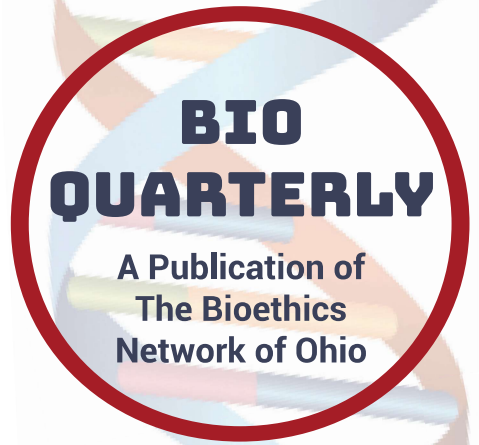


BEN



2023 Conference Roundup



*Elizabeth Lanphier, PhD, MS, HEC-C
Assistant Professor, Ethics Center, Cincinnati
Children's Hospital Medical Center*

In April the Bioethics Network of Ohio hosted a virtual conference on “An Inclusive Ohio: Diversity, Anti-Racism, and Health Care.” The threads of pluralism and inclusivity, attention to difference and potential for bias, inequity, or disparities, wove across two days, three plenary speakers, and six breakout sessions on a range of topics that were themselves diverse in spirit, content, and style.

The conference kicked off with a keynote address by Dr. Tamika Odum, a sociologist at the University of Cincinnati. Dr. Odum described the evolving legal landscape for abortion care in Ohio. She then shared the research she conducts as part of OPEN (the Ohio Policy Evaluation Network) on the lived experience of Black women in Ohio seeking reproductive and abortion care and disparities in access that negatively impact the health of Black women in Ohio. In launching us into two days of the conference Dr. Odum fulfilled her stated aim to not only provide information, but also to provide inspiration and noted that the theme of this year’s BENO conference was a call to action.

Dr. Odum concluded her keynote inviting a call to action among participants to reflect on how we each do and can uphold ethical principles in our work, work against racist principles, and to be curious about the relationship between bioethics and advocacy. A rich discussion demonstrating the diversity of views within the BENO network ensued, and modeled the ways in which bioethics is often engaged in challenging conversations about disagreements often about the values and preferences we hold at our core but need to talk about and confront within healthcare and ethical practices.



Dr. Edward Barksdale



Professor Tamika Odum



Dr. Steven "Skip" Radwany

continued on page 3...

CONTENTS

- 2** Greetings from the President
- 4** Ethics, Technology, and Spirituality: Promises and Pitfalls
- 6** Book Review
- 8** Art Spotlight
- 9** Educational Opportunities
Member Spotlight

Bio Quarterly

is published four times a year by
Bioethics Network of Ohio
22425 Canterbury Lane
Shaker Heights, OH 44122
PH 216-403-2430
www.BENOethics.org

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, legislative and policy commentary and book reviews. Please submit your article electronically to info@benoethics.org for consideration. Quarterly deadlines are the 15th of February, May, August and November.

Reprint Permission

is granted to BENO members for professional/educational purposes unless otherwise indicated in the article. As a courtesy, please inform the editor of the purpose of volume copying. We are interested in what you are doing.

Josh Crites, PhD
President

Kathleen Grannan, RN-C, MSN
Alan Murphy, PhD
Editors

We welcome your Charitable Contributions

Your financial contribution to BENO, a qualified 501(c) (3) organization, is considered tax deductible. We appreciate all contributions to help further our mission and educational efforts. Contributions can be made by check or on our website, www.BENOethics.org. A receipt is available upon request.



President's Greetings

Welcome to the Spring Issue of BioQuarterly.

I'm glad to be able to start with a genuine greeting of Happy Spring in this letter, unlike the strange surge of warmth we were experiencing when our Winter Issue was published! I hope folks are enjoying the weather to balance the hard work we do every day.

I want to start this letter by offering my thanks and congratulations to this year's conference planning team. The list of speakers, including both plenary and break-out facilitators, was fantastic and we had an excellent turn out of attendees. It was a proud moment for me (even though I really had nothing to do with creating it) to see colleagues from around the state utilizing BENO's little conference to enter into dialogue—and sometimes respectful disagreement—over topics that are so important to so many of us, both professionally and personally. And so I also want to thank everyone who attended for their willingness to engage our speakers and each other respectfully. Planning for next year's conference will begin very soon!

In this issue, BENO Board member Elizabeth Lanphier offers a more detailed summary of the conference sessions, including the plenaries and break-out sessions. (I'll note that we're also working to get session recordings posted on the website, accessible to those who attended the conference; more to come on that.) Also in this issue, Craig Dove, who is also a Board member, offers a piece on the intersection of ethics, technology, and spirituality—a topic with historical and contemporary importance. We also have regular pieces: a member spotlight and a book review of relevance to the work we do. Please also review information about and plan on attending the first BENO-sponsored education session happening later this summer. We are very excited to re-launch these efforts as part of BENO's educational mission.

As many folks know, summer for BENO represents election season for our Board of Trustees. There are multiple general board positions open this year, as well as a vacancy in the Vice Presidency position. We hope BENO members will consider running for these positions to maintain our organization.

BENO will continue to innovate and look for ways to benefit its members and the general bioethics community across Ohio. The Board of Trustees is working on a number of initiatives to meet these objectives and is looking to increase general membership in BENO as part of the current efforts to expand the reach of the organization. We welcome suggestions about how the organization can offer more to you, its members, and look forward to continuing to serve as a resource for supporting bioethics and bioethicists in Ohio.

My Best,

Josh



FOLLOW BENO ON:  

Roundup continued from page 1...

After many attendees continued discussing well into the break, the conference resumed with three concurrent breakout sessions. Laura Guidry-Grimes from the Cleveland Clinic spoke about the art (and ethics) of chart noting, with particular attention to how implicit and explicit bias can enter into the notes and effective strategies for mitigating bias in medical record documentation. Monica Gerrek, a bioethicist with Case Western Reserve University and Tom Tallman, the Division Director of Correctional Medicine from the MetroHealth System, presented on caring for patients involved with jail systems. They provided practical guidance on ethical issues that are helpful to anyone whose health system coordinates with local carceral facilities. In particular they underscored how knowing information about a patient's involvement with the carceral system risks introducing bias. Yet it can also be important for the safe and effective coordination of the patient's medical care. They illustrated how to conduct a thoughtful ethical analysis of what and when it is necessary or not necessary to know and why. Julie Aultman, the Director of the Medical Ethics and Humanities Program at Northeast Ohio Medical University presented on "the ethics of a cultural humility" drawing on her research on health ethics and refugees, asylum seekers, and migrants and how it would be a mistake to approach these populations with the presumption that there is a "single story" that adequately expresses refugee experience.

The second day of the conference started off on Friday morning with a plenary session by Dr. Ed Barksdale, a pediatric surgeon and Surgeon-in-Chief at University Hospitals Rainbow Babies and Children's Hospital, and the Robert J. Izant, Jr., MD, Endowed Chair in Pediatric Surgery. Dr. Barksdale shared the ways in which, philosophically, he embraces diversity, equity, and inclusion, but that practically he has concerns about how "DEI" is implemented in ways that can work against the very aims of justice it is intended to produce.

Instead, Dr. Barksdale shared how he works to cultivate a culture of *belonging*. He noted that fostering diversity, without

meaningful attention to belonging, can undermine equity and inclusion. Focusing on belonging, and doing the work to create cultures of belonging, Dr. Barksdale showed us, may align with the intentions of traditional approaches to "DEI." However, cultivating belonging requires additional and specific intention, steps, and practices within healthcare and organizational culture. His remarks inspired an outpouring of appreciation. It was clear that he sparked shifts in thinking and that his ideas really clicked for people who noted in their questions

"...discussion demonstrating the diversity of views within the BENO network ... modeled the ways in which bioethics is often engaged in challenging conversations about disagreements, often about the values and preferences we hold at our core but need to talk about and confront within healthcare and ethical practices."

and in the chat how in talking about belonging he was really talking about justice, and creating just environments for workers and patients in healthcare settings.

The second day of breakout sessions also included a robust lineup of speakers and topics. Kara Ayers from Cincinnati Children's Hospital Medical Center and the Associate Director of the University of Cincinnati Center for Excellence in Developmental Disabilities continued the theme of belonging in her presentation on "dismantling ableism within a broken healthcare system." She noted that there are distinctions between being invited versus being included versus belonging when it comes to disabled experiences and perspectives. Anti-ableist practice is about not just inviting disabled experience, but welcoming disabled colleagues as partners within our institutions, recognizing our own disabilities, and creating a culture where disability is an asset rather than a stigma.

The themes of inclusion extended across breakouts from nurse Casey Smoot, physician Allison Early, and a repeat appearance from Laura Guidry-Grimes from the

Cleveland Clinic to talk about ethical and inclusive environments in healthcare settings for a diverse LGBTQ+ population with needs, barriers, and identities. Sana Loue, Professor of Bioethics from Case Western Reserve University, continued themes of culture and humility that carried across the two days in her breakout as well on "integrating cultural humility into healthcare practices."

Steven "Skip" Radwany, MD delivered the final plenary session, the Robert Taylor Memorial Lecture. Robert Taylor was a palliative care physician and this annual memorial lecture recognizes his contributions to BENO as a longtime supporter. To honor Dr. Taylor's palliative care legacy, BENO was honored to have Dr. Radwany give the inaugural memorial lecture as Dr. Radwany knew Dr. Taylor personally and could speak to his legacy. He then offered an excellent session that aimed to get at clarity regarding terminology and ethical practices regarding sedation and palliative care. Primed by two days of talks centering on diversity

and inclusion, conference attendees asked thoughtful questions about disparities in pain management and access to palliative care, threading the conference theme through the discussion.

During the conference wrap up, BENO Board President Josh Crites nicely summarized additional themes that ran throughout the two days. He noted that each presentation and each breakout paid attention to how much words matter. A core function of bioethics is supporting clarity around definitions and core concepts. Crites noted that from the keynote to discussions of diversity and belonging, to the language of ableism, and palliative sedation, how important it is to identify and refine the terminology that best captures individual, clinical and health system goals and practices.

All conference sessions were recorded and are (or will very soon be) hosted on the BENO website. We hope that you will spend some time revisiting sessions that you found impactful, and exploring those that you might have missed, including the concurrent breakout sessions.



Ethics, Technology, and Spirituality: Promises and Pitfalls



*Craig M. Dove, MDiv PhD BCC, is the author of **Nietzsche's Ethical Theory (Continuum 2008)** and currently serves as staff chaplain at OhioHealth Hospice and co-chair of their Ethics Advisory Committee for Community-Based Services*

This article is adapted from a response I provided as part of a panel at the 2022 conference, **The Convergence of Ethics, Technology and Spirituality**, hosted by the United Church Homes' Center for Abundant Aging. The keynote speaker was Dr. Tracy Trothen, whose presentation was divided into two parts. Her morning address looked at technological advances with regard to aging, and focused on the question "What does it mean to be human?" Some avenues of development might be said to help us realize our human potential, while others have the explicit aim of transcending humanity as we currently understand it. Her afternoon talk built upon this, focusing on the spiritual aspect of being human. While her approach is specifically Christian, it was her intention that "spirituality" be understood more broadly, and she defines it with reference to meaning and direction, worth and belonging, and loving and being loved. Her two primary questions were "How might tech for older adults affect spirituality?" and "How might the valuing of spirituality affect tech for older adults?"¹

While defining spirituality broadly allows us to be inclusive of many religious traditions and humanist approaches, her broad definition of "technology" quickly becomes unwieldy. Drawing on the Greek root, *techne*, she included anything that helps us do something else, i.e., a tool. This includes specifically technological tools, including gene splicing and virtual reality, but also more mundane tools such as walkers and adaptive cutlery. It is helpful to acknowledge the vast range of tools that have an impact on aging, but it is also overwhelming. Is technology a good thing or a bad thing, with regard to the spiritual health of older people? We shouldn't expect a universal answer to the question, but it seems to obscure rather than illuminate the question to treat "technology" as a single category. That said, Dr. Trothen is intending to frame a future conversation about the spiritual and ethical implications of developing technologies, rather than a judgment.

In response to her presentation, I focus on *connection* as a necessary but not sufficient part of spirituality, including both a sense of belonging as well as loving and being loved. This sense of connection includes both a bond with other people,

continued on page 5...

Ethics continued from page 4...

primarily defined by inclusion and affirmation, as well as a connection to something that exceeds our comprehension, even if we might not identify that as “God” (e.g., human-kind, or nature). It is important to recognize that some other events, e.g., sporting events and political rallies, provide some of the same form (and feeling) as spirituality, which is part of their appeal; but lack the substantive content of genuine spirituality. For instance, both sporting events and political rallies are defined at least in part oppositionally (i.e., identification not just as *part* of a group, but *opposed* to another group or groups), as well as being defined within the bounds of human/temporal institutions.

The question regarding technology is whether the tool facilitates connection, or rather is isolating or providing the illusion of independence. In the later cases, the isolating technology can be understood to be at least potentially harmful to spiritual well-being. Conversely, things that help us connect to one another and to something larger than ourselves, and remind us of our interdependence, are at least *potentially* helpful.

There are two developing technologies which are concerning. The first is gene therapy to radically extend the human lifespan. I’m here focusing on instances where the goal isn’t just to add months or years, but decades or more. A different, but related, modality includes interfaces designed to upload consciousness (understood as a combination of memories and personality) into a computer, which would potentially grant a form of immortality (assuming there are no “technical difficulties”). Both remain distant goals; but if these technologies to radically extend the human lifespan were successful at delivering what they promise, they would be harmful to our spiritual lives, for two main reasons. First is the concern that these technologies have a non-negligible potential to create a chasm between those who could afford the technology, and the rest of us - which would potentially lead those who were able to take advantage to see themselves as *fundamentally different*, rather than participating in a shared humanity. While it’s related to the question of distributive justice, it would also be harmful to the spiritual well-being of those who are able to utilize the technology in question. For instance, in some branches of Buddhism, interdependence is a foundational concept; and some Christian faiths define “hell” as separation from God. In both cases, working to make oneself autonomous and separate from the rest of the cosmos is to reject the sense of connection which is necessary for spiritual well-being. Second, I would argue that a sense of our own mortality is an important part of feeling connected, both because death and loss are experiences we all share, but also because it gives value to the time we have (i.e., what are we doing with our time, knowing that it’s not unlimited?).

The radical enhancement of one’s lifespan is something that people *are* working on, but that technology is not currently here. As I wrap up, I want to look at two other categories that *are* already here and becoming more prevalent, even as they continue to improve and advance. Dr. Trothen’s largest concern is considering spiritual dimension as part of the devel-

"The question regarding technology is whether the tool facilitates connection, or rather is isolating or providing illusion of independence."

opment process, rather than simply following a path of possible advancements without considering the consequences.

The first category I want to address deals directly with connecting people, but in an artificial or virtual manner. This would include communication modalities such as Skype, Zoom, or Facetime, as well as video chats as part of “telemedicine” (as well as other, older technologies such as phones and letters). It might also include chat-bots: interactive artificial intelligence programs that people can converse with; and various kinds of interactive robots. These robots include robo-cats and other pets, which intentionally mimic creatures; and less natural robots, which still interact. For both the chat-bots and the robots, there are questions about the nature of relationship formed with this non-human bit of technology. In the cases reviewed, the bots provide some kind of connection without another *person* being physically present.

Dr. Trothen mentions the ethical issues around the use of chatbots and robots to help combat loneliness, particularly among elderly people, since one can argue that the connection isn’t *real*. This is less concerning when a positive affect is observed with isolated elderly, and the bots potentially provide companionship where the “real thing” is not a viable alternative. To a certain extent, the question does not seem to be pressing: even the people who enjoy the benefits having a robot pet do not see them as a substitute for in-person interactions with other people. They can supplement those interactions, and provide a low-level of companionship, which has been shown to lead to better health outcomes (because of increased general well-being); but people still need real, face to face interactions.ⁱⁱ For instance, while some people are reluctant to trade their robo-pets for time at a senior center, they still want their in-person conversations to extend, and hope to resume the conversations in the future.ⁱⁱⁱ This is also evident in personal communication regarding virtual worship services – which are appreciated by people who are unable to attend in person for a variety of reasons – but still long to be “sitting together in the pews.”

The second category is technologies that can physically bring people together. In my primary role as a chaplain in home-based hospice care, I spend a lot of time talking about spiritual issues with older people with significant health problems. In that capacity, I work with the patient, their family, as well as the hospice team, to determine “*what is going to have a practical impact on your life right now?*”

Lack of mobility or safety concerns surrounding limited mobility are significant factors in isolation and are a primary concern. People want to be able to get out of bed, to get out of their rooms, to get out of their homes, even if it’s just to

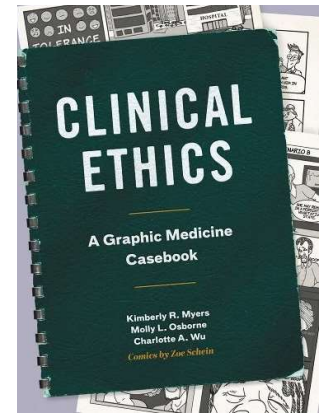
continued on page 7...

BOOK REVIEW

Clinical Ethics: A Graphic Medicine Casebook, Myers et. al.

Review by Keren Tanquay

In ethics we often say that the practice of medicine is more of an art, than a science. Thus, it is increasingly fitting that a book on clinical ethics case be depicted in art form. In their short eight-chapter book entitled, *Clinical Ethics: A Graphic Medicine Casebook*, Myers et. al. discuss the navigation of foundational ethical dilemmas in clinical settings via graphic medicine form. Topics include dilemmas such as autonomy, informed consent, futility, and surrogate decision making, to name a few. Each chapter opens with a comic style case study and is followed by a few pages of reflection on both the case and the ethical principles that apply.



Many books have been written on clinical ethics and most include, as part of their integrated content, case studies. And yet, the form in which Myers et. al have chosen to embrace the reality of human bias and perception in the *construction* of case studies is perhaps one of its most valued attributes as a heuristic. As an art form, graphic medicine provides the allowance of capturing stakeholders emotions, their perceived biases, and human traits in a way written case studies simply do not. As the authors so eloquently write,

“...ethics cases generally adopt the manner of a dispassionate observer, using a style meant to signify objectivity by supplying reliable raw data on which subsequent analysis is based. [However] case presentations are anything but objective; rather they are constructed narratives that inevitably reflect the author’s biases, moral point of view, and framing under the guise of ‘real life.’”

Rather than a veneer of objectivity, their book encourages awareness of the ways in which case studies are merely *one* interpretation of lived-realities; often written from the perspective of the healthcare provider. Additionally, part of the appreciation for graphic medicine is that it serves to destabilize what counts as scholarly work. It begs the question, “What is worthy of being utilized in the academic setting or as a learning heuristic for medical professionals?” In its recent reemergence in the literature it is changing the way we perceive the values of comics.

As a short eight-chapter book, that is less than 100 pages, it is incredibly concise, making it accessible to almost any reader – both clinical and non-clinical readers. The discussion questions at the end of each chapter provide meaningful reflection not only on the pragmatic realities of providing healthcare, but also the narrative insights of story-telling. I myself am eager to utilize this book as a textbook for a one-week intensive class I am teaching for physician assistant students. Its length makes it perfect for our short class time. Seeing as intensive classes are increasingly becoming the norm in academia, more authors may want to consider structuring instructional books the way in which Myers et. al have.

However, it could be argued that although it is indeed concise, it may be *too* concise. This is certainly not a theoretical text giving background and insight into the ethical theories that often guide clinical decision-making. It would likely not suffice on its own as an adequate textbook for a course curriculum. As it stands, I’ve chosen to use it only because I teach part two of a clinical ethics class in which the students have already received the groundwork of principles and ethical theories. If that is what you’re looking for in a text, you’ll have to look somewhere else. Additionally, although I found the questions to be relatively balanced, there is a general assumption made by the authors that the facilitator of this content – perhaps even the reader – has enough understanding of the clinical setting to be able to make sense of some of the nuances captured in the graphic case studies. For example, in Chapter 1 they discuss autonomy by providing a narrative of a male patient who has metastatic cancer. Part of the comic depicts the provider having a conversation with the patient around what he would want done. Many experienced healthcare providers would recognize almost immediately that the provider was conducting a “goals of care” conversation. But this is never explicitly mentioned or reflected on, although doing so could have brought significant understanding to the context of the case and the dilemma. These are the kinds of “assumptions,” that if explicitly mentioned by the authors, could contribute to more meaningful engagement with the reader and ensure all readers, regardless of experience or context, get the most out of their text.

In conclusion, this text encourages accessibility due to its abbreviated nature and art form. Indeed, comics are a form of communication understood by all – regardless of age or background. The usage of graphic medicine brings added insights of narrative medicine and principles of the humanities that are often not included in clinical ethics case study books. However, this book requires accompanied passages for a more comprehensive understanding of ethical decision making. Perhaps in the next edition the authors could suggest a list of “suggested readings” that would include books both in medical ethics and in graphic medicine. One thing is certain. It has certainly peaked my interest in seeing more case studies depicted in comic form!



Ethics continued from page 5...

the porch or the backyard. The most helpful technological advances, still focusing on spirituality, would be something that helps with mobility: not necessarily bionic legs, but a better walker, or a better wheelchair. Increasing access to the technology that we currently have would help, as well as making buildings more accessible. While this is not typically thought of through the lens of spirituality, it definitely helps foster connection.

Once people are out of their rooms, can they participate in the conversations? Can they see, can they hear? I'm not sure if I would have come to this conclusion prior to the pandemic, but being able to participate, face to face, in our communities, I think is one of the most important parts of nurturing our spiritual lives, and the technologies which assist with that are going to have the biggest, most positive impact.

REFERENCES

[i] E.g., see Trothen and Mercer, *Religion and the Technological Future An Introduction to Biohacking, Artificial Intelligence, and Transhumanism* 2021 <https://link.springer.com/book/10.1007/978-3-030-62359-3>

[ii] Lee, Leung, Lo, Xion, and Wu, *Internet Communication Versus Face-to-face Interaction in Quality of Life Social Indicators Research*, 2011. <https://link.springer.com/article/10.1007/s11205-010-9618-3>

[iii] Englehart, *What Robots Can—and Can't—Do for the Old and Lonely* | The New Yorker May 24, 2021

HUMOR



"We want you to induce labor!!"

CartoonStock.com

ART SPOTLIGHT

Art by Steven Squires with thanks to Nadine Nadal-Monforte and Spiros Vithoukias for the descriptive narratives.

One of my education professors, who also became a Catholic health care mission leader, used to say to the class, "Behind every face is a story." In the provision of health care, as in life, we enter others' stories to understand what's important and meaningful. In health care, we often have to do this in a short amount of time.

I was honored when my coworker Nadine Nadal-Monforte asked me if I would do a painting for she and her husband, Spiros, about what is important to them. Honor turned to humility when they both shared photos, and family stories, about meaningful place for them and their heritage. These are the most beautiful places I could imagine! I worried about doing them justice. We decided to have two paintings on separate canvases, with Nadine's painting in warm colors – reds, oranges, yellows – and Spiros' in cool colors – greens, blues, indigos. Rather than recite their stories secondhand, I want you to hear the explanations of these fantastic ... and very real places ... from them.



Philippines | Mayon – A perfect volcanic cone, a beautiful disaster, and sacred mythology.

The Mayon Volcano is the most active strato-volcano in the Philippines. Located in the Albay Province of the Bicol region (where many of my family members, including myself Nadine, were born), it is the prominent landmark and the highest point of the area. It is renowned for its perfect cone shape and holds a very sacred place in Philippine mythology. The myth of creation of Mayon is a story of star-crossed lovers with a tragic ending that led to the rise of the volcano.



Greece | Myrtos – Azure waves, glistening shores, and a symphony of beauty.

Myrtos Beach in Kefalonia holds a special place in the hearts of our family due to its breathtaking beauty and rich heritage. The beach's historical significance is rooted in its connection to the island's struggle for independence, symbolizing its resilience. Its steep limestone cliffs and pristine white pebbles against the Ionian Sea change color from milky turquoise to indigo with the swirling of the waves, creating a mesmerizing sight.

**Art by Steven J. Squires
(2) 9" x 12" oil on canvas**

UPCOMING EDUCATIONAL OPPORTUNITIES

1. Ohio Hospital Association Annual Meeting

June 12-14, 2023.

<https://ohiohospitals.org/Member-Services/Member-Opportunities/Annual-Meeting>

2. Ohio State University Hospitals Bioethics Grand Rounds All You Need is Love (for Full Moral Status)!

Wednesday, June 14, 2023 @ 12:00 p.m. EDT

Approved for CME and AMA PRA Category 1 Credits

Presenting: Dr. Abraham Graber, Visiting Associate Professor, Division of Bioethics, OSU Center for Bioethics

Location: Prior Health 400AB

Livestream Link: <https://osu.zoom.us/j/97010251379?pwd=ZlVlYWxvYWY3VEVwUUt2aVICRlg3UT09>

3. The Ethics Center at Cincinnati Children's Hospital Medical Center virtual event

"Ohio Under COVID – Authors on Resiliency, Race, and Responsibility"

Tuesday June 27th from 12-1pm EDT

Presenting an editor and several authors who contributed to the recent collection of essays titled Ohio Under COVID.

Those interested in attending should email

Jennifer.Longbottom@cchmc.org for Zoom details.

4. Center for Bioethics 10th Anniversary Institutional Grand Rounds and Conference

Thursday, September 21st, 2023 @ 7:00am EDT

Hagop S. Mekhjian, MD Lecture Christine Grady, MSN, PhD, Chief, Department of Bioethics, NIH Clinical Center

12:00pm EDT

Chauncey D. Leake and Elizabeth W. Leake Lecture

Larry R. Churchill, PhD, Professor of Medicine

Ann Geddes Stahlman Chair in Medical Ethics, Vanderbilt University

For more information: go.osu.edu/bioethics

5. Harvard Surgical Ethics Conference:

September 5, 12, 19, 26 via zoom

- September 5, 2023: *Ethical Considerations in Pig-to-Human Xenotransplants*
- September 12, 2023: *Challenges to the Patient-Surgeon Relationship*
- September 19, 2023: *Ethical Implications of New Biomedical Technologies in Neuroscience*
- September 26, 2023: *How Non-medical Factors Affect Surgical Decision-making and Patient Care*

<https://bioethics.hms.harvard.edu/about/harvard-ethics-leadership-group/harvard-clinical-ethics-working-groups/surgical-ethics>

6. ASBH Annual conference:

October 11-14, 2023

Baltimore, Maryland

<https://asbh.org/annual-meeting/>

MEMBER SPOTLIGHT



Anna Meurer, MPH, CPH
Program Manager for Education
Center for Bioethics and Medical
Humanities, The Ohio State
University College of Medicine

I have been a BENO member for one year. I was elected to the board shortly after joining! My pathway to working in ethics has been a bit of a winding journey, like many people in the field. In hindsight, I was always circling bioethics but we didn't have a formal program at either of my universities, so I didn't have a lot of guidance. I started my undergraduate degree with the intent to do health law, then switched to public health, wanting to specifically focus on ethics. I completed my MPH while working full time at a university and then I started my PhD in Healthcare Ethics at Duquesne University. I'm currently working on my dissertation and hope to defend within the year. I learned a lot in my clinical rotations and coursework, but I kept finding myself organizing activities at the Center and it made me realize how much I enjoyed the administrative side of education. In 2021, I joined the Center for Bioethics at OSU. They were looking for someone who had content expertise in bioethics but enjoyed administration, so it was a perfect fit. I'm still relatively new to the field, but I love it more and more as I learn and engage with others.

I'm passionate about bioethics education and making it relevant and accessible. I'm also interested in public health ethics and how we as individuals act as moral agents in our environments and the structures that surround us. I've really become interested in design justice and the ethical issues surrounding the built environment and its impact on health in the last year or so.

Currently I enjoy serving on BENO's education subcommittee. Not only are the other members absolutely wonderful to work with, but it feels like an extension of the work I'm doing at OSU in trying to make bioethics education both accessible and impactful. I also think there's a lot of value to be found in engaging in discussion with people from multiple backgrounds and perspectives who are working in different organizations and institutions. To quote a mentor, when we do, we learn with and from each other for the betterment of all.

On the more personal side of life, I love to be outside! I used to be at the barn with my horses whenever I could, but they are now living their best retired lives with my family in Indiana. Right now, I love spending time in my backyard with my flowers (I'm trying to grow veggies as well, but with limited success) and going on a run. I have a dog, Rollo, who's the center of my world and we've been exploring the parks and trails around Columbus.

BENO

Bioethics Network of Ohio

22425 Canterbury Lane
Shaker Heights, OH 44122

Non-Profit Org
U.S. Postage
PAID
Berea, Ohio
Permit No. 333

Return Service Requested

NEW! ONLINE BENO EDUCATION OFFERINGS

In alignment with its mission to support continuing bioethics education in Ohio, BENO is launching a new education initiative. Starting this summer, BENO will host quarterly virtual education sessions from experts on a range of practical topics related to ethics implementation and practice. Sessions will be 1-hour long via Zoom, and open to any interested individuals regardless of BENO membership status.

Additionally, educational offerings will be recorded and become part of an online educational repository available on the BENO website to members.

On August 17th at 4pm, BENO Board member Keren Tanguay will present on open notes and charting. This fall outgoing BENO Vice President Alan Murphy will present on all things Ohio DNRs and Advanced Directives. Keep an eye on this section of the BioQuarterly for details about future events. The education committee welcomes suggestions of topics for future sessions that would be useful to our membership and expressions of interest in presenting educational offerings as well. Please reach out via email at info@benoethics.org with suggestions or questions and, as the August date approaches, check the BENO website and your email for zoom log-in information.

