13/18 and incorporate narratives from parents of children with SNI. The third speaker, a critical care and palliative care physician, argues that we ought to seek to provide goal concordant care recommendations about ECMO candidacy through personalized, high-quality communication rather than relying on broad diagnoses to guide decision-making.

Session: Envisioning New Models for Equitably Addressing Disability and Brain Death

3:15pm – 4:30 pm, Heron **Neurological disorder, non-speaking intellectual disability, and patient-centered communication: shortcomings of an autonomy-centric model**

Ashley Feinsinger

Opportunities for What? Critically Examining Capitalist Constraints on Medicine's Conception of the "Good Life" for Disabled Patients

Spencer Schmid

The Future of Brain Death: Epistemic Equality Through Inclusive Policy

Amanda Hine

3:15pm – 4:30 pm, Essex C **Session: Law, Culture, and Religion**

On Loan: Understanding the Cadaver as Quasi Property

TuanDat Nguyen

The Utah Abortion Law(s) Violate My Mormon Religious Beliefs: Life, Agency, Tolerance and Faith in the Wake of Dobbs

Bradley Steven Thornock

What do policies of the Church of Jesus Christ of Latter-day Saints (Mormons) suggest about the moral status of the human embryo?

Angela Wentz Faulconer

3:15pm – 4:30 pm, Waterview CD **Workshop: Reforming a Health Humanities Curriculum for Social Justice**

Rebecca Volpe, Rebecca Volpe, Bernice L. Hausman, Kimberly Myers, Paul Haidet

"In summer 2020, Penn State College of Medicine (PSCOM) Humanities faculty began revising the UME Health Humanities Curriculum. Immediate catalysts were the murder of George Floyd and attention to health disparities made more salient by COVID-19. The new curriculum for the pre-clerkship phase consists of four courses: (1) Foundations of Health Humanities, which focuses on social justice issues by employing health humanities concepts and methods, such as social construction and narrative medicine; (2) Observation and Interpretation, which focuses on enhancing clinical skills of observation, interpretation and communication, using Visual Thinking Strategies (VTS) with works of art and clinical images, (3) Humanities in Context, which develops students' "humanistic sensitivity" through learning about the patient and doctor as persons, power and privilege in medicine, and ethics, and (4) Communication, which focuses on patient-provider communication with an emphasis on patient-centered care. In this workshop, we begin by describing the exigence for and process of the curricular revision (5 minutes). We then lead participants through one abbreviated session from each of the four courses (12 minutes per course; ~50 minutes total). These abbreviated sessions will be highly interactive and will be led by faculty with diverse disciplinary backgrounds including MDs, EdDs and PhDs in the Humanities. We will close with 20 minutes for whole-group discussion, including critical assessment of humanities longitudinal coursework in UME and reflection on challenges and opportunities."

3:15pm – 4:30 pm, Chasseur **Session: Reproductive Research Ethics**

Research recruitment in abortion clinics: evidence from women asked to donate fetal tissue for research

Katherine MacDuffie

The Ethics of Abortion Research Post Dobbs

Dana Howard

3:15pm – 4:30 pm, Grand Ballrooms 1-2 **Panel: When Life Hands You Lemons: Building and Maintaining Ethics Programs with Minimal Resources**

Joan Henriksen, Joseph Bertino, Jaime Konerman-Sease

"It is a truth universally acknowledged that clinical ethicists are always in want of funding to build, expand, or even just maintain clinical ethics services. This leads to tough questions about how to best utilize minimal resources, including the limited time of professional ethicists, to build and maintain robust ethics programs in an era of tremendous clinical ethics need. The panelists will present differing strategies of building and maintaining ethics programs when resources are constrained and limited. Each panelist will share specific strategies they have employed to build and maintain their own ethics programs that did not require substantial resources. The first panelist will review their strategy of repurposing existing ethics structures and committees to better meet the ethics program's needs and maximize the benefits of ethics stakeholders' and volunteers' contributions. The second panelist will highlight their strategy of building the ethics consultation competencies of ethics committee members in smaller, community hospitals that do not have professional clinical ethics support. The third panelist will discuss their strategy of developing an open-access introductory bioethics education program to expand basic bioethics knowledge to both clinicians and the public. The fourth panelist will describe how reframing the roles and work of volunteers on committees across a large health system has increased engagement and shifted ethical culture toward a model of moral formation and deliberative community. Through sharing these strategies, we hope to demonstrate how clinical ethicists can best build and maintain ethics programs without the benefit of substantial resources."

5:00 pm – 6:15 pm, Waterview AB **Flash Presentations: Health Humanities and Education**

A Framework for Creating Trauma-Informed Spaces in Medical Education

Angie Polanco

Co-Constructing Illness Poems: How Do We Dismantle Narrative Authority to Honor Our Patients?

Annie Trang

Creation of a Roadmap for Neonatal-Perinatal Medicine Trainees Pursuing Scholarly Work in Ethics During Fellowship

Allison Lyle

Experience with futility contributes to moral distress in veterinary technicians in North America

Nathan Peterson

God Talk and Public Health? A brief inventory of public health podcast and the gaps that remain.

Alejandra Salemi

Seeing Is Believing: Dangerous Digital Health Trends

Jessie Wiggins

The Language of Value: Disability-Adjusted Life Years (DALYs) in Global Health and Thick Evaluative Concepts

Jaime O'Brien

The Role of Bioethics in Targeted Violent Attacks on Healthcare Providers and Healthcare Facilities

Aulina Chowdhury

Xenotransplantation in the Media: A Qualitative Content Analysis

Jordan Liebman

5:00 pm – 6:15 pm, Laurel CD **Session: Bias and Disparities in Clinical Medicine & Ethics**

"Against Medical Advice" Discharges: Disparities in Post-Discharge Care and Outcomes

John H. Brems

An ethical approach to racial disparities in child abuse medicine

Joseph P. Shapiro

5:00 pm – 6:15 pm, Galena **Session: Decisional Capacity**

"Can They Hold Me Prisoner?" When Right to Freedom of Movement, Patient Safety Concerns, and the Ethicist's Obligations Collide.

Susannah Lee

"You Say Yes, I Say No, You Say Stay, I Say Go": Standardizing Decisional Capacity Assessment and Documentation

Hannah Hester

The Problem of the "Medical Hold" - Ethically Justifiable Management of Patients Without Capacity Who Wish to Leave Acute Care Medical Hospitals

Rod Dismukes

5:00 pm – 6:15 pm, Iron **Session: Novel Technologies**

Addressing Regulatory Gaps and Uncertainties for New and Emerging Biotechnologies: The Case of Organoids

Jonathan Lewis

Artificial Womb Technology in Human Babies: Prospective Methods to Engage Parent Stakeholders

Katie R. Baughman

Labeling or Lifesaving? Cautioning Artificial Intelligence Predictions in Psychiatry

Jack Noto

5:00 pm – 6:15 pm, Kent A-C **Session: Advance Care Planning**

ACP Conversations - A system-wide implementation plan

Nico Nortje

Preference Prediction at the End-of-Life: Difficult for Humans and Algorithms

Tina Nguyen

Preserving Autonomy in Later Life for Patients with Kidney Disease: A qualitative study of Patients, Chief Medical Information Officers, and Nephrologists

Keren Ladin

5:00 pm – 6:15 pm, Bristol **Session: Organ Donation**

Assessing religious motivations for altruistic living kidney donation

Eli Shupe

Ethical Considerations in Expanding Available Donor Hearts through Normothermic Regional Perfusion

Daniel Remer

The Dead Donor Rule and Thoraco-Abdominal Normothermic Regional Perfusion

Ryan Ravanpak

5:00 pm – 6:15 pm, Laurel AB **Panel: Bioethics in Community Health**

Carolyn Neuhaus, Aashna Lal, Johanna Crane, Danielle M. Pacia

"This panel will feature projects that situate and examine bioethics in community health, an arena that has been largely overlooked in bioethics research and practice. Community health focuses on primary care, disease prevention, and services that support wellbeing and access to health care. In the U.S., non-profit community health centers (CHCs) provide care to medically underserved patients at the neighborhood level, tailored to the needs of local populations. Through collaborations with CHCs and qualitative research with CHC staff, panelists have learned that community health providers work in a complex ethical environment with a strong commitment to advancing health equity. Ethical dilemmas often take the form of daily, time-sensitive decisions about the fair allocation of staff, time, space, and supplies, and are the result of upstream policies that fragment the US healthcare system, overburden CHCs, and generate social and structural inequalities that manifest as health inequities. Traditionally, American bioethics has centered hospital-based ethical challenges associated with acuity, "bedside" decision-making, or care transitions. This focus has left the field with little to say to community health providers. CHC providers face different but equally complex ethical challenges as they work to mitigate the consequences of social inequality through the delivery of patient-centered primary care. By highlighting projects with CHCs and situating bioethics firmly within community health, panelists hope to generate awareness and interest in community health-bioethics collaboration. This will enrich the field as much as it benefits CHCs, and deepen bioethics' commitment to achieving health equity and justice."

5:00 pm – 6:15 pm, Grand Ballroom 1-2 **Panel: Creating Spaces for Moral Deliberation: Deepening Ethical Competence Through Ethics Liaisons Programs**

Karen Jones, Heather Fitzgerald, Lucia D. Wocial

Healthcare organizations serve diverse communities and as a result, are settings in which diverse perspectives about illness, injury, health and well-being converge. In this era of divisive rhetoric, the cultivation of accountable, inclusive, engaged deliberation can seem elusive. This session will describe a well-established interdisciplinary ethics liaisons program in a quaternary pediatric setting. The program is designed to deepen ethical competence, moral agency and the skills necessary to challenge assumptions, mitigate bias, and deliberate on contested issues in clinical practice. Approaches central to the program create and sustain spaces for self-reflection, ethical inquiry and humility, professional growth and development as well as expand members' capacity to hear and hold a plurality of viewpoints while clarifying and refining their own. Moral distress rounds, an extension of the ethics consultation service, serve as a core programmatic element and provide structured moral space to deepen ethical competence, invite respectful exchange of views and illuminate how healthcare teams can effectively struggle together, rather than apart, in the face of moral conflict. A new program, at another quaternary pediatric setting based on the same design will also be described, as well as lessons learned from the established program which include the importance of gathering data and metrics to evaluate programmatic impact on cultivating ethical competence. Participants will review the new program's baseline data from three validated instruments which measure aspects of ethical competence and ethical practice, as well as 2023 qualitative data from the 19-year-old program.

5:00 pm – 6:15 pm, Falkland **Workshop: Critically Evaluating the Medical Literature for Ethnocentrism, Racism, and Bias: A Skill Building Workshop**

Jeffrey Berger, Dana Ribeiro Miller

"The scientific medical community has only recently confronted the broadly and deeply embedded epistemological falsehood that the social constructs of race and ethnicity are biologically determinative phenomena, as well as the fact that race is a poor correlate of genetics and genetic ancestry. Increasingly, there is recognition that white Western ethnocentrism often influences the subject areas of medical research and the way in which research hypotheses are formulated, which leads to the bolstering of racial theories. This discriminatory medical "knowledge" becomes internally validated and then is employed as the basis of new research. Medical educators, who themselves have been educated with this problematic content, continue to validate these epistemological deficits and falsehoods in medicine through curriculums, didactic education, and in clinical teaching.

In order to disrupt this pedagogical cycle, we developed a tool to facilitate the critical appraisal of the medical literature for racism and ethnocentricity. We have used this tool in both undergraduate and graduate medical education and for faculty development. It provides a structured approach to analyzing medical studies and focuses on common issues in study hypothesis, study design, methods, results, and conclusions. The tool also provides illustrations of deficits in each category to assist learners' application of the tool to their critical appraisal of studies published in the medical literature. Learners have self-assessed improvements in their ability to critically appraise the medical literature."

5:00 pm – 6:15 pm, Dover AB **Panel: Deliberating Genomic Research: Ethical Engagement and Research with Indigenous Communities**

Jessica Blanchard, Julie Beans, Joseph Yracheta, Christie Byars-Chavez

Despite promises to improve health disparities, genomics has thus far mostly failed to produce clinical and other palpable benefits for American Indian and Alaska Native (AIAN) communities. Persistent, unresolved issues related to trust, data control, access, and other concerns have kept many Tribal nations from participating in genomic research. More serious engagement and dialogue with AIAN populations is needed to articulate the role of Tribal authority and oversight in genomic research. Recognizing that the decision not to participate may remain the best choice for many communities, the failure to authentically engage AIAN communities and recognize Tribal rights to self-governance contribute to barriers may still be resolved. This panel will highlight the coordinated and collaborative efforts of a multidisciplinary consortium led by community-based tribal partners, university researchers and community-based institutions to promote the use of deliberation for the systematic inquiry of ethical, legal, and social implications of genomic research in tribal contexts. Deliberation and dialogue have been studied extensively in the areas of public consultation, policy making, and community engagement in recent years, and this panel will highlight methodological, empirical, and normative considerations from the first known adaptations of public deliberation for use in specific Tribal contexts.

5:00 pm – 6:15 pm, Heron **Session: Epistemic Injustice in Healthcare**

'Masculine' Depression as External Symptoms

Lee Thielemier

Clearing the Air on Medical Gaslighting

Elisa C. Reverman

EPISTEMIC INJUSTICE IN HEALTHCARE: A CHALLENGE

Amanda Favia

5:00 pm – 6:15 pm, Atlantic **Session: Pragmatic Trials**

Ethical Challenges in First-in-Human Trials of the Artificial Placenta and Artificial Womb: Not all Technologies Are Created Equally, Ethically

Stephanie Kukora

Rethinking Research Risk in Pragmatic Care Trials

Isabel M. Astrachan

The future of Alzheimer's biomarker disclosure: A pragmatic approach to returning results to participants

Claire Erickson

5:00 pm – 6:15 pm, Essex AB **Session: Clinical Ethics Practice III**

Group-model ethics consultations as an adjunct to Advanced Care Planning

Joel Rowe

Towards a Shared Typology of Ethics Cases: Inter-Rater Reliability and Consensus Testing of the Armstrong Clinical Ethics Coding System (ACECS)

Kate A. Molchan

Why We Need More Simulation-Based Training in Clinical Ethics and How to Start

Katherine Wasson

5:00 pm – 6:15 pm, Essex C **Session: Mad Studies and Ethics**

Integrating Critical Perspectives Into Clinical Ethics: Interventions from Mad Studies

Kathleen Lowenstein

Mad Ethics: What can mental health patients teach us about clinical ethics?

Lee de Bie

The Theoretical Marginalization of Patients with Severe Mental Illnesses in Bioethical Discourse

Kriszta Sajber

5:00 pm – 6:15 pm, Grand Ballroom 3-4 **Panel: Listen and Learn: The Innovative Role of Podcasts in the Future of Bioethics Education**

Tamar Schiff, Jafar Al-Mondhiry, Margot Hedlin

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"Bioethics is a crucial component of medical education, helping to shape the attitudes, values, and professional identities of medical trainees. However, exposure to bioethics and its clinical applications can be limited by curricular constraints and institutional resources and expertise. Podcasts are a novel educational tool that offer particular advantages for self-directed learning, asynchronous educational opportunities outside of traditional academic or clinical settings. This panel will explore the role, structure, and impact of a bi-monthly bioethics podcast to increase access among healthcare students and professionals to knowledge and resources important in navigating the complex ethical issues that arise in health and medicine. The panel's first speaker will review the landscape of ethics curricula in U.S. medical schools, highlighting recent trends and existing gaps. Our second speaker will describe the growing role of free open access medical education (FOAMed) resources. Our third speaker will describe our team's experience of using a FOAMed medium to advance bioethics education in producing a bi-monthly podcast focusing on issues in bioethics and medical humanities. We will explain our process of drafting episode scripts based on literature review with a focus on empirical bioethics research, conducting expert interviews, incorporating narrative techniques, editing for clarity and concision, and employing peer review. With around 40,000 unique listeners per episode and regular social media engagement, we will also highlight how innovative approaches to bioethics education such as our podcast offer the opportunity to build a wide and rich online educational community."

5:00 pm – 6:15 pm, Harborside Ballroom **Panel: Moving from Disability Rights to Disability Justice: The Role of Bioethics in Imagining a More Inclusive and Accessible Future**

Kevin T. Mintz, Kara Ayers, Natalie Hardy

2023 marks the 50th anniversary of Section 504 of the Rehabilitation Act, the first federal anti-disability discrimination legislation in the United States. Although individuals with disabilities have made considerable social, economic and political gains since 1973, they still confront structural inequalities in access to healthcare, employment and other areas of public life. This interdisciplinary panel considers the role of bioethics in alleviating these inequalities with an emphasis on intersectionality and disability justice. First, a psychologist compares and contrasts disability rights and disability justice, arguing that both approaches are beneficial for promoting accessibility in different contexts. Second, a political scientist with cerebral palsy explores anti-ableism in clinical ethics consultation, arguing that disability rights legislation is necessary, but not sufficient for ensuring that the consultation process does not exacerbate ableism towards providers and patients with disabilities. Then, a lawyer examines how disability-based abortion restrictions disempowers those with disabilities who wish to become parents. Finally, an early-career bioethicist critically examines the relationship between disability stigma and the construction of public space. Taken together, these presentations articulate a vision for the role of bioethics in the future of disability advocacy.

5:00 pm – 6:15 pm, Waterview CD **Panel: Multi-organ Transplantation: An Ethical Conundrum**

Rosamond Rhodes, Brendan S. Parent, Ali N. Zaidi, Edward Cytryn

In January 2019, the Organ Procurement & Transplantation Network issued a White paper, "Ethical implications of multi organ transplants." The executive summary acknowledged the conflict that multi-organ transplantation (MOT) creates in that existing policies for prioritization of candidates for single organ transplantation (SOT) are incompatible with the needs of candidates who require simultaneous MOT. The authors recognized that resolving the issue requires balancing "utility and equity" and that "principles must be carefully considered and weighed in the development and modification of MOT policy." To date, the promised and needed MOT policy is still waiting to be developed. This panel presentation will take up that gauntlet. In hope of advancing the effort to resolve the inherent ethical dilemmas in MOT, we will focus this session on analyzing and evaluating alternative MOT organ allocation policies. The session will begin with a presentation from a medical resident, describing organ-specific listing systems. He will also explain how the transplant community repeatedly refines them to ensure transplant organs are allocated justly. In this context, he will explain how current policies fail to address situations in which a person needs multiple scarce organs transplanted simultaneously. Two bioethicists who address ethical issues in organ transplantation will then each share their ethical reflections on how we should address the MOT conundrum. Finally, a medical and pediatric cardiologist will present the vivid example of Fontan-associated liver disease and challenge the panelists and audience to consider the reality of MOT organ allocation decisions in light of proposed policy solutions.

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5:00 pm – 6:15 pm, Chasseur Session: Research ethics
Of Mice and Men (…and Ferrets and Bats): The Evolution of Gain of Function Research in the Age of COVID-19
Jaime O'Brien
Research ethics review during the COVID-19 pandemic: An international study
Maxwell J. Smith
Transparency in Controversial Research: Human Embryo Research Oversight
Kirstin RW Matthews

5:00 pm – 6:15 pm, Dover C Session: Future Ethics
Putting the Art in Artificial Intelligence: Exploring the Benefits of Artificial Intelligence-Generated Artwork on Wellbeing and Reflection in Healthcare Settings
Brian R. Smith
Thoracic Pork: Using Jurassic Park to develop examples of virtues-based research ethics for xenotransplantation
Olivia S. Kates
Worlds Unseen: Reimagining Health Through Afro-Futurist and Speculative Feminist Fiction
Whitney Cabey

6:15 pm – 7:15 pm, Grand BR Foyer First-Time Attendee, New Member, and Student Reception
This session is generously supported by the Hastings Center.

Saturday, October 14, 2023

7:00 am – 8:00 am, Grand BR Foyer Breakfast

7:30 am – 8:45 am, Dover AB Workshop: "Write My Way Out": Storytelling for Reflection and Healing
Brian R. Smith
"We are all carrying stories. Narrative medicine - reflecting and writing about our experiences - allows us to unburden and heal. In healthcare, telling stories about oneself or one's patients is a way to reflect on mistakes, examine buried feelings, and seek comfort. Research has shown that writing workshops can benefit both patients and clinicians. Writing takes time, though. This workshop will focus on high-yield, quick ways to engage in storytelling and creative nonfiction. It will also center on making reflection and writing a habit and how doing so can promote a healthy growth mindset. Led by an experienced moderator, this workshop will provide strategies for engaging in storytelling and creative nonfiction, even in the time-limited healthcare setting. Participants will explore the benefits of narrative medicine and learn to create vivid sensory imagery, identify essential stakes, and craft meaningful or cathartic endings. It will include several writing prompts from which to choose and optional opportunities to share your writing. It will also explore ways to tell stories in healthcare that safeguard patient privacy. By engaging in narrative medicine, participants will contribute to the conference's larger goal of creating inclusive public discourse in healthcare, practicing constructive and empathetic communication, and promoting healthcare worker wellbeing. The workshop is suitable for all interested in using storytelling to encourage personal growth and positively impact the culture of medicine. Stories are a lens through which we thoughtfully engage the past. In doing so, we may find new energy and meaning in our work."

7:30 am – 8:45 am, Laurel CD Flash Presentation: Diverse Lenses
A Discursive analysis of Disabilities in relation to their etiologies
Corey Dennison
"Treatment" of Healthy Female Puberty: Whose Interests?
Camilia Kamoun
Deliberative Democracy as a Valuable Approach in Bioethics
Adelaida (Adele) Jasperse
Illustrating Representation: Diversity and Inclusion within MD Curriculum-based Medical Illustration
Emily May

Is the Mediterranean Diet Ethnocentric? Embedded Autonomy and the Provisional Acceptance of Patients' Goals in Health Messaging
Pierce Randall
Moving from Inclusion to Belonging in an Ethics Committee
Pageen M. Small
Navigating the Bioethical Crossroads of Cancer Genetic Testing in Low-Resource Regions in Africa – What Do We Need to Consider?
Lynn W. Bush
The Case for Applying Principles of Universal Design to Prescription Drug Labeling
Kate Li
The Injustice and Moral Wrongs of Affective and Psychotic Disorders as Exclusion Criteria for Organ Transplant Candidates
Sana S. Baban
Utilizing a Theological Lens to Address a Loss of Identity in Indian Christian Women in America Facing Infertility
Sibil A. Shibu

7:30 am – 8:45 am, Iron **Session: Research Regulation**
Areas of Consensus and Improvement on Dual-Use Research of Concern (DURC) Risk, Ethics, and Oversight
Elika Somani
Constitutional Confidentiality
Leslie E. Wolf
Ideal Responsible Conduct of Research
Jonathan Herington

7:30 am – 8:45 am, Heron **Panel: Children with complex chronic conditions; a neglected group in public policy decisions? Lessons learned from the pandemic in the UK and US context**
Sapfo Lignou, Yoram Unguru, Rebecca Seltzer, Jeff Jones
"Children with complex chronic conditions require care from a combination of different services and systems of care (e.g, health care, social services, education, etc) and are particularly vulnerable to public health interventions that may be introduced as a result of a pandemic. The UK and the US have two distinct health systems shaped and driven by different social and political values. Despite differences in service delivery and pandemic impacts, challenges in meeting complex needs of children with chronic conditions are common across health and care systems. These challenges raise crucial but overlooked questions about health justice, such as: What are the responsibilities of the state and related public bodies towards this group? How should decisions be made about changes in service delivery, and what values and processes should inform these decisions? How can longstanding health inequalities, and prior disadvantages be avoided? How can children with complex chronic conditions and their families be treated fairly in situations where their needs cannot be fully met? Viewed through the lens of ""health justice,"" this panel will discuss the ethical, practical, and systemic challenges associated with caring for children with complex chronic conditions , both in normal circumstances and during emergencies. The panel will also explore the idea of a new policy engagement model that could eliminate systemic weaknesses in meeting these children's complex needs and inform more efficient and fair decisions about their care in the future."

7:30 am – 8:45 am, Harborside Ballroom **Panel: Encoding Patient Values into Artificial Intelligence Clinical Decision Support Systems: The Perfect Proxy, The Ideal Shared Decision Maker, or The Paternalistic Machine**
Charles Binkley, Bryan Pilkington, Christian Vercler, Pierre L. Ibraheem
"Using artificial intelligence (AI) for clinical decision making promises to improve the quality of health care by providing more precise diagnoses, standardizing optimal treatments, and objectively stratifying risks and benefits. However, in the process of delivering on the promise of precision, these systems risk either ignoring patient values and ushering in a new area of paternalism in which machines know best, or becoming digital clones who are able to make decisions for the humans on whom they are trained. At one end of the spectrum, AI systems may be encoded to predict a particular outcome that is assumed to be desired by everyone, such as survival, whereas patient attitudes can differ widely on their goals of treatment. At the other end, these systems may well evolve

such that each person is able to have a digital clone onto which their values and preferences are encoded. These digital clones, much like the “Artificial Moral Advisor” described by Savulescu, may come to learn an individual’s values and preferences so well that they will be better suited to surrogate decision making than would be a human agent. In the middle is a proposal for how clinical decision support could best promote patient centered decision making. By accurately estimating risk, projecting likely outcomes, and reducing clinical uncertainty, these systems may allow clinicians to better engage with patients in shared decision making rather than in making uncertain clinical predictions. The benefits of this model includes reduced clinical anxiety, decreased patient-clinician conflict, and increased patient trust."

7:30 am – 8:45 am, Essex AB **Panel: Engaging Patients and the Public to Improve Future Research Conducted with Waivers of Informed Consent**

Emily Largent, Stephanie Morain, David Wendler

"There is growing interest in using embedded research methods, particularly pragmatic clinical trials (PCTs). Reviews of PCTs published between 2014 and 2019 found that nearly 10% were conducted with waivers of informed consent for research (“waivers”), and this number is increasing with time. Waivers are ethically justifiable and permitted under the Common Rule when certain conditions are met. However, their use presents ethical challenges. This panel will use empirical, normative, and case-based lenses to inform the ethical conduct of PCTs conducted with a waiver of consent. Panelist One will provide background on PCTs, explain why waivers have become an increasingly prominent feature of them, and provide empirical data on patients’ and the public’s views on waivers. Panelist One will then argue that a fundamental ethical challenge arising when waivers are used is how to both demonstrate respect for participants, and to satisfy certain functions of consent in the absence of traditional consent processes. Building on this, Panelists Two and Three will discuss two potential means for resolving this challenge: community consultation and participant notification. Panelist Two will argue for the ethical importance of consulting with community representatives during the design-phase of PCTs and present a recent example of successful engagement with people living with dementia and caregivers on the topic of waivers. Panelist Three will discuss the ethical importance of participant notification when research is conducted with a waiver, which investigators often underestimate, outlining the goals and potential means of notification. There will be time for Q&A and discussion."

7:30 am – 8:45 am, Laurel AB **Session: DEI in Clinical Ethics**

Ethics Consultation with Patients with Locked-In Syndrome: Uplifting Patient Voice and Promoting Autonomy and Equity

Elissa Larkin

Structural Racism as Characterized by Ethics Consultation Patterns in a Safety-Net Hospital

Rachel Ingraham

What Healthcare Ethics Consultants Should Know About Inequity

Ryan J. Dougherty

7:30 am – 8:45 am, Essex C **Session: Ethical Challenges in End-of-Life Care**

Ethics of using artificial intelligence to target serious illness conversations for patients with life-limiting illness

Gina Piscitello

Medical-Aid-in-Dying and Psychiatric Illness: Contextualizing Patient Choice

Kathleen Lowenstein

Redefining Euthanasia and Physician-Assisted Suicide: Correcting the Self-Defeating Nature of Oregon’s Death with Dignity Act

Erica Ronning

7:30 am – 8:45 am, Galena **Session: Clinical Ethics Practice IV**

Factors Associated with the Utilization of Clinical Ethics Consultation Services: A View from Saudi Arabia

Ruaim Muaygil

The role of clinical ethics in issues related to workplace violence and patient and visitor conduct.

Ellen Meltzer, Corinne Benzinger, Lisa Trost, Amy Covert

What's Getting Lost in Translation? Bioethics Consultation and Language Services Use
Amy DeBaets

7:30 am – 8:45 am, Bristol **Session: Medical Aid in Dying**
Harming Dying Patients as a Legal Requirement
Adrienne Jones- Adamczyk
Identifying gaps and inconsistencies in the data collection and public reporting of Medical Assistance-in-Dying: a directed content analysis
Sean Riley
MAiD in Canada: Assisted Dying and Vulnerable Populations
Ben Sarbey

7:30 am – 8:45 am, Waterview CD **Session: Advanced Therapies**
Intrinsic Multiplicities: affective challenges in the ethics of left ventricular assist device deactivation
Ramya Sampath
Terminal Decannulation: Developing a Framework for the Discontinuation of Extracorporeal Life Support for Children
Erica Andrist
The ECMO Dilemma
Jane Jankowski

7:30 am – 8:45 am, Chasseur **Session: Pregnancy, Birth and Medicine**
Literature and Medicine post-Roe: Seeing Menstruation in Victorian Women's Writing
Mary Taylor Mann
Smart Pregnancies or Reproductive Control? Quantifying Pregnancy Experiences in the Era of Direct-to-Consumer Apps
Anita Ho

7:30 am – 8:45 am, Falkland **Panel: No more guinea pigs: Ethical issues in the use of unproven interventions during public health emergencies**
John Massarelli, Ali Moody, Christine MacCracken, Lisa Kearns
In the wake of a global effort to identify safe and effective medical products against Covid-19, the 2022 monkeypox (mpox) outbreak proved yet again the difficulty of finding and validating unproven interventions during a public health emergency (PHE). In such situations as these, two competing ethical obligations are at play: the need to generate evidence of intervention effectiveness through robust clinical research programs and the need to treat those suffering from disease despite no or insufficient existing countermeasures. The convergence of these competing obligations in practice results in wider use of unproven, often risky, interventions by those affected in the early stages of an outbreak—typically working class, minorities, or other vulnerable populations—before products backed by greater evidence are used later and by populations with greater insulation from disease. This inequity was apparent in Covid-19, when the working class, including those on the front lines, were infected first and thus subjected to interventions with much less of an evidentiary base than interventions given to those affected later. In mpox, populations of men who have sex with men, including the already-vulnerable gay and bisexual communities, were treated as virtual "guinea pigs" in being prescribed a particular product with data only from animal studies. This panel, made up of public health experts with both academic and lived experience, will unpack this and other ethical issues that manifest in the frantic efforts to identify safe and effective interventions during PHEs.

7:30 am – 8:45 am, Waterview AB **Panel: On What Grounds? Squaring Clinical Ethics Recommendations With Inclusive Public Discourse**
Autumn Fiester, Abram Brummett, Mark C. Navin
This panel will explore different views about ethical justification in healthcare ethics consultation (HEC), and participants will argue that debates about 'whether ethicists should make recommendations' may hinge on

disagreements about ethical justification. At the core of the 'ethics facilitation approach' to HEC is a distinction between (1) cases when more than one course of action is ethically justified and (2) cases when there is only one ethically justified option, or an unethical option is being requested. According to Core Competencies for Healthcare Ethics Consultation, the ethicist may make recommendations in the latter case, but should be very careful about doing so in the former case, lest they unduly influence decision makers. Core Competencies does not explain what ethical justification in HEC involves. Speaker One will argue for a comparatively expansive account of ethical justification. On their account, a stakeholder's view can be ethically justified if it can be supported by moral reasons we recognize as belonging to the set of American bioethical values in the context of a broad national ethical pluralism. Speaker Two will argue for a comparatively restrictive account of ethical justification, according to which an ethically justified option is one that is consistent with bioethical consensus that has been refined using wide reflective equilibrium. Speaker Three will argue for a novel 'public reason' account of clinical ethical justification that is intermediate between the ones endorsed by the other speakers. Two of the speakers have published extensively on topics related to this panel presentation.

7:30 am – 8:45 am, Atlantic **Session: Pandemic Ethics**

Pandemic as Heterotopia: The Counter-Sites of COVID-19 and AIDS

Amanda Caleb

The Environmental "Paradox of Prevention"

James Black

Worth a shot? Using comics to combat COVID-19 vaccine myths

Leah Eisenberg

7:30 am – 8:45 am, Dover C **Session: Genome Editing**

The Public-Private Research Ecosystem in the Era of Genome Editing: Learning from the Past to Shape Future Governance

John M. Conley

Toward Meaningful Distinctions Between Treatment, Prevention, and Enhancement in Human Genome Editing

R. Jean Cadigan

7:30 am – 8:45 am, Kent A-C **Writing a winning bioethics manuscript: Tips for empirical, normative, and case-based papers**

Alex Kon, Robert Truog, Jennifer Blumenthal-Barby

"In this session, three prominent bioethics authors and editors will discuss key aspects of writing and publishing papers. The presentations will cover writing, submitting, and responding to reviewers' and editors' comments to assist attendees understand how to position their work for the best chance of publication. The first presenter, an east-coast clinician who is a nationally recognized bioethics expert and has published over 280 papers in leading journals, will explain the standard rubric for case-based ethics papers, discuss differences in manuscript style for different audiences, and consider strategies for finding the right journal for a specific piece. The second presenter, a philosopher from the south who is a national leader in bioethics, an associate editor of two of the leading bioethics journals, and herself has published over 150 papers in leading journals, will discuss key strategies in writing normative and conceptual ethics papers. The third presenter, a west-coast clinician-researcher who served as editor-in-chief of a leading empirical bioethics journal and has published over 100 papers and book chapters, will discuss best practices in preparing a report of an empirical study for publication. The discussion will review the standard sections of empirical papers with emphasis on what to include, and what not to include, in each section. This discussion will also review how best to respond to reviewers' and editors' comments. After the presentations, attendees will be invited to ask questions of the panel members and discuss their own experiences and pearls in writing and publishing.

9:00 am – 10:15 am, Heron **Flash Presentation: Vulnerable Populations**

A Hard Pill to Swallow: Understanding Rising Contraception Conversations and their Ethical Consequences

Kate H. Tsiandoulas

Altruistic Gift or Unfair Preference?: Directed Organ Donation of Clinicians to Patients Under Their Care

Sean McCormick

Coming to a head: parental decision-making for contact and collision sports

Rosa Lawrence

Ethical Issues in Engaging Lost To Follow Up Youth in HIV Care and Research

Sara K. Shaw Green

Ethical Obligations of the Evaluator-Client Relationship in Forensic Psychiatry

Rachel M. Shenoi

Healthcare Executives are all Talking about Value Based Purchasing. Who is Talking About Its Ethics?!

Hunter E. Cantrell

Impact of Precision Medicine on Patient and Caregiver Perceptions of Early Detection of Alzheimer's Disease Risk

Ariel Levchenko

Mandated Use of Chaperones in Intimate Medical Exams: Protecting the Patient or the Hospital?

Amanda M. Buster

Understanding Pediatric Nursing Moral Conflict and Reasoning When Caring for Children During Investigations of Suspected Physical Abuse

Elizabeth Cleek

9:00 am – 10:15 am, Harborside Ballroom **Panel: A Novel Solution to Find Decision-Makers for Unrepresented Patients: Creating A Volunteer Health Care Agent Matching Program**

David N. Sontag, Debra Sylvester, Wayne S. Saltsman

In a recent study, 40% of individuals who had not formally designated a health care surrogate claimed that they did not have anyone in their life to name for the role. Such "unrepresented individuals" are among the most vulnerable in society. When unrepresented individuals lose medical decision-making capacity, they have nobody to ensure their values, goals, and preferences ("VGP") are honored by healthcare providers, making them most at risk for truly losing their autonomy. Oftentimes, post-acute facilities (in Massachusetts) refuse to admit such individuals because they do not have a designated surrogate even though they presently have capacity to make their own decisions. The default response is to get a guardian appointed when the individual loses capacity. First, this does not solve the admission barrier. More importantly, a guardian can never know the individual's VGP while they had capacity and therefore cannot ensure their autonomy is respected. Accordingly, four organizations-- an academic medical center, an integrated health plan and provider system, an insurance company, and a state-based coalition to improve serious illness care-– established the Health Care Agent Matching Program (the "Program"). The Program recruits volunteers willing to serve as another person's surrogate, or "health care agent" ("HCA"), and matches them to unrepresented patients interested in voluntarily naming a HCA. During the session, the panelists (representing law, medicine, nursing and public health) will discuss why and how they created the Program; describe how it operates; and, share success stories and valuable lessons learned during the Program's operation to date.

9:00 am – 10:15 am, Dover C **Session: Ethical Challenges with Patient Behavior**

'Doing it To Themselves': Can The Difficult Case of Repeated Foreign Body Ingestion Provide Us Ethical Considerations for Repeated Self Harm?

Sara Kolmes

Caring and the "Unreasonable" Patient: A Perspective on One Facet of Nursing Ethics

Danny L. Franke

Understanding Treatment Over Objection in Non-Psychiatric Facilities: A Review of the Literature

Joseph B. Fanning

9:00 am – 10:15 am, Atlantic **Session: Patient and family engagement in clinical research**

Addressing bioethical issues throughout the 10-Step Framework for Continuous Patient Engagement

Abdou S. Senghor

Genetic Diagnoses for Adults with Intellectual Disability: Caregiver Perspectives

Stacey Pereira

Perspectives of Family Caregivers on their Role in Cancer Clinical Trial Decision-Making
Eric C. Blackstone

9:00 am – 10:15 am, Falkland Performance/Exhibition: Bioethics, Storytelling and Sound: Immersing Ourselves in Bioethical Vignettes
Lauren Arora Hutchinson, Jeffrey P. Kahn
This exhibition will demonstrate how the affordances of new technologies and immersive storytelling (or 'story living') can help us re-think methodologies in case-based bioethics and bioethics communication. Whether this is teaching, influencing policymakers, communicating to patients or delivering findings to broad audiences. For many years Bioethicists have utilized the tools of vignettes: brief evocative descriptions, accounts or episodes to communicate their work to peers, students and patients; but this work has been almost exclusively written. In this event, audience members will be invited to critically reflect on what happens given that we can now enable the recipient (collaborator, patient, research subject or audience) of these bioethical vignettes to immerse themselves in these vignettes, through sound or spatial storytelling. What futures of bioethics can they imagine? In what ways does this energize the future (without forgetting the past)? What space does this provide for inclusive public discourse? This exhibition will showcase the work of the first year of a new creative lab based at a prominent Bioethics institution focused on innovative ways of communicating bioethics. This exhibition will demonstrate how storytellers, journalists, creators and bioethicists can work together to elevate the stories, and the role such work can have in bioethics scholarship and public communication about bioethics. It will have a particular focus on storytelling in sound and will share examples of projects coming out of the lab such as podcasts, documentaries, apps and immersive projects.

9:00 am – 10:15 am, Laurel CD Panel: Confronting Financial Toxicity: The Economics and Ethics of Cancer Care
Amy E. Scharf, Barbra Rothschild, Leonard Saltz, Robin Yabroff
"Advances in the treatment of cancer have contributed to significant decreases in cancer-related death rates in the US. However, these achievements come at a heavy monetary price for cancer patients and their families. Of the estimated 16.9 million U.S. cancer survivors in 2020, approximately 29% (between ages of 18-64) face material hardship, 13% go into debt, and 2.3% declare bankruptcy. Moreover, our society's most vulnerable members are disproportionately impacted. Social determinants of health not only place individuals, families, and entire communities at risk for developing cancer, but they also significantly compound the economic impact of a cancer diagnosis and treatment. The ethical challenges associated with the costs of cancer care are multifaceted. Why does a cancer diagnosis results in financial ruin or hardship for so many? Why do some cancer drugs cost up to $1,000,000 annually? Is it ethical for physicians to consider or discuss drug and treatment prices with their patients? Can or should one put a price tag on saving (or extending by weeks or months) a human life? This panel presentation will explore the clinical, economic, and social forces behind the financial toxicity of cancer care and its ethical conundrums. Specifically, we will address cancer drug pricing and its impact on patients, caregivers, and clinicians, as well as social determinants of health and their disproportionate financial impacts on cancer patients. The panel will then discuss measures taken to address these complex ethical issues, suggest additional means for remediation, and encourage audience engagement and recommendations."

9:00 am – 10:15 am, Waterview AB Panel: ECMO Uncovered: Using Narrative to Improve our Understanding of ECMO Decisions
Thomas V. Cunningham, Roxanne Kirsch, Anna Condella, Karen Smith
Extracorporeal membrane oxygenation, or ECMO, is an advanced form of life-sustaining treatment for adults and children that entails ethical dilemmas, including its use as a "bridge" therapy, inequities that emerge from it's being a limited healthcare resource, and managing withholding or withdrawing ECMO. Little is known about how providers communicate with patients, families, and other stakeholders regarding ECMO decisions. This panel uses narrative, humanistic methods to begin filling this knowledge gap—using a moderated, reflective format, three front-line ECMO providers reflect and unpack their experiences of communicating with patients and providers, the structure of their decisions, and the processing and resolution of ethical dilemmas in ECMO care. To begin, a pediatric cardiac intensivist and bioethicist describes in detail how they care for patients on ECMO and resolve ethical dilemmas in practice. The second panelist, an intensivist and emergency medicine physician narrates their

experiences with ECMO decision-making, including in times of regional scarcity, and the limitations of institutional guidelines in addressing unique patient scenarios. The third panelist, an ethicist embedded with ECMO teams, describes how they use mediation, facilitation, and responding to moral distress to help healthcare providers resolve ethical issues that arise when patients become dependent upon ECMO and unable or ineligible to transition to other treatments. The moderator and final panelist, a philosopher and clinical ethicist, uses decision theory to model the architecture of ECMO decision-making and reveal commonalities between the experiences of adult and pediatric ECMO providers and ethicists responding to cases involving patients on ECMO.

9:00 am – 10:15 am, Iron **Session: Scrutinizing Involuntary Hospitalizations and Coercion in Mental Healthcare**

Ethical Considerations Surrounding Involuntary Hospitalization: Dissecting New York City's Involuntary Commitment Plan for Mental Health

Nicholas A. Cepeda

The Feminization of Frontal Lobotomies: A Critical Analysis of the Role of Gender and Queerness in the Lobotomy Era

Missy M. Tepe

9:00 am – 10:15 am, Essex AB **Panel: Ethical Dimensions of Xenotransplantation Experimentation with Humans**

L .Syd M. Johnson, Carrie Thiessen, Abbie Leino, Deborah Levine

"Research on xenotransplantation using organs from genetically modified pigs has proceeded at a rapid clip since 2021, when researchers announced they had grafted a pig kidney onto the body of a patient declared dead by neurological criteria (i.e. brain dead). Since then, numerous additional experimental grafts using brain dead human bodies, maintained on physiological support, have occurred, and a living patient with heart failure was grafted with a pig heart. That patient later died. It is concerning that experimentation with living and deceased humans has proceeded without an opportunity for public discourse on the value and meaning of xenotransplantation, and without pausing to reflect and deliberate on the unique ethical issues that arise. This multidisciplinary panel will consider those issues from several angles. A thoracic transplant physician will describe the challenges presented by the lack of suitable donors, especially in thoracic transplantation, and discuss the resulting disparities for certain populations. A transplant surgeon/bioethicist will describe ethical issues in patient selection and consent for xenotransplantation clinical trials. A health behavior researcher/pharmacist will examine the role of patient preferences and knowledge on healthcare decisions/behaviors around xenotransplantation, as well as public perceptions and the lack of public input as xenotransplantation moves towards clinical trials. A philosopher/bioethicist (the moderator) will discuss the novel issues related to experimentation with the brain dead as research "subjects" who exist within a liminal ethical space between life and death, and the regulatory gap around experimentation and research with the dead."

9:00 am – 10:15 am, Kent A-C **Session: Developing Culturally-Sensitive Approaches to Patient Care**

Fostering Patient Autonomy by Promoting Justice-focused Agency: Cultural Competence in Caring for Muslim Patients

Kriszta Sajber

Meeting the religious and spiritual needs of minority faith patients in Catholic hospitals: a pilot project

Esther Berkowitz

Using Community Engagement to Explore the Challenges for Spanish Speaking Patients Admitted to the Hospital with Complex Illnesses

Nicholas V. Nguyen

9:00 am – 10:15 am, Waterview CD **Session: Diverse Views on AI**

Healthcare Ethics in the Age of AI and Robotics: Insights from the Islamic Deliberations on Utopia and Automata

Mohammed Ghaly

Human vs. Machine: Artificial Intelligence-Based Prognostication in End-of-Life and Palliative Care

Ahmed Alasmar

Transparency for Clinicians: Information Needs for Healthcare Artificial Intelligence

Austin M. Stroud

9:00 am – 10:15 am, Galena **Session: Cancer research**

Human-centered design and decision-making around risk-reducing gynecologic surgery: Understanding the lifeworld of individuals with Lynch syndrome

Jazmine Gabriel

Methods for multi-stakeholder deliberation of ethical dilemmas of access to expensive cancer treatments

Eline M. Bunnik

What is the survival benefit of receiving unapproved cancer drugs being tested in randomized clinical trials?

Renata Iskander

9:00 am – 10:15 am, Bristol **Session: Medical Trauma and Structural Racism**

Medical Gaslighting as a Mechanism for Medical Trauma in the Context of Systemic Injustice: A Case Study and Proposal

Devora Shapiro

Structural Racism in the Hospital: Against Medical Advice Discharge

Emily Holmes

9:00 am – 10:15 am, Essex C **Session: Health Data Privacy**

NFT Your Health Data: What are the Ethical Implications?

Kristin Kostick

Privacy's Empty Promises: Comparing Health App Privacy Policies and Advertisements and Data Sharing Practices

Leah R. Fowler

9:00 am – 10:15 am, Laurel AB **Panel: Non-traditional Community Collaboration for Clinical Ethicists: Engagement, Creativity, and Compassion**

Bryanna Moore, Jada Wiggleton-Little, Paul Ford, Olubukunola M. Dwyer

Clinical Ethicists continue to find new ways of applying (and expanding) their skills to engage with local communities to address health-related challenges. Many major medical centers are surrounded by under resourced communities, whose members may not fully trust healthcare professionals. This panel will briefly present four initiatives from three separate medical institutions that provide examples of community collaborations. The first panelist rounds every two weeks at a volunteer-run clinic housed in a church that opens its doors twice a week for various outpatient services. Additionally, they provide program evaluation and narrative projects. The second panelist engages with community grassroots organizations to co-develop new local initiatives that increase trust in various types of neurological research, including a longitudinal observational study. Special focus of engaging communities who have traditionally demonstrated distrust as a barrier to collaborating in research. The third panelist developed a "working" summit of local stakeholders and mental health providers centered around destigmatizing and building community skills around mental health particularly in underrepresented neighborhoods. This integrated a program of training Mental Health First Aid courses as a springboard to developing new approaches. The fourth panelist creates community based, individualized comprehensive care plans to address a patient's ongoing clinical needs and the social determinates of health that exacerbate a patient's known medical and psychiatric diagnoses. The care plans are created through an informal working collaboration between healthcare institutions across the region partnering with community groups and patients. Each panelist will "crowdsource" from the audience for new approaches for their work.

9:00 am – 10:15 am, Chasseur **Panel: Peri-Procedural Resuscitation: Dilemmas, Decisions, Documentation. Have We Made Progress?**

Preeti R. John, Robert Truog, Sabrina Derrington

"Ethical controversies regarding resuscitation-related decisions in the peri-procedural setting continue to challenge healthcare teams, patients and their families. Achieving equitable and ethically grounded decisions is especially challenging due to the prognostic uncertainties, power dynamics and temporal pressures that accompany procedural interventions performed under anesthesia. This session will bring together speakers from diverse disciplines and institutions to examine the intersection of clinical practice and healthcare ethics in the peri-procedural setting. Panelists will draw from their clinical experience in adult and pediatric anesthesia, surgery, critical care, and palliative medicine as well as their expertise as ethicists, to describe historical perspectives, ongoing controversies, and emerging concerns regarding resuscitation-related decisions for patients having procedures under anesthesia. The panel presentations will explore ethical dilemmas and practical challenges of decisions about resuscitation from provider and patient perspectives using case examples and literature review. How do potential benefits and harms of a procedure affect decision-making regarding peri-procedural resuscitation? What special considerations pertain to palliative and emergency procedures? How should healthcare teams ensure that patients and families are adequately informed and that their goals and values are respected? How can healthcare systems and providers collaborate to develop policies and procedures that will prompt clinicians to engage in the most ethically appropriate approach to peri-procedural management, to ensure goal-concordant healthcare? Is it ever ethically appropriate to unilaterally suspend pre-existing "DNAR" orders prior to a procedure, or alternatively, to refuse to perform a procedure for a patient who may not want any attempts at cardio-pulmonary resuscitation?"

10:30 am – 11:45 am, Falkland **Session: Patient and Provider Relationships**

A Call to Tarry: A Journey Away from Turfing

Patricia Luck

Interior Design and Trust in the Clinical Environment

David Adams

Patient and Provider Narratives of Functional Neurological Disorders: Convergences and Divergences

Lindsey Grubbs

10:30 am – 11:45 am, Harborside Ballroom **Career Development Session**

Behind the Curtain: Understanding the Peer Review Process

This panel will offer attendees insights into the peer review process. Audience members will have a chance to submit questions and guide discussion topics as they hear from a journal's associate editor, book editor, and grant reviewer in the field. We invite early-career scholars and students to learn more about how they can better match their work to a reviewer's expectations and avoid common mistakes.

Session: Sex and Gender in Research

10:30 am – 11:45 am, Iron **A positive deviance approach to representing women, older adults and patients identifying as racial and ethnic minorities in clinical research**

Jennifer Miller

10:30 am – 11:45 am, Iron **Beyond cis-gender women: Ethical considerations for expanding uterine transplantation**

Jeffrey Pannekoek

10:30 am – 11:45 am, Iron **Reconsidering "Sex as a Biological Variable"**

Rebecca Sanaeikia

10:30 am – 11:45 am, Galena **Session: Challenges in Neurologic Device Research**

"It Gave Me a Purpose": Participation as Benefit in Brain-Computer Interface Studies

Erika Versalovic

"When these studies are over, they're not over": continuing trial responsibilities for implantable neural device trials

Saskia Hendriks

Support for BRAIN Pioneers: Understanding and enhancing family and researcher support for participants in neural device trials

Andrew I. Brown

This session guide is updated as of October 5, 2023. 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.

10:30 am – 11:45 am, Dover C **Session: Ethical Issues in Reproductive Health**

"You're Drying Up": Associating Women's Sexual Problems with Menopause as a Manifestation of Gender Oppression
Allison B. Wolf

Minding the Gap: The Unmet Needs of Elite Female Athletes' Reproductive Health
Georgia Loutrianakis

Reflecting on Dobbs v Jackson: Implications on Gestational Surrogacy Practices in the U.S.
Sophia Fantus

10:30 am – 11:45 am, Heron **Session: AI and Clinical Ethics**

AI-Generated Survival Estimates: What are Physicians' and Patients' Criteria for Trust?
Kristin Kostick

In Tech We Trust? Artificial Intelligence and Prognostication in End of Life and Palliative Care
Kathryn Huber

When Voice Becomes Biomarker: Examining the Ethical, Legal, and Social Implications of AI-Based Technology for Voice Biomarker
Marie-Françoise A. Malo

10:30 am – 11:45 am, Waterview CD **Session: Assessing Ethics Services**

Are Ethics Committees Merely Perfunctory? : Twenty years after the First JCAHO Mandate
Paola Nicolas

Descriptive Analysis of the Restructuring of the Ethics Service in an Urban Safety-Net Hospital
Katrina Munoz

Measuring the Harms of Delayed Consult Requests
Stowe Locke Teti

10:30 am – 11:45 am, Chasseur **Session: Protection of research subjects**

Clinician Perspectives on the Potential of DBS for Pediatric Patients with Treatment-Resistant OCD
Michelle T. Pham

Ethical issues in performance enhancement research methods
Nicholas G. Evans

Trust but verify? Reliance and agential trust at the intersection of medicine and research
Diana Mendoza-Cervantes

10:30 am – 11:45 am, Laurel CD **Panel: Connecting the Dots: Collective Trauma, Trauma Informed Care, and Social Justice**

Elizabeth Lanphier, Uchenna E. Anani, Brian Tuohy

"Healthcare settings increasingly engage Trauma Informed Care (TIC) in response to individual trauma. Collective trauma, a growing concern in society, is caused by and perpetuates social injustice, including health injustices. TIC has tools within its principles and practice to address social injustice for collective healing. Doing so, however, necessitates further conceptualization of distinctions between individual and collective trauma, and their implications for TIC practice.Presenter 1, a philosopher and the moderator, will map the landscape for existing TIC principles and practices in healthcare, establishing relevant definitions of and distinctions between individual and collective trauma and their implications for TIC. Presenter 2, a lawyer engaged in teaching and community-centered practice for refugee trauma, will show how social injustice perpetuates collective trauma through the example of climate-related displacement and migration, and how healing practices from TIC interrupt cycles of trauma and do individually and collectively reparative work aligned with social justice. Presenter 3, a physician, ethicist, and educator, will show how health care already has the tools for reparative work within TIC, and will also illustrate through the example of anti-racist responses in healthcare how policies, organizations, systems, and advocacy work need to address trauma and social justice collectively to address the collective experiences of trauma and injustice. Ultimately, we show how extending TIC to collective trauma deploys existing healthcare tools to urgent problems of social justice and will engage in a guided brainstorming with the audience to build and utilize these tools for social justice in healthcare and clinical ethics."

10:30 am – 11:45 am, Kent A-C **Ethical Considerations for Implementation Strategies of AI in Healthcare**

Faith Summersett Williams, Kelly Michelson, Juan C. Rojas

"Artificial intelligence (AI) includes technologies such as natural language processing (NLP), machine learning (ML), and robotics. AI can be applied to most specialties in healthcare, and its potential contributions to healthcare education, research, and practice seem boundless. Understanding the implementation process of translating AI models to healthcare practice is still in its early stages of development as implementation of AI models in healthcare is complex. Furthermore, AI creates a novel set of ethical challenges that must be identified and mitigated throughout development and implementation. This panel assesses AI models for compliance with the ethical principles of beneficence, non-maleficence, justice, and respect for patient's autonomy within the implementation process of scaling-up AI models into existing clinical workflows. A clinical informaticist will suggest strategies for integrating bioethical principles into a ML model's development process to mitigate bias before implementation in clinical practice. An implementation scientist will discuss opportunities to address ethical issues during implementation and consider the need for innovative implementation frameworks to account for the dynamic and constantly changing nature of AI models. A physician will consider how implementing AI can create conflict between the ethical principles of justice and autonomy – pitting individual interests against societal interests. Panelists will describe barriers and facilitators of ethical AI implementation in healthcare and propose approaches to addressing the identified challenges. The session will close with a discussion addressing whether these challenges merit the development of implementation frameworks specific to AI or if current implementation frameworks can be adapted to this technology."

10:30 am – 11:45 am, Dover AB **Panel: Exploring liberal arts interventions for moral distress**

Aimee Milliken, Kate Jackson-Meyer, Pamela Grace, Melissa K. Uveges

"The COVID-19 pandemic is causing moral distress for frontline workers, especially healthcare professionals who have faced ethical situations resulting from high patient volumes, social distancing requirements, and shortages of critical resources. Moral distress occurs when a healthcare professional is constrained from acting according to their core values to offer care deemed necessary. It is a significant problem because it may lead to burnout, as well as emotional, psychological, physical, and behavioral harm. Given the enduring nature of the COVID-19 pandemic, increased levels of moral distress are troubling. In particular, largescale burnout due to ongoing distress could lead to worsening shortages of healthcare professionals, a problem already plaguing the current healthcare environment. Moral resilience, defined as the capacity of an individual to sustain or restore their integrity in response to moral complexity is generally regarded as an antidote to moral distress. However, what remains largely unexplored are effective interventions that cultivate moral resilience, especially in the context of COVID-19. This presentation builds on insights from studies that suggest the arts and humanities are resources for healing from moral distress. We will describe findings from a conference workshop that leveraged various liberal arts approaches (including guided readings, reflective writing, music, dance, meditation, and spiritual exercises) as tools for addressing moral distress in an audience of diverse professionals. Findings to be presented include both quantitative (i.e. moral distress) measures, as well as qualitative data describing the usefulness of these approaches, participants' intention to adopt these approaches and barriers and facilitators of adoption."

10:30 am – 11:45 am, Essex AB **Panel: Facilitating Expanded Access to Investigational Medicines: Possibilities, Obligations, and Ethical Questions**

Holly Fernandez Lynch, Eline M. Bunnik, Alen Agaronov

FDA's Expanded Access (EA) pathway, and various international analogues, allow patients with serious conditions to access investigational medicines for treatment use outside clinical trials. This approach offers the possibility of hope when patients lack alternatives but it also raises practical and ethical challenges, including issues related to awareness of the pathway and relevant investigational options, fairness in who is granted access, comprehension of the nature and limits of investigational interventions, and blurred lines between clinical care and research. In this panel, we will address these challenges from several angles. The first panelist will consider whether physicians have an ethical obligation to disclose and offer EA to eligible patients, describing when and why this obligation might exist, what it might entail, and whether it could be supported as a legal requirement. The second panelist will present empirical findings from interviews with oncologists practicing in academic medical centers exploring how they make decisions about offering EA, how they navigate the pathway across interactions with companies, FDA, and IRBs, and how they perceive the utility of data collected from EA patients, leading to ethical consideration of what resources should be devoted to supporting EA. Finally, the third panelist will address the growing trend of companies, regulators, and payers relying on – and sometimes soliciting – data from EA programs, discussing ethical issues related to data quality, payment, transparency, and IRB oversight, as well as whether these approaches have the potential to improve patient access.

10:30 am – 11:45 am, Bristol **Session: Health Humanities**

Health and the Virtue of Temperance: Ascetic Practice in the Life of St. Porphyrios

Jennifer R. Lockhart

“It Changed My Whole Entire Thinking”: Narrative Recommendations for Successful Medical Affidavits in Asylum Evaluation

Alexandria Yap

10:30 am – 11:45 am, Essex C **Session: Meeting the Healthcare Needs of Trans and Nonbinary Patients**

Multiple weights off my chest': Trans and Nonbinary Experiences of Hereditary Cancer Care

Sarah Roth

The Rhetoric of Criminalization: Critical Discourse Analysis of Restrictive Legislation on Gender-Affirming Care

Grayson Jackson

Well-being and the possibility of being unwell: on the goals of trans medicine in troubled times

Elizabeth Dietz

10:30 am – 11:45 am, Laurel AB **Panel: Race Based Concerns in Surgical Care: Historic Inequity, Distrust, and their Influence on Decision Making**

Charles Binkley, Ellen Robinson, Fred Romain, Hannah Lipman

"Historically, Black patients have been less likely than White patients to be referred to a surgeon for complex oncologic and cardiovascular surgery and, when referred, they were less likely than similar White patients to have received potentially curative operations. While many explanations have been offered to account for this disparity, a contributing factor is that Black patients may have been perceived by surgeons as either at higher risk for death or complications, or less likely to benefit from surgery. Overestimating risk or underestimating benefit may have also contributed to higher cancer and cardiac related mortality rates for Black patients. Historical inequities in medicine have contributed to Black patients and their families being distrustful of surgical and perioperative care. As a result, Black patients and families may request treatments that, given the patient’s illness trajectory, will not achieve a functional goal that the patient would find acceptable. Conversely, Black patients and their families may also reject available beneficial treatments based on the perception that the care they are being offered is substandard. Providing bioethics consultation in the setting of distrust requires skillful communication as well as sensitivity to historic inequities. Understanding the history of inequity in medical and surgical care, bioethics consultants can and should explore race based concerns that may influence the medical decisions made by Black patients and their families. In addition, bioethics consultants can and should create space to recognize the role that faith may play in medical decision making."

10:30 am – 11:45 am, Atlantic **Panel: Should we Discuss Potential Benefits of Research with Clinical Trial Participants**

Jeremy Howick, JOHN D. LANTOS, Lynn Jansen

"Informed consent for research is only valid if it discusses potential risks and benefits. This requirement is encoded in all research regulations. Many IRBs are punctilious in demanding that risks be discussed but discourage or even prohibit discussion of potential benefits. There seem to be two reasons for this reticence. First, some think that discussion of benefits is inconsistent with the distinction made by the Belmont Report between clinical practice, which aims for the good of the patient, and research, which aims for the discovery of generalizable knowledge. They worry, then, that discussion of benefits might encourage the therapeutic misconception by which research participants mistakenly (by this view) believe that research is being done for their clinical benefit. The second reason is a failure the distinguish two kinds of benefits. One is the benefit of being in one arm of the trial versus the other. That cannot be known at the outset. The other is the benefit of being in a study versus not being in a study ("inclusion benefit"). There are potential benefits of being in a study when there is genuine uncertainty about the safety and efficacy of different treatments. The result is that subjects may not be given the facts they need to make an informed choice about research participation. In this panel, we review a) research on how often research oversight committees prohibit discussion of benefits; b) evidence for or against an "inclusion benefit"; and c) arguments for and against discussing potential benefits.

10:30 am – 11:45 am, Waterview AB Panel: What's in a Name? Forging Common Ground on Abortion with Clarity of Definition

Becket Gremmels, Paul Burcher, Claire Horner, Lisa Campo-Engelstein

"The impact of the Dobbs decision has left significant confusion and disagreement among healthcare providers, legislators, and others about precisely what clinical procedures are legally permitted and prohibited in states that now outlaw abortion. While some disagreement is certainly due to value differences, we argue that much of it is due to different definitions of the term "abortion". Post-Dobbs, these differences are no longer theoretical; they affect patient care by delaying life-saving pregnancy termination procedures that could be considered illegal under broad prohibitions. We see at least six different definitions being used in public, private, and academic conversations on this topic, including clinical, feminist, legal, political, popular, and theological definitions. For example, while inducing labor for chorioamnionitis at 17 weeks might be abortion clinically or legally, it would not under many theological definitions. In this panel, professionals from four disciplines will discuss definitions of abortion: an obstetrician will discuss the medical definition; an attorney and bioethicist will discuss the legal definition; a Catholic ethicist will discuss religious perspectives; and a feminist scholar will discuss feminist interpretations. We will explore the areas of difference and agreement among these definitions, and demonstrate how these differences are largely semantic, rather than substantive. We argue that clarity around definitions would increase agreement around the moral and legal permissibility of specific procedures and alleviate significant distress among healthcare providers treating people with severe and life-threatening conditions who require pregnancy termination. More agreement would temper rhetoric, even if significant disagreement still exists due to value differences."

11:45 am – 1:00 pm, Lunch

12:00 pm – 1:00 pm, Affinity Group Meetings

Atlantic **Baccalaureate Bioethics and Humanities Educators Affinity Group Meeting**
Bristol **Cancer Ethics Affinity Group Meeting**
Kent A-C **Clinical Ethics Consultation Affinity Group Meeting**
Laurel CD **Immigration Affinity Group Meeting**
Falkland **Military, Humanitarian and Disaster Medicine Affinity Group Meeting**
Laurel CD **Organizational Ethics Affinity Group Meeting**
Galena **Pharmacy and Ethics Affinity Group Meeting**
Laurel AB **Psychiatry and Psychotherapy Affinity Group Meeting**
Iron **Sexuality & Gender Identity: LGBT and Queer Bioethics Affinity Group Meeting**
Chasseur **Student Interest Affinity Group Meeting**

The Student Affinity Group session will provide space for students and trainees to meet one another and learn about the ASBH community and ways to get involved. The interactive session will start with introductions and then transition to a discussion highlighting different bioethics and medical humanities opportunities tailored to students and trainees. The session is meant to be an avenue for discovering upcoming opportunities, networking with peers from different academic programs, and voicing what students would like to see in terms of how ASBH can support their professional development. The discussion will be facilitated by the ASBH Student Director.

12:00 pm – 1:00 pm, Dover AB **Conference Supported Session: Medical-Dental Integration: A Matter of Social Justice**

This session is generously supported by the American College of Dentists.

The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Such a state is not possible without the inclusion of the mouth. Oral health is essential to physical, mental and social well-being, but barriers such as a lack of covered services, no integrated electronic health record , no coordination of care and a host of other systemic barriers have perpetuated a divide between the health of the mouth and the rest of the body. This Thought Leader Break, sponsored by the American College of Dentists (ACD), an organization committed to excellence, ethics, professionalism and leadership in dentistry, will discuss the benefits and barriers to medical-dental integration. As a matter of social justice, more coordination between medicine and dentistry is necessary to ensure better health as defined by WHO.

1:15 pm – 2:30 pm, Heron **Session: Diversity and Inclusion in Medical Education**

"Do you even go here?": An Exploratory Study on the Racial Microaggressions that Black Medical Students Experience

Monique S. John

"It creates a divide" : Minoritized students' perceptions on the process of professional identity formation

Jasmine Geathers

1:15 pm – 2:30 pm, Waterview AB **Panel: About Us and With Us: Including Deaf Perspectives in Genomics and Genetics Stakeholder Discussions**

Teresa Blankmeyer Burke, Brian H. Greenwald, Tawny Holmes Hlibok, Derek C. Braun

"Nothing about us, without us" is a disability rights slogan that captures the longstanding tension between bioethicists and disability activists. Despite the right to communication access, policy debates with the potential to impact Deaf individuals often exclude Deaf experts due to logistical barriers that are overlooked in the planning process. This session on the impact of genetic technology on the signing Deaf community features a rare opportunity to learn from an all Deaf panel from 4 different disciplines. It opens with "The Impact of Eugenics and the American Deaf Community in 19th and 20th Century America", where a historian discusses the intersections of eugenics and the American Deaf community particularly during the late 19th and 20th Century, including the role of Alexander Graham Bell and other mainline eugenicists and its implications for Deaf Americans. Next, a biologist presents "Genetic Technologies and Deafness", discussing emerging genetic technologies and how they may be applied to "treat" or "cure" deafness, including what their biological implications are, and summarizing the recently published research in that direction. Following this, an attorney from a third generation Deaf family presents "Linguistic and Cultural Considerations of Medicine and Technology in the Deaf Communities" on the role of policy and law from the lens of Deaf Studies. Linguistic and cultural considerations are highlighted, particularly the question of how modern gene editing therapy will be utilized ethically along with the ongoing endemic of language deprivation. The panel is moderated by a BIPOC Deaf bioethicist philosopher.

1:15 pm – 2:30 pm, Iron **Session: Strategies and Tools for Inclusive Healthcare and Health Research**

Advancing Equitable Healthcare Access and Delivery: Lessons Learned from a Novel Healthcare Equity Consult Service

Susan Dorr Goold

Quantifying Others, Quantifying Ourselves: What an Intersectional Ethical Critique of mHealth Applications Reveals About Constructing Inclusive Digital Tools and Discourses

Elise E. Racine

The Right to be Recognized?: Strategies and Lessons for Participant Self-Determination of Anonymization Standards within Qualitative Research

Erika Versalovic

1:15 pm – 2:30 pm, Chasseur **Session: Providers & Legal Limits to Access**

Against the Referral Asymmetry: Leveling-up Referral-Related Conscience Protections

Mark C. Navin

Borders & Abortion: Using Federal Land within Abortion Restrictive States

Rebecca Feinberg

When We Decide For You: Assessing the Impact of Binding Decisions in Pediatrics and the Future of the Texas Advance Directives Act

Stephen Couch

1:15 pm – 2:30 pm, Bristol **Session: Moral Distress**

Beyond Moral Distress: Agent-Regret and Lament in Non-Culpable Health Care Acts

Julie D. Gunby

Dual Advocates in Deceased Organ Donation: Appreciating Moral Distress in OPO Staff

Anna D. Goff

Sinning Bravely in Pediatric Critical Care

Hannah Giunta

1:15 pm – 2:30 pm, Galena **Session: Clinical trials**

Clarifying Risk-Benefit Ratios: the Case of Coronavirus Challenge Trials

Robert Steel

Ethics of Referral Relationships in Clinical Research Recruitment

Isabella Li, BA

When risk cannot be eliminated in HIV "cure" trials

Gail E. Henderson

1:15 pm – 2:30 pm, Dover AB **Workshop: Dismantling the Museum: Protest and Reimagining Public Spaces at a Medical Center**

Wendy Gonaver, Adrienne Morgan, Margie Shaw

"In 2020 an Academic Medical Center dismantled a museum memorializing the founding Dean of its medical school following protests organized by White Coats for Black Lives. This workshop contextualizes activists' demands, including the transformation of the Museum into a Multicultural Study Center, and engages participants to demonstrate how problematic objects, spaces, and histories can be reinterpreted or repurposed in ways that facilitate meaningful dialogue and intellectual engagement with social justice issues. The workshop has a three-parts:

1. A Senior Associate Dean for Equity and Inclusion will report on the recent protest, provide an overview of the activists' demands and administrative response to these demands, and outline broader initiatives that the protests generated. (20 minutes)
2. A Postdoctoral Associate hired to research the local institutional history of racism and race relations at the university and hospital will provide historical context, including comparisons with similar protests in the 1960s, before leading members of the audience in an interactive exercise. This exercise will divide participants into three groups. Each group will be presented with a different historical document or object to analyze and a set of open-ended questions to guide analysis of the object or document. A large-group discussion will follow completion of the smaller-group exercise. (35 minutes)
3. A bioethicist will conclude the workshop with a directed Q&A on the relevance of this exercise to clinical bioethics and consider administrative strategies to ensure that the recreation of symbolic spaces is part of a larger plan to fix historic structural inequities. (20 minutes)"

1:15 pm – 2:30 pm, Essex C **Session: Humanitarian Ethics**

Empires Fall: Confirmation and Greed in the Time of Machine Learning

Bradley Steven Thornock

Humanities and Humanitarian Ethics

Ayesha Ahmad

Listening Well: Toward a Hermeneutics of Humility within Narrative Humanism

Dominic Robin

This session guide is updated as of October 5, 2023. 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.

1:15 pm – 2:30 pm, Dover C Session: Ethical Issues in Reproductive and Fertility Care

Ethical Considerations and Patient Experiences with BMI Restrictions on Fertility Care

Kirsten Riggan

How to Discuss the Non-Identity Problem

Angela Wentz Faulconer

The language of reproduction: Analyzing the underlying values and societal shifts

Amy Wang

1:15 pm – 2:30 pm, Waterview CD Panel: Ethical Controversies in the Clinical Practice of Determination of Death by Neurologic Criteria

Ariane Lewis, David Magnus, Thaddeus M. Pope

Although death by neurologic criteria is the legal equivalent to death by circulatory-respiratory criteria throughout the United States and much of the world, families sometimes object to the evaluation for determination of death by neurologic criteria or discontinuation of organ support after determination of death by neurologic criteria. In fact, half of clinicians involved in the determination of death by neurologic criteria have encountered an objection to death by neurologic criteria. In this session, a multidisciplinary panel from across the United States with expertise in ethics, law, medicine, and philosophy will discuss: 1) Family objections to death by neurologic criteria: the who and the why; 2) Family objections to death by neurologic criteria: the clinician's perspective; 3) Family objections to death by neurologic criteria: the clinical ethicist's perspective; and 4) Family objections to death by neurologic criteria: the lawyer's perspective.

1:15 pm – 2:30 pm, Harborside Ballroom Panel: How to Conduct an Organizational Ethics Consultation

Denise M. Dudzinski, Emily Berkman, James Kirkpatrick, Eunice Soh

"Organizational ethics (OE) came to the forefront during the pandemic when ethicists were enlisted to address distributive justice and healthcare equity. In this panel, we will provide an overview of OE consultation procedures and practices in both pediatric and adult hospital systems. The panelists, all regular participants in OE consultation, include a bioethics professor and director of ethics consultation services, a cardiologist and bioethicist, a pediatric intensivist and bioethicist, and a member of one institution's Center for Diversity and Health Equity. We will describe the steps taken in a consultation requested by our adult heart transplant program about utilizing donor hearts procured using normothermic regional perfusion (NRP). NRP involves reanimating the heart in situ soon after death by circulatory criteria, with the goal of minimizing ischemic damage to thoracic and abdominal organs. We will compare our NRP consult with a consultation requested by our pediatric psychiatric and behavioral medicine unit regarding considerations of harm related to enforcement of post-exposure COVID-19 isolation and the associated need for physical restraints. Given the lived experiences and trauma histories of many patients, harms were viewed through an equity lens. We will share philosophies and processes for conducting OE consultations and discuss pearls and pitfalls. We will engage the audience by polling attendees and posing questions throughout the panel discussion. Our ultimate goal is to learn from one another, so we will leave ample time to elicit best practices from attendees, which we will record and share via email."

1:15 pm – 2:30 pm, Laurel AB Panel: Mapping Cultural Narratives across Disciplines: Aging, Disability, Dementia

Liz Bowen, Nancy Berlinger, Erin Gentry Lamb, Laura Haupt

"Though the health humanities often attend to personal narratives or media representations of aging, disability, and dementia, the study of cultural narratives—the shared ideas and values that circulate within a society—is distinct. Understanding how cultural narratives facilitate or impede social change is increasingly recognized as part of equity-based research and practice. This panel explores how scholars and practitioners can work across bioethics and the humanities to better understand the cultural narratives that shape the experience of old age, revealing how these fields' approaches can deepen each other's insights. This panel is informed by an ongoing collaboration among scholars in age studies, bioethics, disability studies, social gerontology, and health humanities. Presenter 1 shows how attending to cultural narratives can help reframe and focus conversations about policy priorities, examining how cultural narratives about ""value"" surface in deliberations about investments in housing for older adults. Presenter 2 highlights how cultural narratives of unreliability discount the experiences of people living with dementia. Presenter 3 discusses how cultural narratives about disability and dementia have impeded solidarity among affiliated groups, offering potential reframings for cross-movement advocacy. Presenter 4 argues that the cultural prioritization of narrative itself can marginalize individuals perceived as incapable of narrating their experiences, and so non-narrative/non-verbal communication must be included among stakeholder perspectives. Collectively, the panel illuminates the role of cultural narratives in shaping public discourse around aging and envisions how interdisciplinary study of these narratives may help introduce new, and more inclusive, shared understandings to public conversations."

1:15 pm – 2:30 pm, Laurel CD **Panel: Modeling the human brain: ethical issues at the current frontier of brain organoid science**

Katherine MacDuffie, Aurora Washington, Juli Bollinger, Han-Chiao Isaac Chen

Brain organoids are three-dimensional tissue structures, derived from induced pluripotent stem cells, that are used to model aspects of brain structure and function. The human brain is particularly challenging to model given its complexity, and synthesizing tissue that mimics human neural function raises unique ethical concerns given the brain's central role in conscious experience and personal identity. This panel will present interdisciplinary reflections on issues at the boundaries of brain organoid technology. The first two presentations will highlight recent advances in brain organoid science, with a focus on 1) the scientific advantages and ethical challenges of transplanting human brain organoids into non-human animals, and 2) what recent experiments demonstrating learning in in-vitro brain organoids can reveal about human intelligence. The second two presentations will describe perspectives of potential and current biospecimen donors to brain organoid research, including 3) attitudes of patients towards research with brain vs. other organoid types, and facets of the research most likely to capture public attention and raise moral concerns, and 4) the experiences of two groups of biospecimen donors—adults with neurodegenerative disease and parents of children with neurodevelopmental disabilities—that inform recommendations for the treatment of human subjects involved in brain organoid research. Through these presentations and accompanying Q&A, panelists and audience members will explore key ethical issues currently facing brain organoid scientists and the patients and publics with whom they engage.

1:15 pm – 2:30 pm, Falkland **Performance/Exhibition: Moral Histories: Experience a Podcast and Oral History Archive to Engage with the Past and Inform the Future**

Anna C. Mastroianni, Lauren Arora Hutchinson, Amelia Hood, Jeffrey P. Kahn

This innovative audio exhibition provides a guided introduction to two new publicly available resources—an oral history collection from the founding voices of bioethics, and a related multi-episode narrative podcast. The two freely available resources are designed to support scholarly research and teaching as well as public education and engagement in bioethics. We will introduce participants to these unique resources by offering shared listening opportunities. Several audio installations will be provided for listening and audience feedback. Attendees will be encouraged to think creatively about potential uses of the collection in scholarship and teaching, and will be asked for feedback on the project to date, and for suggestions for future oral history interviews and podcast topics. Feedback will be obtained through live polling during the session, additional Q&A and discussion, and live online exchange and feedback. Moral Histories is a new oral history collection that captures the personal stories of founding figures in American bioethics. Conducted by a professional oral historian, the archived audio and transcribed long form interviews enlighten lay and professional audiences about bioethics history and the motivations of the founding generation of an increasingly influential area of study, policy analysis, and public influence. Moral Histories supports and informs a new globally distributed bioethics podcast series, playing god?. Co-produced with a leading podcast production company, Pushkin Industries, the series examines bioethics issues through compelling real-life stories of the past and present, and imagines what bioethics issues we can expect in our futures.

1:15 pm – 2:30 pm, Essex AB **Panel: Relational Autonomy and Medical Decision Making**

Jennifer James, Georgina Campelia, Laura Specker Sullivan

"Autonomy is central to medical decision-making. Yet bioethicists have increasingly realized the difficulty of reconciling autonomy with unjust contexts. Healthcare professionals may worry that respecting individual autonomy in the context of social or distributive injustices perpetuates the conditions of injustice. This is most apparent in medical decision-making with individuals from marginalized groups, where policy and practice can reify choice as the opportunity to determine one's medical treatment, rather than analyzing whether any good options exist. Bioethicists have recently turned to the feminist concept of relational autonomy to address these issues, but there is disagreement over translation to practice. In theory, relational autonomy accounts for and prevents further injustice by considering the social context of choice, including interpersonal relationships, cultural norms, and access to resources. Feminist theorists who support using the concept for decision-making argue that individualistic concepts of autonomy omit the infrastructure, education, and encouragement necessary to provide real options for members of marginalized groups. Yet some feminist theorists counterargue that relational autonomy cannot be employed without replicating systemic injustices, since it renders the marginalized non-autonomous due to their oppressive contexts and licenses paternalism against them.

This panel aims to clarify the relationship between autonomy and justice by analyzing the intent and impact of relational autonomy for medical decision-making in a range of healthcare contexts."

1:15 pm – 2:30 pm, Atlantic **Session: Patient-Provider Relationship**

Run, hide, secure, preserve, or fight? Unpacking our Ethical Obligations during an Active Shooter Incident

Katherine L. Goodman

The Case for Triadic Trust: Nurses, Patients, & Institutions

Christen O. Paradissis

Whose patient are they anyway? Applying the obligation of nonabandonment to the management of patients with functional seizures

Isabel O'Sullivan

1:15 pm – 2:30 pm, Kent A-C **Panel: The Clinical Ethics Consultation Benchmarking Collaborative: Initial Data from 316 Hospitals**

Stowe Locke Teti, Becket Gremmels, Joshua S. Crites, Kelly Armstrong

A robust empirical data set with which to benchmark ethics consult service activities against national averages has been long sought but difficult to achieve. Aggregated data on consult volume, distribution across units, time spent engaging in consult work, and other metrics of interest would be a valuable resource to better understand of the work of clinical ethics and improve high-quality ethics consultation practices. It would also serve as a powerful tool to validate funding requests to expand an existing consult service or create one. The Benchmarking Collaborative was borne in service of these goals. Building a broad, lasting coalition was seen as the greatest obstacle, which was addressed strategically by beginning with basic, widely shared metrics and iterating annually to address any methodological issues. Here we present the Collaborative's development and first-year data: 316 hospitals and 22 health systems contributed 2021 consult data, demonstrating 9,725 consults performed across 66,283 staffed beds and 2.67M annual admissions. The project documented 65.17 FTEs devoted to ethics. Overall average consult-bed ratio (CBR) of 0.097 (median: 0.037, SD=0.158) was observed. 8.9% were academic medical centers (n=28), 1.3% were children's hospitals (n=4), 44% acute care general hospitals (n=139), 27.5% were community hospitals (n=28), 13.9% were critical access hospitals (n=28), and 4.1% were specialty hospitals (n=28). Formal funding of ethics support ranged from 14.9% at community hospitals to 92.9% at academic medical centers. We suggest how these findings may be used for preliminary benchmarking, the limitations of the data collected, and describe our next iteration.

2:45 pm – 4:00 pm, Harborside Ballroom **Plenary: Interrogating the Bioethics of Family Policing**

Dorothy Roberts, Kayhan Parsi

This session is generously supported by the University of Pennsylvania.

Although the child welfare system is considered by many to be a benevolent social service provider, it is better understood as a "family policing" system that surveils, regulates, and punishes struggling families—especially those that are Black and Indigenous—rather than supporting them. Doctors and other health care professionals are chief reporters of suspected child maltreatment, triggering traumatic investigations and family separations, deterring families from getting needed help, and reinforcing social inequalities. By interrogating the bioethics of family policing, we can reimagine policies that shape the relationship between the state, families, and health care.