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BENO

BIO QUARTERLY

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AMY ACTON DELIVERS KEYNOTE ADDRESS AT ANNUAL BENO CONFERENCE:

"Kindness is having the hard conversations, but recognizing the humanity in one another."

Elizabeth Lanphier, PhD, MS, Assistant Professor, Cincinnati Children's Hospital Medical Center and the University of Cincinnati

Over 100 people tuned in live on April 21 st as the 31 st annual BENO conference kicked off with a keynote address by Dr. Amy Acton, the Director of Ohio's Department of Health at the start of the COVID-19 pandemic. Dr. Acton began her remarks noting that a major lesson from the pandemic is how many kinds of people are necessary to have "at the table" in public health, including ethics professionals and the diverse individuals involved with BENO.

Dr. Acton then shared a brief history about herself and how she came to work in Governor DeWine's administration as well as several "behind the scenes" anecdotes about those early days of the pandemic. She noted that she and Governor DeWine initially connected over their shared interests in humanitarian work and changing outcomes for Ohioans, informed by their personal experiences: in her case challenging childhood experiences that started her on a public health journey focused on how "zip code matters more than genetic code" when it comes to health.

When she started to work within the administration, an injury prevented her from attending the official Centers for Disease Control and Prevention communications training, and her communication style –which the New York Times has analyzed as being about themes of "vulnerability," "empathy," and "brutal honesty," - came more from her own background than any formal training. Dr. Acton shared that she and Governor DeWine agreed about the importance of speaking directly to the public: sharing both what was known, and what wasn't.

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Bio Quarterly

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Submissions

to Bio Quarterly are encouraged. Manuscripts may be original material or reprint with permission. Appropriate subject/topics include: issue analysis, cases, report of institutional activity or programs, legisative and policy commentary and book reviews. Please submit your article electronically to **grannankathy@gmail.com** and **alan.murphy@ohiohealth.com** for consideration. Quarterly deadlines are the 15th of February, May, August and November.

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Josh Crites, PhD
President

Kathleen Grannan, RN-C, MSN
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Editors

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President's Greetings

Spring has finally arrived!

As we welcome warmer air and longer days, I hope everyone is taking opportunities to balance work and home lives. Get out there and enjoy all of what Ohio outdoors has to offer.

I am so pleased to report that this year's BENO conference was thoroughly informative and very well received by attendees. Dr. Amy Acton's reflections on her experiences were a great example of moral courage. Our other plenary speakers and break-out facilitators engaged conference goers with challenging content that I believe will help all of us do our jobs as ethicists, better. We are in the process of finding the best solution for hosting recordings from the conference so watch for additional information.

Summer for BENO is a time to hold Board elections and begin preliminary planning for next year's conference. There are a number of open positions this year, and we look forward to welcoming some new Board members. We also will be continuing to evolve how BENO serves clinical ethics work across Ohio, including how the organization can best provide education, host general resources for local policy work, and create opportunities for folks doing clinical ethics work in Ohio to network with each other.

We hope you continue to find value in BioQuarterly. You'll note in this issue a review of a highly relevant book (which we hope to make a regular fixture to the newsletter), Good Ethics and Bad Choices: The Relevance of Behavioral Economics for Medical Ethics written by Jennifer S. Blumenthal-Barby. You'll also read reflections from the BENO conference and learn about various ethics education sessions.

Thanks to all of you for your support of BENO!

My Best,

Josh

Bioethics Network of Ohio 32 ANNIVERSARY Serving Ohio Healthcare Ethics

FOLLOW BENO ON:

Considerations *continued from page 1...*

There were no teleprompters in her daily press briefings. She brought to those briefings only her daily notes, and recent sources of inspiration, as well as communications skills she honed through her public health work.

When talking about her communication style in those press briefings, which Dr. Acton described as a "ritual holding space," she shared that she draws on her childhood background, which has given her the perspective that she can take on any problem if only she can put her cards on the table. Dr. Acton has learned from clinical practice and working with patients about having to sometimes be the bearer of bad truths that she can't fix, but that she can accompany her patients through these challenging situations. Rather than avoiding these tough moments and turning away from each other, Dr. Acton said that "kindness is having the hard conversations, but recognizing the humanity in one another." At one point Dr. Acton described how being vulnerable and "having courage doesn't mean you are not afraid, it means you keep going anyway." As she poignantly noted, the word "courage" contains the root "coeur," the word for "heart" in French. Dr. Acton described courage as "building a life raft together" and empathy as people "pulling one another up in that life raft." Her experience early in the pandemic showed how people pulled one another up, helping neighbors, and doing their part. She acknowledged that there were tough times, including having round-the-clock state troopers stationed at her house for protection, but there were also outpourings of support. Though she initially assumed no one would tune into the daily press briefings, Dr. Acton now recognizes the reach she had – from the New York Times producing a video story on the press briefings and Michael Stipe, the lead singer of rock band R.E.M. calling her on the phone after she mentioned a song he had sung on television, to gigantic mail rooms in the capitol full of the letters and artifacts people were sending her and the Governor as they tried to make meaning about the pandemic.

> ***"If enough of us do the right thing most of the time then all of us get through."***
>
> ***-Dr. Amy Acton***

Though eventually she chose to step down from her role, she continued to support pandemic efforts in advisory roles, and she expressed her commitment to work with anyone of any political party who is committed to addressing COVID-19 and public health.

Dr. Acton talked about her hopes and recommendations for the future out of the pandemic. This includes formal efforts like the need for a bipartisan government commission to investigate the events of the pandemic and the constructing of public memorials to those who were lost and those who provided service throughout the pandemic, as well as informal, interpersonal, or community-oriented initiatives to hold space to mourn, grieve, and address the trauma people have endured.

> ***"We all need to help co-create the world we want to live in next"***
>
> ***-Dr. Amy Acton***

Questions from the audience gave Dr. Acton a chance to hear from the BENO conference participants and expand on her remarks in response to their questions and comments. When asked if Dr. Acton would say what she was doing in those early days of the pandemic was embodying moral courage, she reflected that she was an average person in an extraordinary moment. She expressed gratitude for the opportunity to lead, and to be buoyed by many others – including her fellow Ohioans, as well as historical figures whose leadership she looked to in times of crisis, such as Reverend Martin Luther King Jr., and President John F. Kennedy.

Dr. Acton also noted the importance not only of responding to COVID-19, but to the health disparities that the pandemic has laid bare. She observed that most of our health problems can be solved through collective action, and although some people don't like the idea of interdependence, COVID made clear how interdependent we all are on each other, from our healthcare systems to our supply chains and our neighborhood communities. Looking forward, she expressed that it is necessary to have a diverse group of people actively involved at the table, making decisions, and providing input about how to work together to address health disparities and future health challenges. Her remarks were a call to action, saying that "we all need to help co-create the world we want to live in next."

At the conclusion of the keynote Dr. Acton took one more opportunity to address the audience powerfully and sincerely: "I just want to say to everyone on this call: It is really all of us. It was all of us. It was an honor to serve."

Dr. Acton's comments reverberated throughout the conference, including in Dr. Dana Howard's memorial lecture,

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From Despair to Hope, Understanding Posttraumatic Growth in Healthcare

Deanna Ford, MSN, MAHCM, RN, Director of Mission and Values, Mercy Hospital - Youngstown

Introduction

The ongoing COVID-19 pandemic has claimed the lives of more than one million Americans [1] and fifteen million people worldwide [2]. It has exacerbated difficulties in an already strained health care system and subjected health care workers of all types to fear for their personal safety and near-constant change in working conditions. Continuous work-related stress compounded into trauma for many working in health care, leaving some working in health care's "helping professions" feeling more helpless than helpful.

Such concerns are no doubt familiar to those in health care and even those reading the news: compassion fatigue, moral distress, burnout, self-care, and resilience have been much discussed in the wake of the pandemic. But were there some health care professionals who felt personally or professionally changed in *positive* ways because of what they experienced?

Posttraumatic Growth Theory

Post-traumatic growth (PTG) theory was developed in the mid- 1990's by psychologists Richard Tedeschi, Ph.D., and Lawrence Calhoun, Ph.D. PTG research has supported that people who endure psychological struggle following adversity report positive changes or "growth" in various ways after a traumatic event. [3] Philosophers, religious thinkers, and laypersons alike across a multitude of disciplines have wondered about this reconciliation for many years. The recognition that suffering or hardship can be reconciled within the self after trauma is not new. Building on that recognition, renewed interest in positive psychology has helped PTG gain popularity in the last 15 years [4]. Can negative or traumatic experiences give rise to more positive meaning? Do they change people's priorities for the better? Can they strengthen relationships? Do people who have suffered ultimately find renewed appreciation for life? Can trauma ultimately lead some people to change their lives in ways that they find to be for the better? And if the answer to any of these questions is "yes," are there predictors that distinguish persons who are likely to grow after trauma from those who are less likely to do so? [5]

A greater understanding of the variables influencing positive and negative personal outcomes will lead to more meaningful and evidence-based well-being initiatives forhealt care workers.

Posttraumatic Growth Inventory Tool

Tedeschi and Calhoun sought to better understand positive life experiences post-trauma through their Posttraumatic Growth Inventory Tool (PTGI). [3] Studies using PTGI yielded 21 items that were deemed positive indicators, including identifying new possibilities, personal strength, spiritual change, and appreciation of life.

PTG and the PTGI have been referenced often since their development in 1996 as an applied theory and valuable tool used to assess trauma in a variety of populations. Understanding the positive and negative outcomes for persons or groups post-trauma could advance the development of supportive measures in the wake of trauma and tragedy. In the research literature, PTG theories have been applied to victims of natural disasters, those who have suffered violence, and others. [6]

PTG research during COVID

Researchers from Yale, the Veteran's Administration, and Icahn School of Medicine published work in 2021 studying PTG in New York City's Mount Sinai Hospital. The researchers were interested in understanding more about PTG in front-line health care workers related to the COVID 19 pandemic noting limited research in this area. The study assessed **PTG** using the PTGI-Short Form, **burnout** using the mini-Z scale (validated against the Maslach Burnout Inventory [MBI]), and **post-traumatic stress disorder (PTSD)** using the PTSD checklist for DSM-5. The researchers also tracked various sociodemographic, occupational, and psychosocial variables and compared data across the first and second surges in 2020.

The researchers found that 77% of their participants reported pandemic-related growth, particularly in the domains of appreciation of life, improved personal relationships, and increased sense of personal strength. [5] Multiple variables appeared to correlate with this growth. The authors concluded that more research is needed to understand how interventions targeted at relationship building, supporting mentorship, opportunities for reflection, and other methods will help front-line health care

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Keynote *continued from page 3...*

and the breakout session with hospital administrators who talked about holding space for the ongoing impacts of the COVID pandemic: for trauma, for grief, and for acknowledgement of what medical teams have been through and are still going through.

As the conference concluded, BENO Board President Josh Crites observed that advocacy and the connection between moral courage and advocacy was a thread from Dr. Acton's keynote through Dr. Howard and Dr. Liza Johnson's plenaries as well. And the notion of compassion combined with truthfulness and striving toward authenticity are an integral part of moral courage.

Attendee Feedback during Dr. Acton's Keynote:

"Powerfully touching and moving presentation. Thanks for speaking from the heart."

"Thanks so much - just speaking the truth of the mass trauma is so helpful."

"Some of the words you use were so impactful. Words like 'brutal honesty,' 'kindness,' 'love,' and showing vulnerabilities. Hopefully we could incorporate them more in our daily lives."

"Thanks so much for all you have given to Ohioans and beyond, your humanness is sooooo impactful!"

"You are an amazing speaker and person. You give hope and the ability to know that society can do the right things and make a positive impact. Thank you for your courage to do and say the right things!"

Posttraumatic Growth *continued from page 4...*

workers experience positive growth. Interestingly, front-line health care workers reporting spiritual changes were less likely to screen positive for PTSD and burnout. Research showed that programming focused on peer support, buddy programs, and other opportunities to foster community may help bolster resilience. [6]

Conclusion

Health care systems, institutions, and particularly healthcare workers of all types may have experienced some form of trauma or negative impact because of the COVID-19 pandemic. How positively or negatively a person or group is impacted by any trauma is multifactorial. A greater understanding of the variables influencing positive and negative personal outcomes will lead to more meaningful and evidence-based well-being initiatives for health care workers. Healthcare institutions have an ethical obligation to understand these dynamics and will benefit from a healthier workforce that will result in improved patient care, clinical outcomes, and workforce metrics including recruitment and retention of vitally needed healthcare workers.

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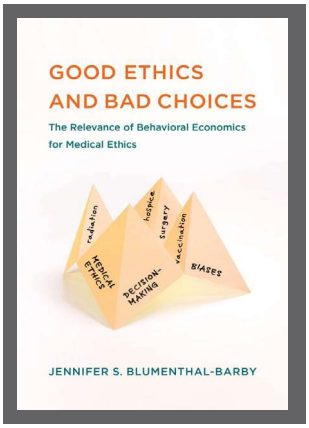

BOOK REVIEW

Good Ethics and Bad Choices: The Relevance of Behavioral Economics

Becky Yarrison, PhD, HEC-C, Clinical Ethicist, OhioHealth

Every clinician and clinical ethicist has worked with patients who, despite extensive efforts at rational persuasion, make a seemingly inexplicable decision that is contrary to their stated values and their interests. Blumenthal-Barby argues that at least some of these cases can be explained using findings from behavioral science. The purpose of her book is twofold: first, to show how these findings challenge fundamental assumptions about how autonomous patients' decisions actually are and the negative impact this can have on patient interests. Second, she offers a defense of using these findings in some cases to nudge patients into better decisions.

She begins (Chapter 1) by reviewing psychological heuristics and biases that are especially relevant to medical decision making, such as framing effects, commission bias, availability bias, etc. and explains how each of these affect decision making. The research on how these heuristics operate in decision making (Chapter 2) challenges the assumption that people make at least higher-stakes medical decisions by reflecting on their options and choosing based on which is in best accord with their goals, values and beliefs. Instead, even high-stakes medical decisions are subject to the biases and heuristics that shortcut reflection, which can result in poor quality decisions that are less autonomous and potentially harmful to patients. However, by understanding and triggering these biases, clinicians can structure the patient's choices or the information presented to the patient in such a way that improves decision quality and promotes patient interests. Chapter 3 presents a series of arguments in favor of using these nudges, discusses objections, and begins the discussion of when nudges are more ethically justified and when they are less so. Blumenthal-Barby continues (Chapter 4) by arguing that the ethical permissibility of using nudges is not all or nothing; there is no single or simple account of the ethics of nudging. Rather, nudges are more permissible or less permissible depending on the situation. To give shape to the more nuanced view, she addresses concerns about transparency, manipulation and shared decision making. Finally (Chapter 5), she offers concrete examples of nudges from her research in clinical decision making with patients and physicians.

As Blumenthal-Barby points out, most of the work in this area has focused on the ethics of nudging on the population level but the ethics of using nudges to influence a specific patient's decision has not received as much attention. Her book steps into that gap and is a thorough overview of the science and ethics of using nudges at the level of the individual medical decision. And Blumenthal-Barby's arguments are generally persuasive. She does not simply argue that nudging is permissible because neutrality in presenting information is impossible, but argues from the obligations that clinicians have to protect and promote patients' health-related interests. This makes for a stronger and ultimately more compelling argument. However, it is also a more difficult argument to make because it relies on empirical claims and assumptions about the harm that patients incur because of biases. Blumenthal- Barby recognizes this and spends some time showing how bias-based decisions can possibly cause harm according to any of the predominant theories of the good. However, there is some slipperiness in these arguments. If nudging is justified by the harm that results from bias-driven, poor-quality decisions, then there has to be some confidence that the harm is actually happening and not just theoretically possible.

However, it is not clear from the research described that we can be confident if, when, how, or how strongly biases and even nudges affect this patient's specific decision. The level of confidence described for the effect of some types of biases or nudges might be sufficient for public policy, but more work is needed on effects of bias and nudging on individual clinicians and patients. This concern may be less a criticism of the argument and more a call for additional research in this area.

This book is an especially accessible, highly readable, and well-organized discussion of how research from behavioral science challenges the gold standard of rational persuasion in medical decision making. Blumenthal-Barby's arguments in favor of a nuanced, qualified use of these findings to nudge patients toward better decisions are clearly laid out, interesting, and thoughtful. I recommend this book toeveryone interested or involved in medical decision making.

UPCOMING EDUCATIONAL OPPORTUNITIES

1. Harvard University Surgical Ethics Conference:
4 virtual lectures on 4 dates in June 2022.

June 6, 2022 • 7PM:
Ethical Challenges in Global Surgery

June 13, 2022 • 7PM:
Ethical Issues in Gender Surgery

June 21, 2022 • 7PM:
Disparities in Surgery and Obligations to Correct

June 27, 2022 • 7PM:
Ethical Considerations in Surgical Innovation

Link to register:
https://bioethics.hms.harvard.edu/events/harvard-surgical-ethics-conference

2. International Conference on Application of Medical Ethics and Health Policies (ICAMEHP):

July 19, 2022
Digital conference based in Toronto, Canada

Link to register:
https://waset.org/application-of-medical-ethics-and-health-policies-conference-in-july-2022-in-toronto

3. Case Western Reserve Intensive Course in Medical Ethics, Boundaries and Professionalism

Thursday, September 15, 2022 • 8:00 AM - Friday, September 16, 2022 • 3:30 PM EST

George S. Dively Conference Center, Cleveland, OH

NEW MEMBER SPOTLIGHT

Dr. Amy Baughcum
Psychologist
Nationwide Children's Hospital

Debra Beight
Student
The Ohio State University

Dr. Bimal Chaudhari
Assistant Professor of Pediatrics
Nationwide Children's Hospital

Amanda Lang
Student
Duquesne University

Christina Namakydoost
Director of Mission
Mercy Health – Fairfield Hospital

Dr. Shannon Storey
DNP
OhioHealth

QUOTE OF THE MONTH

"My husband purchased a world map and then gave me a dart and said, 'Throw this and wherever it lands - that's where I am taking you when this pandemic ends.' Turns out, we're spending two weeks behind the fridge."

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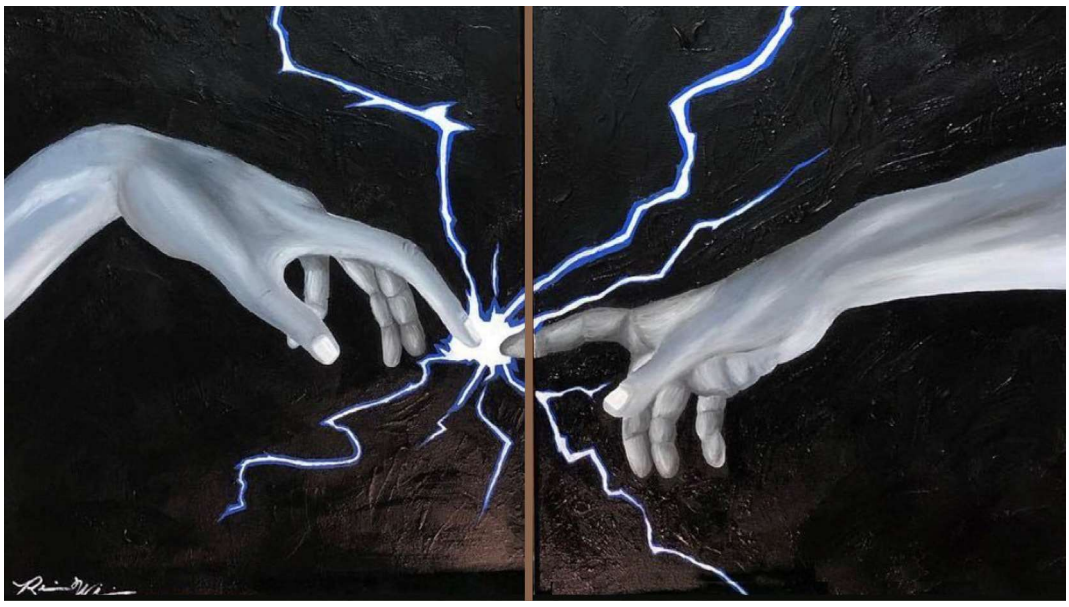
ART SPOTLIGHT

Reginald Williams



When I have a chance to take care of a patient, to transport them to a test or to their bed, it gives me a chance to touch them in a personal way. It is funny how often there is a connection. Sometimes, a patient is afraid of everything in the system until somebody connects with him and sometimes I am just that regular guy that they can talk to on the way to their test. When we can touch a patient like that, it gives us both a good feeling, like an energy that makes both of us better.