AMERICAN SOCIETY FOR BIOETHICS + HUMANITIES
ASBH 27TH ANNUAL CONFERENCE PORTLAND, OREGON
OCTOBER 22-25, 2025

Note: Please see the online schedule for the most up-to-date information and additional session information.

Wednesday, October 22, 2025

1:00 PM - 6:00 PM, Pre-Function A

Registration

Networking

Claim your registration badge at the Registration Desk, located in the Pre-Function A space on the first floor! Use the QR code emailed to all registered attendees to expedite the check-in process.

2:00 PM - 4:30 PM, B110-111

Leveraging Humanities and Arts in Clinical Ethics Education

Education/Interprofessionalism — Margie Hodges Shaw, Erik Larsen,Natercia Rodrigues

This interactive, 2.5-hour workshop will explore how integrating humanities- and arts-based methods can support clinical ethics education. The session will demonstrate how engagement with film, visual art, and narrative can foster reflection on personal and professional values to enhance ethical decision-making skills. To illustrate the usefulness of these methods for ethics education, the workshop will guide participants as they analyze visual and narrative works inspired by challenging clinical and ethical situations. This process will deepen participants’ self-awareness and empathy while developing strategies to navigate real-world clinical dilemmas. Beyond increasing personal sensitivity to diverse moral perspectives, the workshop will prepare participants to conduct similar interactive trainings with ethics students at their own institutions. The workshop will also cover evidence-based approaches to evaluating the effectiveness of these pedagogical strategies in clinical ethics education. Participants will leave with practical tools and assessment frameworks they can implement at their own institutions. Participants will gain insight into innovative teaching methods that make ethics education more engaging, reflective, and impactful for learners in healthcare settings. The workshop will be led by interdisciplinary faculty from the University of Rochester’s Department of Health Humanities and Bioethics—a department with a long history of integrating humanities and arts-based approaches into clinical ethics education. Presenters include faculty with expertise in narrative medicine, visual arts, medical education evaluation, and clinical ethics.

Keywords: Clinical ethics education, Education/Interprofessionalism, Health Humanities

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2:00 PM - 6:00 PM, A107-109

HEC-C Review Course (001) — Abram L. Brummett, Maggi Budd, Emily Grime, Mark Ard, Anca Dinescu, Annie Friedrich

Clinical Ethics

Developed and presented by ASBH HEC-C Review Course Task Force members, this course will provide a thorough review of the core references and four content domains through the use of sample questions and discussion about the examination content outline. The course will be highly interactive, with opportunities for attendees to test their knowledge and connect information with the content outline and core references as a review framework. The 4-hour session will include discussion and practice test questions for each of the following: Healthcare Ethics Issues and Concepts: Big Picture Healthcare Ethics Issues and Concepts: Clinical Encounters Healthcare Systems and Health Law Clinical Context Local Healthcare Organizations and Policies Each attendee will receive an HEC-C Study Guide featuring an extended analysis of the sample questions following the session.

3:00 PM - 6:00 PM, B113-114

Beyond case discussions: Training committee members to contribute to clinical ethics work

Education/Interprofessionalism — Leah R. Eisenberg, Joan Henriksen

Healthcare ethics committees (ECs) benefit from including a diversity of disciplinary perspectives, but clinician volunteers likely have inconsistent education in clinical ethics. Often, committee education focuses on theoretical knowledge and case discussions with little emphasis on practical skills. Even ethics committee members (ECMs) who do not plan to lead ethics consultations should receive skills-based training so they better understand the process of ethics consultation, the complexity involved, and how the way the consultant frames an ethics question impacts the analysis and recommendations that follow. This workshop will offer accessible,

dynamic tools for teaching ECMs how to structure and write ethics questions. Our time together will be interactive, using conversation, reflection, and hands-on activities to practice the discrete steps involved. Exercises will highlight the importance of naming stakeholders and their values and demonstrating how defining the action under consideration guides the rest of the consult. We will invite participants to discuss barriers they have encountered when training EMCs and share our own, including unanswerable questions, negatively framed consult requests, and the difficulty ECMs face when they “change hats” between their day job and thinking about clinical ethics. The workshop leaders are experienced clinical ethicists who regularly lead skills-based courses about ethics consultation for ECMs with a variety of disciplinary backgrounds. We have seen what works (and doesn’t) when teaching ECMs what clinical ethics truly involves so they can enhance their ability to meaningfully participate on the EC.
Keywords: Ethics Committees, Consult Skills, Interprofessional

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5:00 PM - 7:00 PM, B110-111

Comparing Models for Clinical Ethics Consultation: Which Approach is Best for Pediatrics?

Clinical Ethics — Kelstan Ellis, Stephanie K. Kukora, Jeremy Garrett, Brian Carter

Resolving ethical challenges in pediatrics is difficult. No standard approach to clinical ethics consultation exists, and significant variability arises within and between institutions. Multiple models for ethical analysis have been proposed, each with specific strengths and weaknesses, particularly in the pediatric context. In this interactive workshop, participants will collaboratively explore, apply, and test four models of ethics consultation: The “four box” approach proposed by Jonsen-Siegler-Winslade (which separates areas of analysis into four domains: medical indications, patient preferences, quality of life, and contextual features) The Orr-Shelton method (which outlines a formal process for completing and documenting ethics consultation in a manner mirroring many other clinical consultation models in medicine) The Zurich model (which offers a 7-step protocol intended to facilitate moral inquiry, deliberation, and consensus through effective communication, mediation, implementation of the plan, and appropriate follow-up) The QUAR framework introduced by the Children's Mercy Bioethics Center (which identifies a four-step process for completing an ethics consultation: Question, Understand, Assess, Recommend) Following a brief didactic session introducing each model and describing its strengths and weaknesses for pediatric ethics, breakout groups led by ethicist facilitators will analyze a complex pediatric ethics case to gain further experience with practical application of these models. Finally, the groups will reconvene to compare their findings, discuss implications, and identify how elements of each model may have benefit in specific cases and circumstances. Participants will also be provided with handouts summarizing the key points from each method of ethical analysis. **Keywords:** Pediatric Ethics, Ethics Consultation

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5:00 PM - 7:00 PM, A105

Managing Challenging Conversations through Skilled Facilitation (Conflict Management, Part II)

Clinical Ethics — 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.

Keywords: conflict management, ethics consultation, facilitation

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Thursday, October 23, 2025

7:00 AM - 5:30 PM, Pre-Function A

Registration

Networking

Claim your registration badge at the Registration Desk, located in the Pre-Function A space on the first floor! Use the QR code emailed to all registered attendees to expedite the check-in process.

7:00 AM - 6:00 PM, Exhibit Hall A

Networking Hall

Networking

8:00 AM - 9:00 AM, B110-111

Affinity Group Leaders' Networking Hour

Affinity Group

Affinity Group Leaders are invited to attend this networking session to connect with other leaders, exchange ideas for group meetings, and collaborate between groups.

8:00 AM - 9:00 AM, A107-109

Welcome to ASBH

Networking

Join us at this session designed to welcome first-time attendees, new ASBH members, and those looking to make new connections at #ASBH25! Learn more about how you can maximize your conference experience from ASBH's leadership, ask questions, and forge new friendships.

9:00 AM - 10:00 AM, B117-118

A Dialogue on the Work of Nancy Neveloff Dubler (1941-2024)

Clinical Ethics — Autumn Fiester, Fins Joseph, Julia Kolak, Ju Zhang

Bioethicist scholar Nancy Neveloff Dubler was a force of nature. As a lawyer turned bioethicist, she was a highly impactful scholar of clinical ethics, who pursued justice as an advocate for the marginalized and vulnerable. In 2004, she co-authored the landmark work Bioethics Mediation, pioneering a novel approach for bedside conflicts. In this panel, three presenters explore her scholarly legacy to the field of bioethics. The first presenter explores Dubler's transformative contributions to ethics consultation. The presenter argues that Dubler's Distinctive methodology resists the epistemic harms of "speaking for" patients by fostering an inclusive process of dialogic engagement. Contrasting this approach with traditional consultation models, this talk examines how the tools of bioethics mediation create space for "speaking with" stakeholders, embodying a deliberative, participatory, and context-sensitive process of HCEC. The second presenter explores Dubler's opposition to "benevolent deception," arguing that it compromises the integrity of ethics consultants, erodes trust, and distorts ethical mediation. This talk reaffirms her vision by proposing a trust-oriented approach that fosters shared deliberation and cultural respect when caring for patients from cultures that endorse benevolent deception. In the third presentation, the speaker will argue that the best way to protect Dubler's legacy of "bioethics mediation" is to relocate the function of mediation from ethics consultation services to the offices of patient & guest relations. Given the recent shift in ethics consultation practice away from interpersonal facilitation to physician-focused recommendation, the widespread need for clinical conflict management is unlikely to be met by a hospital's ethics service.

Keywords: Ethics consultation, mediation, conflict resolution

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9:00 AM - 10:00 AM, B113-114

Adaptive Care Planning for Patients with Developmental Disabilities: A Novel Approach

Clinical Ethics — Alexandria Kemp, Desi Carozza, Amy Colvin, Michael Sweeney

Individuals with developmental disabilities face significant disparities in healthcare including bias, ableism, and communication challenges while experiencing higher-than-average levels of medical complexity. Medical professionals are frequently under-resourced and overwhelmed in the care of this population due to a variety of factors including a paucity of relevant medical education and the lack of a defined approach to care. The disability paradox adds a further layer of discomfiture to the medical decision-making process. The cumulative result of these challenges is the provision of unintentionally inequitable care to patients with developmental disabilities. Our ethics consultation service has evolved as a resource for issues of consent, surrogate decision-making, and capacity while creating a framework to advocate for the dignity and unique needs of each patient. Adaptive Care Planning (ACP) is our novel, patient-focused, multidisciplinary process to care for individuals with exceptional needs facing serious illness. This approach utilizes the patient's values, preferences, and support needs as a foundation for compassionate, intentional, and ethically appropriate goal-concordant care. Adaptive Care Planning addresses moral distress and increases equitable access to dignity-centered care for exceptional patients. Our workshop will illustrate the application of Adaptive Care Planning through the care of a patient with significant developmental disabilities who formerly resided at Willowbrook State School. We will provide a structured ethical analysis framework, introduce tools that facilitate optimal communication, and model implementation strategies for Adaptive Care Planning.

Keywords: disability, inequity, adaptive

9:00 AM - 10:00 AM, B112

Paper Session: Advance Directives

Clinical Ethics

Against Consistency when Making Medical Decision for Others Pierce A. Randall

Could it be ethical to override a patient's advance directives? Joyeeta G. Dastidar

Physician Orders for Psychiatric Treatment: The Benefit of Using Portable Medical Orders in Mental Health Treatment Kristine S. Ehlert

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9:00 AM - 10:00 AM, B115-116

Bioethics for whom? Abolition bioethics in times of crisis

Diversity, Disparity, and Inclusion Jennifer James, Nicolle Strand, Whitney Cabey, Melanie Jeske

For more than two centuries, abolitionists have argued that morally corrupt institutions deserve a level of criticality beyond that offered by reform. This pursuit of justice has continually evolved, with a growing number of scholars taking up the mantle to imagine a transformation of healthcare and education. However, in 2025, we are in a moment when health care, research, and education are under attack. Many of us who approach these institutions with a critical lens towards transformation now wrestle with a natural instinct to protect our institutions and the status quo. Yet, the current moment is only laying bare the values and structural conditions baked into our models of care and education. Bioethics sits in an uneasy position: it often does the work of protecting institutions and attending to those with power, sometimes at the expense of marginalized people. We are witnessing an unsafe dismantling of structures that will further exacerbate disparities. In this moment when academic medicine, a bedrock of bioethics, feels threatened, how do we both protect our institutions – and allow our work to continue – while also challenging what many have viewed as an unjust status quo? An abolitionist approach is fundamentally about safety, community care and reallocation of resources to those most impacted by structural violence. On this panel, we ask how an abolitionist approach to ethics can help us reimagine systems of care, learning and research that uphold the values of justice and beneficence in a time of crisis.

Keywords: Abolition

9:00 AM - 10:00 AM, A107-109

Brain Computer Interface Technology and Disabilities: The Perspectives of Patients, Caregivers, Clinicians and Researchers

Research Ethics and Social Sciences Holly K. Tabor, Krysta Barton, Eran Klein, Valerie Black

Brain Computer Interface (BCI) technology, while in early stages of research and translation, holds promise for improving the communication and functional abilities of patients with a range of acquired disabilities, including stroke, traumatic brain injury (TBI), and ALS. Despite optimism, little is known about the views of patients, clinicians, and researchers about ethical challenges, especially surrounding the intersection of disability and ethics. This panel will present data from three empirical studies about diverse perspectives on these issues. The first panelist will discuss perspectives of clinicians, and of stroke and TBI patients, including concerns about privacy, data usage, and long-term technology support. Many cited variabilities in patient goals around cognitive functioning, informed-decision making and independence as key factors influencing BCI success. The second panelist will discuss research on the roles of caregivers in BCI research, including in informed consent and technical maintenance and upkeep. They will also discuss how BCI research participation benefits are mediated by caregivers of disabled participants through the lens of relational identity and autonomy. The third panelist will share insights from ethnographic interviews with neuroscientist and neuroengineer informants, highlighting the challenges these experts face—and foresee—in ensuring that disabled recipients of neurotech actively shape the technologies they use. Panelists will discuss future strategies and research about the ethical dimensions of BCI research and clinical use. They will also discuss how empirical ethics research about BCI can serve as a model for developing ethical frameworks for other neuro- and genomic-technologies for people with disabilities.
Keywords: brain computer interface technology, neuroethics, disability

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9:00 AM - 10:00 AM, C120-122
Paper Session: Carceral Ethics
Law, Public Health Policy, Organizational Ethics
Perinatal Shackling in U.S. Prisons: Ethics, History, Law, and the Future of Reproductive Justice Priya Patel
Protection as Punishment: When Medical Need Becomes a Justification for Incarceration Adira Hulkower
Solitary Confinement in U.S. Immigration Detention: A Bioethical Analysis of the Legal Determinants of Health in a Hidden Population Katherine Peeler

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9:00 AM - 10:00 AM, B119
Paper Session: Confidentiality, Privacy, and Conflicts of Interest
Clinical Ethics
Controversies in Confidentiality: When the law underdetermines the right thing to do Courtney Kimmell
Navigating Privacy in Facial Transplantation: Ethical Considerations and Institutional Strategies Hailey Paige Wyatt
Venture Philanthropy in Rare Disease Research and Addressing Organizational Conflicts of Interest Fareed A. Awan

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9:00 AM - 10:00 AM, A105
Decision-Making in Pediatric Vaccination: The Permissibility of Vaccinating Children Without Parental Consent
Law, Public Health Policy, Organizational Ethics Nathaniel Mamo, Brian Hutler, Katherine Cheung
A measles outbreak in Philadelphia during 1990 and 1991 killed nine children and infected over 1400 people—six of the dead were from churches that practiced “faith-healing.” When parents at these churches refused to treat or vaccinate their children on religious grounds, a court ordered the compulsory treatment and vaccination of the children. Despite the court’s willingness to intervene in this case, the political debate over who has legitimate decision-making power in pediatric vaccination continues: Is it parents, the government, doctors, or the child? With outbreaks of measles and other vaccine-preventable diseases on the rise, and declining rates of childhood vaccination, the question takes on a new seriousness. We gathered several experts for this panel from a variety of professional disciplines to articulate the tension over legitimate decision-making in pediatric vaccination. First, a legal expert will evaluate the legality and justifiability of pediatric vaccination by the government without parental consent through a survey of laws and legal precedents. Second, a philosopher will explore whether the unique qualities of vaccines (e.g., collective benefit) create morally relevant differences that preclude standard pediatric consent requirements. Third, an ethicist will argue herd immunity does not

change the permissibility of non-medical exemptions (e.g., religious exemptions) for children, and that non-medical exemptions always constitute a wrong to the child. Finally, a theologian will discuss the concerns of persons of faith with regards to mandated vaccines, especially vaccines with a morally complex development. They will conclude with recommendations for encouraging vaccine uptake as aligned with religious principles.

Keywords: pediatric ethics, vaccine exemptions, vaccine hesitancy

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9:00 AM - 10:00 AM, A103-104

Feast or Famine?: Parenteral Nutrition at End of Life for Patients with Cancer

Clinical Ethics Emily S. Hahn, Divya Yerramilli, Jamie Riches

Parenteral nutrition (PN) support for cancer patients is controversial. Professional guidelines, including the American Society of Clinical Oncology (ASCO) state clinicians “should not routinely offer enteral feeding or parenteral nutrition to manage cachexia” in patients with advanced cancer or at end of life (EOL). This panel will present multiple views on the utility of PN in cancer patients and review the current state of the science and real-world practice. Our first presenter will question the utility of PN at the EOL, reviewing the complex metabolic and physiologic factors that distinguish cancer-related anorexia and cachexia from other malnutrition, the lack of evidence for improved survival or quality of life with PN, and potential risks and complications. They will review conflicts between patient autonomy and requests for non-beneficial treatment in the context of individual patient care and resource utilization. Our second presenter will challenge ASCO guidelines using a pediatric framework. There are no studies on PN outcomes at EOL in children, and guidelines do not account for the physiological differences between patients or reasons for malnutrition. Nutrition is layered with cultural and personal meaning and necessitates a more nuanced approach. They will present an alternative perspective where PN is treated like other life sustaining therapies: with individualized assessment of physiological reasonability, risks and benefits, and patient/family goals and values. Finally, we will open the discussion to participants and attempt, as a group, to reach consensus for a framework about the utilization of parenteral nutrition for cancer patients at end of life.

Keywords: Cancer, End of life, Artificial nutrition and hydration

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9:00 AM - 10:00 AM, C123

Paper Session: Genetic Screening

Clinical Ethics

Balancing Autonomy and Disability Rights: Ethical Considerations in Prenatal Screening Jacklyn Lermond

The Ethics of Opportunistic Genomic Screening in Pediatrics: Autonomy versus Beneficence Emily Wheeler

Understanding the Ethical Values Shaping U.S. and European Prenatal Genetic Screening Approaches Kirsten A. Riggan

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9:00 AM - 10:00 AM, B110-111

Paper Session: Medical Decision Making

Clinical Ethics

Gatekeeping vs Good Process: Ethical Decision Making in Gender Affirming Medical Interventions Ian D. Wolfe

Relational Models of Medical Decision-Making Georgina D. Campelia

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9:00 AM - 10:00 AM, A106

Non-financial Conflicts of Interest: Dueling literature reviews debate key questions

Research Ethics and Social Sciences David J. Satin, Marc Tunzi, David A. Bauer

Prior to 2024, no systematic literature review had been published about non-financial conflicts of interest (NFCOI) in healthcare research, publication, and clinical care. In 2024/2025, two research groups from different fields and opposite sides of the world independently published reviews, concluding three similar tenets: 1) NFCOIs are meaningful conceptual entities, 2) NFCOIs are problematic and require management, and 3) Disclosure is necessary but not sufficient to manage NFCOIs. Although these tenets reflect the majority view, each review revealed strong dissenting views. This session will bring both research groups together to debate each tenet. The majority view will be argued by our team of bioethicists-health social scientists and the minority view will be argued by our physicians-philosophers team. Majority arguments will be supported by real-life examples such as a pro-life advocacy group leader submitting a manuscript about the complications of medication abortion and a physician with a sick family member participating in a resource allocation decision. The minority view will argue that NFCOI is conceptually incoherent. Given there is no "view from nowhere," the phenomenon cannot be separated from general life experiences. Moreover, even if we could identify meaningful NFCOIs, they would only distract from (more important) financial COIs as there is no effective way to identify or manage NFCOIs. Audience members will participate by posting their own arguments and reactions to the debate in real-time support of either side. Audience members will vote before and after each tenet is debated, ultimately debriefing alongside the debating teams.

Keywords: Non-financial Conflict of Interest, Publication Ethics, Bias

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9:00 AM - 10:00 AM, C124

Paper Session: Pediatric Ethics Consults

Clinical Ethics

Cultivating Trust in Pediatric Clinical Ethics Consultation Lauren M. Bunch

Ethics Consultants as a Resource for Parents Vanessa N. Madrigal

Preventative Ethics in the Pediatric Intensive Care Unit: Use of an Automated Time-Based Consult Order Liza-Marie Johnson

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9:00 AM - 10:00 AM, C125-126

Paper Session: Public Health Ethics

Law, Public Health Policy, Organizational Ethics

Applied public health ethics approaches to ethical issues in infectious diseases wastewater surveillance Kata Chillag

From Prediction to Practice: Ethical Considerations for the Integration of Machine Learning in Community-Based Overdose Prevention Bennett Allen

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9:00 AM - 10:00 AM, Oregon Ballroom 203

The Code of Ethics in Action: Insights on the New 2025 ANA Code of Ethics from ReVision Panel Members

Education/Interprofessionalism Kayla Tabari, Shika Kalevor, Daniela Vargas, Laura B. Webster

Professional codes of ethics lay a foundation that, at times, can be difficult to envision at the bedside. In order to bridge principle and practice, members of the 2025 American Nurses Association (ANA) Code of Ethics writing panel will discuss the updates to the new code as they impact ethics consultations and transdisciplinary collaboration. Notably, the Code of Ethics for Nurses is revised meticulously once every ten years and is currently celebrating its 75th anniversary since it was first brought into use by the ANA in 1950. The panelists will explore the landmark issues in healthcare over the past decade that have left a lasting impact on the profession. For example, the addition of a provision focused specifically on global health and global bioethics will be revealed and reviewed. The panelists will take a multi-layered approach, using cases to help illustrate how the updated code works in practice. Questions such as "How should a nurse respond to ICE if they come to the bedside?" and "Should a nurse tell a patient about a standard of care treatment not available at their institution?" will be explored. A hallmark difference between the Code of Ethics for Nurses compared to other disciplines is that it is focused on relationships; This panel will also explore ethical obligations as they pertain to the nurse-to-patient relationship, the nurse-to-colleague relationship, and the nurse-to-society relationship.

Keywords: transdisciplinary collaboration, code of ethics, nursing ethics

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10:30 AM - 11:30 AM, B112

"The Malignancy of Metrics: How Hospital Rankings and Performance Metrics Undermine Cancer Care"

Law, Public Health Policy, Organizational Ethics Jamie Riches, Emily S. Hahn

Reliance on performance metrics such as length of stay (LOS), readmission rates, and in-hospital mortality is a cornerstone of quality evaluation in the United States. U.S. News & World Report rankings, for example, drive hospital behavior, in order to secure favorable rankings, which in turn impacts their reputation, patient volume, and funding. Cancer is a highly prevalent, high acuity condition leading to frequent and recurrent hospitalizations and patients with cancer are especially vulnerable to the pressures institutions face. The drive to meet performance metrics inadvertently leads to the prioritization of operational efficiency over individualized, comprehensive cancer care. Premature discharges, for example, are often to rehabilitation facilities that are inadequately equipped to handle their complex needs. Early discharge can also increase the risk of complications, inadequate pain management, and poor post-treatment recovery, as well as compromise clinicians' ability to explore patients' goals and values. Moreover, many rehabilitation centers lack specialized cancer care, exacerbating patients' physical and emotional burdens. Additionally, the exclusion of hospice enrolled patients in death metrics may create a conflict of interest between institutional and individual goals. This presentation explores ethical implications of prioritizing metrics for hospital rankings and discusses how the focus on "efficiency" often compromises ethical decision making and patient-centered care. We will explore the literature and argue that reliance on these indicators drives systemic devaluation of cancer care. We will conclude by discussing a framework for reform of hospital ranking systems, emphasizing the need for an ethical, patient-centered approach.

Keywords: conflict of interest, patient experience, clinical and organizational ethics

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10:30 AM - 11:30 AM, A105

"Let's Consider a Second Opinion": Conceptual and Practical Challenges in Ethically Utilizing Second Opinions in Clinical Conflict

Clinical Ethics — Jenny Kingsley, Emily Berkman, Vanessa N. Madrigal

Clinical conflicts are rising as our society becomes increasingly polarized, mistrust in the medical community grows, and patients and families challenge the traditional power imbalance in medical practice. Second opinions are recommended when an intractable conflict arises between an inpatient clinical team and patient and family or when clinicians consider whether therapies are potentially inappropriate. They are a powerful tool when usual ways of addressing conflict fail and may provide additional expert opinion, repair distrust, or adjudicate conflict. Second opinions are required by a certain multi-society organizational policy statement, some state laws, and institutional policies; however, the process of obtaining a second opinion lacks conceptual clarity and standardization. How and when second opinions are obtained, documented, and interface with the clinical team and patients and families is widely variable and lacks clarity, allowing for significant bias and inequities. As ethicists play pivotal roles in both navigating clinical conflict and shaping how healthcare institutions approach second opinions, this case-based panel seeks to foster a deeper understanding of their conceptual and practical dimensions. The first panelist will present a case highlighting different reasons for seeking second opinions and how various parties understand them. The second panelist will use cases to demonstrate procedural injustices that may occur when lack of standardization leads to variability in offering or granting second opinions. Finally, the third panelist will address logistical hurdles to obtaining second opinions from outside institutions and detail successful mechanisms to address these challenges.

Keywords: Clinical bioethics, Second opinions, Conflict

10:30 AM - 11:30 AM, B117-118

Paper Session: AI: Bias

Diversity, Disparity, and Inclusion

Automating Bias: Artificial Intelligence-Based Prognostication and the Future of Healthcare Disparities Ahmed Alasmar

Bias and inclusivity in healthcare chatbots Jessica Rosalind Ellis

On Defining "Vulnerable Groups" In AI Bias Mitigation Solutions Abdoul Jalil Djiberou Mahamadou

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10:30 AM - 11:30 AM, A107-109

Artificial Intelligence and the Medicalization of Grief: Historical, Literary, and Ethical Perspectives

Health Humanities — Andrew Lea, Sarah Hagaman, Jonathan Herington

This interdisciplinary panel examines the intersection of artificial intelligence and grief through historical, literary, and ethical lenses. AI increasingly mediates human emotional experiences, fundamentally transforming

our relationship with mortality, memory, and mourning. As grief technologies proliferate, critical analysis from multiple perspectives becomes essential to understanding their profound societal implications. The first presenter, an historian, situates early efforts to use AI in psychiatry during the twentieth century within shifting understandings of normal versus pathological mourning. This presentation explores how the first generation of chatbots aimed not only to mediate human experiences of grief but to generate theories about its very nature. An historical analysis reveals how technological and social changes have shaped contemporary understandings of human affective experience. Building on this foundation, the second presenter, a literary critic, explores recent literary representations of AI-mediated grief, focusing on Kazuo Ishiguro's "Klara and the Sun," Gerard Johnstone's film M3GAN, and the Black Mirror episode "Be Right Back." These narratives reflect deep cultural anxieties about new models of empathy, grief, and the increasing use of robots for therapeutic purposes, offering crucial insights into how fiction anticipates and processes technological disruption of traditional mourning practices. Finally, a philosopher examines the ethical implications of emerging "grief tech" - AI systems designed to simulate conversation with the deceased. Such technologies raise crucial questions about autonomy, authenticity, and the role of technology in emotional processing - as a support for or impediment to healthy mourning. This presentation will evaluate emerging frameworks for ethical governance of grief technologies.
Keywords: Artificial intelligence, grief, medicalization

10:30 AM - 11:30 AM, Oregon Ballroom 203

Bioethics: The Next Generation and the Need for Inclusion

Diversity, Disparity, and Inclusion Donald E. Carter III, Jada Wiggleton-Little, Calvin Bradley Jr., Faith Fletcher

Recently, the Association of Bioethics Program Directors (ABPD) Presidential Task Force on Racial Equity, Diversity, and Inclusion in Bioethics, developed a set of recommendations to promote racial justice at the institutional level. While programmatic changes like expanding funding support and increased representation in required readings are vital steps, recent attempts to eliminate Racial Diversity, Equity, and Inclusion (REDI) initiatives may hinder the implementation of these recommendations. Thus, a return to this discussion is critical and timely. Our panel aims to continue this conversation by centering the lived experiences of early career bioethicists who are directly impacted by these recommendations. The first presenter will examine the challenges of implementing Racial Equity, Diversity, and Inclusion (REDI) initiatives, focusing on how recent opposition affects institutional efforts to promote racial justice in bioethics. The second presenter will discuss structural and interpersonal barriers faced by underrepresented scholars, including surveillance, exclusion, and limited access to opportunities. Lastly, the third presenter will analyze the impact of compassion fatigue, knowledge production pressures, and semi-inclusion, exploring how emotional strain, institutional expectations, and conditional inclusion contribute to the marginalization of underrepresented scholars in bioethics. These barriers can create what Philosopher Gaile Pohlhaus Jr (2020) refers to as semi-inclusion, where those who are marginalized are included in knowledge production to the extent that they do not disrupt the axes of power that asymmetrically serve the needs of those more privileged. Our panel aims to generate additional recommendations for supporting underrepresented early career scholars during this unprecedented time.
Keywords: Early Career Scholar Advocacy, Structural and Institutional Barriers, Retention Strategies

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10:30 AM - 11:30 AM, B115-116

Can Intimate Procedures Without Consent be Justified in Medical Research?

Research Ethics and Social Sciences Benjamin J. Krohmal, Jeffrey Shupp, Kavita Shah Arora, Jasmine Gunkel

This panel will explore the ethical tensions when conducting intimate medical procedures without consent. While ethicists increasingly agree that explicit consent is essential for exams of private body areas in medical training, research contexts introduce distinct considerations. Under the Common Rule, there are specific circumstances allowing consent waivers, particularly when obtaining consent is impractical and the research poses minimal risk. However, intimate medical procedures inherently involve heightened ethical concerns due to considerations of privacy and bodily autonomy. A multidisciplinary panel will analyze these ethical complexities through the example of microbiome research involving emergency trauma patients, where perianal swabs are collected from individuals who are unable to provide consent. Panelists will include a principal investigator who will discuss the scientific importance of this research, challenges in obtaining informed consent, and contextualize privacy intrusions within standard ICU care practices. A philosopher will critically examine the moral foundations underlying heightened claims against intimate bodily violations. An OBGYN will compare consent waivers in research with the widely condemned practice of performing pelvic examinations without explicit patient consent for training purposes. Lastly, an IRB ethicist will outline regulatory criteria under the Common Rule for consent waivers, emphasizing how these standards apply specifically to intimate medical research. Through these diverse perspectives, the panel will seek to answer a thorny question with significant implications for the advancement of medical science, interpretation and application of the Common Rule, and for prospective research subjects: can intimate procedures without consent be justified in medical research?

Keywords: research ethics, informed consent and waiver of consent, patient privacy and bodily autonomy

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10:30 AM - 11:30 AM, B119

Paper Session: Centering Patient Voices in Research and Practice

Diversity, Disparity, and Inclusion

Beyond Assumptions: Implementing a Systematic Approach to Integrating Cultural and Personal Values in Patient Care Chelsey M. Patten

Why We Need Community-Based Participatory Research in Neuroethics Michelle T. Pham

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10:30 AM - 11:30 AM, C120-122

Paper Session: Conscientious Objections

Philosophy

10:30 AM - 11:30 AM

Ethical Concerns Over Expanded Legal Protections for Conscientious Objections After Dobbs and Alliance Kalen J. Fredette

Moral Asymmetry and Conscientious Objections: Revisiting Negative and Positive Rights in Healthcare Tzofit Ofengenden

Moral Distress and Conscientious Objection: A Theoretical Distinction or a Clinical Difference? Dennis Lunt

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10:30 AM - 11:30 AM, A103-104

Flash Session: Bioethics, Humanities, and Education

Education/Interprofessionalism

Bioethics Beyond the Classroom: A role for student led groups in organizing case-based discussions on ethics Kaitlyn P. Lew

Echoes of the Uncanny: Evaluating Tolerance for Ambiguity and Reflective Capacity in Medical Students and Residents Andrew Childress

Illustrating Ethics: Using Graphic Medicine to Teach Ethical Reasoning in Healthcare Education Marion Russell

Informed Consent in the OR: The Ethics of Patient Disclosure Regarding Medical Student Involvement in Surgical Procedures Rabya Hasnain

Justice in Training: A Bioethical Case for Disability-Competent Care in Medical Education Megan Noonan

Moral Decision-Making in Medical Education: A Survey of Medical Student Perceptions on Admission Tests Evaluating Ethical Judgment Skills Sarah R. Brady

Student Shadowing in Hong Kong Public Hospitals: A global example for improving organisational ethics in the practices of student shadowing Ernest Ka Wai Yip

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10:30 AM - 11:30 AM, Oregon Ballroom 201-202

Funding and Other Challenges to Higher Education

Education/Interprofessionalism Rebecca Brendel, Bernice L. Hausman, Sandra Soo-Jin Lee

This featured panel will offer experts the chance to discuss the latest updates in the political landscape regarding funding and higher education and offer their perspectives on the path forward.

10:30 AM - 11:30 AM, A106

Futility in Psychiatry: Ethical Opportunities and Challenges

Clinical Ethics — Brent M. Kious, Anna Lisa Westermair, Manuel Trachsel, Micaela Forte

In some situations, persons with severe and persistent psychiatric illness (SPMI) may experience relatively limited therapeutic benefit despite being obliged to endure protracted and sometimes burdensome treatment. In somatic (non-psychiatric) medicine, it is common to designate specific medical interventions as futile, where this functions to limit their use, to encourage alternatives, and to promote reevaluation of the goals of care. This is especially common for persons near the end of life, where certain interventions, such as CPR, could be considered but are unlikely to beneficially alter the dying process. An extensive clinical ethics literature has described several specific conceptions of medical futility, evaluated the ethical considerations for and against using them, and examined how they impact patient care when employed. In psychiatry, however, the concept of futility has seen little use. Perhaps mental illness is rarely, if ever, properly understood as terminal. Still, there is growing attention to the possibility of futility in psychiatry in the literature, including in recent discussions of the possibility of palliative psychiatry. Our panel brings together several leading scholars who have engaged extensively with the issue of futility in psychiatry. Together, they will describe the opportunities and challenges of using the notion of futility in psychiatry more broadly, on the basis of several distinct types of data.

Keywords: futility, psychiatry, palliative care

10:30 AM - 11:30 AM, C123

Paper Session: Moral Distress

Clinical Ethics

Navigating Moral Distress in Shared Decision-Making: A Case Study on End-of-Life Choices	Ryan P. Pferdehirt
Navigating Systemic Barriers: The Impact of Socioeconomic Constraints on Clinical Ethicists	Callie Terris
What keeps you up during the day?	Maryeliza McEachen

10:30 AM - 11:30 AM, C124

Paper Session: Narrative Medicine

Health Humanities

Composing Illness, Death, and Dying: Establishing Music as Narrative Medicine	Michael Certo
Episodic and Autobiographical Memory as Cognitive Affordances of Narrative	Marianne Parrish Florian
The Ethical Tensions of Narrative Medicine: Storytelling and the Face-to-Face Encounter	Erik Larsen

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10:30 AM - 11:30 AM,

Persistent Preventable Maleficence in Health Care: Where's the Outrage?

Diversity, Disparity, and Inclusion — Jacob Dahlke, Kellie Lang

This Enrichment Hub will explore how structural racism and discrimination is a persistent cause of harm in medicine, and will question why healthcare staff and systems appear to accept the status quo. Our primary lens will be related to racism, but in the problem-solving phase we will promote consideration of all forms of discrimination. Our format will be in two parts. First, we will present background features that clarify our justifications, including: presenting data about the persistence of bias in healthcare, including how racism violates each one of bioethics' core "principles". We will include contemporary examples of how systemically discriminatory institutions or systems regularly (still) fail their patients using their current mechanisms. arguing that if a system is inequitable (and therefore unethical), the change agents should be those who least benefit from it. In health care, that responsibility belongs to those in positions of power, but also any health care professional who occupies any (or more) of the following identities: White, male, cisgender, straight, financially advantaged, or traditionally abled. given the present political and societal landscape and its implications for deepening barriers among humans, we will balance maintaining semantic integrity – ie., calls to eliminate references to "diversity" or "inclusion" – with the value of actions and outcomes themselves, independent of their labels. Second, we will facilitate a discussion, including small-group breakouts, to (1) provide an opportunity for self-reflection on practices and experiences and (2) construct strategies for enacting personal/professional as well as structural changes in participants' systems or institutions. **Keywords:** structural racism and discrimination, healthcare bias

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10:30 AM - 11:30 AM, C125-126

Paper Session: Substance Use Disorder

Clinical Ethics

Ensuring Fair Management of Infective Endocarditis in Patients with Substance Use Disorder Christy M. Audeh

Evaluation of Behavioral Contracts and Resource Utilization in Intravenous Drug Use Patients Treated for Infective Endocarditis Bassem M. Darwish

The Bioethics of Mandatory Observation Periods after Overdose Bryan Pilkington

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10:30 AM - 11:30 AM, B113-114

The Emerging Tradition of Secular Bioethics: Giving Moral Guidance in an Age of Pluralism, Postmodernism, and Polarization

Philosophy Abram L. Brummett, Jason T. Eberl, Matthew Shea

Secular bioethics has struggled to understand its identity since its inception. Does it just refer to a philosophically neutral proceduralist method for helping individuals answer ethical questions, or can secular bioethicists offer justified moral answers? This panel comprises the co-authors of a forthcoming book that argues secular bioethics in the United States can be characterized as an emerging tradition in which bioethicists are justified in giving moral guidance in clinical, research, and public health contexts. Speaker one will describe and refute the challenge of postmodern moral skepticism, which claims that no substantive moral claims can be rationally justified in a pluralistic society. Speaker two will draw on Alasdair MacIntyre's work to argue that secular bioethics is an emerging moral tradition, offering ways to enhance the dominant principlist paradigm of the emerging tradition. Speaker three will describe ways the emerging tradition of secular bioethics should approach contentious moral issues such as abortion, physician-assisted suicide, gender-affirming care, and human enhancement. The panel will end by reflecting on the advantages of conceiving of secular bioethics as an emerging tradition capable of offering justified moral guidance in a pluralistic society. For instance, at the outbreak of the COVID-19 pandemic, ethicists were asked to help develop crisis standards of care, serve on triage committees, and offer public health policy advice. That bioethicists were able to answer this call with a broad consensus on applicable ethical values and principles evinces the overlapping consensus of an emerging tradition while not requiring unanimity or eschewing any ethical disagreement.

Keywords: Ethics Expertise, Secular Bioethics, Postmodernism

11:45 AM - 1:00 PM, Oregon Ballroom 201-202

Plenary: Making the Case for Health Equity: Ethical Imperatives and Practical Strategies

Plenary Jerome Adams, Christine Grady

Health equity is not just a goal—it is a moral and ethical obligation. This presentation explores the ethical foundations of health equity, the structural barriers that perpetuate disparities, and the role of bioethics and the humanities in addressing these challenges. We will examine real-world examples of inequities in healthcare access and outcomes, highlighting evidence-based strategies to advance equity at individual, institutional, and policy levels. Through a multidisciplinary lens, attendees will engage in a critical discussion on how to translate ethical principles into meaningful action.

Keywords: Health equity, public health

2:00 PM - 3:00 PM, A103-104

"Catapulted into the land of the sick:" A Performance Autoethnography

Health Humanities Katherine Burke

Performance autoethnography offers a reflective process that illuminates the researcher's personal journey and resonates with audiences. With its body-centered focus, this method is ideal for exploring somatic topics such as illness, trauma, sexual violence, aging, and disability. Merging lived experience with performative expression, it allows for rich engagement with themes often difficult to articulate through traditional academic methods. In spring 2024, I was diagnosed with multiple myeloma, an incurable cancer of the plasma cells, just as I was preparing to propose my dissertation in Bioethics and Medical Humanities. This diagnosis forced me to pause my academic work to undergo spine surgery and begin treatment. Initially unfamiliar with my disease, I pivoted my dissertation into a performance autoethnography exploring the emotional, physical, and social dimensions of illness, early treatment, and navigating the healthcare system as a health humanities scholar and medical educator. As I underwent treatment, I realized I was experiencing biculturalism—one identity as a scholar and educator, the other as a cancer patient receiving treatment at my workplace. In developing this script, I have examined not only my own bicultural experience but also broader issues of privilege, power, disorientation, and medical misogyny. This presentation will be followed by a dialogue about both the subject matter and the process of creating the performance.

Keywords: theatre, autoethnography, biculturalism

2:00 PM - 3:00 PM, B115-116

Addressing the Ethical Dilemmas of Heritable Human Genome Editing by Incorporating the Perspectives from the Disability Community in Public Policy

Clinical Ethics — Stephanie Meredith, Katie Stoll, Dorit Barlevy

The National Council on Disability released a report "From Fetal Surgery to Gene Editing: The Current and Potential Impact of Prenatal Interventions on People with Disabilities" in June 2024 which made public health and policy recommendations about the use of heritable human genome editing and other prenatal technologies. NCD utilized interdisciplinary input from leaders in the disability, medical, and bioethics communities. Notably, disabilities advocates have criticized the ethical violations of procedural justice and respect for relational individual and community solidarity given that people with disabilities have not been sufficiently included in the International Summit on Human Gene Editing held by the National Academy of Sciences and the National Academy of Medicine. Other concerns focus on non-malfeasance given the instability of the technology, the autonomy of and consent children and future generations in making decisions about their genetic makeup with unknowable risks, distributive justice with making expensive technologies to everyone if found beneficial, and security and privacy in a world where genetic information continues to expand in availability. In this presentation, participants and leaders in the development of the report will describe how the methodology incorporated feedback from the disability community through extensive listening sessions, online community conversations, and qualitative semi-structured interview with a range of bioethics, medical, and disability advocacy leaders. Then, we will explore the ethical issues identified and the recommended public policy interventions to address those ethical issues

Keywords: heritable human genome editing, prenatal, disability

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2:00 PM - 3:00 PM, B119

Paper Session: Clinical Ethics

Clinical Ethics

Beyond Utility: Rethinking the value of genetic diagnosis in pediatric rare disease Audrey Stephannie Maghiro

Ethics isn't about money, but how do I show ROI? How one preventive screening tool saved millions of dollars and got our department funded. Adrienne L. Jones-Adamczyk

When duties collide: Navigating the competing commitments in the care of undocumented patients Aimee Milliken

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2:00 PM - 3:00 PM, B117-118

Paper Session: Clinical Ethics: Alternative Medicine and Innovation

Clinical Ethics

"The Best of Both Worlds": Principles for Allopathic Clinicians with Patients Seeking Complementary and Alternative Medicine Sara K. Kolmes

Casuistry and Improvement in Clinical Ethics Jennifer Flynn

Navigating Ethical Challenges in the Use of Single Ventricle Assist Devices for Children Hannah Ruth Daughtrey

2:00 PM - 3:00 PM, B110-111

Combating Structural Gaslighting through Disability Narratives

Diversity, Disparity, and Inclusion Laura M. Cupples, Joseph Stramondo, Marissa A. Diaz, Keenan James

According to Nora Berenstain, structural gaslighting refers to “any conceptual work that functions to obscure the nonaccidental connections between structures of oppression and the patterns of harm that they produce and license” (Berenstain 2020, 734). Structural harms perpetrated against the disability community often wear a mask of care and benevolence while simultaneously scapegoating the disability community itself as the pathological or socially deviant source of those same harms. All the while, the disability community is conceptualized as a problematic population in need of expert management. Each presentation in this panel explores a separate instance of structural gaslighting, and each highlights the importance of privileging first person disability testimony in identifying and addressing structural harms to the disability community. Our first presenter examines how harms faced by disabled people lacking access to essential assistive technology are routinely denied via their reconceptualization as medical problems with gatekept medical solutions, rather than genuine, ethically valenced, unmet social needs that exist outside the concept of “medical necessity.” . Our second presenter explores how public health messaging emphasizing personal responsibility for dental health is both ableist in nature, and also conceals the structural barriers faced by the disability community in accessing quality and affordable dental care. Our third presenter describes a pattern of administrative violence perpetrated against disability benefits claimants, manifesting as stigma, surveillance, enforced poverty, and inappropriate medical gatekeeping. Concurrently, these social harms are masked by the appearance of supererogatory care and generosity toward those same claimants.

Keywords: disability testimony, structural gaslighting, health policy

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2:00 PM - 3:00 PM, A106

Community Engagement in Gene Editing: Building Community Partnerships in Genetics Research

Research Ethics and Social Sciences Jane Q. Yap, Megan A. Allyse, Karen Meagher

Advances in human gene editing offer potential for novel approaches to addressing a variety of medical conditions, including applications in the prenatal stage. However, responsible innovation in this space should be predicated not only on safety and efficacy considerations but also on effective governance mechanisms supported by meaningful community engagement. Research governance models prioritizing ethics and values are increasingly needed. Central to these efforts is representative community engagement to foster trust, inclusivity, and alignment with social values. This panel will explore strategies for building meaningful community engagement through active collaborative processes involving those who can affect or be affected by the implementation of gene editing technologies. Speakers will highlight the need to elevate two historically overlooked perspectives: patient/family and professional communities (scientists, clinicians, and policymakers). First, a bioethics and policy expert will present data from a qualitative study (n=51) of professionals with experience in policymaking in areas related to gene editing applications. They will address interviewees' perspectives on values-based governance models and conceptualizations of responsible innovation. Second, a graduate student in Clinical and Translational Sciences will present recruitment data from individuals affected by genetic conditions and share insights from recruiting approaches and enrollment experiences. Third, an ELSI researcher will present a methods overview of how to adapt deliberative democracy approaches to integrate scientific, policy, and community perspectives and develop a values-based governance framework for guiding gene editing. Finally, a political sociologist will moderate, leading discussions on empirically grounded strategies for equitable innovation in genomic translation.

Keywords: Community Engagement, Community Partnerships, Community Perspectives

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2:00 PM - 3:00 PM, C120-122

Paper Session: Continuing Bioethics Education

Education/Interprofessionalism

An Argument for Continuing Education in Ethics: Clinicians’ Use and Non-Use of Ethical Framework in Parental Refusal of Treatment for Childhood Cancer Amy E. Caruso Brown

Evaluating a Longitudinal Ethics Curriculum for Pediatric Residents Using ACGME Milestones Nicholas A. Jabre
Implementation and Impact of Proactive Ethics Rounds in an Emergency Department-Based ICU environment Samantha K. Chao

2:00 PM - 3:00 PM, A105

Flash Session: Law, Public Health Policy, Organizational Ethics

Law, Public Health Policy, Organizational Ethics

Championing Autonomy Through Advance Directive Advocacy Shaylona Kirk
Clinical, Ethical, and Public Health Considerations of Government-Subsidized Insurance Coverage for Routine Newborn Circumcision Chase Binion
Evaluating Equitable IVF Policies: A Rubric for Balancing Access and Autonomy to Advance Women's Reproductive Justice Renee Reddy Muthakana
Marketing Cancer Care: A Content Analysis of Ethical Compliance in Television Advertising by Top-Ranked U.S. Cancer Centers Andrew James Baldassarre
Medical-Assistance in Dying for Psychiatric Patients with Substance Use Disorder Requires Protective Public Policy Kaden L. Venugopal
The Ethics of Cervical Checks During Labor Anika Hendricks
The Physician’s Moral Responsibility in Supporting Environmental Wellbeing Hajrah Hussain
Vaccination Under “Health Federalism”: How the U.S. Constitution Splinters American Vaccination Policy Nathaniel Mamo

2:00 PM - 3:00 PM, B113-114

Paper Session: Justice and Health

Law, Public Health Policy, Organizational Ethics

Bridging Ethics and Equity in Geroscience: Governance Pathways for Inclusive and Responsible Healthspan Innovation Alberto Aparicio
Cripping the Artificial Intelligence Pipeline: Disability as a Site of Resistance in the Ethics and Epistemology of Generative Artificial Intelligence Abigail G. Murphy
Re-emergence of the welfare trope: who truly “deserves” the limited resource of med-surg beds? M. Jeanne Wirpsa

2:00 PM - 3:00 PM, Oregon Ballroom 201-202

Legal Update 2025: Top 10 Legal Developments in Bioethics and Public Health Arthur R. Derse, Valerie Gutmann Koch, Thaddeus M. Pope, Katie Watson

Law, Public Health Policy, Organizational Ethics

Each year brings important legal developments related to bioethics. This panel discusses the latest legal trends of significance for ASBH members. This annual panel has been well-attended and popular for 14 years. This year’s panel will again be interdisciplinary and diverse – both in terms of topics covered and in terms of panelist areas of expertise (law, medicine, philosophy), geographic regions, gender, and institutional affiliations. In keeping with the conference theme, the panelists will address 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, futility/non-beneficial treatment, informed consent, conscience-based objections (Panelist 3) • Public health law, government regulation of behavior, and research ethics (Panelist 4) All ASBH attendees are invited to discuss these emerging legal trends.

Keywords: Law, Public Health

2:00 PM - 3:00 PM, C124

Paper Session: Pediatric Research Ethics

Research Ethics and Social Sciences

Ethical Implications of Parent Perspectives on School-Based Online Surveillance of Youth Alison O'Daffer

Paul Ramsey and the Ethics of Non-therapeutic Component Analysis in Pediatric Research Julie D. Gunby

What changes minds? Persuasive communication in decision-making for elective pediatric surgery Chenery Lowe

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2:00 PM - 3:00 PM, A107-109

Pragmatics of the Clinic: Framing Effects in Medical Communication

Clinical Ethics Gary J. Ostertag, Stephen Neale, David Magnus, Tyler Tate

What a speaker says in uttering a sentence will often differ from what they thereby communicate or convey. If a doctor tells a heart surgery candidate, “Five years after surgery, 90% of patients are alive,” the patient will be more likely to consent to the procedure than if told “Five years after surgery, 10% of patients are dead” (Thaler and Sunstein, 2008; Gigerenzer, 2014). While these sentences are semantically equivalent, they communicate different things in the clinical setting. The former, but not the latter, can serve to communicate a recommendation. Similarly, a recent study shows, while “You have a cancerous growth” is generally taken by the patient to have life-changing implications, “You have a carcinoma,” although technically synonymous, is not. These framing effects, well-documented in both linguistic pragmatics and behavioral economics, can have a dramatic impact on how patients understand a recommendation or diagnosis. In this panel, we will discuss the ethical ramifications of this phenomenon, specifically as it arises in clinical scenarios. Among the issues we will address are whether forms of influence that seek to bypass the hearer’s rational deliberation – noneducative nudges (Sunstein 2016; Blumenthal-Barby 2021) – are ethically acceptable in the clinical context. This raises the question whether a neutral presentation of content is always feasible. If it is, should neutrality be the goal? If not, what are the responsibilities for health care professionals in communicating diagnoses or risks? Should guidelines for be designed to minimize confusion and misunderstanding?

Keywords: Clinical communication, Implicit recommendation, Framing effect

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2:00 PM - 3:00 PM, B112

Paper Session: Reproductive Ethics

Clinical Ethics

A Mother's Womb, A Daughter's Egg and the Husband/Stepfather's Sperm: A Case Study of Negotiating Family Dynamics in the IVF Clinic Whitny Melissa Braun de Lobaton

Developing guidelines for posthumous assisted reproduction in adolescent and young adult patients Tamar Schiff

Ethical Considerations of Commercial Gestational Surrogacy Alice C. Baker

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2:00 PM - 3:00 PM, Oregon Ballroom 203

Shiftwork in Surgery and Impact on Ethical Patient Care

Clinical Ethics Sean C. Wightman, Megan Applewhite, Ryan Antiel, Baddr Shakhsheer

The specifics of call vary across specialty and practice, but surgeons have historically covered their own patients 24/7. In practice, this means that “call” is restricted to new patients arriving to the emergency room. Patients already admitted to surgeon’s personal service, or patients who may come through the emergency room weeks, months, or years after their last outpatient engagement, will still be cared for by “their surgeon,” not a “call surgeon,” regardless of day or time. Modern medicine is experiencing a shift towards healthcare workers being employed by large for-profit entities, leading to the loss of the “professional” and the rise of the “employee.” The employee wants defined shifts to resist burnout and promote wellness, but does this tradeoff come at the cost of the current surgeon-patient relationship? Is there a change in focus from patient-centered goals of the vocation to surgeon-centered betterment of the job?

Keywords: Surgical Ethics, Shiftwork, Clinical Ethics

2:00 PM - 3:00 PM, C123

Theater and the Role of the "Good Patient"

Health Humanities — Joelle M. Robertson-Preidler, Gretchen Case

Inpatient care comes with a set of expectations, implicit rules, medical jargon, and procedural norms that patients are expected to know and follow. Although the medical team is well-versed in these norms and expectations, many patients are not. Nevertheless, patients are often expected to play certain roles and meet tacit expectations for being a "good patient." If patients do not meet these expectations, they may be dismissed as being unreasonable, non-compliant, difficult, or lacking health literacy. Theater may expose the unfairness or even absurdity of patient role expectations when likened to a play in which all characters have a script, know their lines, and have rehearsed—except for one. In this performance, faculty from different health humanities departments across the country will perform healthcare-related scenes from famous plays, including Wit and One Flew Over the Cuckoo's Nest. In these scenes, all performers, except one, will know the context and the lines of each scene. After each scene is performed, elements of Forum Theater will be used to involve the audience. Forum theater allows audience members to interact with actors, edit scenes, and suggest solutions to address the story's conflict. In this performance, audience members will give the performers feedback to improve each scene, and the actors will perform the scenes again using audience suggestions. The performers and audience will then have a discussion about ways to prevent and address conflict caused by tacit patient expectations in the in-patient setting and how theater can be used in medical education.

Keywords: theater, communication, medical education

2:00 PM - 3:00 PM, C125-126

Paper Session: Trauma-Informed Care

Clinical Ethics

Analyzing the Limitations of Ethical Models: The Case of Pediatric Trauma Care in Gaza — Bilal Irfan

Medical Chaperones in Intimate Exams: An Analysis of the Perception, Experience, and Needs from both the Provider and Patient Perspectives — Cynthia S. McCarthy

Sexual Assault Survivors' Own Words: Memoirs and Pelvic Exam Experiences — Stephanie N. Tillman

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3:15 PM - 4:15 PM, B119

Advances of Inborn Errors of Metabolism: Ethical Considerations of Care Along Growing Lifespans

Clinical Ethics — Kelly Nicole Michelson, Mickey J. M. Kuo, Soo Shim, Pageen Manolis Small

Advances in newborn screening, biochemical and genetic diagnostics, and treatment have greatly increased the quality of life and life expectancy for people with inborn errors of metabolism. Medical management, including dietary and metabolic pathway-driven therapies that allow patients to reach adulthood with these historically "pediatric" diseases, has also led to concerns about optimal care throughout the lifespan, access to up-to-date resources and high-quality services, and the adequacy of care providers to help manage rare and complex conditions. In our panel discussion, moderated by an experienced pediatric bioethicist, three people from different disciplines will use a case example to discuss the challenges and ethical considerations for people with inborn errors of metabolism and suggest an ethical framework for advancing care of rare inborn errors of metabolism through the lifespan. Our first speaker, a physician specializing in genetics and metabolism, will describe advances in diagnosis and treatment and discuss the lifelong nutritional and dietary challenges for people with metabolic disorders. Our second speaker, a social worker who works with patients who have metabolic disorders and their families, will detail the psycho-social considerations for this population, focusing on transition to adulthood and the use of community-based social supports. Our third speaker, a nurse ethicist with experience caring for pediatric and adult patients with metabolic disorders and who has supported the transition of patients from pediatric to adult settings, will analyze the key ethical challenges for this population and offer an ethical framework to improve long term care and transition considerations.

Keywords: Rare disease, Transition to adulthood

3:15 PM - 4:15 PM, B117-118
Paper Session: AI: Clinical Ethics Consults
Clinical Ethics
Beyond Prediction: The Ethical Limits of AI in Surrogate Decision-Making Alexander Zhang
Generative AI in Patient Messaging: How Patients and Clinicians Weigh Efficiency, Empathy, and the Value of Human Communication Kellie Owens
Is Chat GPT-4 Your Next Bioethicist? Susannah L. Rose

3:15 PM - 4:15 PM, B110-111
Paper Session: AI: Design and Oversight
Research Ethics and Social Sciences
Bridging culture and care through narrative design of AI systems. Jarrel Kristan Zakhary De Matas
Exploring Community Perspectives on Artificial Intelligence in Healthcare: Insights from Virtual Deliberations
Kerry A. Ryan
Tensions between values and incentives as an academic medical center strives to enact ethics commitments in AI oversight Juliana Friend

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3:15 PM - 4:15 PM, B113-114
At the Interface of Sport and Bioethics
Health Humanities Jenny Clark Schiff, Leslie P. Francis, Daniel S. Goldberg, Alexandra Capellini
This panel sheds light on a sphere of human experience, namely sport, that merits closer attention in bioethics. Panelists reveal that sport enriches our understanding of long-standing debates and discussions in bioethics, and that bioethics informs our understanding of challenging ethical issues in sport. While bioethicists have studied the use of performance-enhancing drugs and, more recently, the inclusion of transgender and intersex athletes in competitive sport— both topics that warrant careful consideration— the field would benefit from studying many other issues at the interface of sport and bioethics. Examples include disability and adaptive sport, athlete health and wellbeing, the value/role of sport for certain patient populations, the risk of brain injury in high-contact sports, emotional/physical abuse of athletes, and the role sports industries (e.g. football, soccer, ice hockey, motorsport, etc.) play in the "manufacture of doubt." This panel serves as a launching pad for more formal inquiry at this interface. Panelists examine 1) issues related to disability and fairness in sports by exploring a) what reasonable modifications look like and b) the extent to which such modifications constitute "enhancements"; 2) the value/role of sport in the pediatric patient population-- giving thought to both able-bodied and disabled children; and 3) conflicts of interest involving team health care professionals. Panelists and co-authors have expertise in clinical care, law, philosophy, sport ethics, bioethics, education, history, and public health ethics. They have participated in NCAA Division I athletics, adaptive sport, recreational sport, and sport at the international level, as well as coached youth sports.
Keywords: disability, pediatrics, conflict of interest

3:15 PM - 4:15 PM, B115-116
Building a Community of Scholars Centered on Justice-Centered Bioethics Research
Education/Interprofessionalism Sandra Soo-Jin Lee, Peter Ikhane, Julia Gordon, Shawneequa Callier
Emerging biotechnologies raise profound ethical challenges that demand renewed engagement with justice frameworks in bioethics. While calls to center justice in ethical inquiry have increased, bioethics scholarship and training remain insufficient. This panel shares lessons learned from creating a scholarly cohort focused on justice frameworks, with case studies in genomics, AI, data science, and medical device research. The first presenter provides insights from building the cohort across disciplines, career stages, and institutions, and highlights strategies for dialogue, mentorship, and collaboration. This is followed by cohort members' discussion of applying frameworks to specific bioethics research. The second presentation applies epistemic injustice frameworks to examine equitable benefit-sharing challenges in genomics, including profit distribution from secondary use of biobank cells without explicit consent. It explores how knowledge production and decision-making structures impact just allocation of benefits. The third presentation examines the Open-Source Artificial

Pancreas System (Open APS), a grassroots patient-driven initiative formed in response to regulatory and clinical constraints of commercial biotechnologies. This presentation applies epistemic justice and algorithmic justice frameworks to investigate how experiential knowledge systems and social hierarchies are encoded into medical devices such as the automated insulin delivery system. The fourth presentation describes tradeoffs that investigators commonly make in AI-developed for biomedical research, detailing examples of team decision-making that compromise fairness and proposing how frameworks discussed by the cohort can inform governance mechanisms for maximizing fairness when weighing tradeoffs. The panel demonstrates how justice frameworks can redefine bioethics inquiry and professional practice, and the impact on scholarly community building.

Keywords: Justice, Biotechnology, Multi-disciplinarity

3:15 PM - 4:15 PM, A106

Conditions Versus Traits: Is there a meaningful difference in screening embryos or fetuses for one versus the other?

Diversity, Disparity, and Inclusion

Dorit Barlevy, David Wasserman, Katie Stoll

Pre-implantation and prenatal genetic tests have the capability to screen embryos and fetuses, respectively, for sex in addition to a variety of rare genetic and chromosomal conditions. Recent commercial availability of polygenic embryo screening (PES), which relies on genome-wide association studies to estimate the genetic chances of developing complex conditions or traits, drastically expands the number and category of conditions and traits that patients can learn about their in vitro fertilized (IVF) embryos (e.g., common treatable or manageable conditions, various physical and behavioral traits). In a recent study that qualitatively investigated 27 reproductive endocrinology and infertility specialists (REIs) and 26 IVF patients on their perspectives towards PES, interviewees frequently brought up issues of eugenics. These unprompted discussions delineated between selecting for or against embryos based on trait predispositions, which was perceived as problematic and often labeled “eugenic,” and selecting against condition predispositions, which was sometimes understood as valuable and less likely labeled “eugenic.” This panel presentation builds on these empirical findings to explore: a) whether such patterned perceptions necessitate differing approaches in genetic counseling based on what embryos or fetuses are screened for, and b) whether these patterned perceptions are indicative of bias that should perhaps be challenged.

Keywords: pre-implantation testing, prenatal testing, genetic counseling

3:15 PM - 4:15 PM, C120-122

Cutting-Edge ELSI Issues Surrounding the Integration of Health AI in Academia, Government, and Industry

Research Ethics and Social Sciences

Kayte Spector-Bagdady, Charles Binkley,
Vasiliki Rahimzadeh, Andrew Shuman

This panel will explore cutting-edge costs and benefits regarding integration of AI advances into academia, government, an industry - with a focus on ELSI challenges to be addressed by the bioethics community. The first speaker, a lawyer-bioethicist with experience in commercial datasharing, will present data from interviews with major academic medical centers and discuss best practices regarding integrating AI within electronic medical record systems (EMR) and critical concerns peer institutions are facing. They will conclude with recommendations regarding preserving equity advances in data and AI in the current federal environment. The second speaker, a physician with experience integrating AI systems, will present a matrixed framework for disclosure, assent, and informed consent for AI-enabled predictions. They will explore three specific areas including: risks and benefits to the patient of the prediction; risks and benefits to the patient if the prediction becomes known to others; and relatedness of the prediction to the patient’s health. The last speaker, a bioethicist who focuses on emerging computing environments, will discuss how federal investment in commercial cloud infrastructures has transformed access and sharing of genomic data. Ensuring participants understand how their data are used, and who has access, is increasingly important for institutional trustworthiness. They will also share preliminary findings regarding stewardship in cloud environments. The moderator, a physician and federal employee helping oversee one of the largest EMR transitions in the country, will help contextualize these findings with on-the-ground experience and latest insights from federal directives. They will also ensure full audience engagement.

Keywords: Artificial intelligence, health data research, public-private partnerships

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3:15 PM - 4:15 PM, B112

Evidence, Equipoise, Expertise, and Trans Health

Law, Public Health Policy, Organizational Ethics

Rachel Fabi, Theodore Schall, Jacob D. Moses

Recent U.S. state and federal policymaking has taken aim at the health of transgender and gender diverse people and their social inclusion. This panel critically evaluates the ways that these policies draw upon antagonistic reinterpretations of familiar concepts in bioethics (such as informed consent) to legitimize radical change via the logic of "common sense." The first panelist, a historian of medicine and bioethics, historicizes standards of care in transgender medicine, paying special attention to how these actions draw upon and call for supporting scientific evidence. The second panelist, a public health ethicist, situates these policies in an international context, offering the UK's Cass Review as a comparative touchstone for interpreting the "evidence-based" turn against access to gender-affirming care in the U.S. The third panelist, a health services researcher, considers transgender community critiques of biomedical authority over identity and access to care, exploring the ways that community ambivalence about scientific medicine has led to the elevation of different kinds of evidence. The final panelist, an STS scholar and bioethicist, takes stock of the contrast between attacks on transgender rights and inclusion and the quotidian scientific methods by which they are carried out: literature reviews, calls for evidence development, and appeals to common understanding. Together, this panel surfaces the logics by which transgender exclusion has been legitimized in the public sphere. More broadly, we point to how bioethical analysis must carefully consider how seemingly common sensical appeals for further evidence can undermine health equity and social justice.

Keywords: Gender-affirming care, Health policy

3:15 PM - 4:15 PM, Oregon Ballroom 201-202

Follow-Up Discussion: Legal Updates 2025: Top 10 Legal Developments in Bioethics and Public Health

Law, Public Health Policy, Organizational Ethics

Arthur R. Derse, Katie Watson,
Thaddeus M. Pope, Valerie Gutmann Koch

The panelists of the "Legal Updates 2025: Top 10 Legal Developments in Bioethics and Public Health" will host a follow-up discussion to the classic session for the first time! Attend the Legal Updates 2025 panel on Thursday at 2 PM, then stick around to ask questions, share ideas with other attendees, and discuss the legal developments in greater depth. Those who are unable to make it to the initial presentation are invited to bring their questions, but please note that the follow-up session will not offer an in-depth review of the developments presented.

Keywords: Law, Public Health

3:15 PM - 4:15 PM, Oregon Ballroom 203

Interdisciplinary Voices: Stories from Bioethics Consultations

Clinical Ethics

Adrienne F. Novick, Joel Warden, Hannah F. Lipman

This interactive session explores the power of storytelling to teach bioethics skills and enhance empathy and understanding in the bioethics consultation process. This session explores bioethics consultation stories that profoundly impacted the storyteller to illuminate the complexities of bioethics in healthcare. Participants will engage with narratives from real-world bioethics consultations, analyzing the unique insights of four storytellers; an MD, JD, Chaplain and Social Worker. Through a facilitated discussion, participants will explore how individual experiences, cultural contexts and values influence ethical analysis and consider diverse perspectives and brainstorm to discuss possible approaches to the cases presented. This session aims to foster interdisciplinary conversation and cultivate a deeper appreciation for the nuanced considerations inherent in the bioethics consultation process. This novel approach promises to be a powerful catalyst for more empathetic and collaborative multidisciplinary bioethics consultations.

Keywords: Narrative Ethics, Interdisciplinary Communication, Storytelling

3:15 PM - 4:15 PM, A107-109

Overcoming Barriers to Advance Care Planning for Incarcerated Individuals

Diversity, Disparity, and Inclusion

Sarah Reckess, L Syd M. Johnson, Lorie Kim

Incarcerated individuals have little control over their lives in carceral facilities. Incarceration restricts autonomy and also disrupts social and familial relationships. Incarcerated individuals are also medically vulnerable, experiencing assault and injury, and poorly managed chronic and acute illness at rates that are significantly higher than they are for the general population. Advance care planning, whether it is appointing a health care proxy/surrogate, or creating a living will that specifies values and preferences with respect to medical treatment, is thus particularly valuable for incarcerated individuals, and an opportunity to exercise and safeguard their autonomy. Yet, advance care planning and documents are rarely created by incarcerated individuals. This session will present data from a study of the medical records of incarcerated patients at a university hospital system with a Level 1 trauma center that receives both inpatient and outpatient incarcerees from several state correctional facilities. The study examined ten years of medical records and found that fewer than one percent of incarcerees had advance care documents. Two of the presenters are clinical ethics consultants: a philosopher/bioethicist and an attorney/bioethicist, and a third presenter is a MD candidate who worked as a research assistant on the study. We'll present two case studies demonstrating the need for advance planning, one focused on a patient who experienced a cerebrovascular accident and one focused on a patient who presented with preeclampsia complications. The presentation will consider the barriers to advance care planning, and focus audience discussion on strategies for increasing uptake among the incarcerated population.

Keywords: incarceral healthcare, advance care planning

3:15 PM - 4:15 PM, A105

Radioactive Recommendations: Where Ethics Advice Lands Dangerously

Clinical Ethics

Kevin M. Dirksen, Kayla Tabari, Juan Iregui, Joelle M. Robertson-Preidler

In the course of a clinical ethics consultation, a professional clinical ethicist may find herself making a recommendation to the requestor, the patient's attending physician, or the treating team as a whole. Some guidance to the field in this regard includes the 2nd edition of the ASBH Core Competencies for Healthcare Ethics Consultation which states that "consultants should be careful about recommending a single course of action if more than one course of action is ethically acceptable," and the ASBH Code of Ethics and Professional Responsibilities for Health Care Ethics Consultants which articulates, under Preserve Integrity, that "[Healthcare ethics consultants] should strive to be worthy of the trust placed in them by patients, family members and caregivers, healthcare staff members, and the institutional leaders who seek their help in addressing ethical questions and problems." In some situations, the advice an ethicist renders is categorically of a more benign nature such as recommendations to solicit a patient's preferences at a time of capacity when a serious illness is diagnosed in order to provide goal-concordance care later. However, we suggest there may be a category of "radioactive recommendations" where a singularly-appropriate course of action that is recommended in a given case may be indiscriminately applied elsewhere. After reviewing some potentially radioactive recommendations, we will discuss inter alia whether this is a unique challenge for clinical ethicists, how to manage dual roles of consultant and educator in an institution, and what strategies could mitigate dangerous applications of ethics advice to ensure professional trustworthiness.

Keywords: clinical ethics consultation, clinical ethicist, ethics education

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3:15 PM - 4:15 PM, A103-104

TalkRx: Building Community through Live Storytelling

Health Humanities

Pablo Romano, Dasha Savage, Jenny Tiskus

This performance presents four stories from TalkRx, a quarterly community storytelling event for providers and trainees in medical school, residency, and clinical practice. TalkRx is a live storytelling event that showcases diverse experiences of medical students, residents, and fellows 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 providers' presentation abilities and narrative competence, skills relevant to clinical training and practice. 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 harnesses narrative frameworks to encourage trainees and providers 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. This event highlights 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. editors, speaking coaches). We hope our sample performance and Q&A session will provide an opportunity for creators of TalkRx to share their experiences and lessons after eight years of producing live storytelling shows.

Keywords: live storytelling, community, medical humanities

4:30 PM - 5:30 PM, B113-114

Artificial Intelligence and Bioethics

Affinity Group — Kristin Kostick-Quenet

4:30 PM - 5:30 PM, A105

Bioethics & Christian Theology

Affinity Group — Travis Pickell, Jaime Konerman-Sease

A panel discussion of Dr Wylin Wilson's book Womanist Bioethics with panel responses from three members of distinct Christian traditions.

4:30 PM - 5:30 PM, Networking Hall

Cancer Ethics Networking Session

Affinity Group — Emily S. Hahn, Jamie Riches

4:30 PM - 5:30 PM, Networking Hall

Clinical Ethics Consultation Networking Session

Affinity Group — Joyeeta G. Dastidar, Stowe L. Teti

4:30 PM - 5:30 PM, B110-111

ELSI

Affinity Group — Gabriel Lazaro-Munoz, Daphne O. Martschenko

4:30 PM - 5:30 PM, A107-109

Feminist Approach to Bioethics

Affinity Group — Lindsey Grubbs, Devora Shapiro

4:30 PM - 5:30 PM, Networking Hall

History of Medical Ethics Networking Session

Affinity Group — Bob Baker

4:30 PM - 5:30 PM, Networking Hall

Islamic Bioethics Networking Session

Affinity Group — Basel M. Tarab, Fahmida Hossain

4:30 PM - 5:30 PM, Networking Hall

LGBTQ+ Bioethics Networking Session

Affinity Group — Theodore Schall, Elizabeth Dietz

4:30 PM - 5:30 PM, B117-118

Neuroethics

Affinity Group — Peter Zuk

4:30 PM - 5:30 PM, A103-104

Nursing

Affinity Group

Brenda J. Barnum, Shika Kalevor, Linda Breslin, Emily Leuthold

Ethical Certainty in Uncertain Times This session examines how nurses and healthcare ethicists can find grounding in ethical certainty while caring for patients on the margins of society in times of systemic and political uncertainty. Through review of a case study involving an undocumented immigrant navigating barriers to safe discharge—we will explore how the ANA Code of Ethics provides reliable guidance even when outcomes remain uncertain. Participants will explore barriers to safe discharge planning, the role of immigration status in access to care, and the impact of systemic inequities on both patients and the healthcare team. Participants will reflect on themes of justice, dignity, moral distress, and advocacy, and consider how to uphold professional integrity when faced with systemic constraints and inequities.

4:30 PM - 5:30 PM, B112

Philosophy

Affinity Group

Karola V. Kreitmair, Ian Dunkle, Nir Ben-Moshe

This presentation advances an original theory of health to resolve a longstanding tension in how we conceive of (i) therapeutic healthcare, (ii) obstetric/fertility treatment, and (iii) contraceptive treatment/terminations of pregnancies.

4:30 PM - 5:30 PM, Networking Hall

Rural Bioethics Networking Session

Affinity Group

Stephanie Larson

4:30 PM - 5:30 PM, Networking Hall

Surgical Ethics Networking Session

Affinity Group

Sundeep Grandhe, Sabha Ganai, Hector Ramos

Discussion of topics relevant to surgical ethics, including focused Presentation on Transplantation ethics and Normothermic Regional Perfusion.

Friday, October 24, 2025

7:00 AM - 6:00 PM, Pre-Function A

Registration

Networking

Claim your registration badge at the Registration Desk, located in the Pre-Function A space on the first floor! Use the QR code emailed to all registered attendees to expedite the check-in process.

7:00 AM - 4:00 PM, Exhibit Hall A

Networking Hall

Networking

7:00 AM - 4:00 PM, Networking Hall

A Refractory Gaze: The Power of Figurative Painting in Medical Advocacy

Health Humanities

Jang Lee

This exhibit, titled "A Refractory Gaze", will display three oil paintings of medical students. Each painting will be accompanied by text providing information about the individual in each painting and their motivations for pursuing medicine. The exhibit will also be accompanied by wall text outlining my motivations for this project: In medicine, the body is pathologized by the clinical gaze, circumscribing patients into a site of disease and object of biological scrutiny. Philosopher Michael Foucalt first described this process as the “medical gaze” and argued that the gaze is an authoritative and analytical process enmeshed in dynamics of power between physician and patient. Social critic bell hooks offers a different way of looking—the “oppositional gaze”. Originating from Black feminist film theory, the oppositional gaze is an act of resistance and a way for Black women to challenge the visual politics of white womanhood. The title for my series of figurative paintings, A Refractory Gaze, takes inspiration from both scholars to construct a gaze that moves beyond the medical gaze and nurtures the act of "looking as resistance". Refractory carries several meanings in this project: refractory as stubborn or resistant; refractory as in a disease that does not respond to treatment; refractory as in the distortions of images by the interactions of light through water. Grounded in narrative figuration, my paintings ask: how have its subjects resisted harmful institutional practices? What does it mean to "look back" at a healthcare system that views healthcare as a privilege rather than a right?

Keywords: painting, medical humanities, art

7:00 AM - 4:00 PM, Networking Hall

Legacy: A Durational Performance of Medical/Health Professional Education

Health Humanities Gretchen Case

From 2010 to 2024, I taught ethics, arts, and humanities to medical students as part of their required curriculum. A re-envisioning of the curriculum and a new name for the medical school led to significant changes, including reducing health humanities content. Last spring, tangible evidence of this transformation came when I rescued dozens of white coats from destruction because they carried the name of the old, or "legacy," curriculum. I worked with a few graduating students to turn these coats into artworks representing their medical education. Reflecting on the effects that medical school and medical students have had on me as a faculty member, even as a non-clinician, I began to imagine a transformed white coat of my own. I propose a durational performance that will last one entire conference day. I will be seated in a high-traffic area surrounded by about 60 white coats: a few completed by my students, but most ready for artistic intervention. I will embroider my white coat with initials representing each of the 1600 students I taught over fourteen years. In the tradition of endurance art, which calls for perseverance through discomfort over time, I will sew for the entire day without stopping, except for necessary bio-breaks. As I work, I will talk with audience members about their experiences as faculty and/or students, offering them art supplies to use on the white coats. Together, we will create a visible legacy of our work as educators and learners who persevere and transform each other.

Keywords: performance, medical/health professional education, endurance art

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8:00 AM - 9:00 AM, B112

Paper Session: AI: Digital Technology

Diversity, Disparity, and Inclusion

Examining patient and provider perspectives on AI communication tools in healthcare	Quinn Waeiss
Health Equity in the Digital Era: Digital Determinants of Health, Bioethics, and AI	Nicole Foti
Physician Perspectives on AI-Enabled Voice Analysis for Disease Assessment	Austin M. Stroud

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8:00 AM - 9:00 AM, Oregon Ballroom 203

Are We the Best Judges?: Responding When Ethics "Recommendations" Aren't Followed

Clinical Ethics Anna D. Goff, Janet Malek, Thomas D. Harter, Alice E. Kelley

Clinical ethics has adopted the practice of making "recommendations" in response to at least some consultation requests. While these recommendations are often followed by care providers, there are times when they are not. Most clinical ethics services are "advisory only," insofar as they never act as medical providers or write medical orders for patients, so it is up to the attending physician or medical team whether to follow ethics recommendations. This panel, made up of two senior clinical ethicists and two clinical ethics fellows, will consider how consultants should respond to situations in which ethics recommendations are not followed. Panelists will discuss cases from their own consultation work where concern about litigation, public perception, unrest, and physical violence resulted in clinical teams acting contrary to ethics' recommendations. Additionally, we will draw on data analysis from qualitative interviews with 34 clinical ethicists about the emotional impact of their work, centering discussion on reflections about the discomfort, distress, and frustration associated with cases where ethics recommendations were not followed. Panelists will, in turn, consider critical questions regarding the experience of having recommendations rejected, the nature of ethics expertise, the importance of self-reflection in determining appropriate actions when recommendations are not followed, and the potential implications for understanding and addressing barriers to ethical care. Clinical ethicists are not insulated from

polarization, threatening discourse, and external pressures in today's healthcare environment. As a result, it is imperative that those in the field be prepared to respond.
Keywords: Ethics Recommendations, Clinical Ethics

8:00 AM - 9:00 AM, B113-114
Paper Session: Clinical Ethics: Life Sustaining Treatment
Clinical Ethics
Choosing against invasive long-term mechanical ventilation in congenital central hypoventilation syndrome. Is pediatric tracheostomy for long- term mechanical ventilation ever obligatory? Duncan E. Keegan
Evaluating Communication Practices in Life Sustaining Treatment Decisions for Patients with Out of Hospital Cardiac Arrest (OHCA) Hanna Vollbrecht
US State Statutes Addressing Unilateral Clinician Decisions About Life-sustaining Treatment Gina M. Piscitello

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8:00 AM - 9:00 AM, A107-109
Contemporary models for realistically achievable consent and capacity assessment in primary care
Clinical Ethics Marc Tunzi, David J. Satin, Hunter E. Cantrell
The processes of informed consent and assessment of medical decision-making capacity described by bioethicists, attorneys, and medical scholars differ from the realities of everyday primary care practice. This workshop will present two published models reconciling the gap between the theory and practice of consent in primary care. Two mini lectures and case-based small group discussions will introduce these models to participants. First, the consent continuum will be presented as a means of consciously considering the risk and nature of an intervention to decide whether it is more appropriate for a process of non-dissent, active assent, or formal informed consent. Cases for discussion include various office procedures, pelvic-GU-rectal exams, and medication prescription such as antibiotics, antipsychotics, opioids, and GLP-1 diabetes/weight loss medications. Second, the assessment of medical decision-making capacity will be described as an iterative activity that can only be performed during the process of informed consent—deliberately, even if only very briefly—not prior. Participants will consider cases including an 18-year-old requesting ADHD medication, a 60-year-old with a history of substance use, mood, and chronic pain disorders endorsing chest discomfort, and an 84-year-old with memory concerns declining evaluation. This workshop concludes with ample large group discussion addressing barriers and solutions to implementing these models in the context of what is realistically achievable in primary care settings. The presenters are three primary care educators from across the country with backgrounds in bioethics (HEC-C), medicine (MDs), and philosophy (PhD), and a medical student who is a former state legislator and cancer patient.
Keywords: informed consent, medical decision-making capacity, primary care ethics

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8:00 AM - 9:00 AM, B115-116
Paper Session: Disability and (Dis)empowerment
Diversity, Disparity, and Inclusion
Beyond Inclusion: Challenging Ableist Norms in Qualitative Research with IDD Communities Makhari Dysart
Beyond Marginalization: Rethinking Dignity, Disability, and Care in Bioethics Jaroslaw Ludwik Mikuczewski
Unfit to Reproduce, Unfit to Parent, Unfit to Decide: The Evolving Rationale for Sterilizing People with Disabilities Without Their Consent Megan Glasmann

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8:00 AM - 9:00 AM, B110-111
ELSI Beyond the Genome
Research Ethics and Social Sciences Rachel A. Ungar, Chloe Reuter, Rami Major, Mary A. Majumder
Omics, or large biological data, is not limited to genomics – additional examples include transcriptomics, epigenomics, metabolomics, and proteomics. However, the exploration of the ethical, legal, and societal implications (ELSI) of omic technologies has largely been focused on the genome. This panel will feature a multidisciplinary group with expertise in computational and experimental omics, genetic counseling, bioethics, and policy. The first panelist, a computational geneticist and ELSI scholar, will give a brief overview of unique

properties and ethical considerations of omes beyond the genome, including transcriptomics, epigenomics, metabolomics, and proteomics. The second panelist, a genetic counselor, will describe factors to be considered when integrating omic technologies into clinical care and use case-based scenarios to illustrate challenges and opportunities when using non-genomic omes in a patient-facing setting. The third panelist, an experimental geneticist and ELSI scholar with experimental omics expertise, will share the results of interviews with an international subset of scientists on the novel risks, benefits, and ethical implications of epigenome editing in contrast with classic genome editing. The fourth panelist, a bioethicist and legal scholar with expertise in policy for new omic technologies, will address ethical and policy challenges created by advanced computational techniques that predict genotypes from non-genomic omic data and will touch on ethical and policy questions associated with the potential for multi-omics to yield more and different kinds of sensitive information than genomics alone. An interactive discussion will follow the panel eliciting audience feedback on key priorities in ELSI research beyond the genome.

Keywords: ELSI, omics

8:00 AM - 9:00 AM, B117-118

Paper Session: Fertility

Clinical Ethics

A Cryogenic Solution to the Pro-Life Inconsistency Problem Joel Cox
Assessing Current Practice and Notable Gaps in Counseling for Elective Egg Freezing Tamar Schiff
Beyond Therapeutic Justifications for Epigenome Modification to Have Children Timothy F. Murphy

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8:00 AM - 9:00 AM, A106

From Settled Consensus to Uncertainty: Polio's Postmodern Travels

Health Humanities Bernice L. Hausman, Heidi Y. Lawrence, Douglas Diekema, Elena Conis

Resurgence of vaccination controversy concerning polio caught many in the public health community by surprise. Long used as an emblem of vaccine effectiveness and public confidence, polio vaccination seemed immune to vaccine skepticism. Yet even polio's dominant narrative of mid-twentieth-century scientific triumph has not made it invulnerable to changing public sentiment. Polio has shifted from a story of modernist triumph to one of postmodern skepticism. Scrutinizing polio and polio vaccination points to both continuities and ruptures in vaccination controversy, providing important lessons for vaccine programs for the future. Bringing together four distinguished scholars, this panel offers three responses to the question "Why has polio vaccination become contested in the 2020s?" and a discussant. The first paper provides a broad historical background for understanding vaccine resistance, addressing the question, "How does the history of vaccine resistance inform the emerging concerns about polio vaccination?" The second paper addresses how polio and polio vaccination became a way to articulate anxieties about vaccine skepticism in the 2024 presidential election. While Robert F. Kennedy, Jr.'s views on MMR and HPV vaccines were well known, it was his questioning of polio vaccination that became a way to signify his unfitness for that office for those who opposed him. The third paper examines current efforts to eradicate polio globally, looking specifically at how the evolving epidemiology of polio complicates that goal. The complexity of current efforts and their untoward side effects belie the dominant narrative of polio vaccination and demonstrate how eradication efforts contribute to current controversy.

Keywords: vaccine resistance, vaccination, polio

8:00 AM - 9:00 AM, B119

Paper Session: Medicine, Law and Ethics

Law, Public Health Policy, Organizational Ethics

Canadian Medical Aid in Dying (MAID) and Access to Resources: An Analysis of Media Reports Anurima Chattopadhyay
Physician Perspectives on Ambient Intelligence for Clinical Documentation Richard R. Sharp
The Intersection of Medicine, Law, and Ethics: Fetal Personhood Laws and the Erosion of Autonomy in Medical Decision-Making and End-of-Life Care Cathy Lively

8:00 AM - 9:00 AM, C123
Paper Session: Organizational Ethics
Law, Public Health Policy, Organizational Ethics
Industry-Sponsored Speakers' Bureaus Among UpToDate Contributors: An In-Progress Analysis on Prevalence, Financial Magnitude, and Institutional Compliance Constance Chen
Navigating the Pitfalls of Principlism in Healthcare Organizations' Mission Statements and Moral Decision-Making Kelly Turner
Walking the tightrope: The expanded ethical obligations of nurse leaders Christopher M. Charles

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8:00 AM - 9:00 AM, A105
Paper Session: Queer and Feminist Approaches
Diversity, Disparity, and Inclusion
Bending Toward Justice: An Experiment in Queer Ethics Brandon Ambrosino
Community Partner Inclusion in Qualitative Health Data Analysis: Feminist Ethics of Care, Attentiveness, and Health Justice Vishnu Subrahmanyam
When Drugs Forgive, But Medicine Does Not: HIV, Adherence, and the Limits of Biomedical Forgiveness Vishnu Subrahmanyam

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8:00 AM - 9:00 AM, A103-104
Reimagining Law and Policy Affecting Individuals with Substance Use Disorders Post-Final Rule
Law, Public Health Policy, Organizational Ethics Stacey A. Tovino, Jennifer Oliva, Amy T. Campbell, Elizabeth Pendo

On January 17, 2025, the federal government released three new regulations that restrict the ability of an otherwise authorized prescriber to use telemedicine to induct and to subsequently prescribe buprenorphine, a schedule III controlled substance approved by the Food and Drug Administration for the treatment of opioid use disorder (OUD). One of these new regulations: (1) limits the tele-induction and subsequent tele-prescription of buprenorphine for treatment of OUD to a six-month period; then, an in-person medical evaluation or satisfaction of another exception to the in-person medical evaluation must occur; and (2) requires the prescribing practitioner to access and review data in the prescription drug monitoring program (PDMP) of the state in which the patient is located at the time of the encounter. Panelists representing the disciplinary perspectives of law, bioethics, nursing, health humanities, and public health will challenge these new regulations, arguing that they could interfere with access to care, retention in treatment, and health outcomes. The first panelist will use the current, evidence-based literature to challenge the safety, efficacy, and diversion concerns that were offered by the government in defense of its new regulation. The second and third panelists will discuss the validation and efficacy issues that pertain to PDMPs and explain how clinical overreliance and misuse of PDMP algorithms by OUD healthcare facilities and providers implicates federal disability anti-discrimination laws. The fourth panelist will situate the conversation more broadly in terms of the social determinants of behavioral health and the risks of relying on "aggregate" metrics of success.
Keywords: substance use disorder, telemedicine, non-discrimination laws

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8:00 AM - 9:00 AM, C124
Paper Session: Religion, Spirituality, and Healthcare
Diversity, Disparity, and Inclusion
Ethical considerations in navigating family resistance to disclosure of serious illness to patients with decision-making capacity: Reflections from a qualitative study of Muslim Americans Asma Mobin-Uddin
Contemplative Practices and the Neuroscience of Ethical Reasoning to Develop Practical Wisdom and Decrease Moral Distress for Healthcare Leaders Tom J. Bushlack
The Dignity of Hijab Jenna Mustafa

8:00 AM - 9:00 AM, Oregon Ballroom 201-202
Sustaining the Self in Clinical Ethics: Building Institutional and Peer Support for Long-Term Engagement

Clinical Ethics
Adira Hulkower, Daniel Callies, Annette Mendola, Ruchika Mishra

Clinical ethicists routinely engage with cases of profound suffering, moral distress, and systemic injustice. While the emotional toll on clinicians is well documented, little attention has been given to the impact on ethicists. This panel explores how secondary trauma, vicarious trauma, and compassion fatigue affect ethicists across different career stages and examines how institutional structures can better support their well-being. The multi-disciplinary panel including clinical ethics professionals and administrators will share perspectives from their practice at health systems located across different regions of the United States. The first panelist, a bioethics service and fellowship director, will discuss the emotional toll of ethics consultation focusing on the challenges of bearing witness to suffering, mediating moral distress, and managing the psychological weight of ethically complex cases. The second panelist, an early-career ethicist, will share their experience transitioning from fellowship to independent practice, reflecting on the emotional realities of the work. The third panelist, an experienced senior ethicist, will describe how the emotional impact of the work shifts over time describing strategies that help sustain engagement and compassion, as well as the challenges that continue to surface, offering insight into practices that foster long-term efficacy in the field. The last panelist, a system-wide bioethics administrator, will highlight methods to proactively mitigate burnout by establishing intentional structures that support staff, cultivating resilience, leveraging institutional resources, and fostering a culture for sustainable practice that prioritizes well-being without compromising professional responsibilities. Interdisciplinary approaches including trauma-informed practices, narrative ethics, and structured peer support models will be discussed.

Keywords: Clinical Ethics, Trauma, Burnout

8:00 AM - 9:00 AM, C120-122

The Legacy of Eugenics

Health Humanities
Alisa Zezetko, Inmaculada de Melo-Martin, Ana Iltis

This panel will consider the legacy of eugenics, and its implications in the allied health professions, research and public health genetics, and reprogenetic technologies. The first panelist, a psychiatry resident, will speak about the role of psychiatry in the history of the eugenics movement. The physicians involved believed their actions were morally justified and promoting the public good. Understanding the history and progression of these beliefs serves as an example and warning to the dangers of eugenic reasoning. The second panelist, a philosopher with experience at the intersection of race and genetics, will examine the legacy of eugenics and scientific racism in public health, particularly in relation to genetic testing and research programs. Using examples of different historical genetic testing and research programs, she will illustrate how the “remainders” of those programs and the ideas that shaped them inform contemporary work. The third panelist, a philosopher who has done a significant amount of work on ethical issues related to reprogenetic technologies, will call attention to the value-laddennes of these technologies. In her presentation, she will show that liberal eugenic proponents who argue that these technologies do not share the immoral characteristics of past eugenic practices presuppose an implausible conception of technologies as value-neutral. Rejecting such value-neutrality is necessary both to ensure an accurate description of these technologies and to unveil, critically analyze, and transform the eugenic values that shape and are shaped by reprogenetic technologies.

Keywords: Physician’s role in eugenics, Legacy of eugenics and scientific racism in public health, Eugenic values in reprogenetic technologies

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8:00 AM - 9:00 AM, C125-126

Paper Session: Trust and Transparency in Research

Research Ethics and Social Sciences

Clinician Mistrust in Patients: A Survey of Primary and Urgent Care Clinicians in Colorado Hannah T. Scotch

Consent in Pragmatic Clinical Trials: The Need for a Clear Framework Amanda Sears

Ethics and Data Monitoring Committees: A Systematic Review of Ethical Decision-Making in Monitoring Clinical Trial Akram K. Ibrahim

9:15 AM - 10:15 AM, B112
Paper Session: AI: End of Life Care
Health Humanities
Dearly (Un)Departed: Why the Digital Resurrection of Children is Uniquely Morally Complex Johnna Wellesley
Empathy is not a Multiple-Choice Test: Critiquing the Claim that AI can Provide Greater Empathy than Healthcare Providers Devora Shapiro
Predicting Death: Multi-Level Ethical Implications of Utilizing Mortality Prediction Algorithms in End-of-Life Care Anita Ho

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9:15 AM - 10:15 AM, B115-116
Avoiding Life with Advanced Dementia – Medical, Legal, and Ethical Analysis of Feeding Options
Clinical Ethics Robert C. Macauley Jr., Paul T. Menzel, Hope Wechkin, Thaddeus M. Pope

Seven million Americans suffer from Alzheimer's dementia. Many more are scared that they will, too. So, we must identify ethical obligations we owe patients who have irretrievably lost decisional capacity. Comfort feeding only (CFO) has appropriately become the standard of care in such situations, recognizing both the inevitable decline in swallowing function and the absence of benefit from medically administered nutrition and hydration. CFO can sustain a patient for months or even years. That is bad news for those who do not want to be kept alive in a state of advanced dementia. These patients have two options. They can complete an advance directive specifying that food and drink should be entirely withheld. But that raises both ethical concerns (specifically, the "then-self/now-self" problem of a patient with dementia being willing to accept food and drink) and regulatory ones (given that many patients with dementia are residents of facilities). The other option is Minimal Comfort Feeding (MCF), which replaces scheduled mealtimes with appropriate responses to hunger/thirst cues. This, in turn, may prompt concerns for unrecognized (and unrelieved) thirst and hunger, as well as similar regulatory concerns. This panel of a legal scholar, ethicist, hospice medical director, and philosopher examines the legal, moral, and regulatory obligations toward providing nutrition and hydration to patients with advanced dementia. The panel reviews ethical consensus, statutory requirements, and advance directive tools to empower patients who are concerned about potential future incapacity.

Keywords: Dementia, Advance directive, Comfort feeding

9:15 AM - 10:15 AM, B113-114
Paper Session: Cross-Cultural Ethics
Philosophy
Between Muftis and Morality: Reviving Islamic Philosophical Discourse in Islamic Bioethics Ruaim A. Muaygil
Medicine and Bioethics as a Democratic Moral Tradition Caterina Baffa

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9:15 AM - 10:15 AM, C123
Disability Nondiscrimination in Medical Treatment Decisions
Diversity, Disparity, and Inclusion Lynne Brady Wagner, Jonathan Marron, Michael Ieong, David N. Sontag

This panel explores implementation strategies for the "Medical Treatment" provisions of the 2024 Health and Human Services Final Rule on disability nondiscrimination. The Final Rule, which updates and clarifies Section 504 of the Rehabilitation Act of 1973 and related disability rights law, prohibits recipients of federal funds "from denying or limiting medical treatment based on the provider's belief that…life with a disability is not worth living." Over 26% of Americans have a disability and are at risk for experiencing health disparities, in part because of clinician and institutional biases. In this interactive session, the panel presents the collaborative effort of approximately 30 bioethicists from twenty-four institutions supported by an academic bioethics center, to translate this rule into actionable strategies in their respective organizations. Panelists describe interpretation and implementation challenges, given commonly ableist views when balancing patient autonomy, clinical judgment, and medical decision-making. This session addresses concerns about potential conflicts in situations of medical uncertainty, and the need for objective language to align appropriate care with patient values. Presenters with diverse clinical and organizational roles discuss their process of developing recommendations for staff education, policy language, and procedural ethics support to embed nondiscrimination principles within an overarching equity framework. Participants will gain tools for performing a gap analysis and mitigation approach at their institution, focusing on disability bias in ethics policy and practice, and developing explicit guidance for nondiscriminatory language. The discussion will highlight the critical role for clinical ethicists in education and mediating complex cases to ensure equitable care.

Keywords: Disability, Discrimination, Medical Treatment

9:15 AM - 10:15 AM, A103-104

Paper Session: Epistemological Issues in Research

Research Ethics and Social Sciences

Gene Therapies - When Does Research End and Treatment Begin? Rafael D. Escandon

Is it time for a 'theoretical turn' in empirical bioethics? Ana Komparic

The Illusive Ecosystem: How the ‘Innovation Ecosystem’ Obscures Ethical Challenges in Precision Medicine Andy Murray

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9:15 AM - 10:15 AM, A105

Ethical considerations for inclusive clinical care, health professional education, and research related to gender affirming care.

Diversity, Disparity, and Inclusion Emilee I. Coulter-Thompson, Rook Bartz, Rachel Brownson, Amy Penkin

Amidst recent policy changes that restrict access to gender affirming care and increase barriers to gender inclusive education and research, academic medical centers encounter complex ethical dilemmas about how to fulfill their tripartite missions of patient care, education, and research. This multidisciplinary panel will discuss ethical considerations for gender-affirming care, health professional education, and research at multiple academic medical centers and health systems, including: • Ethical challenges related to the design, delivery, quality, and sustainability of gender affirming care services; e.g., ethical challenges of starting new child or adolescent patients on gender affirming care when services could soon be eliminated based on federal restrictions. • Lessons learned about nurse leader and physician education on how to ethically respond to conscientious objections to providing gender affirming care. For example, panelists will discuss the ethical responsibility to provide inclusive care for patients while respecting the diverse beliefs of healthcare workers and efforts to set and implement policy and educate health professionals. • Best practices for evolving challenges in gender affirming care, education, and research. For example, panelists will discuss the implications of limiting data collection about gender identity and sexual orientation data among patients and research participants. Panelists will prioritize the specific content considerations and adapt the presentation to be responsive to the rapidly changing regulatory and care environments for gender affirming care. The depth of expertise and lived experience represented on this panel will ensure an enriching, interactive, and meaningful discussion of timely and important ethical issues related to gender-affirming care.

Keywords: Gender-affirming care best practices, Health professional education and policy related to conscientious objection, Conscientious objection to providing gender-affirming care

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9:15 AM - 10:15 AM, B110-111

Ethics & Engineering: Working Together on Novel Medical Device Development

Research Ethics and Social Sciences Natalie Banacos, Christine Baugh

Our multidisciplinary team has a unique opportunity to pursue novel medical device development for the treatment of obesity and diabetes alongside an investigation of the accompanying ethical, legal, and social implications of this work. In our panel discussion, we will introduce the medical and public health issues at hand, describe ways that ethics is integrated into the design of the devices and the advances in biology and engineering taking place in the laboratory, and discuss findings from interviewing experts in engineering, clinical trials, ethics and regulation, and medicine. We aim to work together to ensure fundamental principles of bioethics are considered early in the design process and brought forward into the clinical trial phase of this project and beyond. The primary goal of our panel is to share ways to integrate empirical bioethics research findings into device development, and we plan to share strategies that other multidisciplinary teams can apply when designing ethically-conscious novel medical devices.

Keywords: medical devices, novel technology, multidisciplinary team science

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9:15 AM - 10:15 AM, A107-109

Flash Session: Science, Technology, and Society

Research Ethics and Social Sciences

A Literature Review of Non-financial Conflicts of Interest in Healthcare Research and Publication David A. Bauer

A living ethics lab in a rehabilitation hospital: Concept and initial development Tiffany Te

Assessing Prospective Parents' Motives and Reservations in Pursuing PGD/PGT for Sex Selection Following IVF: Results of a Quantitative Study Whitny Melissa Braun de Lobaton

Bioethical Dilemmas in Extracorporeal Cardiopulmonary Resuscitation Kelsie M. Mietla

Distributing the Benefits of Aging Research: A Matter of Justice Zoe A. Lewczak

Ethical Considerations for Using AI to Predict Suicide Risk Faith Wershba

Physician as Fact-Collector: A Model for the Physician-Patient Relationship in the Artificial Intelligence Era? Jared G. Matzke

Researcher's Perspectives on Non-therapeutic Applications of Brain-computer Interface Technology Jonathan McCabe

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9:15 AM - 10:15 AM, B117-118

Paper Session: Genetic Testing

Law, Public Health Policy, Organizational Ethics

The Ethics of Direct-to-Consumer Whole-Body Magnetic Resonance Imaging: Lessons from Direct-to-Consumer Genetic Testing Anirudh Maddali

The Expanding Role of Genetic Testing in IVF: Ethical Stakes and Clinical Implications Manon Lefevre

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9:15 AM - 10:15 AM, C120-122

Paper Session: GLP

Clinical Ethics

Bioethical Considerations in the Prescription of Weight Loss Medications Riya Savla

Good Fat Richard M. Weinmeyer

Who's in charge here? Hunger, Food Noise, and Bodily Authority and the GLP-1 Experience Catherine Womack

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9:15 AM - 10:15 AM, Oregon Ballroom 203

Paper Session: Health Humanities and the Public

Health Humanities

At the Origin of the Antivax Movement: Fiction as a Means to Renew Public Dialogue Paola Nicolas

Breast Cancer Risk and Hormone Replacement Therapy: A Study of Rhetorical Uncertainty across Technical, Public, and Personal Spheres of Argumentation Kelly Pender

National Bioethics Commissions: What their history reveals about their disappearance Amanda M. Buster

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9:15 AM - 10:15 AM, B119

Paper Session: Moral Injury and Moral Agency

Health Humanities

Examining Moral Injury Among Gaza's Healthcare Workers Basel M. Tarab

Promoting Moral Agency and a Growth Mindset for the Moral Self in Undergraduate Medical Education Caroline E. Anglim

Understanding prehospital provider experiences of moral distress Rachel Topazian

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9:15 AM - 10:15 AM, Oregon Ballroom 201-202

Navigating Recent Changes in Immigration Laws and Policies: Practical Guidance from the Law, Bioethics, and Public Health

Law, Public Health Policy, Organizational Ethics Lynette B. Martins, Rachel Fabi, Sabrina Derrington, Cathy Purvis

Recent changes to U.S. immigration laws and policies have raised practical and ethical concerns for healthcare practitioners and their patients. These policies and executive orders (EOs), including attempts to end humanitarian parole, birthright citizenship, designation of protected healthcare centers, as well as the weaponization of public health to qualify immigrant entry at the southern border as an "invasion," are not rooted in constitutionality nor human flourishing. Further, threats of targeted raids by the U.S. Immigration and Customs Enforcement Agency (ICE) in hospitals have sowed fear among patients creating significant barriers in accessing necessary medical care. Some practitioners must navigate between their ethical duty to provide care and the surrounding legal constraints. The first panelist, an attorney-bioethicist, will detail the current legal landscape, including the constitutionality of EOs and policies impacting immigrants. The second panelist, a legal scholar and bioethicist, will discuss some litigation pursued by faith-based healthcare institutions against the EOs. The third panelist, a public health ethicist and medical educator, will describe the cascading impacts of these policies on the health of patients and their communities. The fourth panelist, a clinician, bioethicist, and medical educator, will examine moral distress and moral injury caused by these policies and will explore potential responses to support clinicians and patients through organizational ethics work. After these remarks, the panel will engage the audience on best practices for bioethics in advocating for policy change and practical protections for patients, foregrounding a compassionate and equitable approach to immigration policies prioritizing human dignity and flourishing.
Keywords: immigrant health, public health, law and policy

9:15 AM - 10:15 AM, C124
Paper Session: Surrogate Decision Making
Clinical Ethics
For Love and Money: Revisiting Financial Conflicts of Interest in Surrogate Decision Making Kelly Turner
Responding to Surrogate Requests for Visitor Restrictions Patrick D. Herron
Surrogate Decision-Making for Incarcerated Patients: A Site of Domination Allison M. McCarthy

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9:15 AM - 10:15 AM, A106
Tolerance for Ambiguity: a practical tool kit for medical educators and healthcare spaces
Health Humanities Tana Jean Welch, Danielle Wilfand, Samantha A. Chipman, Jennifer A. Umezinwa
Ambiguity in medicine is everywhere, whether that be in nuances of test results, mysterious pathophysiologies, or in undiagnosed diseases. Despite the prevalence of ambiguity, there is still substantial discomfort with uncertainty among healthcare providers. Facing a lack of plausible solutions can lead to psychological distress for clinicians. While much has been written on the need to increase tolerance for ambiguity (TFA) in medical curricula and practice, other than broad statements about using the humanities, there has been little discussion of how this might specifically look. This panel brings together diverse perspectives from the fields of neuroethics, gender studies, and medical education to provide practical tools and lessons for using the humanities to increase TFA. Speaker 1, a current medical student, will open the panel by discussing her own experiences—both as a patient and a student—with medical ambiguity. Speaker 2 will show how the poetry of Emily Dickinson can be used to reframe ethical considerations of ambiguity and neurodiversity in healthcare spaces. Speaker 3 will describe comics as an effective tool for promoting TFA in a manner congruent with patient-centered care. The final panelist will explore the use of science-fiction in medical education to help students embrace the unknown alongside alternative ways of thinking and being. The necessity for TFA is heightened by new illnesses such as long-COVID, shotgun policy changes, new technologies, and increased public participation in healthcare culture. This panel will provide attendees with specific texts and lessons for moving forward.
Keywords: ambiguity in medicine, literary studies, medical education

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9:15 AM - 10:15 AM, C125-126
Paper Session: Vulnerability and Coercion
Research Ethics and Social Sciences

Beyond the researcher-participant dyad: ethical considerations for participants, subjects, sources, and bystanders Kate Saylor
Critical Appraisal of Carceral Logic and Safety Culture in the Emergency Department Samantha K. Chao
The Inability to Retaliate as a Key Constituent of Vulnerability in Research Martin Fitzgerald

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10:45 AM - 11:45 AM, Oregon Ballroom 203
"I can't believe that's why you want that!" How are reasons ethically relevant in medical decision-making?
Philosophy Jake Greenblum, Bryanna Moore, Walter Glannon, Daniel Brudney
Sometimes, clinical teams must navigate how to respond to patients and families who offer ethically dubious reasons. For instance, sometimes families decline certain treatments for seemingly ableist reasons or request specific medical providers based on explicit racist beliefs. Other times, family members point to some fact, but it’s unclear whether or how that fact is ethically relevant to the decision at hand. An example of this might be when family members cite historic injustice toward members of their community to explain why they are declining a highly effective and beneficial treatment for the patient due to mistrust of the health system. This panel will explore the following three questions: First, do patients’ and families’ reasons matter in assessing whether a refusal of a recommended medical treatment is ethically permissible? Second, might patients’ and families’ reasons be ethically relevant in other ways? And, finally, how should clinicians respond when they encounter patients and families who base their decisions on merely purported reasons or morally repugnant reasons?
Keywords: The relevancy of reasons to permissible medical decisions, How clinicians should respond to patients' and families' questionable reasons, Reasons and the differences between pediatric and adult contexts

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10:45 AM - 11:45 AM, A105
A Review of the First 14 Years of a Novel Pediatric Bioethics Certificate Program for Interdisciplinary Pediatric Healthcare Professionals
Education/Interprofessionalism Stephanie K. Kukora, Angela Knackstedt, Vanessa Watkins, Brian Carter
Interdisciplinary pediatric healthcare professionals (IPHPs) increasingly receive specialty and role-specific bioethics training, but it is limited by time constraints and availability and access to bioethics experts. Bioethics education can help ethics consultants and other IPHPs address ethical dilemmas and mitigate moral distress. To address the growing need for pediatrics-specific bioethics education, we developed a certificate program in 2011. We have trained over 350 students in medicine, nursing, law, social work, chaplaincy, and other disciplines representing 28 countries, private and public hospitals, labs, and the public health sector. The moderator will explain how pediatric bioethics is unique, requires and deserves its own space, and a toolbox independent of familiar frameworks and theories that dominate adult bioethics. The first speaker will discuss our flexible learning approach and results from our recent survey of course alumni. The course uses a blended learning format including in-person and hybrid opening and closing sessions and a robust syllabus of discussion topics covering policy, clinical, and research ethics. This syllabus pairs with asynchronous weekly online discussions of ethics fundamentals discussions, clinical topics, and critical case analysis, and program-specific webinars. The second speaker will discuss how engaging international students with diverse roles, backgrounds, and experiences, around complex ethical situations as healthcare professionals enhanced discussions with pluralistic perspectives and values. The third speaker will discuss the required capstone project, highlighting diverse and impactful projects by our students and mentoring faculty from early brainstorming ideas to completion of scholarly works leading to presentations, publications, and local service capacity.
Keywords: Pediatric Bioethics, Interprofessional Ethics Education, Bioethics Scholarship

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10:45 AM - 11:45 AM, B112
Paper Session: AI: Medicine
Law, Public Health Policy, Organizational Ethics
Ethics Dumping in Medical AI: Sketching a Roadmap for AI-Enabled Human Flourishing Jean-Christophe Bélisle Pipon

How Management Made Medicine: The Evolution of Quality Improvement from Industrial Production to Medical AI Zachary Griffen
The Hidden Social Lives of AI Fairness Metrics Ricky Mouser

10:45 AM - 11:45 AM, Oregon Ballroom 201-202

Bias at the Bedside: Confronting Ableism is Clinical Ethics

Clinical Ethics Holly K. Tabor, Alyssa M. Burgart, Kara Ayers, Devan Stahl

Disability is central to the practice of medicine and clinical ethics, yet frequently a locus of bias. Patients with disabilities—whether lifelong, temporary, or newly acquired—are often at the center of consultation requests to clinical ethics committees. This challenges ethicists to confront deep-seated assumptions about disability, including reproductive health, parental decision-making, respect for patient autonomy, values and societal biases about quality of life, psychiatric care, and end-of-life decision-making. The panel will start with a brief discussion of disability bias in clinical care. The speakers will present and analyze three clinical cases to illustrate and interrogate the role of disability in clinical ethics: one at the beginning of life, one about reproductive decision-making, and one at the end of life. The discussion and Q&A will focus on how these cases can help clinical ethicists address issues that frequently arise in consultations and policies involving disabled patients. Throughout the presentation, the speakers will center the perspectives and lived experiences of disabled patients and communities. The panel will also discuss and provide tools and resources for clinical ethicists, and discuss a project in process about case studies about disability and ethics.

Keywords: disability, ableism, autonomy

10:45 AM - 11:45 AM, B113-114

Paper Session: Clinical Ethics: Tools

Clinical Ethics

Can't Stop the Music: What Music-making Can Teach Interprofessional Health Care D. Micah Hester
Developing guidance for communication with families in pediatric ethics consultation Aaron Wightman
The Harm Principle and Adults: Lessons from the Pediatric Context Megan Kitts

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10:45 AM - 11:45 AM, A107-109

Destigmatizing Chart Notes and Preventing “Infectious Negativity”

Diversity, Disparity, and Inclusion L Syd M. Johnson, Laura K. Guidry-Grimes, Jada Wiggleton-Little

The use of stigmatizing and biased language in medical chart notes is widespread across medical specialties, and in inpatient and outpatient settings. Medical professionals rarely receive formal training in writing chart notes, and even well-intentioned clinicians and trainees can perpetuate damaging language and narratives. Stigmatizing language includes common word choices found in patient records (“refuses,” “noncompliant,” “denies”). Chart notes can also express implicit biases against marginalized and racialized populations, as well as specific patient populations, including those with chronic pain, substance use disorders, diabetes, psychiatric illness, Sickle Cell Anemia, and disabled persons. Studies show that patients of color, those with low socioeconomic status, and those with public medical insurance are several times more likely to have negative descriptors in their chart. Importantly, the use of stigmatizing and negative language to describe patients and their families can transmit bias and negative perceptions and attitudes, or “infectious negativity” -- from one healthcare provider to another through the electronic health record. Additionally, given the mandate for open notes, patients (and proxies/parents of minors) can access chart notes and find language they find offensive or judgmental, affecting their trust in providers and potentially in healthcare more broadly. This workshop session will discuss the effects of stigmatizing and biased language on patients and healthcare providers through select case studies. Participants will be invited to workshop alternative language that is neutral and unbiased. The workshop leaders are from different backgrounds and include clinical ethics consultants for hospital systems serving diverse patient populations, medical educators, and philosopher/bioethicists.

Keywords: Stigma, Medical jargon, Chart notes

10:45 AM - 11:45 AM, B115-116

Paper Session: Disability Ethics

Law, Public Health Policy, Organizational Ethics

Clarifying confusions around discrimination, equity and disadvantage indices in current anti-DEI efforts

Harald Schmidt

From Clinics to Crises: Why the justifiability of age-based criteria differ in normal vs. emergency settings

Tyler Paetkau

Palliative Psychiatry: Exploring a Potential Alternative to MAiD for Mental Illness Kate H. Tsiandoulas

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10:45 AM - 11:45 AM, B110-111

Examining meso-level perspectives in bioethics: Institutional interventions for ethical and equitable biomedical research

Research Ethics and Social Sciences Janet Shim, Quinn Waeiss, Stephanie Malia Fullerton

Bioethics research regarding the ethical conduct and impact of research tends to focus on individual-level (micro) or systems-level (macro) factors and constraints. The micro perspective examines the role of researchers' training and mentorship experience, personality, and beliefs in shaping decisions in research, whereas the macro perspective examines the role of rules, regulations, and societal structures. We argue that this yields an incomplete picture of the scientific ecosystem in which researchers operate. For example, funding requirements, resource constraints, and disciplinary norms also shape the ethical conduct and impact of research but are often overlooked in the focus on micro- or macro-level perspectives. Therefore, this panel will leverage meso-level perspectives to assess the ethical conduct and impact of research in biomedicine. The first panelist will share conceptual tools for identifying and analyzing meso-level influences in shaping partnerships among research institutions and communities, and present findings from an ongoing study that illustrate institutional constraints and facilitators to equity in global genomics research. The second panelist will share lessons from implementing an ethical reflection process integrated into grantmaking for biomedical AI research. They will examine the influence of various actors within grantmaking, research teams' disciplinary norms, and resource constraints on the identification and mitigation of ethical issues during research development. The third panelist will examine the critical role of research infrastructures (including cloud-mediated data sharing, genetic variation datasets, and innovations such as the Human Pangenome Reference) in framing the kinds of concerns that are, or are not, regarded as matters of ethics and equity.

Keywords: institutional interventions for research ethics, equity in genomics research

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10:45 AM - 11:45 AM, A106

Expanding the Justice Discourse: A Call to Use a Health Justice Framework in Bioethics

Law, Public Health Policy, Organizational Ethics Whitney Cabey, Nicolle Strand, Christy Santoro

Distributive justice, as it has been deployed in bioethics, is a thin and insufficient concept to advance equity. By supposing that our individuated interests are most relevant, it constrains the bioethicists’ purview to resolving inequalities in healthcare delivery and allocation. While these are important and necessary concerns, health inequality has been shown to be predominantly influenced by structural forces like poverty, racism, and misogyny, filtered through the social and cultural relationships among people, and mediated by purposeful, systemically driven imbalances in power. Resolving inequality requires a concept of justice that forcefully names structural drivers and frames solutions as matters of solidarity and community survival. Health justice (HJ), a concept arising from health law scholarship, deserves serious consideration for its ability to engender a thicker conception of justice in bioethics, one with more potency to combat modern existential threats to equity. It is a framework that focuses attention on oppression as the root cause of inequity while centering the empowerment and healing of those who have been targeted by forms of structural and epistemic violence. This panel will offer lessons learned from a bioethics collaborative that underwent a process to realign its mission under a HJ framework. Panelists will (1) familiarize participants with the concept of HJ, (2) describe theoretical and practical ways the HJ framework is used to transform approaches to institutional relationships, community-

engaged research and medical education and (3) engage the audience in participatory exercises on ways to consider HJ in their work and institutions.
Keywords: health justice, health equity, organizational ethics

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10:45 AM - 11:45 AM, B117-118
Paper Session: Global Research Ethics
Research Ethics and Social Sciences
Navigating Ethics in Global Longevity Research: Evaluating XPRIZE Healthspan's Clinical Trial Framework Alberto Aparicio
Sexual stigma as a risk factor for adolescent pregnancy and adverse outcomes in Lima, Peru Carolyn M. Friedhoff
Strengthening Global Health Equity: Advancing Beyond Justice Through Governance, Regulation, and Innovative Financing Bege Dauda

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10:45 AM - 11:45 AM, B119
Liver Transplant Candidate Selection Ethics: Mixed-Methods Study of One Center
Philosophy Marka F. Ellertson, Frank G. Lee, Lindsay R. Beaman, Christopher H. Kim
Determining which patients receive liver transplant is a choice with life-or-death stakes. Bioethicists have long examined allocation among waitlisted patients, yet less research has focused on candidate selection, where teams including hepatologists, surgeons, social workers, nurses, and psychologists determine whether to add a patient to the waitlist. This panel describes liver candidate selection at one academic medical center, through the lens of a central ethical question: should bioethicists study candidate selection by evaluating its outcomes or its procedures? The first speaker will set out this key question, drawing on political philosophy literature. The next two speakers will share empirical studies of candidate selection at the transplant center. One, a quantitative study of demographic, clinical, and psychosocial factors associated with listing or denial, evaluates candidate selection outcomes. The other, a qualitative study of the candidate selection committee's deliberation via grounded theory analysis of recorded meetings, describes committee procedures. This research reveals surprising findings: that demographic factors such as religiosity improve psychosocial evaluation scores, that patients are regularly listed or denied with only three minutes of discussion, and that committees grapple with ethical dilemmas through appealing to policy and casuistry. The final speaker will discuss implications of long-standing disease biases on patient evaluation practices, using alcoholic liver disease and obesity-related steatotic liver disease as case studies. Our panel aims to bring attention to this critical stage in the pathway to organ transplantation, describing the practices and outcomes of candidate selection committees at one institution and drawing out attendant ethical considerations.
Keywords: transplant, candidate selection, mixed-methods

10:45 AM - 11:45 AM, C120-122
Paper Session: Narrative Pedagogies
Education/Interprofessionalism
Medical Artificial Intelligence in Film Sonora Grimsted
Narrative Medicine's Literary Studies: Towards Structural Reading Matty Hemming
Re-Imagining Medicine: Engaging Place, History, and Story to Cultivate Character and Imagination among Pre-Health Professional Students Victoria Yunez Behm

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10:45 AM - 11:45 AM, C123
Paper Session: NRP
Law, Public Health Policy, Organizational Ethics
Ethical Controversies on Normothermic Regional Perfusion: New Data on the Public's Perceptions Trevor M. Bibler
Going in Circles about 'Circulation': A Defense of Normothermic Regional Perfusion Garson Leder
NRP as a form of MAID: The Role of Death and Consent in Organ Donation William J. Choi

10:45 AM - 11:45 AM, C124

Paper Session: Philosophy

Philosophy

Principlistic Equality: Understanding the Relative Importance of the Four Principles of Bioethics Among Primary and Urgent Care Clinicians Hannah T. Scotch

Solidarity and Moral Complicity in Bioethics Jeremy Snyder

The Epistemology of Extrapolation: When Can Pragmatic Trial Evidence Travel? Kayla Rachel Mehl

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10:45 AM - 11:45 AM, A103-104

The Perspective Puzzle: Utilizing Narrative for Conflict Navigation with Surrogate Decision-Makers

Clinical Ethics Sarah K. Sawicki, Kelsey Gipe, Shaylona Kirk, John Frye

Ethics consultations are frequently requested when conflicts arising between patients' surrogate decision-makers and their medical teams increase in complexity. Sometimes puzzling and always stressful, such conflicts often result from divergent opinions about what medical choices would be in the patient's best interest. These disagreements often develop from the differing perspectives surrogates and providers bring to their roles in a patient's unique story. Focusing on the importance of the context surrounding a patient's narrative and their personal identity can enable more effective application of conflict resolution skills to this type of patient care situation. A communicative framework with narrative elements that transforms conflict through perspective-taking is worthy of receiving broader discussion and application in the field. This interdisciplinary panel will delineate the role that narrative and perspective play in these conflicts. Drawing on case examples, this session will help attendees put the pieces of this approach together to create customized, actionable strategies for conflict management using non-traditional approaches. The methods discussed will promote shared decision-making while affirming the validity of divergent perspectives. Techniques for successful conflict management using empathetic and emotionally-literate communication methods will be explicated. The panel is comprised of professional Clinical Ethicists from a variety of backgrounds with experience addressing ethical issues across urban, suburban and rural hospitals in multiple states. They will specifically explain how to implement these techniques in cases involving vulnerable populations: patients with developmental disabilities, geriatric patients, patients with mental health issues, and patients under legal conservatorship.

Keywords: Conflict Resolution, Surrogate Decision-Making, Vulnerable Patients

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10:45 AM - 11:45 AM, C125-126

Paper Session: Vulnerable Populations

Law, Public Health Policy, Organizational Ethics

Bringing Hume to the Bedside: Toward a Sentimentalist Clinical Ethics Nathan P. Stout

Defining Health Equity: Beyond Disparitarian and Derivative Approaches Douglas Mackay

Hope Exploitation in Pharmaceutical Promotion: Ethical Dimensions and Policy Implications of the Promotion of Opioids in the US and Canada Itai Bavli

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12:00 PM - 1:00 PM, Networking Hall

Astro-Ethics Networking Session

Affinity Group Vasiliki Rahimzadeh

12:00 PM - 1:00 PM, Networking Hall

Clinical Research Ethics Consultation Networking Session

Affinity Group Jake Earl, Liza Dawson

12:00 PM - 1:00 PM, Networking Hall

Current and Former Clinical Ethics Fellows Networking Session

Affinity Group Lexi White

12:00 PM - 1:00 PM, B110-111

Disability Ethics

Affinity Group Kevin Timpe, Kevin Mintz, Ally Peabody Smith

12:00 PM - 1:00 PM, A103-104
Ethics and Humanities Educators in the Health Professions and Residency Training Caroline E. Anglim,
Affinity Group Cheryl Erwin, Suzy Lee, Andrew Schmitz, Devora Shapiro, Allison Lyle, Sheria Wilson
The EHEHPRT Affinity Group is proud to host 5 presenters for the annual meeting this year. Each presentation touches on an important teaching topic or a pilot program.

12:00 PM - 1:00 PM, Networking Hall
Health and Science Policy Networking Session
Affinity Group Virginia Brown, Jorge Riveria Agoston

12:00 PM - 1:00 PM, Networking Hall
Hospice & Palliative Care Networking Session
Affinity Group Sirisha Perugu, Gina M. Piscitello

12:00 PM - 1:00 PM, A106
Immigration
Affinity Group Brian Tuohy, Lynette B. Martins

12:00 PM - 1:00 PM, A105
Jewish Bioethics
Affinity Group Molly Sinderbrand

12:00 PM - 1:00 PM, Networking Hall
LatinX Bioethics Networking Session
Affinity Group Nicole Martinez

12:00 PM - 1:00 PM, B112
PharmEthics
Affinity Group Linda B. Uchal

12:00 PM - 1:00 PM, B113-114
Philosophy of Medicine
Affinity Group Bryan Cwik, Bryan Pilkington

12:00 PM - 1:00 PM, B117-118
Public Health
Affinity Group Carina Fourie, Jennifer C. Tillman, Andrea Kalfoglou

12:00 PM - 1:00 PM, Networking Hall
Social Work Networking Session
Affinity Group Karyn Spear

12:00 PM - 1:00 PM, A107-109
Supporter Session: Teaching Theological Ethics in the A(I)nthropocene: A Net/working Lunch
Supporter Session Virginia L. Bartlett, Ana Iltis, Devan Stahl, Wylin Wilson, Leah Lomotey Nakon
This interactive working lunch will explore how bioethics programs might support the pipeline of theological bioethicists and equip them to thrive. The interactive workshop will address critical challenge, opportunities, and innovations in theological bioethics education at the undergraduate and graduate levels. Participants will have the chance to network with peers as well as learn and share emerging best practices in pedagogical methodologies. This session is generously supported by Baylor University. Lunch will be provided for the first 45 attendees.

1:15 PM - 2:15 PM, B113-114

Paper Session: AI: Health Policy and Education

Law, Public Health Policy, Organizational Ethics

Designing and Implementing a "Responsible AI Checklist" and Governance System at a Large Academic Health Center
Kellie Owens

Large Language Models and Medical Ethics Education: Insights from Reflections of Medical Students on Their Experiences
Miriam Bentwich

Tuberculosis control, AI and medication adherence caught in the crosswinds of contemporary immigration policy
Harald Schmidt

1:15 PM - 2:15 PM, A105

Changing Hats: Best Practices for the Dual-Role Ethicist

Clinical Ethics
Brenda J. Barnum, Holland Kaplan, Akilah Burford, Joan Henriksen

Despite the increasing professionalization of clinical ethics, the vast majority of those performing ethics consultation in the US are not full-time clinical ethicists (Fox et al. 2022). Most have other professional roles within the healthcare system--whether they be social workers or chaplains, nurses or physicians, administrators or attorneys. There has been little discussion, however, about how these "dual-role ethicists" ought to navigate the challenges and opportunities that arise from having a bipartite professional identity. This panel, which will feature a nurse-ethicist, physician-ethicist, and social worker-ethicist, aims to provide just such discussion. In reflecting upon their experiences, this multidisciplinary group will address a number of issues, including conflicts of obligation, questions of scope, intrapersonal and interpersonal role confusion, how various professional roles can inform and enhance one another, and where the aims and methods of clinical ethics diverge from those of other healthcare professions. Following the moderator's introduction and the panelists' individual reflections, the panel will propose and discuss best practices for dual-role ethicists who seek to draw upon their unique skillsets without conflating their distinct roles.

Keywords: professional roles and responsibilities, scope of practice, clinician ethicists

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1:15 PM - 2:15 PM, B112

Paper Session: Cross-Disciplinary Approaches to Death and Dying

Health Humanities

"Suicide Tourism" in the U.S.: Undoing the Harmful Impact of this Mischaracterization of Medical Aid in Dying
Annapurna Sinha

A Fate Worse Than?: Pain, Dependency, and Death in American Culture
Megan Crowley-Matoka

Revisiting the Bioethical Challenges of Normothermic Regional Perfusion (NRP) and changing landscape of life and death
Blessing Temitope Adewuyi

1:15 PM - 2:15 PM, A107-109

Paper Session: EHR Documentation

Clinical Ethics

Beyond Transparency: The Ethical Complexities of Open Notes and AI-Assisted Documentation in Mental Health
Kevin Doherty

Electronic Health Record Documentation of Clinical Ethics Consultations: Insights Post-21st Century Cures Act
Gianna G. Morales

Facilitating Neutral Language and Fair Narratives in the Electronic Health Record
Adira Hulkower

1:15 PM - 2:15 PM, Oregon Ballroom 203

Flash Session: Disability, Identity, and Justice

Diversity, Disparity, and Inclusion

A Narrative Exploration of the Impacts of Climate Change on the Health of the Unhoused Population in Washtenaw County, MI
Samira Mehta

Centering Black Birthing Persons in Reproductive Research: How Uterine Transplant Research Has Fallen Short of Inclusion Taylor R. Montgomery
Cosmetic or Medical Necessity? An Ethical Imperative for Hair Removal in the Context of Gender-Affirming Care Ishaan Rischie
Dialogues on Mental Health Records Elizabeth Stauber
Ethical Considerations Backing Disability Education Reform for Medical Students Anna Grace Bricker
Navigating Dementia Care: Enhancing Advance Directives and Surrogate Decision-Making Simran Bansal
The "Who I Am" Form: A Tool for Hospitals and Providers Caring for Patients with IDD Margaret B. Menzel
The Incomplete Medicalization of Orthorexia Nervosa in an Age of Healthism Lorenah E. Vásquez

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1:15 PM - 2:15 PM, C125-126

Paper Session: Gender, Ethics, and Justice

Diversity, Disparity, and Inclusion

Ethical Implications of Ideologically Influenced Conscientious Objections to Gender-Affirming Care Patrick D. Herron
From Normative Complicity to Normative Resistance: Identifying Responses to the Conflict Between Law and Ethics in Gender-Affirming Care Grayson R. Jackson
When to Say “No”? Reproductive Justice, Disability Ethics, and Obstetric Violence Anna Fasman

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1:15 PM - 2:15 PM, B117-118

Paper Session: Genomics and Research Ethics

Research Ethics and Social Sciences

“This could be controversial, but not just in the usual way”: The roles and responsibilities of academic and journalistic publishing in social and behavioral genomics. Daphne O. Martschenko
An NIH Bridge2AI Initiative Qualitative Study: Ethical Implications of Functional Genomics Data Generation and Downstream AI Uses Vardit Ravitsky
Eliminating the Physician-Order Requirement in Consumer Genetic Testing Madison Kilbride

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1:15 PM - 2:15 PM, A106

Hospital visitation policies in public health crises: Exploration of ethical tensions between infection control measures and the rights of disabled and other vulnerable patients for advocacy & support

Diversity, Disparity, and Inclusion Jessie Sage Cheng, Asma Mobin-Uddin, Kara Ayers, Dana Howard

We present a case study that highlights a 34-year-old woman with Turner Syndrome and cognitive limitations, who faced severe medical complications during the COVID-19 pandemic. Despite her vulnerabilities and need for advocacy support, visitation restrictions prevented family caregivers from being present, resulting in traumatic care experiences, communication barriers, and compromised decision-making. Only after legal intervention was an exception made for a loved one to be at her bedside. This presentation will analyze the ethical tensions between institutional infection control measures and the rights of disabled and other vulnerable patients to have essential advocacy and support. Public health policies that take extreme positions—whether implementing absolute visitor bans or legislative prohibitions on healthcare facilities' ability to establish appropriate restrictions—can create significant harm. Complete visitor bans may protect against infection transmission but can lead to devastating consequences for vulnerable patients who require advocacy support. Conversely, state laws preventing hospitals from implementing any visitor restrictions during infectious disease outbreaks may protect individual rights but potentially endanger broader public health by limiting infection control measures. This presentation will examine how nuanced, case-by-case approaches that balance individual needs with community protection can better serve both vulnerable patients and public health goals. It will offer recommendations for developing more equitable visitation policies that recognize family caregivers as necessary partners in healthcare delivery rather than optional visitors, particularly for patients with communication or cognitive differences.

Keywords: Disability, Public health, Patient advocacy

1:15 PM - 2:15 PM, B119

Paper Session: Medical Freedom and Violation

Law, Public Health Policy, Organizational Ethics

Medical Freedom and the Complexity of Rights for the Individual Versus the Public's Health Kirstin RW Matthews

Shared Blame for Medical Errors: the Preservation & Repair of Trust Christen Paradissis

The Wrong of Bodily Invasion and the Case for Body Exceptionalism Aleksy Tarasenko-Struc

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1:15 PM - 2:15 PM, C120-122

Paper Session: Organ Procurement

Clinical Ethics

An Ethical Approach to Anti-obesity Interventions in Living Organ Donor Candidates Laura L. Kimberly

An Ethics-Led Process for Considering Normothermic Regional Perfusion in Pediatrics Tracy Nolan

Restart, reanimate, resurrect: exploring language of reperfusion in normothermic regional perfusion for organ donation after circulatory death Meera Sury

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1:15 PM - 2:15 PM, C123

Paper Session: Promoting Health Equity

Diversity, Disparity, and Inclusion

Discharge to Nowhere: Recent Policy Changes, Ethics, and Transitions of Care for the Undocumented and Uninsured Adrienne F. Novick

Including Non-English Speakers in Clinical Trials in the United States: Overcoming Regulatory Barriers Frank Chessa

Partnering with Home-Based Health Workers to Improve Equity in Newborn Screening: A PCORI-Guided Approach Lynette H. Gerido

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1:15 PM - 2:15 PM, Oregon Ballroom 201-202

Psychedelic Ethics: Learning from the Past to Inform the Future

Research Ethics and Social Sciences Amy L. McGuire, Logan Neitzke-Spruill, Holly Fernandez-Lynch, Dominic Sisti

Modern research on psychedelics' therapeutic potential continues to expand, learning from the shortcomings that led FDA to reject the first new drug application (NDA) for a psychedelic compound in 2024. At the same time, states and local jurisdictions are making psychedelics legally accessible outside the healthcare system, and unregulated use is becoming more mainstream. As American culture becomes increasingly polarized, and biomedical research faces increased scrutiny and budget cuts, how can we ensure that the potential benefits of psychedelics aren't once again thwarted by unethical practices and political interference? What can we learn from the past to help guide our present and future? This panel will explore these issues and present data to help inform ethical practice. The first panelist will present a historical perspective of psychedelic research and culture in the U.S., highlighting lessons learned. The second panelist will examine the role of IRBs as gatekeepers of psychedelic research in the present-day, presenting results from a national survey of IRB chairs regarding their perspectives and understanding of central scientific and ethical considerations for psychedelic research review. The third panelist will examine what lessons can be learned from the emergence of off-label ketamine clinics across the U.S., presenting results from a study of 40 ketamine clinics and underscoring the need for evidence-based policies to promote both safety and patient access. The final panelist will explore facilitators and barriers to the eventual clinical integration of regulated psychedelic medicines, presenting data from interviews with psychedelic researchers in the U.S.

Keywords: Psychedelics, Ethics, Research Review

1:15 PM - 2:15 PM, C124

Paper Session: Reconceptualizing Informed Consent

Research Ethics and Social Sciences

Beyond the Signature: Navigating Informed Consent in Qualitative Research Clare Whitney

No choice but to choose: The civic epistemology of informed consent Elizabeth Dietz

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1:15 PM - 2:15 PM, B110-111

Sensemaking: Promoting shared understanding in times of moral ambiguity

Clinical Ethics Lea Cheyney Brandt

Although there is acknowledgment of the complex skills required to navigate ethical conflicts in clinical practice, ethics training is typically predicated on normative theory-based teaching strategies not predictive of future practice decisions. As American culture becomes increasingly polarized, normative approaches to ethical decision making are woefully inadequate in supporting clinicians and ethics consultants in navigating complex contemporary healthcare environments. In this session participants will be exposed to novel integrated communication and ethics (ICE) interventions, which bring together the sensemaking framework and bias mitigation techniques to close gaps in understanding between divergent stakeholders. ICE acknowledges the humanity of healthcare as well as the external pressures that often divert ethical response. Participants will review outcomes of two studies, one using innovative pedagogical methods grounded in sensemaking to enhance clinical ethics skills training; and a virtual immersion pilot study that explored connections between communication strategies and the physician’s ability to limit medically ineffective treatments. Both studies have been published and viewed at national and international conferences and continue to shape the future of clinical ethics training. The workshop will conclude with opportunities to apply and practice ICE interventions to actually ethics consults to optimize ethical response. By understanding what it means to be human, the importance of compassion, and how ingrained biases effect decision making, workshop participants will cultivate skills that translate into effective ethics consultation as well as opportunities to proactively educate clinical staff on ways that optimize ethical response at the bedside.

Keywords: Clinical Ethics, Sensemaking, Ethical Response

1:15 PM - 2:15 PM, B115-116

Staying One Step Ahead: Emerging AI, Eroding Ethical Principles, and the Impact on Clinical AI Deployment

Law, Public Health Policy, Organizational Ethics Artem Trotsyuk, Abdoul Jalil Djiberou Mahamadou

Artificial intelligence (AI) is reshaping clinical care at a faster pace than current ethical and regulatory frameworks can accommodate. Recently, major technology companies have scaled back certain self-imposed restrictions on AI applications, raising concerns about unchecked deployment in medicine. This panel will examine how shifts in organizational ethics and public health policy could leave clinical AI vulnerable to misuse, particularly when bias and data gaps disproportionately impact low-resource settings. Panelists will detail real-world challenges, including algorithmic “hallucinations,” unforeseen data inequities, and emergent patient populations that existing regulations may fail to protect. By illustrating these scenarios, the session seeks to highlight both near-term risks and actionable solutions for institutions contemplating large-scale AI deployment in clinical settings. Discussion will emphasize how collaboration among technologists, clinicians, ethicists, and policy makers is essential to avert unintended harms. The session ultimately aims to think about a forward-looking dialogue on AI governance in healthcare, offering insights for both immediate practical application and future policy development.

Keywords: AI in Healthcare, Regulatory Gaps, Ethical Oversight

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1:15 PM - 2:15 PM, A103-104

What determines eligibility for liver transplantation in patients with alcohol use disorder?

Clinical Ethics Joseph Legan, Andrew M. Flescher, Jess Walters, Lois L. Shepherd

Transplantation in those with alcohol-associated liver disease presents an ethical dilemma. The stigma associated with alcohol use disorder used to preclude people from receiving a transplantation, as it was believed that patients with alcohol-associated liver disease were to blame for their condition. Recently, alcohol use disorder is being recognized as a biological illness, rather than a moral failing. However, there are limited livers available to be transplanted, meaning providers must practice good stewardship. Continued alcohol abuse post-transplant can result in graft failure and recurrence of liver disease. The “six-month rule” was created to allow liver transplantation in those with alcohol-associated liver disease after they have achieved six months of abstinence. However, waiting six months for a transplant is not an option for many patients, as their liver disease carries significant mortality. When should potential organ recipients whose livers have failed as a result of alcohol use receive a donated liver? This presentation will explore the history of the stigma associated with alcohol use disorder, the history of liver transplantation in alcohol-associated liver disease, tensions that arise between the ethical principles in play for both living and deceased donation scenarios in cases of liver failure as a result of alcohol use, and the model that some transplant centers use for determinizing eligibility for transplantation for patients with alcohol associated liver disease prior to achieving six months of abstinence. This panel will provide interdisciplinary discourse from different perspectives, including medicine, law, philosophy, patient advocacy, as well as lived experience with transplant.

Keywords: Addiction, Organ Transplantation, Hepatology

2:30 PM - 3:30 PM, B112

Paper Session: AI: Research Ethics

Research Ethics and Social Sciences

Ethical Considerations for Agentic Health AI Kristin Kostick-Quenet

Moral encroachment shapes public perceptions of neurotechnology: an empirical bioethics study Lomax Boyd

Towards Ethical Implementation of AI in Genomics Research Margaret R. Eby

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2:30 PM - 3:30 PM, B113-114

Paper Session: Clinical Practice

Law, Public Health Policy, Organizational Ethics

A Time for Dirty Hands? Clinical Practice, Clinical Ethics, & the Evolving Legal Landscape Christen Paradissis

Deferential Diagnoses: Are Clinical Ethics Consults Fundamentally Problematic? Luke Golemon

Psychotropic Medication Decision Making for Youth in Foster Care: A Review and Analysis of State Child Welfare Policy Lauren L. Baker

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2:30 PM - 3:30 PM, Oregon Ballroom 201-202

Clinician Advocacy at the Bedside: A Pro-Con Debate

Clinical Ethics Kelly Nicole Michelson, Doug Opel

In an increasingly polarized society, where some individual and public health issues have become politicized, clinicians commonly advocate for public and societal issues that can impact health outcomes. The United States Healthy People 2030 initiative describes social influencers of health including economic stability, access to and quality of education and healthcare, and neighborhood contextual and social issues. Clinician advocacy outside the clinical setting includes providing expertise on issues like access to reproductive health, school vaccination requirements, efforts to curb gun violence, and impacts of racism or environmental matters. While most consider advocacy by clinicians outside the clinical setting appropriate, less consensus exists regarding the appropriateness of advocacy by clinicians within the clinical encounter. Such advocacy may be implicit, for example wearing of stickers or pins on badges or clothing, or explicit, through direct conversation with patients. Some argue that such advocacy related to societal matters within a clinical encounter is appropriate as it addresses issues that could positively impact patient health. Others argue that such advocacy is inappropriate because it can negatively impact patient care by creating an environment of discomfort and mistrust for some families, particularly when clinicians and patients have divergent views. We will debate whether advocacy for public health and societal issues thought to impact health outcomes should extend to clinic encounters. Specifically, we will ask “Does “bedside” advocacy by clinicians, through wearing of stickers or pins with messages pertaining to societal and/or public health issues, violate professional boundaries in clinicians’ relationships with patients and families?”

Keywords: Advocacy, Boundary Issues, Medical Home

2:30 PM - 3:30 PM, A106

Crowdfunding for medical care: Creative financial solution or ethical quagmire?

Clinical Ethics Carrie Thiessen, Caroline Sloan, Amelia Gold, Laura L. Kimberly

This panel examines the practice and ethics of crowdfunding, an increasingly popular approach to raising money for medical care. One-third of campaigns on major sites such as GoFundMe are for medical expenses. Newer sites (e.g., Hope Help Live, Crowdhealth) have been developed specifically to raise money for health care expenses. The first speaker (health policy researcher, primary care physician) will describe the extent of patient crowdfunding for chronic medical conditions such as diabetes, obstructive lung disease, and dementia. The expenses that patients describe in their campaigns highlight the consequences of underinsurance in the US as well as the extent of "indirect" medical expenses such as transportation and informal caregiving. The second speaker (qualitative researcher) will present an analysis of living kidney donor crowdfunding campaigns and will highlight the unique ethical and legal considerations that arise for this population. They will discuss whether crowdfunding violates the federal law prohibiting the receipt of "valuable consideration" for an organ. The third and fourth speakers will debate the ethics of using crowdfunding for medical expenses. The third speaker (social worker, bioethicist) will argue against crowdfunding, presenting concerns about the legitimate use of funds raised via crowdfunding, as well as implications for equity. The fourth speaker (surgeon, bioethicist) will present ethical and logistical arguments supporting crowdfunding and will offer guidance that clinicians can share with patients to help them navigate the implications of crowdfunding for taxes and eligibility for means-tested benefit programs. Each speaker will give a 10-minute-long presentation, reserving 20 minutes for audience Q&A.
Keywords: Ethics of social media use, Socioeconomic disparities, Lived experiences with chronic disease

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2:30 PM - 3:30 PM, A103-104

Dimensions of Trust in Polarizing Times: Perspectives of the Clinician, Philosopher, and Psychologist

Law, Public Health Policy, Organizational Ethics Rebecca Propper, Daniel Brudney, Emma Levine

In an increasingly divided world, what drives trust or its absence? Trust is central to the patient-healthcare provider relationship. The COVID pandemic further eroded the already fragile trust in the medical community. We will explore various disciplines' approaches to trust as a fundamental tenet of patient care. We aim to provide a novel multidisciplinary perspective. Attendees will gain insight on methods to approach an increasingly common clinical challenge. Speaker 1: The clinician will reflect on bedside experiences where lack of trust on the interpersonal, institutional and systemic levels created a tense clinical conundrum. The speaker will examine how the team navigated respecting the autonomous decision-making of the family with beneficence for the patient in the face of mistrust. Speaker 2: The philosopher will discuss the concept of trust as a matter not only of rational reliance on the clinician's skills but also of a belief that the clinician has the patient's best interests at heart. Trust is a second-personal relationship: in contrast to mere rational reliance, the patient justifiably believes that the clinician owes the patient a commitment to the patient's best interests. Speaker 3: The behavioral scientist will analyze the case through the lens of interpersonal trust, as it is studied in psychology and organizational behavior. The speaker will examine how the context and the medical team's decisions may have influenced the patient's judgments of the team's benevolence, integrity, and ability. She will also discuss how these judgments can be improved, and thus trust can be recovered, over time.
Keywords: Trust, Mistrust in Science and the Physician

2:30 PM - 3:30 PM, Oregon Ballroom 203

Paper Session: End of Life Care

Clinical Ethics

Can we learn from our dogs about dying? Jennifer Eitingon

Embodiment to Thinking Things and Back Again: Personhood and Cognitive Decline John Y. Rhee

Should AI Decide Who Lives or Dies? The Ethics of AI-Based Predictive Models in Medical Care Stephanie Jeesu Kim

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2:30 PM - 3:30 PM, A107-109

Fostering New Solidarities to Remake Bioethics: Moving From Proposal to Action

Diversity, Disparity, and Inclusion Stephen Molldrem, Zackary Berger, Jonathan D. Shaffer, Krishna A. Chokshi

What would it take for bioethics to become oriented toward progressive social transformation? As bioethics evolves, its role in shaping policies, practices, and public discourse has never been more critical. This workshop will explore how bioethics can move beyond traditional frameworks to become an agent for social transformation and health equity. However, it also asks: is this possible for bioethics in the US, given that most institutional structures that support US bioethics are economically underwritten by the country's largely for-profit healthcare system and philosophically rooted in liberal (largely pro-capitalist) traditions? If refashioning bioethics in a social-democratic image is not possible, how can new forms of solidarity be fostered within the field to bring about alternative ways of doing bioethics that support progressive social transformation? This ASBH workshop will explore these questions, aiming to create one or more concrete outcomes to be pursued after the conference such as a new ASBH Affinity Group, special issue proposal, or other formalized group to help build transformative solidarities within bioethics. The workshop extends a similar 2024 ASBH workshop and accompanying conversations that have included clinicians, clinical ethicists, public health ethicists, social scientists, scholars in science and technology studies, and others. The workshop will utilize a breakout-and-report-back structure around these topics: (1) Envisioning alternative canons for bioethics (e.g., Marxisms, women of color feminisms, decolonial theory, climate and the late anthropocene); (2) Institutionalizing new solidarities in bioethics (e.g., an ASBH Affinity Group or other formation); (3) Publication outputs (e.g., special issue).

Keywords: Health equity, Bioethics, Social transformation

2:30 PM - 3:30 PM, B117-118

Paper Session: Grief

Clinical Ethics

Clinician Grief Margot A. Hedlin

Integrating Grief Models in Clinical Ethics Consultation Adenia Narinesingh

The Ethics of Grief Avoidance and Collective Bias in Clinicians' Perceptions of Patients Brenda J. Barnum

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2:30 PM - 3:30 PM, B119

Paper Session: Human Anatomy in History and the Arts

Health Humanities

Discovery and Distress: Medical Student's Reflection on Anatomy through Graphic Medicine Elizabeth J. Vojvoda

Gifts Beyond the Grave: A Historical Analysis of 20th Century Cadaver Ledgers in the Midwest Janice Wang

The Placenta Illustrated: Visual Erasure and the Ethics of Medical Representation Tarushi Sharma

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2:30 PM - 3:30 PM, C120-122

Paper Session: Mental Health: Social and Ethical Issues

Diversity, Disparity, and Inclusion

An Ethical Analysis of the Application of Psychiatric Advance Directives in Treating Substance Use Disorder Jasmine King

Ethical Insights from the Social Model of Disability Regarding Early Liver Transplantation for Alcohol-Related Liver Disease Madeline Reyes

The Ethics of Seeing and Not Seeing: Epistemic Parity, Clinical Risk, and the Expansion of Telepsychiatry in Rural Mental Health Care Avani Nooka

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2:30 PM - 3:30 PM, B115-116

Navigating Ethical Considerations for Undocumented Immigrants in Genetics Research

Research Ethics and Social Sciences Arian Nouraee, Jennifer Young, Soo Shim, Sara Huston

Increasing threats to patients and families without legal status in the United States are generating ethical challenges for clinicians and researchers. In this panel, we present a case of a 35-month-old boy diagnosed with Hunter syndrome, whose father and carrier mother traveled from a country in Latin America to the United States to pursue a clinical research trial proposed to prevent and/or treat manifestations of his condition. Disease-causing changes in the IDS gene are associated with Hunter syndrome, also known as mucopolysaccharidosis type II, an X-linked disorder with an incidence of 1:100,000. Those affected with Hunter

syndrome have a deficiency of the enzyme iduronate-2-sulfatase, leading to a buildup of a complex sugar molecule known as glycosaminoglycans, resulting in the progressive deterioration of several body systems. Current standard-of-care treatment of the condition is an enzyme replacement therapy (ERT) that can treat/prevent deterioration of these body systems, although this does not treat neurological manifestations of the condition. However, there are currently a number of clinical trials for redeveloped ERTs that are suggested to also be able to treat/prevent neurological symptoms. These drugs are not available clinically and only available to pursue via clinical research trials at select research sites. In this case, given the patient's complex medical and social history, we highlight several ethical considerations for undocumented immigrants who pursue clinical research trials for clinical care. Additionally, we reflect on our roles as researchers and clinicians who serve this patient population with limited access to care for rare conditions.
Keywords: genetics, undocumented immigrants, clinical research trials

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2:30 PM - 3:30 PM, C123
Paper Session: Patient Autonomy
Clinical Ethics
A Patient's Irreconcilable Voices: Considering Another Type of "Refusal" in Burn Care Anna D. Goff
The 39-Week Rule: Toward a Pregnant Person-Centric View of Induction of Labor Xiang Yu
The problem of selective refusals and "weaponized vulnerability:" When patients leverage medical vulnerability against clinician obligations to care to coerce inappropriate accommodations. Joel Wu

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2:30 PM - 3:30 PM, B110-111
Reexamining equipoise through the lens of potential research participants
Research Ethics and Social Sciences Elliott Weiss, Stephanie A. Kraft, Luke Gelinas
The concept of equipoise has long been debated among the research ethics community, but its perception among potential research participants has received relatively little attention. This panel will refocus the debate about equipoise through the lens of patient and family experiences. Using a combination of conceptual and empirical analyses, the panelists will reexamine equipoise and explore appropriate paths forward for clinical trial design and regulation. The moderator will introduce the concept of equipoise, discuss its implications for clinical research, and highlight ongoing ethical debates. Panelist 1 will then share empirical data from parents of infants in the neonatal intensive care unit (n=38) about how they assess equipoise in comparative effectiveness research, exploring how parents perceive a trial's ethical acceptability, their preferences for informed consent, and the nuanced relationship between clinical communication, trust in the knowledge of one's clinician, and trust in research. Panelist 2 will further examine communication with participants, drawing on an empirical analysis of interviews with key stakeholders about notification of pragmatic clinical trials (n=23), as well as a historical and normative examination of how regulatory criteria for communication to participants are applied in practice. Finally, Panelist 3 will present a conceptual analysis via a novel taxonomy of the nature of patient and family concerns related to randomization in clinical trials, highlighting the interplay between views on randomization and perceptions of equipoise. Together, the panelists will explore how a nuanced consideration of these concepts can facilitate more targeted regulatory responses and a path forward for clinical research.
Keywords: Randomization, Informed consent, Pragmatic clinical trials

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2:30 PM - 3:30 PM, C124
Paper Session: Storing, Interpreting, and Sharing Genetic Data
Research Ethics and Social Sciences
Holding Genetic Data in Perpetuity: Ethical Implications of Legacy Data Storage and Use Stephanie Malia Fullerton
Research participants' retrospective outlooks on refusing medically actionable secondary genetic findings Sawyer Lucas-Griffin
The Ethics of Polygenic Embryo Screening: Perspectives from Genetics Professionals Manon Lefevre

2:30 PM - 3:30 PM, C125-126

Paper Session: Time Sensitive Clinical Decision Making

Clinical Ethics

The impact of time-preference on Clinical decision-making Stefano R M Mugnaini
When Should Countervailing Considerations Override a Non-Beneficial Treatment Policy? Olivia Schuman
When Time is Critical: A Structured Approach to Urgent Consults Clara Bosco

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2:30 PM - 3:30 PM, A105

When Parents Decline the “Best” Treatment Option: When can state intervention, nudges, and non-disclosure of treatment options be justified

Clinical Ethics Yoram T. Unguru, Douglas Diekema, Jennifer Blumenthal-Barby, Liza-Marie Johnson

When new research findings prove clearly superior to existing treatments, clinicians may recommend altering treatment to allow for improved clinical outcomes; this is especially true for childhood cancer. Although many parents welcome such an opportunity, some may have reservations about new research results, preferring the original treatment plan even when outcomes are less favorable. Such parental decisions may provoke strong emotions within members of the healthcare team often resulting in frustration and moral distress. To persuade parents to reconsider the newer treatment plan, clinicians may adopt a range of strategies, including employing nudges. When a new treatment significantly improves a child’s chance for cure, should a parent’s reasons against accepting the new approach matter and if so, where does one draw the line? Is the use of nudges ethically permissible in such situations? Are clinicians justified in seeking state intervention to assure treatment with the new, better treatment? During the informed consent process for future patients, is non-disclosure of the previous standard therapy appropriate? Disagreements are common in our increasingly polarized society. Viewed through the lens of interdisciplinary collaboration, we consider diverse perspectives and the role of nudges, non-disclosure of less efficacious options, and the role of state intervention. To frame the discussion and highlight these themes, we will present the case of a young child with curable cancer whose parents refused to switch their child’s current treatment to the new standard of care. We will engage the audience to share their own insights, including best practices for bridging disagreements.

Keywords: Nudges, Trust, Parental decision-making

3:45 PM - 4:45 PM, B110-111

Paper Session: AI: Trust

Research Ethics and Social Sciences

Pathways to Humanized Care using AI-Based Computer Perception Meghan E. Hurley
Transparency and trust: Attitudes of professionals in assisted reproduction clinics toward machine learning for embryo assessment Catherine Mills
What Patients Want from Healthcare Chatbots: Insights from a Mixed-Methods Study Natalia S. Dellavalle

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3:45 PM - 4:45 PM, A105

Bioethics After God: An Exploration of Weak Bioethics and Strong Bioethics

Health Humanities Joseph C. Parker, Ana Iltis, Mark Cherry

Weak bioethics is unable to rationally ground its claims in an objective and binding way, and without such grounding, bioethical claims reflect only the particular concerns of particular people in particular places who often resort to using social and political power to establish their moral claims in the absence of rationally adequate grounds. In this panel, the presenters will argue that bioethical truth claims are inevitably weakened and demoralized without God or a canonical God’s-eye perspective and point out the metaethical advantages of a Theistic worldview in securing a firm foundation for moral truth claims. They will also explore how a Christian worldview and its metaethical commitments affect bioethical reasoning by introducing particular sources of moral authority (e.g. Divine revelation) and particular understandings of moral concepts (e.g. personhood, autonomy, etc.). Finally, we will illustrate through cases how a Christian metaethics compared to a secular metaethics can result in radically different bioethical conclusions.

Keywords: Christian ethics, Bioethics, Metaethics

3:45 PM - 4:45 PM, A107-109

Bioethics Beyond the Prose: Creating Music and Verse to Make a Point

Health Humanities — Molly Sinderbrand

This workshop is an introduction to writing metered poetry, song lyrics, and music about bioethical issues. It will also explore how bioethicists can use music and verse to make their messages more powerful. Bioethics has much to contribute across a wide range of issues, and how we communicate those messages matters. The main outlet for bioethics is prose: op-eds, academic articles, and lectures. But prose has its limitations for getting a point across, especially when issues are nuanced and emotionally charged. Music and poetry have the potential to fill these gaps. Communicating with music and verse makes messages more memorable, accessible, and engaging, harnessing emotions to drive action. We will discuss how music and verse can aid communication, listen to some examples, then work on creating our own poetry or lyrics. Participants of all musical and poetic abilities are encouraged to join.

Keywords: Songwriting and poetry, Creative communication in bioethics

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3:45 PM - 4:45 PM, A106

Paper Session: Critical Perspectives on Race

Diversity, Disparity, and Inclusion

Policing, Protection, and the Pediatric Population Vivian Kim

Race as a Charismatic Variable: The Epistemological Tensions of Race-Adjusted Technologies in Clinical Research and Patient-Doctor Interactions Jasmine Ariel Keyes

The Weathering Hypothesis: Examining Racial Health Disparities, Health Outcomes, and Social Justice Damilola Victoria Oduola

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3:45 PM - 4:45 PM, B112

Paper Session: Cross-Disciplinary Perspectives on Biomedicine

Law, Public Health Policy, Organizational Ethics

Ethical Considerations in the Manufacturing of Personalized Cell and Gene Therapies Aaron D. Levine

The Emotional Regime of Medicalized Dying: Shame, Stigma, and Double Binds Johnna Wellesley

What’s CFR got to do with it? Rulemaking and bioethics as it applies to biosafety and biosecurity Jaime O'Brien

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3:45 PM - 4:45 PM, B117-118

Cutting in line? Ethical and clinical perspectives on the allocation out-of-sequence of deceased donor organs in the United States

Clinical Ethics — Andrew M. Flescher, Gerard Vong, Nancy Marlin, Carrie Thiessen

This panel gathers transplant experts and patients to offer varied and nuanced perspectives on the ethical and clinical implications of allocation out-of-sequence (AOOS) deceased donor organs. Recently highlighted in a New York Times article, AOOS is rising in frequency with 19% of deceased donor kidneys being offered outside of the match algorithm specified in national policy guidelines. The first speaker (transplant surgeon, bioethicist) will describe trends in AOOS, reasons for the increasing use AOOS, how AOOS offers are made, and what factors clinicians take into account when deciding who should receive an AOOS organ. They will also describe alternative allocation mechanisms that can increase the use of imperfect organs without compromising equity. The second speaker (ethicist, medical humanities) will offer an ethical analysis of AOOS, explaining the tensions between utility, equity, and transparency within the transplant system. They will also highlight the importance of respect for donors/donor families and the need to maintain trust in the allocation system. The third speaker (qualitative researcher, social worker) will share qualitative data from transplant professionals, including providers making organ acceptance decisions and organ procurement organization staff that place organs for transplant. They will describe the ethical tensions that these providers experience in their day-to-day clinical practice. The fourth speaker (transplant recipient, psychologist) will offer comments on AOOS based on their lived experiences as a kidney transplant recipient and their professional expertise as a psychologist. Each speaker will give a 12-minute-long presentation, reserving 12 minutes for audience Q&A.

Keywords: Organ transplant, Equity, Health Policy

3:45 PM - 4:45 PM, A103-104

Paper Session: Decision Making Capacity Assessments

Clinical Ethics

Ethical Considerations Around Substitute Consent for Sexual Assault Evidence Kits for Incapable Persons
Lauren Honan

To decide or not to decide, that is the dilemma: Real-time tool for assessing decision making capacity at the bedside Megha Shah

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3:45 PM - 4:45 PM, B119

Paper Session: Ethics, IRBs, and Research Design

Research Ethics and Social Sciences

Breaking Down the Blind: Balanced Placebo Designs and Expectancy Effects in Psychedelic Research Julia Kolak

IRB Practices in Promoting Inclusion of Pregnant People in Research Caleigh Propes

The Ethics of Intentionally Infecting Humans in Research Seema K. Shah

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3:45 PM - 4:45 PM, Oregon Ballroom 201-202

Healthcare Ethics Consultation Certification: HEC-C Program Update

Clinical Ethics Lucia D. Wocial

This session will provide an overview of the background and history of the Healthcare Ethics Consultation Certification Program. The current chair of the Commission (Lucia D. Wocial, PhD, RN, FAAN, HEC-C) will present information about the history and background of the certification program, including the purpose and goals. The presenter will review the process for creating questions for the certification examination and explain the structure of the program and how it is supported and distinct from the American Society of Bioethics and Humanities (ASBH). The session includes ample time for attendees to ask questions about the process and offer perspectives on the HEC-C credential and explore volunteer opportunities for supporting the work of the Commission.

3:45 PM - 4:45 PM, Oregon Ballroom 203

Polygenic Scores for Social and Behavioral Traits: From Perspectives to Policy

Research Ethics and Social Sciences Karen Meagher, R. Jean Cadigan, Shawneequa Callier

Many polygenic scores (PGS) for social and behavioral traits have been developed from large datasets, including biobanks. These include educational attainment, aggression, life satisfaction, religious behaviors, and obesity. Proposed applications include use in in vitro fertilization or tailored educational interventions. PGS research on social and behavioral traits may advance social science research. However, the media and other third parties can oversimplify research findings or misuse them. Potential for group harm and multisectoral impact are among the ethical, legal, and social implications (ELSI) identified. The first speaker will present on interviews with PGS researchers on their views of how best to communicate their research to the public and whether they see scientists as having a responsibility to prevent misunderstandings and misuse of research findings. The second speaker will describe the results of a focus group study (11 focus groups with 66 biobank donors) to explore perspectives on PGS for social/behavioral traits and their potential applications. Emergent themes included unintended consequences of intervening on traits based on positive/negative valence, a view often shaped by prior experiences. The third speaker will present an example case study developed to anticipate and address gaps in current policy that merit additional attention by PGS researchers and bioethicists. The panel moderator has experience in community-engaged biobank governance and will facilitate attendee discussion around ELSI of PGS for social and behavioral traits.

Keywords: polygenic scores, biobank participants, genomic database

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3:45 PM - 4:45 PM, C123

Reproductive Justice Under Siege: The Ethics of Contraception, Sterilization, and Pregnancy Healthcare in Post-Roe America Alyssa M. Burgart, Jennifer James,

Law, Public Health Policy, Organizational Ethics Kayte Spector-Bagdady, Faith Fletcher

The legal and ethical landscape surrounding contraception, sterilization, and access to medically necessary abortion is rapidly shifting in the wake of the Dobbs decision. Threats to reproductive justice in America emerge from interconnected forces, including deliberate legal maneuvers limiting reproductive freedom and interventions purportedly designed to protect autonomy, which often backfire and restrict reproductive justice. Historically marginalized communities—including Black and Indigenous women, those with disabilities, low-income individuals, incarcerated populations, and other minoritized people—face compounded risks related to reproductive injustices and diminished access to healthcare services. Historical efforts to prevent injustice—such as prohibitions on sterilization in prisons or mandated waiting periods—can create new barriers. Today, legal forces like Dobbs and the dismantling of EMTALA protections explicitly erode patient care and threaten clinicians' ability to provide standard care. Importantly, restrictive abortion policies have disproportionately impacted maternal morbidity and mortality among Black women. Minoritized groups remain at risk of forced sterilization, while those seeking voluntary procedures are denied services under the guise of protection. The stakes are particularly high in the post-Dobbs era, where shifting standards of care for abortion threaten pregnant patients' health. EMTALA-related litigation has placed clinicians in precarious legal situations when a patient's life is endangered due to pregnancy complications. This interdisciplinary panel of mid-career professionals—featuring bioethics, law, medicine, and public health experts—will encourage attendees to explore these threats to patient- and community-centered care. We will recommend policy and practice solutions that support a shift from restriction and control toward genuine reproductive justice.
Keywords: Reproductive Justice, Abortion & Contraception, Legal Threats to Reproductive Healthcare

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3:45 PM - 4:45 PM, C120-122
Vaccines and Public Health
Law, Public Health Policy, Organizational Ethics — Kathy Kinlaw, Doug Opel, Jason Schwartz
This featured panel will offer experts the chance to discuss the latest updates in the political landscape regarding vaccines and public health and offer their perspectives on the path forward.

5:00 PM - 6:00 PM, B117-118
Astro-Ethics
Affinity Group — Vasiliki Rahimzadeh

5:00 PM - 6:00 PM, B112
Organizational Ethics
Affinity Group — Emily Grime, David Meyers

5:00 PM - 6:00 PM, A103-104
Pediatric Ethics
Affinity Group — Vanessa N. Madrigal, Alyssa M. Burgart, Jenny Kingsley
Brief oral presentations from accepted abstracts detailing about current novel ethics educational offerings

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5:00 PM - 6:00 PM, A105
Race & Culture/Ethnicity — Donald E. Carter III, Daphne O. Martschenko,
Affinity Group — Damien Domenack, Assata Kokayi, Taylor R. Montgomery
This year's RACE Affinity panel will critically examine the evolving role of bioethics within a dynamic and increasingly polarized sociopolitical context, centering on recent research that addresses these challenges. As diversity and inclusion initiatives face heightened scrutiny, bioethicists must engage with the ethical imperatives that shape their professional responsibilities, community obligations, and broader societal commitments. Panelists will present their latest research on the intersection of bioethics, political ideologies, and normative ethical frameworks, highlighting empirical findings, theoretical advancements, and applied strategies. Key questions include: How do recent studies inform our understanding of bioethics' role in navigating political polarization while preserving its foundational principles? What evidence-based strategies can foster inclusivity for underrepresented scholars and strengthen accountability mechanisms within the field? How can contemporary research inform efforts to resist intellectual suppression and uphold ethical integrity amid

professional and institutional constraints? By grounding the discussion in current research, this panel will underscore the collective ethical duty of scholars, beyond those from historically marginalized backgrounds, to sustain a bioethics discourse that is both just and epistemically rigorous.

5:00 PM - 6:00 PM, A107-109

Student Interest

Affinity Group — Samantha A. Chipman

Our annual meeting for students to ask questions, connect with one another, and to become more oriented at the ASBH conference.

5:00 PM - 6:00 PM, B110-111

Undergraduate Teaching Group

Affinity Group — Angela Wentz Faulconer, Jason T. Eberl

5:45 PM - 7:00 PM, Holladay Lobby

Newcomers' Social

Networking

This exclusive, invitation-only event provides a premier networking experience for new ASBH members, first-time attendees, students, and international attendees to meet and mingle with ASBH Board leaders, past presidents, commission members, and other key leaders.

Saturday, October 25, 2025

7:00 AM - 2:00 PM, Pre-Function A

Registration

Networking

Claim your registration badge at the Registration Desk, located in the Pre-Function A space on the first floor! Use the QR code emailed to all registered attendees to expedite the check-in process.

8:00 AM - 9:00 AM, B117-118

Paper Session: Autism: Social and Ethical Perspectives

Diversity, Disparity, and Inclusion

Autism, the Intact Mind, and The Telepathy Tapes	Amy Lutz
Bridging the Divide: An Ethics of Care Approach to Autism Interventions and Neurodiversity	Peyton C. McElroy
Data Sharing in Autism Research: Ethical Tensions and Community Perspectives	Zuzana Skvarkova

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8:00 AM - 9:00 AM, B119

Paper Session: Capacity and Autonomy

Philosophy

Authenticity as a Component of Autonomy: Clinical Implications	Lauren M. Bunch
Ethical and Epistemic Dimensions of Medical Form Design	Elisa C. Reverman
Re-Engineering Decisional Capacity	Aleksy Tarasenko-Struc

8:00 AM - 9:00 AM, C125-126

Paper Session: Clinical Ethics: NICU

Clinical Ethics

Illness Perception in the Neonatal Intensive Care Unit: Parents, Physicians and Nurses	JH Kim
Informed Non-dissent: An Underutilized Tool in the Neonatal Intensive Care Unit	Sheria Wilson
Ethics Rounds: A 48-Month Pre-Post Intervention Study	Stowe L. Teti

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8:00 AM - 9:00 AM, C124

Paper Session: Communication and Consultation

Clinical Ethics

How Ethics Consultants Can Support Medical Interpretation to Improve Decision-Making Jamie C. Watson

We Don't Round on Dead People: Caring for Patients on Organ Support Following Diagnosis of Death by Neurologic Criteria Rachel G. Clarke

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8:00 AM - 9:00 AM, A105

Developing Policy Recommendations for TA-NRP Amid Ethical Ambiguity

Clinical Ethics Eleanor Gilmore-Szott, David Dorsey, Jill Sweney, Dominic Moore

Thoracoabdominal normothermic regional perfusion (TA-NRP) is touted as an advancement in organ procurement, which presents an opportunity to increase the organ supply and improve the quality of those organs. Despite these benefits, TA-NRP is ethically and legally fraught, raising questions about how to apply the dead donor rule and if donor patients meet the criteria for death. Without national guidance, ambiguity persists, and individual institutions are left to define boundaries through policy and practice. This panel will present the collaboration process between multiple institutions to develop policy and practice recommendations to govern the use of TA-NRP. This collaboration included representatives from administration, ethics, critical care, and transplant at our respective institutions, all of whom work with the same organ procurement organization (OPO).

Keywords: TA-NRP, Transplant Ethics, Policy Development

8:00 AM - 9:00 AM, A103-104

Flash Session: Clinical Ethics Consultations

Clinical Ethics

A Retrospective Review of Patient and Family-Initiated Ethics Consults Ashley Li

A scoping review on goals of care discussions in surgery: How are we doing and how can we do better? Amanda Mac

Decision-Making for Adolescents at the Margins of Legal Maturity - Is There a Better Way? Lauren E. Gordon

Describing intrafamily conflict around the decision for or against pediatric tracheostomy and long-term ventilation Samantha Melo

How are We Helping? Considerations in Evaluating and Growing Ethics Resource Programs Pageen Manolis Small

Re-writing the Final Chapter: The origins of advance directives and end-of-life care in the 1960s Amanda M. Buster

Trends Seen in Ethics Consultations Surrounding Appropriateness of Tracheostomies in Pediatric Patients Kathryn O. Mannen

What do we talk about? Exploring perspectives and values in pediatric pre-tracheostomy conversations with caregivers and staff: a qualitative study Laine Dinoto

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8:00 AM - 9:00 AM, C123

Paper Session: Health Humanities and Professional Development

Health Humanities

A Shared Repository: Integrating Narrative Literature in Clinical Ethics Education Georgia Loutrianakis

Educators' Insights on High-Quality Health Humanities Programs in Baccalaureate, Graduate, and Health Professions Education Sean Eli McCormick

Where are They Now: Evaluation of Learning and Career Paths in Health Humanities Alumni Craig M. Klugman

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8:00 AM - 9:00 AM, C120-122

Navigating Hospital Policies: The Clinical Ethicist's Role in Bridging Variability in Substance and Application

Law, Public Health Policy, Organizational Ethics Kerri Kennedy, Jonathan Marron, Lindsay R. Semler, David N. Sontag

Myriad institutional policies play a critical role in shaping high-stakes patient care decisions, yet significant differences may exist in policy substance and procedure across institutions, and in application within institutions, raising significant ethical concerns. What is the clinical ethicist's role in addressing such variation? This panel of clinical ethics program directors from several academic centers in the northeast will explore the ethics of such variability in policy, using policies addressing potentially inappropriate treatment (PIT) and/or "futility" as a case example. Drawing from their experience engaging with patient-facing policies, they will lead attendees in a dynamic discussion about their perspectives and approaches. They will examine key areas of distinction across institutions (including definitions of PIT/"futility" and how this is assessed, stakeholder involvement, and conflict resolution processes), along with challenges related to intra-institutional differences (including clinician-level and patient-level variations in application). The panel also will address practical challenges in applying and implementing PIT/"futility" policies across different hospitals that sit in close geographic proximity, as well as within multi-hospital systems. Special attention will be given to whether it is ethically justifiable for hospitals to adopt different approaches based on their institutional cultures or the unique patient populations they serve (e.g., pediatrics, uninsured patients). Additionally, the session will explore the recently revised Health and Human Services anti-disability discrimination regulations and potential implications for institutional PIT/"futility" policies. Ultimately, presenters will raise provocative questions about the ethical challenges related to policy variability and present recommendations for navigating this complex area of clinical ethics practice.

Keywords: organizational policy, potentially inappropriate treatment, clinical ethics

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8:00 AM - 9:00 AM, A107-109

Science Fiction as an Effective Pedagogical Tool for High School Bioethics Education

Education/Interprofessionalism — Ambria Williams, Lisa Kearns

A growing focus on STEM education entails a need for subject-specific bioethics education. Such education can establish a strong moral foundation for aspiring science and health professionals and promote just and humane future work in science. A high school bioethics project at an academic medical center aims to start building this foundation in teens. However, a key challenge to teaching young people the importance of ethics in STEM is making educational materials accessible, relatable, and engaging. Science fiction meets all three of these components. The genre is widely popular among younger learners, and its stories can both reflect and inform students'—and the public's—attitudes toward science. Science fiction also raises essential questions about the ethical, legal, and social implications of novel technologies. In this interactive workshop, the program director of a high school bioethics project will report on how a science fiction researcher's work has been a valuable teaching tool in their internship programs. Then two researchers who study the ethics of science fiction in media will use the "Jurassic Park" and "X-Men" franchises to demonstrate how science fiction films reveal critical issues in bioethics. The researchers will further show how these films can serve as age-appropriate case studies for instructor-guided bioethics discussions about the morality of biomedical innovations. In breakout groups, attendees will experience first-hand how science fiction stories can make complex bioethics concepts understandable. The session will conclude with a discussion of how robust narrative-based pedagogical models can be effective for ethics in high school STEM education.

Keywords: Science Fiction, Education, High School

8:00 AM - 9:00 AM, B112

Survivor, Previvor, Preventer: How Narrative Shapes Experiences and Decisions Around Cancer and Mastectomy

Health Humanities — Kayhan Parsi, Cara E. Texler, Nanette Elster, Joanna Rudnick

A mastectomy, simply put, is the surgical removal of breast tissue. Reasons for the procedure might include the following: invasive disease, disease predisposition, disease prevention, or gender affirmation. Questions emerge regarding how patients perceive themselves, their intimates and others. Narratives around mastectomy can guide the initial surgical decision and the psychosocial support needed before, during, and after the surgery. In this presentation, four distinct narratives will be presented to broaden the discourse to create better-informed and more supportive environments for those choosing mastectomies regardless of reason. First, a physician who opted for mastectomy due to a high-risk condition will present. Next, a bioethicist with a family history of BRCA2 who does not carry the mutation but has 2 high risk conditions will present. The third panelist, a spouse, bioethicist and cancer survivor, will discuss how his personal and professional vantage points intersected. The final presentation will come from a science journalist/filmmaker with a BRCA mutation, who documented her struggles with prophylactic mastectomy in a documentary only to discover she had breast cancer while nursing her daughter. At the time, she was planning for the surgery, which ended up being a double mastectomy following cancer rather than to prevent it. Each will share how they have grappled with issues of identity, knowing where they fit in, what support they received or need(ed), and how they struggle(ed) with feelings of guilt and relief. The perspectives of a survivor, previvor and preventer will demonstrate narrative's importance in supporting informed decision making.

Keywords: mastectomy, narrative, identity

8:00 AM - 9:00 AM, B110-111

The Ethical, Legal and Practical Implications of Providers' Refusing Cardiothoracic Surgery to Patients with Opioid Use Disorders

Clinical Ethics

Sarah Reckess

Persons with Opioid Use Disorders (PWOUD) are held to a different standard for cardiothoracic surgery than other patients with similar cardiovascular health conditions. The cardiothoracic surgery literature shows that PWOUD have better surgical outcomes than other patients because they have fewer co-morbidities and tend to be younger in age. However, PWOUD are often required to prove their abstinence in order to access cardiovascular surgery when other patients are not. An ethics consultant and a nurse practitioner specializing in addiction medicine who work together at a large urban hospital will explore the ethical, legal and practical implications of refusing cardiothoracic surgery to PWOUD. Multiple case studies of PWOUD who were denied cardiothoracic surgery will be presented and discussed with the audience. The presenters will examine how patients are required to show "a commitment to abstinence" before surgery commences, yet providers do not define abstinence or create a timeline, nor is a pathway for sobriety enacted with the patient. Additionally, medical management is provided but may not be the standard of care given the severity of the patient's case. The bioethical principle of justice is undermined when PWOUD are refused access to needed medical care and held to higher standards than the general public. The presenters will argue that stigma around PWOUD, lack of knowledge of addiction science, and unfamiliarity with pharmacotherapy too often inform the treatment plan. Lastly, the presenters will consider if the providers' refusal to provide surgery runs counter to the Americans with Disabilities Act.

Keywords: Opioid Use Disorder (OUD), Provider refusal, stigma toward patients with substance use disorder

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8:00 AM - 9:00 AM, A106

What do you see when you look at me?: Confronting bias, power, and oppression in pediatric ethics

Clinical Ethics

Sarah Porter, Brian Carter, Margery Johnson, Dawn Hood-Patterson

The clinical practice of medicine uncovers social inequities, problems with accessing timely and appropriate care, and encountering social and clinical hierarchies that impact power differences across and within the subcultures of society and the healing arts. We formed an interdisciplinary panel, from four geographic regions in the United States, comprised of two social workers, an academic physician-ethicist, and a pediatric clinical ethicist to examine power and bias in a way that fosters transparency while building honest, authentic relationships. Through the combination of narrative exploration and the presentation of a novel pediatric clinical ethics tool, attendees will have the opportunity to unpack, confront, and grow their practice of clinical ethics consultation. Drawing on a powerful narrative of difference and relationship we will reflect on how we walk alongside children and their families as they negotiate a complex care environment, and we attend to their most basic human needs. Then the panel will introduce a newly created tool for pediatric ethics consultation that can be used to confront bias, power, and oppression in shared decision making with patients and families regardless of age. The tool takes a novel behavioral-based approach to ethics consultation. It incorporates intentional and iterative pauses for reflection and exploration of bias, oppression, or power differentials impacting case analysis and recommendations. This process helps to clarify the assessment and analysis of ethical challenges. The discussion will conclude with an exploration of the value of including topics of bias, diversity, and oppression in clinical ethics consultation.

Keywords: Social Justice, Pediatric Ethics, Ethics Consultation

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9:15 AM - 10:15 AM, A103-104

Paper Session: Bioethics Education in Novel Contexts

Education/Interprofessionalism

Creating Trusted Messengers as a Moral Imperative of High School Bioethics Education Lisa Kearns

Ethics is EVERYONE'S Responsibility: The Case for the Bioethics Ambassadors Program Elizabeth Blackler

Promoting Next-Generation Representativeness in Bioethics through Cross-Institutional Mentorship: An Opportunity-Building Program for Undergraduates Gerard Vong

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9:15 AM - 10:15 AM, C124

Paper Session: Complex Patient Care

Clinical Ethics

Autonomy, Justice, and Decision Aids: Development of Graphic Educational Tools for Treatment Options in Sickle Cell Disease Ambria Williams

Care of the Complex Patient in An Uncertain Healthcare System:A Continued Challenge for Clinical Ethics Consultation Linda Breslin

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9:15 AM - 10:15 AM, A106

Ethics Consultation in Medical Aid in Dying

Clinical Ethics Katalin Eve Roth, Charles Miller, Lynette Cederquist, Margaret Pabst Battin

Medical Aid-In-Dying (AID) is legal and available in 11 U.S. jurisdictions and is available to approximately 25% of the U.S. population. AID raises ethical issues when patient suitability, actual clinical practice and legal requirements pose conflicts for health care providers. The Academy of Aid-In-Dying Medicine (AADM) provides a national Ethics Consultation Service (ECS)that any provider may access for advice and deliberates much like a hospital ethics committee. ECS members include physicians, nurses, philosophers and lawyers and have extensive experience in ethics consultation. In this session 4 members of the AADM ECS will discuss cases and themes which have arisen in our work over the past 3 years. Presenter 1 will set a framework for the issues discussed. Presenter 2 will discuss situations where hospice policies may act as barriers to patients' access to MAID. Moral distress of hospice providers, restrictive hospice polices (such as "leave-the-room") and the nature of the hospice-patient relationship may conflict with patient autonomy to choose MAID. Presenter 3 will discuss the case of a patient who was unable to self-administer the AID prescription and will discuss ethical concerns regarding the legal requirement of self-administration. Presenter 4 will consider a case of an illness with variable disease progression and the moral distress that may arise when prescribing providers disagree about eligibility for MAID. Each presenter will use 10 minutes, to leave ample time for discussion.

Keywords: Medical Aid in Dying, Patient Autonomy, Legal constraints

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9:15 AM - 10:15 AM, C120-122

Higher Education Health Insurance: How Student Underinsurance Fuels Health Inequities and Barriers to Education

Diversity, Disparity, and Inclusion Hallie Vanney, Marcus Milani, Hunter E. Cantrell, Kristen Cox

Access to healthcare is a fundamental determinant of well-being, yet higher education institutions often fail to provide comprehensive health insurance for their students, particularly at the graduate and professional levels. This raises profound ethical concerns about justice, equity, and institutional responsibility. Who gets to pursue higher education without compromising their health, and who is left behind due to financial and medical precarity? This Enrichment Hub session will use storytelling to humanize the ethical dilemmas surrounding student underinsurance. Students and professionals will share firsthand experiences of how inadequate health coverage has shaped their academic trajectories, exacerbated social inequalities, and, in some cases, created insurmountable barriers to education. Through these narratives, we will explore broader ethical and structural

questions: What obligations do academic institutions have in ensuring equitable access to healthcare? How does the commodification of education intersect with disparities in health access? What are the long-term implications of forcing students to choose between medical care and academic success? Participants will leave with a deeper understanding of the bioethical dimensions of student underinsurance, as well as practical advocacy tools, institutional inquiry frameworks, and policy action resources to promote meaningful change.
Keywords: Student Health Insurance, Health Equity, Higher Education Access

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9:15 AM - 10:15 AM, B112
Improving Crisis Preparedness: Lessons from Acute Care Settings During the COVID-19 Pandemic
Law, Public Health Policy, Organizational Ethics Debra A. DeBruin, Adam Negri, Joel Wu
The panel will present findings and recommendations from a project animated by the adage "never let a good crisis go to waste". The project aimed to: (1) solicit input from health care stakeholders who worked in acute care settings throughout the authors' state during the COVID-19 pandemic, including health system/facility leadership, critical care providers, and emergency department (ED) providers; and (2) identify themes present in this input and use those themes to develop recommendations for improvements in the state's emergency preparedness and response frameworks. It is critical that the strengths and shortcomings of the COVID-19 response be assessed, to improve readiness for future emergencies. This project spotlights the experiences, contributions, and insights of healthcare professionals who worked in acute care settings, as a first step in stakeholder engagement. Core findings and recommendations of the report address a broad range of issues including: implementation of crisis standards of care, mitigation of disparities in access and outcomes, capacity building, supports for the healthcare workforce including protection from threats from patients and community members, harms of visitor restrictions, and strategies to build trust and combat misinformation or disinformation. This panel discussion will also engage audience members in a guided discussion to compare experiences with pandemic response across states/regions, reflect on proposed recommendations, and brainstorm together about how to better prepare for the next emergency. This sort of cross-pollination is critical to supporting the work of public health and clinical care during disasters.
Keywords: Crisis preparedness and response, Crisis standards of care, Stakeholder engagement

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9:15 AM - 10:15 AM, C125-126
Paper Session: Neuroethics in Research
Research Ethics and Social Sciences
Brain pioneers as the face of the study: exploring what counts as recognition for participants in implantable BCI studies Eran Klein
Mapping Ethical Challenges in Emotional Retraumatization in Cognitive Bionics Research Paul J. Ford
Phantom Trials? On the Ambiguity of 'Post'-Trial in Therapeutic Neural Device Trials Erika Versalovic

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9:15 AM - 10:15 AM, B110-111
Paper Session: New Challenges and Opportunities in Bioethics Education
Education/Interprofessionalism
Implementing Trauma-Informed Principles in Bioethics Education: A Call to Action Frances Montemurro
Teaching Preclerkship Reproductive Ethics in Restricted States: Challenges, Strategies, and Insights Peyton C. McElroy
The Ethics and Value of Ambiguity in Trainee-Patient Confidentiality Dimitri Speron

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9:15 AM - 10:15 AM, B119
Reasonableness as the Key to Defining, Measuring, and Improving IRB Quality
Research Ethics and Social Sciences Holly Fernandez-Lynch, Emily E. Anderson, Holly Ann Taylor
Institutional Review Boards (IRBs) play a critical role in the research ecosystem but meaningful measures of their quality are lacking, a challenge that has been recognized for decades but remains unresolved. The difficulty of evaluating IRB quality has led to insufficient measures - compliance, review speed, and investigator satisfaction - that in turn have led to an "audit culture" in which these metrics substitute for and distort the ethical goals of

research review and oversight. The result is that IRBs may inappropriately impede research or fail to adequately protect participants. In this panel presentation, we will introduce a novel model of “IRB Reasonableness” that aims to refocus IRBs on protecting participants and facilitating ethical research by developing new measures of IRB quality and tools to support high performance on those measures. We will first describe concerns arising from current approaches to assessing IRB quality; explain the concept of IRB Reasonableness, drawing on the distinction between rules and standards and analogies to other decisionmakers; and advance the argument that IRBs offer a type of procedural protection. The panel will then turn to describing several “Pillars of IRB Quality” that can serve as the initial essential elements of IRB Reasonableness, including (1) engagement with both research communities and investigators; (2) expertise of IRB members, staff, and consultants; (3) meaningful deliberation between IRB members across a range of perspectives and experience; and (4) use of precedent to promote consistency and clarify challenging research ethics principles through case-based reasoning.
Keywords: IRB quality, reasonableness, audit culture

9:15 AM - 10:15 AM, C123

Reimagining Health Equity through Community Work

Diversity, Disparity, and Inclusion Nicholas Freeman, Juliet McMullin, Deena Ayesh, Helen Chang

Community organizations are uniquely positioned to inform new ideas of health equity as well as strategies to address health disparities because of their work with and within communities. However, they are often not included in scholarly discussions of health equity and their insights are not considered in endeavors to expand our understanding of equity and how to achieve it. Drawing on interviews from an oral history project with executive directors of community organizations in Orange County, California, this panel will explore how community organizations conceptualize and practice health equity from the disciplinary perspectives of medical humanities, anthropology, sociology, public health, and biology. By centering community organizations in this discussion, we aim to amplify their voices as a means of reimagining health equity in a way that is more in tune with communities, especially those that are marginalized and experience health disparities. The first panelist, a doctoral candidate, in sociology, will set the stage by outlining how community organizations define health equity as well as how they arrived at these definitions. The second panelist, a pre-nursing student, will highlight the barriers faced by community organizations in advancing health equity. The third and final panelist, a master’s student in public health, will describe how community organizations do health equity work. This panel will be moderated by a professor with training in cultural anthropology and medical humanities.
Keywords: health equity, community organizations, medical humanities

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9:15 AM - 10:15 AM, B117-118

Rethinking Capacity Building in the Era of Changing Global Health Practices

Philosophy Bryan Cwik, Bege Dauda, Daniel D. Moseley

In light of shifting priorities and dwindling resources in global health, capacity-building efforts in low-income countries have come under renewed scrutiny. This panel challenges traditional models of “capacity building” funded by Global North research institutions, asking whether these initiatives effectively address underlying injustices in global health or merely reinforce existing power dynamics. The first panelist, a philosopher and medical anthropologist, examines the relationship between longstanding calls to decolonize global health and recent nationalist policies that are antithetical to the basic aims of global health practice. The second panelist, a philosopher and medical ethicist, argues that local capacity building and global partnerships to promote development of biotechnical infrastructure in areas such as genomic sequencing are essential elements of sustainable and just global health policy. The third panelist, a bioethicist and public health expert, contends that capacity-building grants should encompass broader developmental objectives beyond single research projects. This approach fosters the establishment of robust scientific infrastructure, advancing long-term sustainability and promoting research independence in the Global South. The fourth panelist, a philosopher and bioethicist, endorses a “health capability paradigm,” emphasizing researchers’ moral responsibilities to the communities where they work and arguing that these responsibilities require systemic investments in local scientific infrastructure. Together, the presenters invite a rethinking of how global health collaborations should balance immediate research goals with the overarching moral duties to empower local communities.

Keywords: Ethics of global health capacity building, Justice in global health, Sustainability and Research Infrastructure Development

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9:15 AM - 10:15 AM, A105

The Clinical Ethics Consultation Benchmarking Collaborative: Networking and Problem-Solving to Use Ethics Consultation Data Effectively

Clinical Ethics Kate Gordon, Thomas V. Cunningham, Stowe L. Teti

The Clinical Ethics Consultation Benchmarking Collaborative (CECBC) is entering its fourth year of engaging clinical ethicists to share data about their local clinical ethics consultation services (ECS) with the explicit goal of establishing benchmarks for use in standardizing practice, enhancing quality efforts, and assessing staffing models. Since its inception, CECBC has collected data annually, with 2024 data collection ongoing. In 2023, 465 hospitals and 46 healthcare systems reported 15,725 consults. CECBC membership has grown 41% since inception. This 90-minute Enrichment Hub will provide an interactive space for CECBC members and other interested parties to collaborate on challenges in clinical ethics consultation. Attendees will engage in discussions and exercises focused on improving data collection and benchmarking. Session goals include: 1. Present Current Data: Share up-to-date figures, including a dashboard available to CECBC members, and facilitate discussions on emerging trends and insights from the data. 2. Address Data Collection Challenges: Engage in exercises on issues such as categorizing FTEs in ECS and defining the scope of work. 3. Compare ECS Structures and Staffing Models: Explore how ECS structural variations impact benchmarking and service delivery. 4. Share Best Practices: Discuss use-cases from CECBC members assessing their services using emerging benchmarks. Interactive components, including live polls, small group discussions, and collaborative activities will ensure engagement and facilitate knowledge exchange. Our long-term goal is for this session to become a regular fixture at ASBH conferences, emphasizing the organization's professionalization efforts and underscoring the importance of driving change through shared understanding of clinical ethics work.

Keywords: Clinical ethics consultation, Clinical ethics benchmarking, Clinical ethics staffing

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9:15 AM - 10:15 AM, A107-109

What's so special about cancer? The need for responsible opioid prescribing for cancer pain.

Clinical Ethics Travis Rieder, Vivian V. Altiery De Jesus, Yoram T. Unguru

Over the last decade, the United States has fairly aggressively swung away from the rather free attitude towards opioid prescribing of the late 1990s and early 2000s towards a more restrictionist model. In response to the "opioid epidemic," academics and medical and governing bodies made many recommendations for limiting opioid prescribing. These recommendations tended to focus on one of two groups. In the first group, many provided guidelines for prescribing opioids for acute pain; examples of this sort of recommendation can be found at Michigan OPEN (https://michigan-open.org). While other guidelines—most prominently, the CDC's 2016 guidelines—provided recommendations for chronic, non-cancer pain. Cancer pain, however, was often overlooked, which has left a growing population of cancer survivors without guidelines. In this panel discussion, we will explore why that is the case, and what should be done about it. Panelist #1, a pediatric hematologist/oncologist and bioethicist, will frame the discussion by providing examples of cancer and non-cancer patients, and suggest that a form of "cancer exceptionalism" concerning opioid prescribing leads to very different care in the two cases. Panelist #2, an oncology fellow and bioethicist who has written on ethical issues concerning pain management, will explore the risks to cancer patients by this exceptionalism, as it tends to limit exploration of responsible prescribing. And Panelist #3—a philosopher and bioethicist who has published widely on ethical and policy issues concerning pain and opioids—will draw on the first two panelists in order to formulate lessons for ethics and pain medicine.

Keywords: cancer exceptionalism, opioid epidemic, responsible prescribing

9:15 AM - 10:15 AM, B113-116

Writing a winning bioethics manuscript: Tips from authors and editors for empirical, normative, and case-based papers

Education/Interprofessionalism Robert Truog, Jennifer Blumenthal-Barby, Alex Kon

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, a 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 who is a national leader in bioethics and has served as an associate editor of two of the leading bioethics journals, and who has published over 150 papers in leading journals, will discuss key strategies in writing normative and conceptual ethics papers. The third presenter, a clinician-researcher who served as editor-in-chief of a leading empirical bioethics journal and has published over 100 papers, 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.

Keywords: writing, publishing

10:45 AM - 12:00 PM, B113-116

Plenary: Confessions of a Long-Term Lab Rat

Health Humanities Mary Elizabeth Williams

After being diagnosed with Stage 4 cancer in 2011, journalist Mary Elizabeth Williams signed up for a phase 1 clinical trial before she even fully understood what one was. Now cancer-free but a permanent research subject, she's seen the landscape of research and treatment shift dramatically over the years — for better and worse. In this candid and personal conversation, Williams will reveal why her revolutionary clinical trial would not have been the groundbreaking triumph it became without the compassion at its heart, and explore the troubling new obstacles to patient protection, the sticky ethical questions that arise from partisanship and progress, and why, in the age of AI, healthcare needs a human touch more than ever.

Keywords: Storytelling, narrative medicine, clinical research, cancer research

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12:15 PM - 1:15 PM, Networking Hall

Animal Bioethics Networking Session

Affinity Group Martin Fitzgerald

12:15 PM - 1:15 PM, Networking Hall

Dental Ethics Networking Session

Affinity Group Alma Clark, Thomas Holt

12:15 PM - 1:15 PM, B113-116

Follow-Up Discussion: Confessions of a Long-Term Lab Rat

Plenary Mary Elizabeth Williams

In this talk-back session, attendees will be able to engage with the ideas presented in the "Confessions of a Long-Term Lab Rat" plenary, ask additional questions, and discuss the themes at greater depth.

12:15 PM - 1:15 PM, Networking Hall

Law & Bioethics Networking Session

Affinity Group Leah R. Eisenberg

12:15 PM - 1:15 PM, Networking Hall
Medical Decision Making Networking Session
Affinity Group — Kimberly Sawyer

12:15 PM - 1:15 PM, Networking Hall
Reproduction Networking Session
Affinity Group — Shameka Thomas, Julia Kolak

1:15 PM - 2:15 PM, A106
Clinical Ethics Consultation
Affinity Group — Stowe L. Teti, Joyeeta G. Dastidar

1:15 PM - 2:15 PM, B112
Health Humanities
Affinity Group — Erin Lamb, Gretchen Case, Katherine Burke

1:15 PM - 2:15 PM, A107-109
Holocaust Genocide Contemporary Bioethics
Affinity Group — Jay Malone, Rebecca Feinberg, Yelena Zatulovsky, Matthew K. Wynia, Kristin Furfari

This session is intended to address how the Lancet Commission on Medicine, Nazism, and the Holocaust came to be, their process for the consolidation of the history, and the recommendations they made. This will serve as a launching point for panel and audience discussion on how to incorporate this history into the medical and health professional education, including continuing education for practicing professionals.

1:15 PM - 2:15 PM, B110-111
Psychiatry and Psychotherapy
Affinity Group — Daniel D. Moseley, Jonathan Bolton

In this session, organized by the Psychotherapy and Psychiatry Affinity Group, we will explore emerging ethical issues at the intersection of bioethics, psychotherapy, and psychiatry. Through an open call for abstracts, we will select three presentations representing diverse perspectives and approaches to this interdisciplinary space. Topics may include, but are not limited to, ethical dimensions of psychiatric diagnosis and treatment, psychotherapy in the context of systemic inequities, the evolving relationship between psychopharmacology and psychotherapy, informed consent in psychiatric care, and the ethics of emerging mental health technologies. Presentations will be followed by audience discussion to foster dialogue across disciplines.

2:30 PM - 3:30 PM, C123
Building Educational and Healthcare Spaces of Empowerment and Inclusion for Autistic and Neurodivergent Individuals
Diversity, Disparity, and Inclusion — Samantha A. Chipman, Kayhan Parsi, Nanette Elster

Neurodiversity, the diversity of the human mind and the variation of neurocognitive functioning, is a paradigm that underscores the complexities of navigating healthcare and educational spaces. Many neurodiverse individuals continue to encounter forms of oppression and violence, including institutional, epistemic, and interpersonal, with regards to the way they embody themselves. In this workshop, we will explore ethical and pedagogical questions of fully respecting and treating neurodiverse individuals as knowers and co-creators in healthcare and educational spaces. We will focus on medical and graduate student education, medical settings, and workplace environments. This discussion includes an Autistic English graduate student, a lawyer-ethicist, a lawyer-humanist, and an Autistic psychologist. The first portion will be two flash presentations about neurodiversity in medical school and graduate education, followed by a brainstorm and crowdsource of best practices in healthcare spaces. The second portion will be two flash presentations: One will be on community engaged research and participatory care with a special emphasis on trauma informed care. The second will be a brief introduction on how to account for Autistic experience in research and in workplace environments through the lens of phenomenology and narrative-based approaches. The third part will be a flash presentation and discussion about masking, a phenomenon when an Autist camouflages or compensates for Autistic traits to neuro-conform and avoid detection as disabled. Ultimately, this workshop will be a transformative space for folks to reflect on their practice and to reinvent their own approaches to disability, Autism, and neurodiversity in daily life.

Keywords: Autism and Neurodiversity, Community-engaged Care, Bioethics and Medical Education

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2:30 PM - 3:30 PM, A106

Building Public Trust in Healthcare AI Tools: Insights from Michigan Community Deliberations

Law, Public Health Policy, Organizational Ethics — Morgan Leigh Sielaff

The rapid development of artificial intelligence (AI) tools is driving their increasing application in healthcare. However, few studies have explored public perceptions and trust of AI technology and its effects in improving healthcare delivery and outcomes. We hypothesize that strong public trust in AI plays a crucial role in improving health delivery and outcomes. In 2024, we conducted five virtual democratic deliberations with Michigan residents (n = 159) to educate community members on the use of AI in healthcare, gather informed perspectives, and identify key informational elements for developing a health AI label. Each 5.5-hour deliberation session included educational presentations, small group sessions, and online pre- and post-deliberation surveys. Participants prioritized “Privacy and Security,” “Health Equity,” and “Safety and Effectiveness” as the most important label elements, emphasized the importance of transparency in the use of AI in their care, and saw public input as necessary for building trust in health AI. For this enrichment hub, we will replicate the AI tool label prioritization exercise. The session will begin with a 3-minute video about AI in healthcare, followed by instructions and a QR code to complete the AI tool label exercise. Next, results of the prioritization exercise will be presented, leading into a facilitated discussion to explore participant preferences for an AI tool label and refine their AI label priorities through a group consensus-building exercise. Finally, we will share findings from our community deliberation study to compare participant results with broader community preferences.

Keywords: Artificial Intelligence, Healthcare, Deliberative discussions

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2:30 PM - 3:30 PM, A107-109

CPR Group: Challenges to Health Promotion and Disease Prevention

Law, Public Health Policy, Organizational Ethics — Karen Meagher, Jason Schwartz

Collaborative Planning and Response (CPR) Groups will serve as a space for members and attendees to explore current issues, generate potential responses, and plan for action. This session will discuss how recent government actions have challenged existing public health and disease prevention efforts in the US and world-wide.

Keywords: Vaccines, public health, disease prevention

2:30 PM - 3:30 PM, B110-111

CPR Group: Threats to Research

Education/Interprofessionalism — Jake Earl, Mildred Cho

Collaborative Planning and Response (CPR) Groups will serve as a space for members and attendees to explore current issues, generate potential responses, and plan for action. This session will discuss how recent government actions have challenged existing research institutions. This group will start its work virtually in advance of the conference. Members are invited to sign up on the ASBH website to join the conversation on September 11 at 2-3 PM Central over Zoom.

Keywords: Research, government

2:30 PM - 3:30 PM, C120-122

Debate: Is Medical Aid in Dying/Physician-Assisted Suicide Ethically Supportable?

Clinical Ethics — Noah Kon, Alex Kon, Denise M. Dudzinski

Medical Aid in Dying/Physician-Assisted Suicide (MAID/PAS) is legal in eleven U.S. jurisdictions and in eight countries. Currently, approximately one-third of Americans live in jurisdictions where it is legal; however,

MAID/PAS remains controversial. Some states are considering legalizing or expanding access to MAID/PAS, while other states are rejecting MAID/PAS and there has been discussion of outlawing MAID/PAS at the federal level. In this session, two ethicists and those who attend the session will debate this important topic, considering various perspectives and positions. The moderator, a pre-law philosophy student who has published on ethics in end-of-life care, will provide a brief overview of the legal landscape of MAID/PAS. The first debater, a theologian and bioethicist who has published and lectured on this topic extensively, will argue that MAID/PAS is fundamentally incompatible with a coherent concept of health care, will not be limited to the cases for which there is broad public support, and is not necessary to produce good outcomes in cases for which there is broad public support. The second debater, a clinician-ethicists who is a member of the national MAID ethics consultation service through the Academy of Aid-in-Dying Medicine and has published multiple papers on this topic will argue that MAID is ethically supportable and should be legalized in all jurisdictions, and that the “terminally ill” requirement should be abandoned. Each debater will present their arguments, then the attendees will be invited to participate in the debate by raising questions and/or making their own arguments.
Keywords: Medical aid in dying, Physician-assisted suicide

2:30 PM - 3:30 PM, A103-104

Exploring the Concept of “Waste” in Clinical Decision-Making and Healthcare Policies

Clinical Ethics — Laura K. Guidry-Grimes, Olivia S. Kates, Maria W. Merritt, Govind Persad

The concept of “waste” has numerous meanings in clinical decision-making and healthcare policies. The imperative to eliminate waste has become an especially timely consideration in the 2025 political landscape. This panel brings together experts from diverse backgrounds to explore the concept of “waste.” The first panelist, an infectious disease and transplant physician, will analyze “waste” contrasted with “stewardship.” Individuals and organizations have duties to serve as good stewards of scarce health resources, including antimicrobials and donor organs. The panelist will explore how these stewards understand and use "waste" to make and justify decisions at individual, organizational, and policy levels. The second panelist, a clinical ethicist, will evaluate how concerns about “efficiency” are often rooted in concerns about waste, but ableism, ageism, and other biases can undergird assumptions about efficient use of resources. Case vignettes will illustrate how concerns about waste can inequitably impact patient care. The third panelist, a bioethicist working at the intersection of climate change and public health, will reflect critically on the concept of healthcare “waste” regarding single-use plastics and disposal practices (incineration, landfilling, etc.), highlighting environmental (in)justice. The fourth panelist, a bioethicist and legal scholar, will discuss how waste is invoked to dodge inescapable ethical tradeoffs in health insurance and resource allocation. The panelist will consider whether wasteful policies must be inferior in each respect or merely inferior overall. The panelist will also discuss parallel challenges in defining “waste” and “futility.” The panel will engage the audience in their experiences regarding meanings and implications of waste.
Keywords: Justice, Resource allocation, Stewardship

2:30 PM - 3:30 PM, A105

Flash Session: Conflicts, Dilemmas and Decisions

Clinical Ethics

Assessing the performance of select non-OpenAI models in medical ethics MCQ creation: a comparative study Christopher A. Bobier

Conflict of Interest in End-of-Life Decisions: Ethical Challenges in Donation After Circulatory Death Molly Svendsen

Current Uses and Practices for Growth Attenuation Therapy: A Literature Review Kenya Sherman

From Fairness to Justice: Reframing Ethical AI in Disability Diagnosis Abigail G. Murphy

How Japanese Physicians Consider Patients’ Social Backgrounds in Bedside Resource Allocation Decisions Tomoari Mori

Listening to Voices in AI: Ethical and Implementation Frameworks for Large Language Models (LLM) in Dementia Care and Research Ernest Ka Wai Yip

Variability in "Plan B" Provision Among Catholic Hospitals in Oregon: Ramifications and Grounds for Allowing Conscientious Provision of Emergency Contraception to Rape Victims in Catholic Hospitals Marlee Mason-Maready

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2:30 PM - 3:30 PM, B112

Translational Justice and Trickle Down Equity: Centering Patient Priorities for Equitable Therapeutic Development

Diversity, Disparity, and Inclusion Kirsten A. Riggan, Megan A. Allyse, Andrea Schelhaas, Marsha Michie

Biomedical translation has historically prioritized developing novel therapeutics with demonstrable clinical endpoints, namely safety and efficacy. Although considered the regulatory gold standard, this approach has often led to a mismatch between the priorities of industry and regulators and those of patient communities, which may exacerbate inequities in access. In some cases, therapeutics developed for a narrow subset of patients for speedy translation may fail to meet the needs of broader communities. In others, clinical endpoints targeted by innovators may be different from, or even offensive to, patient communities. In this panel we will discuss the complementary concepts of "translational justice" and "trickle down equity" which clarify the need for more equitable and just translational pathways centered on those who are the most morally impacted: namely patient communities and neglected rare diseases. First, a bioethicist and sociologist (session moderator) will introduce the concept of translational justice, and how it addresses existing normative gaps in therapeutic development. Second, a bioethics doctoral student will describe the operationalization of the translational justice framework and present empirical findings from diverse patient communities exploring ideal processes for therapeutic development. Third, a genetic counselor and advocate with achondroplasia, a rare genetic condition causing short stature, will build on the concept of translational justice by discussing potential successes and failures of incorporating community voices in clinical trials and therapeutic interventions. Finally, a public health bioethicist will discuss the interrelated concept of trickle down equity, reimagining how rare disease research is conducted by integrating equity throughout the translational pipeline.

Keywords: clinical translation, biomedical research, health justice

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2:30 PM - 3:30 PM, B117-118

Visuals and stories: Privacy, consent and anonymity in medical publications

Health Humanities Christine Slobogin, Lainie F. Ross, Trisha K. Paul, Edmund Grant Howe III

Historically, medical journals and books were read by clinicians in medical school libraries. Today, virtually all journals have a web presence and book access has greatly expanded. With case histories and clinical images globally accessible, issues of patient privacy, consent and anonymity have become even more salient. Speaker #1: will discuss the ethics and aesthetics of the anonymization of patient photographs in medical journals in the late-nineteenth and early-twentieth centuries, tying the visual trends and techniques of anonymization to ethical questions of masking and revealing patients' faces. Speaker #2: will examine journal publication of family pedigrees - graphic visual representations of data intended to present information quickly and clearly about the proband within a family. The speaker will discuss the privacy risks and consent issues raised by third-party inclusion. Speaker #3: will discuss the broad spectrum of how medical journals handle patient privacy in narrative publications, with some journals requiring patient consent and not allowing composite characters, others allowing fictionalized details, etc. The speaker will discuss implications for patient privacy and re-identification risks. Speaker #4: will discuss concerns raised by concealing identities as an academic and as an editor-in-chief of a clinical ethics journal. Next, the speaker will discuss when the professional becomes personal, describing an invitation to submit a nude photo of the speaker for a book cover to share in the experience of patients whose nude photos are published in medical texts. Attendees will be asked what they would have done before the speaker reveals what actually happened.

Keywords: First- and third-person consent, The professional and the personal, Publication ethics