The Center for Bioethics & Human Dignity presents
THE 23RD ANNUAL SUMMER CONFERENCE

TRANSFORMATIONS IN CARE

Preconference Institutes
June 13 - 16, 2016

CONFERENCE
JUNE 16 - 18, 2016

Postconference Seminars
June 20 - 22, 2016

Trinity International University
Deerfield, IL USA

IN PARTNERSHIP WITH:

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NURSES CHRISTIAN FELLOWSHIP

BE TRANSFORMED

Transform Nursing!

NCF - a ministry and a professional organization...

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INTERVARSITY
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“Health care as Americans know it is undergoing fundamental change. This change is not just in public policy, in covering more of the uninsured, in technology, or in the health care profession—it is in the delivery of care and in the role of the patient.”
(American Academy of Family Physicians, 2012)

Every generation grapples with change. In the area of technology alone, the invention of the Gutenberg printing press changed people’s relationship to books. The steam engine changed people’s relationship to distance. The telegraph changed people’s relationship to communication.

Today’s generation is grappling with change in our relationship to health. Healthcare is being transformed by the convergence of several factors, such as: legislative—addressing the cost of care; administrative—creating one of America’s most heavily regulated industries; judicial—adjudicating freedom of conscience and religion for individuals and institutions; and technological—funneling all provider-patient relationships through the grid of electronic medical records.

Genetic research is transforming prospects for precision medicine. Renewed interest in professionalism and spirituality open up possibilities for patient care. Meanwhile, practitioners grapple with increasing administrative burdens.

How do we respond to such transformations in care? This is the question our plenary speakers and workshop presenters will engage. I invite you to listen attentively, to examine carefully the ideas explored, and to think deeply with our speakers, as we discern together how to persist in caring in a climate of unceasing change.

On behalf of our partners and exhibitors, welcome! We are glad you are here. Even before you registered, we started praying for you. I hope that you will be stimulated, encouraged, challenged, and renewed. Take time to connect with old friends and make new ones.

Paige Comstock Cunningham, JD
Executive Director
The Center for Bioethics & Human Dignity
Trinity International University

Americans United for Life
Christian Medical & Dental Associations
Nurses Christian Fellowship
University at Buffalo School of Medicine and Biomedical Sciences
# Schedule

## Thursday, June 16

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>5:30 – 7:00pm</td>
<td>Registration and Reception</td>
</tr>
<tr>
<td>7:00 – 7:15pm</td>
<td>Conference Welcome</td>
</tr>
</tbody>
</table>
| 7:15 – 7:45pm | Plenary | Olson Chapel  
*Framing the Discussion*  
Cheyn Onareker, MD, MA  
St. Anthony Family Medicine Residency |
| 7:45 – 8:45pm | Plenary | Olson Chapel  
*Transformations in Care: An (Old) Physician’s Perspective*  
Robert D. Orr, MD, CM |
| 12:00 – 1:30pm | Lunch & Informal Networking | Waybright Center |

## Friday, June 17

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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| 9:00 – 10:00am | Plenary | Olson Chapel  
*Christianity and the Rise of Western Medicine*  
Gary B. Ferngren, PhD  
Oregon State University |
| 10:00 – 10:30am | Break | Hinkson Hall  
(Please visit our exhibitors) |
| 10:30 – 12:00pm | Workshops | Rodine Building  
*Born Inferior? How to Counter the Abortion Industry’s Sales Pitch that Endangers Women’s Healthcare*  
Americans United for Life  
with Anna Paprocki, JD  
*Should There be Limits on Conscientious Refusals in Healthcare?*  
The Center for Bioethics & Human Dignity  
with Cheyn Onarecker, MD, MA  
*Crispy and CRISPR – Embryos Made to Order*  
Charlotte Lozier Institute  
with David Prentice, PhD |
| 1:30 – 2:40pm | Parallel Papers | Rodine Building |
| 2:40 – 3:00pm | Break | Hinkson Hall  
(Please visit our exhibitors) |
| 3:00 – 4:00pm | Plenary | Olson Chapel  
*Transformations in Health Care for Better or for Worse: A Nursing Perspective*  
Carol Taylor, PhD, MSN, RN  
Kennedy Institute of Ethics  
Georgetown University |

* CME Approved Workshop
**SATURDAY, JUNE 18**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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| 8:30 – 10:00am | **Symposium** | Olson Chapel  
*Professionalism & Spirituality* |
| 8:30 – 9:10am  | **Plenary** | Olson Chapel  
*The Hidden Curriculum and the Future Socialization of Medical Professionals*  
Michael Balboni, PhD, ThM, MDiv  
Dana-Farber Cancer Institute  
Harvard Medical School |
| 9:10 – 10:00am | **Respondents** | Olson Chapel  
Linda R. Duncan, RN, DNP, CCRN, CNE  
North Park University  
Lauris Kaldjian, MD, PhD  
University of Iowa Carver College of Medicine |
| 10:00 – 10:30am | **Break** | Hinkson Hall  
(Please visit our exhibitors) |
| 10:30 – 12:00pm | **Workshops** | Rodine Building  
*Born Inferior? How to Counter the Abortion Industry’s Sales Pitch that Endangers Women’s Healthcare Americans United for Life*  
with Anna Paprocki, JD  
*Should There be Limits on Conscientious Refusals in Healthcare?*  
The Center for Bioethics & Human Dignity  
with Cheyn Onarecker, MD, MA  
*Crispy and CRISPR – Embryos Made to Order*  
Charlotte Lozier Institute  
with David Prentice, PhD  
*Organ Procurement Theories and Sacredness of Life in the ICU*  
Christian Medical & Dental Associations  
with Allen H. Roberts II, MD, MDiv, FCCP, FACP |
| 12:00 – 1:30pm  | **Lunch & Informal Networking** | Waybright Center |
| 1:30 – 2:40pm   | **Parallel Papers** | Rodine Building |
| 2:40 – 3:00pm   | **Break** | Hinkson Hall  
(Please visit our exhibitors) |
| 3:00 – 4:00pm   | **Plenary** | Olson Chapel  
*Precision Medicine: the Promise and Problems of Transformational Medicine in the 21st Century*  
Kevin T. FitzGerald, SJ, PhD, PhD  
Pellegrino Center for Clinical Bioethics  
Georgetown University |
| 4:00 – 4:30pm   | **Close** | Olson Chapel  
Paige Comstock Cunningham, JD, PhD (Cand.)  
The Center for Bioethics & Human Dignity |

*CME Approved Workshop*
CONFERENCE HISTORY

22nd Annual Summer Conference
Science, Research, and the Limits of Bioethics
2015

21st Annual Summer Conference
Bioethics in Transition
2014

20th Annual Summer Conference
Health and Human Flourishing
2013

19th Annual Summer Conference
Reclaiming Dignity in a Culture of Commodification
2012

18th Annual Summer Conference
The Scandal of Bioethics: Reclaiming Christian Influence in Technology, Science, & Medicine
2011

17th Annual Summer Conference
Beyond Therapy: Exploring Enhancement and Human Futures
2010

16th Annual Summer Conference
Global Bioethics: Emerging Challenges Facing Human Dignity
2009

15th Annual Summer Conference
Healthcare and the Common Good
2008

14th Annual Summer Conference
Bioethics Nexus: The Future of Healthcare, Science, and Humanity
2007

13th Annual Summer Conference
Neuroethics: The New Frontier
2006

12th Annual Summer Conference
Genetic & Reproductive Ethics
2005

11th Annual Summer Conference
Conflict & Conscience in Healthcare
2004

10th Annual Summer Conference
Remaking Humanity through Biotechnology
2003

9th Annual Summer Conference
Bioethics at the Bedside
2002

8th Annual Summer Conference
Aging, Death, and the Quest for Immortality
2001

7th Annual Summer Conference
Bioethics in the New Millennium
2000

6th Annual Summer Conference
Making a Difference
1999

5th Annual Summer Conference
1998

4th Annual Summer Conference
The Changing Face of Healthcare
1997

3rd Annual Summer Conference
The Christian Stake in Genetics
1996

2nd Annual Summer Conference
The Christian Stake in Dignity and Dying
1995

1st Annual Summer Conference
The Christian Stake in Bioethics
1994
MEET THE STAFF

EXECUTIVE DIRECTOR
Paige C. Cunningham, JD, PhD (Cand.)

MANAGING DIRECTOR
& RESEARCH SCHOLAR
Michael J. Sleasman, PhD

EVENT & EDUCATION MANAGER
Jennifer McVey, MDiv

COMMUNICATIONS MANAGER
& EXECUTIVE ASSISTANT
Hope Prinkey, MA

THE CENTER FOR
BIOETHICS & HUMAN DIGNITY
TRINITY INTERNATIONAL UNIVERSITY

BIOETHICS & PUBLIC POLICY ASSOCIATE
Michelle Kirtley, PhD

RESEARCH ANALYST
Michael Cox, MA

RESEARCH ANALYST
Heather Zeiger, MS, MA

RESEARCH ASSISTANT
Andrew Kaake

OFFICE ASSISTANT
Lindsay Callaway

EVENT & EDUCATION ASSISTANT
Ryan Silhavy

INTERNS (2015-2016)
Andrew Moeller, ThM, MDiv
Beni Parks, MA
THE CENTER FOR BIOETHICS & HUMAN DIGNITY

ABOUT THE CENTER:
The Center for Bioethics & Human Dignity (CBHD) is a Christian bioethics research center at Trinity International University that explores the nexus of biomedicine, biotechnology, and our common humanity. CBHD fosters a distinctly Christian conception of bioethics that is both academically rigorous and broadly accessible.

WHAT WE DO:
Within a Judeo-Christian Hippocratic framework, we anticipate, interpret, and engage the pressing bioethical issues of our day. As a center of rigorous research, theological and conceptual analysis, charitable critique, and thoughtful engagement, we bring clarity to the complex.

OUR ORIGINS:
In 1993, more than a dozen leading Christian bioethicists gathered to assess the noticeable lack of explicit Christian engagement in the crucial bioethics arena. This group sponsored a major conference in May 1994, “The Christian Stake in Bioethics,” and concurrently launched The Center for Bioethics & Human Dignity. In 2007, CBHD formally became a center of Trinity International University.

WEBSITES:
CBHD.ORG | Our flagship site dedicated to rigorous scholarly engagement.
EVERYDAYBIOETHICS.ORG | Accessible resources to help you understand tomorrow’s bioethical issues today.
HERDIGNITY.NET | Network of resources on global health for women & girls.
CHRISTIANBIOWIKI.ORG | Online resources providing denominational statements on bioethical issues.
Bioethics.com | BIOETHICS.COM | Global source for bioethics news and issues.

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🔗 youtube.com/bioethicscenter
🔗 linkedin.com/thecbhd
🔗 cbhd.org/gplus
Michael Balboni, PhD, ThM, MDiv

Rev. Balboni is an instructor at Harvard Medical School and a palliative care researcher at the Dana-Farber Cancer Institute. He holds a PhD in practical theology from Boston University and has completed post-doctoral training at the Harvard School of Public Health and at Harvard Divinity School. As a theologian, his focus has included the development of a theology of medicine and a concentration in the theological underpinnings related to spiritual care in a pluralistic, secular medical context. As a social-scientific researcher, his empirical focus has been on spirituality and religion in end-of-life care. He is a licensed Congregational minister and co-leads the Longwood Christian Community, an intentional community of healthcare students and professionals in Boston.

Gary B. Ferngren, PhD

Dr. Ferngren is professor of history at Oregon State University and professor of the history of medicine in the I. M. Sechenov First Moscow State Medical University. His publications include The History of Science and Religion in the Western Tradition: An Encyclopedia; Science and Religion: A Historical Introduction; Medicine and Health Care in Early Christianity; Medicine and Religion: A Historical Introduction; and forthcoming (with Ekaterina Lomperis) Medicine and Religion: Texts in Context (Johns Hopkins University Press, 2016).

Kevin T. FitzGerald, SJ, PhD, PhD

Fr. FitzGerald is the Dr. David Lauler Chair of Catholic Health Care Ethics in the Center for Clinical Bioethics at Georgetown University. He is also an associate professor in the Department of Oncology at the Georgetown University Medical Center. He received a PhD in molecular genetics, and a PhD in bioethics, from Georgetown University. His research efforts focus on the investigation of abnormal gene expression in cancer, and on ethical issues in biomedical research and medical genomics. He has published both scientific and ethical articles in peer-reviewed journals, books, and in the popular press.

Fr. FitzGerald has given presentations nationally and internationally, and often been interviewed by the news media on such topics as human genetic engineering, cloning, stem cell research, and personalized medicine. He is a founding member of Do No Harm, a member of the ethics committee for the March of Dimes, a member of the Genetic Alliance IRB, and a member of the Stem Cell Research Commission for the State of Maryland. In addition, he served until March 2009 as a member of the DHHS Secretary’s Advisory Committee on Genetics, Health, and Society.

Fr. FitzGerald is a Corresponding Member of the Pontifical Academy of Life and a Consultor to the Pontifical Council for Culture.
Cheyn Onarecker, MD

Dr. Onarecker is the Program Director of St. Anthony Family Medicine Residency in Oklahoma City, Oklahoma. After graduating from medical school at Oral Roberts University, he completed a family medicine residency at Carswell Air Force Base and a fellowship in academic medicine in Waco, Texas. In 1991, he and two colleagues started St. Anthony Family Medicine Residency, where he continues the mission “to develop competent and compassionate family physicians who reveal the healing presence of God through exceptional healthcare and Christlike character.” Dr. Onarecker obtained an MA (Bioethics) from Trinity International University and teaches clinical ethics in the Trinity master’s degree program. As a member of his hospital ethics committee, Dr. Onarecker develops and reviews hospital policies and performs ethics consultations. He and his wife, Sarah, live in Edmond, Oklahoma where they attend Life Church and spend much of their free time keeping up with six children and two grandchildren. He also serves as co-chair for CBHD’s Healthcare Ethics Council.

Robert D. Orr, MD, CM

Dr. Orr has taught in the field of clinical ethics at the Loma Linda School of Medicine, the University of Vermont College of Medicine, the Graduate College at Union University, and Trinity International University. Dr. Orr received his MD and CM from McGill University, did residency training in family medicine, and practiced in Vermont for 18 years. He then completed a postdoctoral fellowship in clinical ethics at the University of Chicago. Dr. Orr lectures widely and has co-authored or co-edited 6 books, 11 book chapters, and over 150 articles on ethics, ethics consultation, and end-of-life care. His awards include the Vermont Family Doctor of the Year, the Isaac Hayes and John Bell Award for Leadership in Medical Ethics and Professionalism (AMA), Scholar in Residence at the Kilns (CS Lewis Foundation), the Servant of Christ Award (Christian Medical and Dental Associations), and Distinguished Service Award (Loma Linda University). His most recent book is Medical Ethics and the Faith Factor. He and his wife live in Burlington, VT and are active in their Lutheran church. Dr. Orr is a Distinguished Fellow in CBHD’s Academy of Fellows.

Carol Taylor, PhD, MSN, RN

Dr. Taylor is a senior clinical scholar in the Kennedy Institute of Ethics at Georgetown University and a professor of medicine and nursing. Experienced in caring for patients who are chronically and critically ill and their families, she chose doctoral work in philosophy with a concentration in bioethics because of a passion to “make health care work” for those who need it. At Georgetown, she directs an innovative ethics curriculum grounded in a rich notion of moral agency for advanced practice nurses. She teaches in the undergraduate nursing curriculum, directs a practicum in clinical ethics for graduate students in the philosophy program, serves on the ethics committee, conducts ethics rounds and ethics case presentations, and develops professional seminars in clinical ethics for healthcare professionals and the public. Her research interests include clinical and professional ethics, and organizational integrity.
Dr. Taylor has a PhD in Philosophy with a concentration in bioethics from Georgetown University and a Master’s Degree in Medical-Surgical Nursing from Catholic University; she now works closely with healthcare professionals and leaders who are exploring the ethical dimensions of their practice. She lectures internationally and writes on various issues in healthcare ethics and serves as an ethics consultant to systems and professional organizations. She is the author of Fundamentals of Nursing: The Art and Science of Person-Centered Nursing Care, which is now in its 8th edition and co-editor of Health and Human Flourishing: Religion, Medicine and Moral Anthropology and the 4th edition of Case Studies in Nursing Ethics.

Paige Comstock Cunningham, JD, PhD (Cand.)

Ms. Cunningham is the executive director of The Center for Bioethics & Human Dignity. She is a Trustee of Taylor University and an affiliate professor at Trinity Law School and Trinity Graduate School. She was an adjunct instructor at Wheaton College for eight years, and is a past president and board chair of Americans United for Life.

She graduated from Taylor University (summa cum laude), and earned her JD from Northwestern University Law School and an MA Bioethics (summa cum laude) from Trinity International University.

Ms. Cunningham has published numerous articles, editorials, and book chapters in the areas of law, bioethics and public policy, and has testified before Congress and state legislative committees, and has made numerous television appearances. Ms. Cunningham has been interviewed by several media outlets, including Washington Post, BreakPoint This Week, Christianity Today, and WORLD magazine to name a few. For five years, her Everyday Bioethics commentary aired on Moody radio. Her “Biohazards” column appears quarterly in Salvo magazine.

Ms. Cunningham lectures on bioethics, public policy, reproductive ethics, and global women’s health. Recently she has presented at the World Congress of Families, Evangelicals for Life, Princeton University, Olivet Nazarene University, Taylor University, Trinity Evangelical Divinity School, and Fuller Theological Seminary. She gave the annual Witherspoon Lecture of Family Research Council in 2012.

She is married to Jay Cunningham. They have three adult children and four grandchildren.
RESPONDENTS

Linda R. Duncan, RN, DNP, CCRN, CNE

Dr. Duncan is the Gretchen Carlson Professor and Dean of the School of Nursing at North Park University Chicago IL. She received Doctorate of Nursing Practice in Critical Care from Rush University and a Masters of Nursing from Loyola University in Nursing Education. She has over 30 years of experience in baccalaureate education and as a critical care practitioner.

Dr. Duncan serves on the Ethics Committee of Swedish Covenant Hospital. She has also served on the clinical ethics team of a NIH funded project looking at the impact of prospective ethics involvement with patients and families in the ICU.

Lauris C. Kaldjian, MD, PhD

Dr. Kaldjian is Director of the Program in Bioethics and Humanities at the University of Iowa Carver College of Medicine, where he is also a professor in the Department of Internal Medicine and holds the Richard M. Caplan Chair in Biomedical Ethics and Medical Humanities. He received his MD from the University of Michigan, an MDiv and PhD in religious ethics from Yale University, and he completed his residency and fellowship training at Yale in internal medicine and infectious diseases. He has been at the University of Iowa since 2000.

His research interests have included end-of-life decision-making, ethics education, and the role of philosophical and religious beliefs in clinical decision making. His publications can be found in a variety of journals, and he has published a book with Cambridge University Press: Practicing Medicine and Ethics: Integrating Wisdom, Conscience, and Goals of Care.

At the University of Iowa Hospitals and Clinics, Dr. Kaldjian practices outpatient General Internal Medicine, chairs the Ethics Committee, and serves on the Ethics Consult Service. In the College of Medicine, he directs the Biomedical Ethics Thread in the College’s four-year curriculum and co-directs the Humanities Distinction Track and the Personal-Professional Compass program.

As an adjunct faculty member he taught a distance course for Calvin Theological Seminary in 2016 (Medical Ethics and Pastoral Care).

Dr. Kaldjian has served on the Ethics Committee of the United Network for Organ Sharing and also chaired the Ethics Committee of the Society of General Internal Medicine. He currently chairs the Committee on Law and Ethics of the Iowa Medical Society.
Thursday, June 16th Plenary Address

Transformations in Care: An (Old) Physician’s Perspective
Robert D. Orr, MD, CM

Oh! the old swimmin’-hole! When I last saw the place,
The scene was all achanged, like the change in my face.
James Whitcomb Riley ‘The Old Swimmin’ Hole’

Come with me to the old swimmin’ hole and let’s identify some of the issues in healthcare and healthcare ethics that have been transformed in the last few decades.
Friday, June 17th Plenary Address

Christianity and the Rise of Western Medicine

Gary B. Ferngren, PhD
Oregon State University

In the classical world of Greece and Rome, neither philosophy nor religion encouraged a compassionate response to human suffering. Graeco-Roman values had no religious impulse for charity that involved personal concern for the ill. As a result there were no pre-Christian institutions that served the purpose that hospitals were created to serve, namely, the offering of charitable aid, particularly health care, to those in need. During times of plague the sick and dying were abandoned, and corpses were often left unburied in order to prevent the spread of contagion.

The distinctive Christian contribution to healing was the element of compassionate care of the suffering, which focused on the sick, particularly on the sick poor. The Christian church created the only organization in the Roman world that systematically cared for its sick. The earliest hospitals were created in the late fourth century and spread quickly, first throughout the eastern Roman Empire, then to Rome, where the first hospital was founded by Fabiola, a Christian noblewoman. Hospitals offered palliative care and sometimes (in the eastern Roman Empire) medical treatment for the sick poor, while most who could afford it were cared for in their own homes. The hospital was one of the few institutions in Europe that survived the fall of the Roman Empire and flourished in the Middle Ages, maintained most often by monastic orders. The Christian emphasis on compassionate care continued until the end of the nineteenth century. The professionalization of medicine and hospitals, together with the desecralization of medicine, gradually lessened its influence.

Notes
Friday, June 17th Plenary Address

Transformations in Health Care for Better or for Worse: A Nursing Perspective
Carol Taylor, PhD, MSN, RN
Georgetown University

This plenary session will explore three “transformations” in health care: person-centered care, health equity, and end-of-life care. While each transformation promised to improve human health and wellbeing, the transformation in many respects has been less than successful. Strategies to overcome the dark side of these transformations will be highlighted.
Saturday, June 18th Plenary Address

The Hidden Curriculum and the Future Socialization of Medical Professionals

Michael Balboni, PhD, ThM, MDiv

*Harvard Medical School*

Medical training acts as a “secondary socialization” in which trainees internalize, through habitualization, the necessary institutional practices, knowledge, and viewpoints that make physicians spontaneously act with little reflection qua physician. Some elements of this process are referred to as the “hidden curriculum,” which leads to a socialization that can undermine professional ideals in their actual practice of patient care. The lecture provides an empirical perspective on how spirituality and religion relates to the hidden curriculum, highlighting preliminary evidence that religion/spirituality may be a critical factor in resisting corrosive cultural forces operating in medicine. The lecture also sketches a theological viewpoint that suggests that the hidden curriculum may have embedded within it a latent spirituality of immanence. If this theological viewpoint is correct, then medicine must re-engage traditional religious communities as critical communities of formation, who hold unique powers to counter the hidden curriculum within its moral formation of future physicians.
Saturday, June 18th Plenary Address

Precision Medicine: The Promise and Problems of Transformational Medicine in the 21st Century

Kevin T. FitzGerald, SJ, PhD, PhD

Georgetown University

President Barack Obama announced the Precision Medicine Initiative in his 2015 State of the Union address. The focus of this initiative is to acquire and integrate patient information from genomics, proteomics, metabolomics, environment, family history and lifestyle, in order to provide more effective healthcare to each and every patient. While laudable in its general aspirations, this approach to healthcare also raises several critical ethical issues regarding the meaning of health and human flourishing. This presentation will review the development of precision medicine and the major ethical issues it raises. In response to these challenging issues, an ethical approach will be presented that is grounded in fundamental Judeo-Christian values and vision, and yet articulated in a manner that is accessible and relevant to all communities that will be impacted by this transformational medical initiative.
Our legal team is the source of the life-affirming language and legislation that is transforming the legal landscape across the country. We are the architects of a comprehensive strategy advancing toward reversing Roe v. Wade.

What they’re saying about Americans United for Life

Americans United for Life is "chiefly responsible for the most recent and highly successful under-the-radar [pro-life] strategy."

- Rolling Stone

"Americans United for Life [is] the legislative wing of the pro-life movement."

- Mother Jones Magazine

"AUL has... been making progress - persistently, year by year, in the courts and legislatures... AUL is a thoughtful, strategic leader."

- The late Henry Hyde, Congressman & AUL board member

Learn more at www.AUL.org
Born Inferior? How to Counter the Abortion Industry’s Sales Pitch that Endangers Women’s Healthcare

The “essential holding” of Roe v. Wade was upheld by the Supreme Court in the early 1990s under the premise that women have relied on abortion for equal participation in society. The faulty premise that “women need abortion” is increasingly leveraged against appropriate health and safety standards and the conscientious practice of genuine women’s healthcare. Under a false facade of women's advancement, women's healthcare is endangered.

This workshop will explore the evolution of the legal arguments used to support abortion-on-demand, the threat they pose to women’s healthcare, and what can be done to counter them.

Presented by:
Americans United for Life with Anna (Franzonello) Paprocki, JD

Ms. Paprocki joined Americans United for Life (AUL) in September 2009. Among her many responsibilities, she consults with state and federal legislators, provides testimony in favor of life-affirming legislation, and drafts and contributes to amicus curiae briefs before the U.S. Courts of Appeal and the United States Supreme Court.

Ms. Paprocki is a contributing author to AUL’s publication Defending Life. She is also a co-author of AUL’s Constitutional Law and Abortion primer for law school students and contributed to AUL’s July 2011 Report, The Case for Investigating Planned Parenthood.

While at AUL, she has been published and interviewed by a variety of news sources including National Review Online, Politico, Washington Times, Touchstone Magazine, WORLD Magazine, National Catholic Register, Fox News, CBN, ABC News, CBS News, and NPR. She has also been an invited speaker at schools and events across the country.

She earned her BA in History from Franciscan University and her law degree from Notre Dame Law School.
Should There Be Limits on Conscientious Refusals in Healthcare?

Since the Supreme Court decision in Roe v Wade, the scope of healthcare rights of conscience has steadily expanded. At first, federal laws were passed that primarily protected physicians, nurses, and institutions from reprisals for not participating in abortions. New developments, however, in genetics, reproductive technology, stem cell research, organ donation, and end-of-life care have increased the number of practices that could be considered morally objectionable. Most professionals in the healthcare industry agree that a physician should not be forced to provide treatments or services that violate her conscience. Laws and institutional policies generally support the claim that reasonable accommodations should be made to allow for conscientious refusal in healthcare.

A growing number of ethicists, policymakers, and healthcare professionals, however, are concerned that an unrestricted right of conscience places too great a burden on patients. In their view, the right of a physician to refuse to provide treatment must be balanced with the needs of a patient to secure medical care. This workshop explores the question, Should there be limits on conscientious refusal in healthcare? If so, what limits are reasonable, practical, and fair? Participants in the workshop will discuss the diversity of opinions in the debate over rights of conscience by reviewing relevant court cases and pertinent literature.

By the end of the session, participants will be able to: 1) explain the importance of protecting a right of conscientious refusal in healthcare, 2) appreciate the need to balance a right of refusal with the medical care needs of patients, and 3) describe general principles that would provide reasonable limits on conscientious refusals and form the basis of a public policy or institutional guideline.

Presented by:
The Center for Bioethics & Human Dignity with Cheyn Onarecker, MD

Dr. Onarecker is the Program Director of St. Anthony Family Medicine Residency in Oklahoma City, Oklahoma. After graduating from medical school at Oral Roberts University, he completed a family medicine residency at Carswell Air Force Base and a fellowship in academic medicine in Waco, Texas. In 1991, he and two colleagues started St. Anthony Family Medicine Residency, where he continues the mission “to develop competent and compassionate family physicians who reveal the healing presence of God through exceptional healthcare and Christlike character.” Dr. Onarecker obtained an MA (Bioethics) from Trinity International University and teaches clinical ethics in the Trinity master’s degree program. As a member of his hospital Ethics Committee, Dr. Onarecker develops and reviews hospital policies and performs ethics consultations. He and his wife, Sarah, live in Edmond, Oklahoma where they attend Life Church and spend much of their free time keeping up with six children and two grandchildren. He also serves as co-chair of CBHD’s Healthcare Ethics Council.
Crispy and CRISPR—Embryos Made to Order

Gene editing has been touted as a panacea for genetic diseases, especially with newer technologies such as CRISPR-Cas9. The genetic techniques, along with newer methods to culture embryos in the laboratory, have also been condemned as eugenic tools to remake humanity and alter future generations. This workshop will discuss the science behind gene editing and the reality of the DNA modification methods, and will also explore the possibilities for potential ethical vs. unethical uses for human genetic modification.

Presented by:
Charlotte Lozier Institute with David A. Prentice, PhD

Dr. Prentice is Vice President and Research Director for the Charlotte Lozier Institute. He is also Adjunct Professor of Molecular Genetics at the John Paul II Institute, The Catholic University of America and an Advisory Board Member for the Midwest Stem Cell Therapy Center, a unique comprehensive stem cell center in Kansas that he was instrumental in creating. Previously he served over 10 years as Senior Fellow for Life Sciences at the Family Research Council, and prior to that he spent almost 20 years as Professor of Life Sciences at Indiana State University, and Adjunct Professor of Medical and Molecular Genetics, Indiana University School of Medicine.

He is an internationally-recognized expert on stem cell research and bioethics, and has provided scientific testimony before the U.S. Congress and numerous state legislatures, the U.S. National Academy of Sciences, the President’s Council on Bioethics, European Parliament, British Parliament, Canadian Parliament, Australian Parliament, German Bundestag, French Senate, Swedish Parliament, the United Nations, and the Vatican. He was selected by President George W. Bush’s President’s Council on Bioethics to write the comprehensive review of adult stem cell research for the Council’s 2004 publication *Monitoring Stem Cell Research*.

Dr. Prentice has published numerous scientific and bioethics articles, including a defense of adult stem cell treatments with extensive literature documentation published by the journal *Science*. He has also published numerous commentaries and op-eds, and travels nationally and internationally to give frequent invited lectures regarding stem cell research, cloning, bioethics, genetics, and public policy. He has been interviewed in virtually all major electronic and print media outlets, including CNN, ABC, NBC, CBS, Fox, C-SPAN, Reuters, AP, NPR, *USA Today*, BBC, *The Washington Post*, *The Los Angeles Times*, and *The New York Times*. 
Organ Procurement Theories and Sacredness of Life in the ICU

This workshop will employ a “Journal Club” format. Several recent papers or texts will be presented which illustrate contemporary theories or trends in the effort to close the transplantable organ supply-demand gap. An open discussion among workshop participants will be designed to identify ethical concerns that might arise from these theories, and enhance the sensitivity of healthcare practitioners, ethicists, and administrators to how such programs might pose a ‘sacredness of life’ threat to patients who might become organ donors.

Presented by:
Christian Medical & Dental Associations
with Allen H. Roberts II, MD MDiv, FCCP, FACP

Dr. Roberts is originally from Alexandria, VA. He took his BA from the University of Virginia and his MD from George Washington University. He completed his MDiv at Reformed Theological Seminary, and will complete a Masters in Bioethics through Trinity International University later this year.

In 2003 he retired from the US Navy Medical Corps, after a 20 year career in Internal Medicine, Pulmonary and Critical Care, during which time he served as White House Physician under President George H.W. Bush. For the past 13 years he has practiced Critical Care Medicine at Georgetown University Hospital, where he now serves as the Associate Medical Director for the hospital, Medical Director of the Surgical Intensive Care Unit, and Chair of the Clinical Ethics Committee.

Dr. Roberts has been extensively involved in postgraduate medical education, specifically resident education in Critical Care. He has a keen interest in end-of-life care and ethics, and transplantation ethics. He has been active in local activities in opposition to physician-assisted suicide (PAS), testifying before DC City Council in July 2015 against the proposed PAS bill.

He lives in Washington DC with Afsoon, his wife of 20 years, and two daughters, Ariana and Sara. The family attends The Falls Church Anglican, where he serves as member of the Vestry.
Eugenics and Transhumanism in the Modern Age: The Pursuit of Biological “Perfection” at What Cost?

The pursuit of biological “perfection” has been around for ages. We will trace the history and philosophy of the eugenics movement, and then explore modern eugenics by means of transhumanism. Modern eugenics has a similar underlying philosophy as its predecessor, even though it manifests itself differently: prenatal and genetic screening with the aim to abort a child with adverse conditions, sex-selective abortions, in-vitro selection, pre-implantation genetic diagnosis (PGD), aborting extra embryos via “selective reduction,” three-parent embryo technologies, genetic engineering, and gene editing.

Transhumanism aims to transform the human condition, but at what cost? This workshop will explore the benefits and consequences of transhumanism to individuals, the healthcare community, and the human family.

Presented by:
Family Research Council with Arina O. Grossu, MA

Ms. Grossu is the Director of the Center for Human Dignity at the Family Research Council where she focuses on sanctity of human life issues, ranging from conception to natural death. Her areas of expertise include abortion, women’s health, bioethics, pornography, and sex trafficking.

Ms. Grossu is a graduate of the University of Notre Dame, with a BA in Philosophy. She completed her MA in Theology, magna cum laude, from the Dominican House of Studies. She holds a certification in Health Care Ethics from the National Catholic Bioethics Center. She is pursuing a Master of Science in Bioethics through the University of Mary. She also holds a license in AMI Montessori through the Montessori Institute of San Diego. She is a current board of director of the National Pro-Life Religious Council and a past Leonine Fellow of the Catholic Information Center.


In addition to defending life and human dignity, Ms. Grossu enjoys entrepreneurship, tennis, oil painting, guitar, Montessori and classical education, the arts, and Catholic culture.
Quality of Life and the Statistical Outlier: On Caring in the Industrial Age

This workshop will explore the ways in which modern healthcare infrastructure can inhibit care for those who fall outside the bounds of the “normal.” But, it ends on a hopeful note with a wonderful example of a physician who is bucking the trend by shaping his entire practice on personalized care to the outlier.

Presented by:
Joni and Friends with Kathy McReynolds, PhD

Dr. McReynolds graduated with a BA in Christian Education at Biola University, and then went on to earn an MA in Systematic Theology at the Talbot School of Theology, Biola University. After earning her degrees, she took five years off, wrote five books, had three children, and then went on to earn her PhD in Ethics at the University of Southern California.

She is a professor in the Bible Department at Biola University where she has taught for the past 15 years. In July 2007, Kathy became the Director of Public Policy at the Christian Institute on Disability at Joni and Friends. Her responsibilities included writing, speaking, and networking with other like-minded scholars. In July 2010, Kathy accepted the position as the Director of Academic Studies at the Christian Institute on Disability.
Emerging Biotechnology
Wednesday, June 15th

Biotechnology is expanding rapidly and bringing exciting new techniques for potential therapies, as well as many new bioethical challenges. We will survey many of the newer and updated technologies and frame the bioethical questions that they bring. Among the topics surveyed will be various methods of gene editing and 3-parent embryo creation, stem cells of all types, fetal tissue, organoids, reproductive technologies including uterus transplants and ectogenesis, and chimeras. Discussions will also address current and potential clinical applications of these technologies.

Workshop led by:
David Prentice, PhD

Dr. Prentice is Vice President and Research Director for the Charlotte Lozier Institute. He is also Adjunct Professor of Molecular Genetics at the John Paul II Institute, The Catholic University of America and an Advisory Board Member for the Midwest Stem Cell Therapy Center, a unique comprehensive stem cell center in Kansas that he was instrumental in creating. Previously he served over 10 years as Senior Fellow for Life Sciences at the Family Research Council, and prior to that he spent almost 20 years as Professor of Life Sciences at Indiana State University, and Adjunct Professor of Medical and Molecular Genetics, Indiana University School of Medicine.

Dr. Prentice is an internationally-recognized expert on stem cell research and bioethics, and has provided scientific testimony before the U.S. Congress and numerous state legislatures, the U.S. National Academy of Sciences, the President’s Council on Bioethics, European Parliament, British Parliament, Canadian Parliament, Australian Parliament, German Bundestag, French Senate, Swedish Parliament, the United Nations, and the Vatican. He was selected by President George W. Bush’s President’s Council on Bioethics to write the comprehensive review of adult stem cell research for the Council’s 2004 publication Monitoring Stem Cell Research.

Dr. Prentice has published numerous scientific and bioethics articles, including a defense of adult stem cell treatments with extensive literature documentation published by the journal Science. He has also published numerous commentaries and op-eds, and travels nationally and internationally to give frequent invited lectures regarding stem cell research, cloning, bioethics, genetics, and public policy. He has been interviewed in virtually all major electronic and print media outlets, including CNN, ABC, NBC, CBS, Fox, C-SPAN, Reuters, AP, NPR, USA Today, BBC, The Washington Post, The Los Angeles Times, and The New York Times.
Pediatric Ethics
Thursday, June 16th

This workshop explores both contemporary and perennial issues in pediatric ethics. Pediatric ethics emerges with the complexities of dealing with not only the individual patient, but how the patient’s care interfaces with their parents, broader family, and society at large, raising important moral, legal, and social considerations. The pediatric practitioner also must balance broader public health considerations alongside allocation of resources and individual patient care. Topics may include: pediatric parental/custodial decision-making, mature minor decision-making, professional right of conscience, vaccination policies, and a discussion of granting patient requests for pediatric enhancements.

Bethany

“This is how God works! Just to show how mighty He is, He can use anybody. It can be just a normal person—like me!”

For more than twenty years, Samaritan Ministries’ members have been sharing one another’s medical needs, without using health insurance, through a Biblical model of community among believers. Samaritan members share directly with each other and do not share in abortions and other unbiblical practices.

- More than 61,000 families (over 200,000 individuals)*
- Sharing over $17 million* in medical needs each month
- The monthly share has never exceeded $405 for a family of any size*

Come see what our members are saying and start your own Samaritan story today at: mysamaritanstory.org

* As of May 2016
Workshop led by:
Elizabeth Hensley, MD and Ferdinand D. Yates, Jr., MD, MA (Bioethics)

Dr. Hensley is a pediatrician from Jackson, Mississippi. She received a BA in psychology from the University of Southern Mississippi, an MD from the University of Mississippi, and completed a pediatric residency at Batson Children’s Hospital. Her professional experience has included private practice, academics, public health, and corporate medicine. She served as the medical director for the Blake Clinic for Children, a large multispecialty clinic for children with special needs. Dr. Hensley also worked for several years as the medical director for a large corporate health insurer interacting with multifaceted dimensions of healthcare policy and bioethical issues in both the private and government sectors. She is Affiliate Faculty with the Center for Bioethics and Medical Humanities at the University of Mississippi Medical Center where she and her husband, Dr. Sam Hensley, co-direct and teach a fourth-year medical student elective which focuses on philosophical and religious perspectives in contemporary bioethics.

Dr. Yates is currently in full-time pediatric practice in a suburb outside of Atlanta, Georgia. Previously, he was Professor of Clinical Pediatrics at State University of New York at Buffalo. He was also the senior pediatrician and co-founder of Genesee-Transit Pediatrics, LLP. He earned BA in Chemistry and MD from The University of Virginia. He completed a residency in general pediatrics at Women and Children’s Hospital in Buffalo, New York, and subsequently entered private practice. Dr. Yates graduated with an MA in Bioethics cum laude from Trinity International University in 2004.

Dr. Yates is a Fellow of the American Academy of Pediatrics for which he has intermittently served on the Executive Committee for the Section on Bioethics. In addition he is a member of the Christian Medical & Dental Associations where he has been mostly involved with the Ethics Commission. He has also served on the Board of Directors for the American College of Pediatricians. In Buffalo, he has been a member of the ethics committees for both the Catholic Health System and the Kaleida Health System. He also serves as co-chair of the Healthcare Ethics Council for The Center for Bioethics & Human Dignity.

As a former medical ethicist, Dr. Yates offered bedside ethics consultations assisting in critical care decision making at the bedside of adults and children. In addition, he was actively involved in the education of medical students and hospital resident staff. In the Buffalo community, he volunteered at Cornerstone Manor—a shelter for women and children—where he examined the children and educated parents as they reside at the shelter.

In addition he enjoys playing with the grandchildren, cooking, golfing, and plays in an orchestra in the Atlanta-area church that he and his wife, Jackie, attend.
Christina Bieber Lake, PhD

Dr. Bieber Lake is the Clyde S. Kilby Professor of English at Wheaton College in Wheaton, Illinois, where she teaches classes in contemporary American literature and literary theory. She is the author most recently of *Prophets of the Posthuman: American Fiction, Biotechnology, and the Ethics of Personhood*, a book that draws upon theological resources as it investigates, through fiction, the motivations for human enhancement. The book argues that as Americans become increasingly seduced by the technofuturists’ promise of a life without suffering, fiction must guide our exploration of the theological dimensions of life as created beings. *Prophets of the Posthuman* won the 2014 Aldersgate prize for Christian scholarship.

Dr. Lake frequently contributes essays on fiction, ethics, and film to *Books & Culture* and *The Cresset*, as well as scholarly journals. She is a frequent contributor to scholarly work on Flannery O’Connor, and her book *The Incarnational Art of Flannery O’Connor*, describes how O’Connor viewed fiction as an ideal way to fight Gnostic dualisms prevalent in American intellectual and religious life.

Dr. Lake lives in Carol Stream, Illinois with her husband Stephen, and her son, Donovan.

Hans Madueme, MD, PhD

Dr. Madueme is an Assistant Professor of Theological Studies at Covenant College, was born in Sweden, and grew up in Nigeria and Austria. After studying anatomy and medicine, he completed his Residency in Internal Medicine at the Mayo Clinic. He also received an MDiv and a PhD in systematic theology from Trinity Evangelical Divinity School (TEDS). Prior to lecturing in Christian doctrine at Covenant, he was the Managing Director of the Henry Center for Theological Understanding and the Associate Director of the Jonathan Edwards Center at TEDS. His research interests are in systematic theology and the interface between science and theology; his dissertation critically examined proposals to revise hamartiology in light of modern biological perspectives. He is the author of numerous articles and two forthcoming books. In 2014, he and Michael Reeves co-edited the book, *Adam, the Fall, and Original Sin*, published by Baker Academic. Hans received a two-year grant by Oxford University to participate in the Bridging the Two Cultures of Science and Humanities project, sponsored by the Templeton Religion Trust. In addition, he was recently awarded the inaugural 2017 Henry Resident Fellowship with The Creation Project, a three-year project directed by the Henry Center. Hans is a ruling elder at St. Elmo Presbyterian Church in Chattanooga. He and his wife, Shelley, have two children, Caleb and Zoe and live in Flintstone, Georgia.
D. Joy Riley, MD, MA (Bioethics)

Dr. Riley is executive director of The Tennessee Center for Bioethics & Culture, a 501(c)3 educational corporation, and serves as the ethics consultant of a Nashville-area hospital. Board-certified in internal medicine, her writing and lecture topics include medical ethics, organ transplantation ethics, stem cell research, genetics, end-of-life issues, and assisted reproductive technologies. With Scott B. Rae, she co-authored *Outside the Womb: Moral Guidance for Assisted Reproduction*, and with C. Ben Mitchell, *Christian Bioethics*.

Joyce A. Shelton, PhD

Dr. Shelton received her BS from New Mexico State University, her PhD from University of New Mexico School of Medicine, and was an NIH postdoctoral fellow at Northwestern University. She is currently Professor of Biology at Trinity International University, where she has taught in both graduate and undergraduate programs for over 25 years. Prior to coming to Trinity, she did research in developmental biology, immunology, and reproductive biology and has publications in these areas. She also has interests in the field of bioethics. She has taught courses in bioethics at both the undergraduate and graduate levels.

Dr. Shelton has served as the director of the Undergraduate Bioethics Institute before CBHD’s summer conference for many years. She was instrumental in development of the dual degree (BA/MA) in bioethics at Trinity and advises undergraduate dual degree students. While at Trinity she has been Chair of the Health Sciences Department, Associate Dean and Interim Academic Dean of TGS, and is currently serving as the Director of the School of Science and Technology and the University Assessment Officer.
Michael J. Sleasman, PhD

Dr. Sleasman is the managing director and research scholar for The Center for Bioethics & Human Dignity. He is an affiliate professor of bioethics for Trinity Graduate School and has served as an adjunct instructor and online course tutor at the college and graduate level in the areas of philosophy, theology, ethics, and cultural engagement.

Dr. Sleasman completed his doctorate in theological studies from Trinity Evangelical Divinity School. His current areas of research specialization include the theological engagement of bioethical issues with particular emphasis on biotechnology, other emerging technologies, and human futures, as well as the intersection of technology, ethics, and culture in general.

He is a co-editor of *Everyday Theology: How to Read Cultural Texts and Interpret Trends* with Kevin Vanhoozer and Charles Anderson. He recently contributed the entry on “Bioethics” to the forthcoming third edition of the *Evangelical Dictionary of Theology* (Baker Academic), along with entries on “Nanotechnology” and “Robots” to the *Encyclopedia of Global Bioethics*, edited by Henk ten Have (Springer). He also has written a number of book reviews for various journals. Dr. Sleasman serves on the Board of Reference for the Christian Institute on Disability for Joni & Friends and as consulting editor for The Journal of the Christian Institute on Disability.

Dr. Sleasman has been interviewed on a range of bioethical issues by such media sources as *ABC News Radio, Atlanta Magazine, CNS News, Family News in Focus, Medill News, Northwestern College Media,* and *SRN News,* and has delivered a number of workshops and lectures for CBHD, Lincoln Christian University, Joni & Friends, the Christian Medical & Dental Associations, and the American Scientific Affiliation. He and his wife Cindy reside in the northern suburbs of Chicago with their three children.

COURSE LECTURERS

Joe P. Gibes, MD

Dr. Gibes is a core faculty member at the University of Chicago (NorthShore) Family Medicine Residency. He has been married 25 years to Amy, and they have three children. His undergraduate degree is in English, and he received his MA in bioethics from Trinity in 2010. He plays clarinet in the FullScore Chamber Orchestra.
Samuel D. Hensley, MD

Dr. Hensley is a Medical Director and GI Pathologist for GI Associates in Jackson, Mississippi, an Assistant Clinical Professor at the University of Mississippi School of Medicine, and is on the faculty of the University of Mississippi Center for Bioethics and Medical Humanities. He received his MD from West Virginia University and an MA in Bioethics (summa cum laude) from Trinity International University. Dr. Hensley completed a residency in Anatomic and Clinical Pathology at Wilford Hall USAF Medical Center in San Antonio and a fellowship in Neuropathology at the Armed Forces Institute of Pathology and National Institutes of Health in Washington, DC. He is a diplomat of the American Board of Pathology in Anatomic Pathology, Clinical Pathology, and Neuropathology.

Dr. Hensley and his wife Dr. Elizabeth Hensley co-teach a 4th year medical student elective in bioethics from various philosophical and religious perspectives. He also serves as a consultant to the Ethics Committee for Mississippi Baptist Medical Center. He is on the Executive Committee of the local Christian Medical & Dental Associations (CMDA) chapter and has served on the CMDA National Ethics Commission. He is also a Past Fellow of The Center for Bioethics & Human Dignity and lectures in courses at Reformed Theological Seminary in Jackson, particularly in the areas of pastoral care and its interface with bioethics and end of life issues. Sam, Elizabeth, and their son Nick are members of First Presbyterian Church in Jackson where he serves as a ruling elder.

Michelle Kirtley, PhD

Dr. Kirtley, PhD, is the Bioethics and Public Policy Associate for The Center for Bioethics & Human Dignity. Prior to joining the Center, Michelle worked for six years on Capitol Hill for Congressman Dave Weldon, MD (R-FL) and Congressman John Fleming, MD (R-LA), serving as a science and health policy advisor. During her tenure with Congressman Weldon, she was responsible for overseeing the Congressman’s legislative efforts in biotechnology policy, including legislation to ban human cloning, ban fetus farming, and limit the scope of human gene patents. During the healthcare reform debates of 2009-2010, she advised Congressman Fleming on his legislative and communications strategy, drafting alternative healthcare reform proposals, speeches, opinion editorials, and constituent communications.

Dr. Kirtley completed her doctorate in cell biology at the Massachusetts Institute of Technology and her undergraduate degree in molecular biology from Princeton University. Michelle also serves as a Trustee for the Center for Public Justice, a Washington-based faith and public policy organization, and has written numerous articles in bioethics policy, health policy and politics for their weekly newsletter Capital Commentary. She lives with her husband and four children in Chapel Hill, NC, where she also serves on the Board of Samaritan Health Center, a private, Christian health clinic for low-income and uninsured residents of the Research Triangle in North Carolina.
Ryan Nash, MD, MA

Dr. Nash is the Director of The Ohio State University Center for Bioethics and Medical Humanities. He is an Associate Professor of Medicine and holds the Hagop Mekhjian, MD, Chair in Medical Ethics and Professionalism at the OSU College of Medicine. In addition to practicing palliative medicine, Dr. Nash is a Clinical Bioethics consultant and Healthcare Ethics Advisor for the OSU Medical Center. He is an active educator and administrator. He is the editor of the Ohio State University Press book series on Bioethics and Medical Humanities. He serves on editorial boards of the journals HealthCare Ethics Committee Forum and Christian Bioethics. In addition, he serves on the editorial advisory board for the Journal of Pain and Symptom Management and the Journal of Medicine and Philosophy and as a reviewer for Journal of Medical Ethics, AMA Journal of Ethics, and Narrative Inquiry in Bioethics, among other journals. He has published one book on the Ethical and Legal Dimensions of Palliative Care, four book chapters, and several essays related to bioethics. Dr. Nash has presented numerous scientific papers and invited lectures at national and international meetings.

Dr. Nash currently serves on the Ethics Committee for the American Academy of Hospice and Palliative Medicine and has helped draft position statements on Palliative Care Research, Palliative Sedation, and Physician-Assisted Dying. In addition, Dr. Nash serves on the Faith Perspectives Committee with the National POLST (Physician Orders for Life-Sustaining Treatment) Paradigm Task Force and helped draft the resource “Distinguishing POLST From Death with Dignity Statutes.”

Dr. Nash received an MD from the University of Texas Medical School at Houston and an MA in Bioethics from Trinity International University. He completed an internal medicine residency at the University of Texas Medical School, a fellowship in palliative medicine at the University of Alabama School of Medicine, and was a fellow and visiting scholar at the MacLean Center for Clinical Medical Ethics at the University of Chicago's Pritzker School of Medicine. Dr. Nash has been recognized as a Fellow of the American College of Physicians, Fellow of the American Academy of Hospice and Palliative Care, and Fellow in the Academy of Fellows of The Center for Bioethics & Human Dignity. He has repeatedly been named to the “America's Best Doctors” and “World's Best Doctors” lists.

Kathleen Waller, PhD

Dr. Waller is Associate Professor in the Religious Studies Department at Saint Xavier University in Chicago where she teaches courses in Systematic Theology, Christian Ethics, and Christianity and American Culture. She is also affiliated with the Women and Gender Studies Program, the African American Studies Program, and the Honors Program at the University. She was educated at the University of Chicago Divinity School where her dissertation on the authority of Scripture for Christian theology was awarded with distinction.

Dr. Waller’s current research interests center on the lives of Maria Stewart and Chicagoan elder Lucy Smith, and she is completing work on the theology of African American spirituals. She serves on two Board of Trustee committees at Mercy Hospital in Chicago, and maintains an active schedule of speaking at academic conferences as well as to church and women’s groups.
PARALELL PAPERS SCHEDULE
ALL PARALLEL PAPER SESSIONS OCCUR IN THE RODINE BUILDING

FRIDAY, JUNE 17TH

Session A (1:30-2:00pm)

RODINE 124 – ANDREW KUBICK, MA
   The Economy of Physical Suffering*

RODINE 125 – KENT ANDERSON, PHD
   Ethical Wills, Narrative, and the Transmission of Values*

RODINE 126 – KAREN SMITH, LMSW, PHD
   Incapacitated Agents: A New and Increasing Dilemma in Hospital Care*

RODINE 127 – JOHN FITZGERALD, PHD
   On the Potential for Dialogue between Catholic Moral Theology and Secular Principlism

RODINE 128 – COURTNEY THIELE, JD, MA
   Physician-Assisted Suicide Updates and Implications

Session B (2:10-2:40pm)

RODINE 124 – ALBERT SCHORSCH, III, PHD
   Bioethical Implications of Edith Stein’s Philosophy of Empathy and of Death*

RODINE 125 – DANIEL RICHARDSON, MD, MA
   Equipoise in Hematopoietic Stem Cell Transplantation Patient Selection*

RODINE 126 – MARY E. HOMAN, MA, MSHCE, DRPH (CAND.)
   Data Collection & Ethics Consultations

RODINE 127 – KEVIN VOSS, DVM, PHD
   Religious Beliefs and Reproductive Counseling Practices

RODINE 128 – TIMOTHY MROWEIC, MA
   End-of Life Care for Patients with Intellectual Disabilities

SATURDAY, JUNE 18TH

Session A (1:30-2:00pm)

RODINE 124 – MICHAEL SLEASMAN, PHD
   Sci-Fi & Tech Assessment*

RODINE 125 – HELIO ANGOTTI-NETO, MD, PHD
   The Hippocratic Oath: Poetic, Symbolic, and Moral Interpretation*

RODINE 126 – MICHAEL COX, MA
   Bioethical Hermeneutic of Old Testament Law

RODINE 127 – JACOB CLOUGH, MA, MDIV
   Physician Assisted Suicide in Oregon and Its Implications

RODINE 128 – DIANE ENNS, BS
   A Review of Data-Based Studies on Bioethics Education

Session B (2:10-2:40pm)

RODINE 124 – JACOB KOOPMAN, MD
   Physician-Assisted Dying in the Netherlands*

RODINE 125 – DONNA HARRISON, MD
   The Hippocratic Oath as the Foundation of the Doctor Patient Relationship*

RODINE 126 – TODD DALY, PHD
   Slowing Aging in Theological Perspective

RODINE 127 – JOHN SEAGO, MA (CAND.)
   The Failure of Texas’ Experimental Dispute Resolution Mechanism

RODINE 128 – AEISHA THOMAS, PHD
   Results of Two Bioethics Education Surveys of Faculty from CCCU Schools

*CME Approved Parallel Paper Session
Kent Anderson, PhD

Dr. Anderson received his PhD from DePaul University, and his MTS from Nashotah House Theological Seminary. Currently he is a Professor of Philosophy at Clarke University. He is an ordained Episcopal priest and serves as a chaplain at Mercy Medical Center in Dubuque, Iowa. His research interests include biomedical ethics, chaplaincy ethics, and philosophical pedagogy.

Ethical Wills, Narrative, and the Transmission of Values between Generations

Ethical wills, life review, and reminiscence are tools that have been used by psychiatry, palliative medicine, hospice, and faith communities to assist seniors in bringing focus to their lives, especially during their last years. Although each tool has its special function, the idea behind ethical wills is the transmission of wisdom, personal values, and family lessons from one generation to the next. Their origin traces back to biblical writings, and they have been used throughout history, especially by the Jewish community, to pass on treasured insights through time.

Yet, what is the best method to transmit values from one generation to the next? Ethical wills can take many different formats such as writing letters, constructing a list of values, or even writing responses to a series of questions. This presentation argues the best way to construct ethical wills is by narrative. This view is supported by the work of Stanley Hauerwas, one of the most influential contemporary Christian ethicists. He argues that values are best understood and expressed within a narrative context. Ethical values independent of narrative context lack specificity and detail. Narrative conveys the purpose or meaning of a person’s life, and within the story one finds the fundamental values that a person holds. In narrative, values are apprehended as being authentic; truth is carried on the story’s shoulders.

This presentation surveys the important differences between ethical wills, life review, and reminiscence in their current use. After looking at some current methods for generating ethical wills, it argues, vis-à-vis Hauerwas, for the priority of narrative in the conveyance of values from one generation to the next. It concludes with concrete suggestions about how to construct ethical wills based on narrative.

Helio Angotti-Neto, MD, PhD

Dr. Angotti-Neto is the Dean of the UNESC Medical School at Colatina, Brazil where he is a member of the Institutional Review Board and also teaches ophthalmology, medical ethics, medical humanities, and evidence-based medicine. He received his MD from the Federal University of Espírito Santo and did residence training in Ophthalmology and Doctorate in Medical Sciences at the University of São Paulo. He is also a Presbyter at the Brazilian Presbyterian Church and Editorial Director of Mirabilia Medicinae, a specialized section of Mirabilia Journal, which is based at the Universitat Autònoma de Barcelona, Spain.

The Hippocratic Oath: Poetic, Symbolic, and Moral Interpretation

The Hippocratic Oath remains as one of the most loved—or hated—ethical texts in medical ethics and bioethics. The objective of this paper is to clarify the poetic and the symbolic interpretations of the old text, searching for the real and proper use of the Oath then and now; and to prove that it remains a useful tool for bioethics and medical ethics studies and teaching. Using the Aristotelian theory of the Four Discourses, I analyze the Oath alongside an interpretation of its direct, indirect, specific and general moral prescriptions. The use of these important cultural and philosophical tools help us to define the Oath as a poetic text that can be used—and was used—to cause a powerful impression upon the new physician, helping in his moral education and in his commitment with the moral community of medicine. To judge the Oath as a logic, a dialectical or a rhetoric text would be to misjudge it and to
underestimate the real value of the Hippocratic Oath for the ancient Greek and for the actual physician.

**Jacob M. Clough, MDiv, MA**

Mr. Clough recently graduated from both Trinity Evangelical Divinity School and Trinity Graduate School with a Master of Divinity and an MA in Bioethics. He currently works and lives in College Station, Texas.

**An Examination of Physician-Assisted Suicide in Oregon and Its Implications**

Americans thrive on the ideology of controlling one’s own destiny. It should come as no shock then when this rationale is used to control the nature, time, and circumstances surrounding one’s death. For example, Oregon enacted their Death With Dignity Act in October of 1997. This allowed those with terminal illnesses to obtain prescriptions to end their lives. Recently, Brittany Maynard thrust the issue of physician-assisted suicide (PAS) into the national spotlight. Her compelling emotional narrative persuaded many and won ground for the Right to Die Movement. Her story was so captivating due to her being a young, well-educated, charismatic, and attractive individual. With recent developments in places such as Canada, California, and New Mexico, the Death with Dignity Movement appears to only be gaining steam. Given this trend, analyzing the data has become crucial. In February, Oregon released their 2015 Death With Dignity Report. The primary purpose of this essay is to evaluate the information presented in this report. While that remains at the fore, this essay will also give a brief synopsis of the current state of the PAS debate. The following are of particular interest for inquiry: insurance coverage (whether public or private), the reason(s) for seeking the medication, the reporting process, and the length of time for individuals to pass.

For example, less than 30% of individuals cited a concern of inadequate pain control. Despite this, it is unknown what percentage of those persons was experiencing any pain. The closing portion will examine the implications of PAS laws both in Oregon as well as what precedence it may have for the rest of the United States.

**Michael Cox, MA**

Mr. Cox is a Research Analyst at The Center for Bioethics & Human Dignity and is currently writing his dissertation in Theological Studies focusing on Old Testament Law at Trinity Evangelical Divinity School. Michael and his wife, Terese, live on Trinity’s campus with their three boys.

**So That We Might Be Kept Alive: Towards a Bioethical Hermeneutic of OT Law**

The laws of the Old Testament have been used (and misused) in the field of Christian bioethics. This paper explores the hermeneutics of OT laws in Christian bioethics.

To pursue this end, the study shall briefly survey contemporary OT hermeneutics that appropriate OT texts for ethical ends. To do so, a spectrum of hermeneutic positions is proposed describing scholarly opinion regarding the usefulness of OT laws within Christian ethical discourse—from “not useful” (e.g. Cyril Rodd) to “necessarily undergirding Christian ethical discourse” (e.g. Christopher Wright). The merits of each position is evaluated. The hermeneutic proposals of the latter position are then explored in order to distill interpretive principles for ethical appropriation of OT laws.

The study also briefly surveys a sampling of representative writings within Christian bioethics with a view toward the hermeneutics employed. This survey will also evaluate these interpretations and interpretive procedures against the more robust hermeneutic approaches of the previous section.

A second phase of the paper offers a constructive reading of two sample OT law texts, applying these texts to contemporary bioethical issues.
Todd Daly, PhD

Dr. Daly is associate professor of Theology and Ethics at Urbana Theological Seminary in Illinois. His contributions have appeared in *Ethics & Medicine*, *The Journal of Evolution & Technology*, and *Christianity Today*, as well as chapters in several edited volumes dealing with human enhancement. He is an associate Fellow at The Center for Bioethics & Human Dignity, and serves on the ethics committee at Carle Foundation Hospital in Champaign-Urbana.

**Hope for Youth and the Youth of Hope: Slowing Aging in Theological Perspective**

This paper critiques life extension via aging retardation and the hope that animates these projects through the lens of theological hope. I begin by examining the work of Francis Bacon (1561-1626), who, in arguing for a new scientific methodology rooted in the investigation of the particular, sought to elevate aging attenuation as the ultimate goal of medicine. Though Bacon acknowledged the resurrection of the body, and thus a ‘hope for heaven,’ he insisted that our hopes are better focused on discovering the mechanisms of aging, which lead him to embrace dualistic account of hope. To this day, the theological concept of hope has received little attention as it relates to slowing aging and biomedical progress in general. Moreover, in the few instances when theological hope is brought to bear on bioethical issues such as life extension, it has engendered a variety of responses that range from a refutation of slowing aging on the one hand (Richard Sherlock), and a demand that hope resists death and a world that puts up with it on the other (Moltmann). In working within these extremes, I will engage the work of Josef Pieper (1904-1977), who reflects on hope as a theological virtue, and consider the implications of slowing aging as it relates to the formation of character. With the help of Pieper’s observations, I argue that while slowing aging cannot be described as a project proper to theological hope, it exposes a potential danger of making us ‘old’ by tempting us to think that our “not yet” is greater than our “has been.” More positively however, I suggest that theological hope is just the virtue required to help us navigate a potentially longer life by shaping us in ways that guard against the character-distorting assumption that we’ve created longer earthly lives at our own bidding.

Diane Enns, BS, with Aeisha Thomas, PhD

Ms. Enns has a BS in Biology from Crown College and is currently working as a Research Assistant to Dr. Aeisha Thomas at Crown College.

Dr. Thomas is an Associate Professor of Biology/Life Science at Crown College. Her research interest focuses on Biology education. The work presented is a part of a study on undergraduate Christian bioethics education as a SCIO Visiting Scholar in Science and Religion.

**A Review of Data-Based Studies on Bioethics Education**

In order to form a basis for developing undergraduate Christian bioethics curriculum, an extensive literature search was conducted using the EBSCOhost Online Research Databases. For the first search on bioethics education, specific search terms included but were not limited to “college or undergraduate” and “teaching or pedagogy” and “bioethics or bioethical” and excluded the terms “nursing student” and “medical student.” A second search focused on Christian ethics education was conducted using search terms including but not limited to “higher ed or higher education” and “teaching or pedagogy” and “bioethics or bioethical” and excluded the terms “nursing student” and “medical student.” A second search focused on Christian ethics education was conducted using search terms including but not limited to “higher ed or higher education” and “teaching or pedagogy” and “Christian Ethic or catholic and ethic” and excluding the terms “nursing student” and “medical student” but it was difficult to find data based studies. Articles that included data were selected for review resulting in 37 on general bioethics education and only one on Christian ethics education. Two additional articles referenced by another study were included due to their relevance. There were various types of studies including program and course evaluations, teacher and student evaluations, and teacher and student opinions. Some of the papers presented successful approaches to ethics instruction which will be helpful for curriculum development.
However, factors beyond the classroom that affect an individual’s ethics responses include personal experience, professional experience, and major indicating that education is only one aspect of how ethical decisions are made. Other studies provided insight into how bioethics is prioritized. For example, teachers generally believe teaching about values and ethics is important but its coverage in programs seems to be considered inadequate and the most significant factor is a lack of time. Various approaches to teaching ethics including teaching frameworks, learning goals and assessment strategies will also be highlighted. The results of this literature review will be helpful for future development of Christian bioethics curriculum.

John J. Fitzgerald, JD, PhD

Dr. Fitzgerald is an Assistant Professor in the Department of Theology and Religious Studies at St. John’s University. His areas of interest include fundamental moral theology, health care ethics, comparative ethics, and law and religion. His first book, *The Seductiveness of Virtue: Abraham Joshua Heschel and John Paul II on Morality and Personal Fulfillment*, will be published by Bloomsbury T&T Clark in November.

On the Potential for Dialogue between Catholic Moral Theology and Secular Principlism

Despite their sizable influence on many ethicists, Catholic moral theology of health care and the “principlist” approach to bioethics (expounded by the philosophers Tom Beauchamp and James Childress in their canonical *Principles of Biomedical Ethics*) have rarely engaged in constructive conversation to date. For instance, the Catholic philosophers John Finnis and Anthony Fisher assert that Beauchamp and Childress’s approach is “legalistic and fails . . . to meet the contemporary challenges to morality in healthcare.” And Beauchamp has criticized Pope John Paul II’s encyclical *Evangelium Vitae* as “deeply offensive to both individual and moral autonomy.”

These strained relations are unfortunate, given a shared fundamental concern for autonomy, justice, nonmaleficence, and beneficence. And to some extent, the grounds provided for these principles coincide: Beauchamp and Childress say they are “drawn from the territory of common morality,” and the Catholic tradition would hold that they are rooted in a natural law accessible to those of all backgrounds. At the same time, the long-established Catholic emphasis on the relationship between morality and human flourishing is largely absent from principlist thinking, and Catholic theologians often come to different conclusions about moral and legal matters, such as physician-assisted suicide and the principle of double effect, than do Beauchamp and Childress.

Without downplaying the dissimilarities between Catholic bioethics and secular principlism (or the diversity within each of these positions), I will argue that representatives of these respective perspectives could benefit from some of the other’s insights and find common cause on certain issues. These include an ethical vision that upholds the development of good character and not simply adherence to moral laws, the promotion of the universal right to adequate health care, the protection of vulnerable subjects in biomedical research, and the safeguarding of physician-patient confidentiality (with cognizance of legitimate exceptions to it).

Donna J. Harrison, MD

Dr. Harrison is a board certified obstetrician and gynecologist and Executive Director of the American Association of Prolife Obstetricians and Gynecologists (www.aaplog.org). AAPLOG is the largest pro-life physician organization in the world. AAPLOG encourages and equips concerned medical professionals to provide an evidenced-based defense of both the mother and her unborn child.

The Hippocratic Oath as the Foundation of the Doctor-Patient Relationship: Is Application of the Physician’s Moral Compass in Patient Advocacy “Conscientious Objection” or “Refusal to Provide Care”?
Medicine is both a science and an art, guided by a moral compass and balancing patient autonomy and the physician's desire to provide beneficence. An anchor in this discussion has historically been the Hippocratic Oath, which shapes a coherent worldview of health care. This worldview encompasses a profound respect for the life of each human being placed under the care of the physician.

Differentiation between the provision of technology and the human art of caring is at the heart of the heated discussion over whether or not physicians can be forced by the state to participate in the destruction of the lives of their patients. Historically, the Hippocratic Oath has been the foundation of Western medical ethics, recently reaffirmed after the medical atrocities of the previous century. What are the essential elements of this Oath? What are the essential elements of the unique “Doctor-Patient” relationship? What does that relationship mean in an age of hospitalists, telemedicine and “cost centers” controlling reimbursement? Why is it critical that a physician have a coherent moral worldview and be allowed to practice the ethical implications of that world view?

Several of these issues are now before the US Supreme Court: 1) The issue of “accommodation”, 2) the issue of whether or not a state can force pharmacists (and by extension other health care providers) to dispense medications capable of ending a human being’s life and prohibit the referral of such patients on grounds of conscience, and 3) the issue of whether or not the individual 50 states will maintain the power to regulate the provision of medicine; or will these powers be subjugated to federally mandated statist goals.

We will also review the historical precedents where the role of physician as advocate for the patient was made subservient to other cultural demands such as the duty to the state or the duty to a political movement.

Mary E. Homan, MA, MSHCE, DrPH (Cand.)

Ms. Homan provides leadership for the clinical ethics service through consultation, education, and policy development for three tertiary-care hospitals, eight rural hospitals, and an academic medical center as the director of ethics for Mercy West Communities (Oklahoma).

Data Collection & Ethics Consultations: Beyond Quality Improvement and Futility Studies

Ethics consultations are universally recognized as a necessary component in healthcare, often recommended by regulatory agencies such as the Joint Commission on Accreditation of Healthcare Organizations. For Catholic healthcare, which must attend to the Ethical and Religious Directives for Catholic Healthcare Services (ERDs), an explicit instruction is that “[a]n ethics committee or some alternate form of ethical consultation should be available to assist by advising on particular ethical situations.” While much of modern day bioethics finds its source in Catholic Church theologians and philosophers, Catholic healthcare has “remained relatively absent from these more recent discussions in the bioethics literature.”

Mercy West Communities has begun development of a new model that includes development of a tool intended to gather qualitative and quantitative data as well as employing full-time ethicists in the hub hospitals in each community. Over the past four years, Homan has developed the proprietary instrument Ethics Consultation Worksheet (ECW) to document ethics consultation as well as capture relevant, qualitative information related to the ethics consultation. This tool utilizes a “best of breed” mentality. Development of the tool has included in-depth literature reviews across multiple fields of study and extensive input from internal and external stakeholders and experts representing numerous organizations. Data elements have been validated by Repenshek’s work which were based on the Veteran’s Health Administration IntegratedEthics® program as well as the American Society for Bioethics and the
Humanities Core Competencies for CEC.

This paper will first explore the significance of ethics consultation in healthcare. Subsequently, this paper will describe and critically review three previous studies that examined ethics consultations as a mechanism to avoid costs. Finally, we will discuss the Mercy West Communities approach to the ethics consultation service including a full-time ethicist with ethics responders initiative as well as the integration of EthicsTracker™ (a Microsoft Access database created in 2006 by Harmony Technologies, LLC to track trends in the ethics consultation process), and the development of an economic evaluation model. This model relies on a cost-benefit analysis whereby we assume that the benefits of the ethics consultation service exceeds its costs and that there is a positive net social benefit of the service.

Jacob Koopman, MD with Theo Boer, PhD

Dr. Koopman graduated with honors in Medicine and Biomedical Sciences at Leiden University Medical Center, the Netherlands. He conducted doctoral research on aging at the same institute. He studies bioethical questions on end-of-life care in collaboration with the Lindeboom Institute. This year, he starts his specialist training in internal medicine.

Turning Points in the Conception and Regulation of Physician-Assisted Dying in the Netherlands

Countries including the United States and Canada stand at a turning point, which manifests as spreading support and legalization of physician-assisted dying. The Netherlands, with its pioneering experiences of physician-assisted dying to which reference is often made, has gone through developments with more than one turning point. Firstly, physician-assisted dying attracted public attention and aspiration in the 70s. Secondly, physician-assisted dying became defined, its legislation initiated, and its practice tolerated around 1985. The tolerated practice of physician-assisted dying was provisionally formalized in 1994 and formally legalized in 2001. Regional Review Committees (RRCs) largely took over the controlling role of the Public Prosecutor and gained a leading role in the regulation of physician-assisted dying. Hereafter, the number of reported cases has risen to 3.8% of all deaths, but only 0.2% of the cases have been disapproved by the RRCs and none have led to legal prosecution. Thirdly, the justification of physician-assisted dying in the political and public debate has shifted from an appeal to a physician’s conflict of duties towards an appeal to a patient’s autonomy. Fourthly, in line with the increasingly valued autonomy of patients, cognitive and psychiatric disorders are increasingly regarded, also by the RRCs, as valid reasons for physician-assisted dying. Physician-assisted dying for those who are ‘weary of life’ or ‘tired of life’ is currently under discussion. Fifthly, the establishment of the End-of-Life Clinic in 2012, operating traveling teams for the provision of physician-assisted dying without means of palliative care, has uncoupled physician-assisted dying from the usual longstanding relationship between a physician and a patient. In conclusion, the long history in the Netherlands of tolerating and regulating physician-assisted dying has facilitated a normalization and expansion of its practice. By describing and clarifying the developments and their origins, we aim to inform other countries that are currently making decisions at earlier turning points.

Andrew S. Kubick, MA

Mr. Kubick teaches bioethics and religion at Saint John Paul the Great Catholic High School in Dumfries, VA. He earned an MA in theology, concentrating in bioethics, from Holy Apostles College & Seminary where he continues to study. His essays have been published in the National Catholic Bioethics Center’s Ethics & Medics and Quarterly journal.

The Economy of Physical Suffering

Physical suffering is a phenomenon that follows the manifestation of evil experienced in the body or psyche. Therefore, suffering is an effect with definable causes. Aristotle’s reflection on causality presented in his fifth book of Metaphysics offers four causes that can be applied to this phenomenon—efficient, material, formal, and
final. By identifying the efficient, material, and formal causes of suffering, we can better explore its final cause; specifically, what is it for? How can it be managed and used? What is its economy? Here, I propose the agent has the capacity to use the experience of evil willfully endured to achieve a good end. If an agent considers the impact this endurance and use can have to bring about a good or several goods rather than solely a privation of health, then he may be able to move from despair to hope because he realizes his purpose has not ceased to be but continues and is perhaps amplified through self-sacrifice and love.

In addition to Aristotle’s *Metaphysics*, I will also draw from Thomas Aquinas’ *Summa theologiae* as well as a number of texts; from C.S. Lewis’s *The Problem of Pain* to Peter Kreeft’s *Making Sense out of Suffering*. This essay synthesizes classic and contemporary works, philosophical propositions, and peer-reviewed medical literature to explore the economy of suffering and offer inspiration for those who endure it. Though I am unable to exhaust the topic within the confines of this paper, by offering potential goods to those who experience suffering, it is my hope they choose to endure it heroically recognizing the fruits of their labor.

Tim Mrowiec, MA

Mr. Mrowiec is a recent graduate of Trinity Graduate School with an MA in Bioethics. He is studying for a career in medicine as an advocate-scholar/physician serving marginalized populations, focusing particularly on people with disabilities, pediatrics, and disorders of sexual development. He currently works in healthcare in patient services.

End-of-Life Care for Patients with Intellectual Disabilities

End-of-life care is a complex and contentious topic. The issues of autonomy, advance directives, and the role of proxies in decision-making are the frequent (and rightful) subject of bioethical reflection. The consideration of patients with intellectual disabilities (ID) complicate these matters even further. Established wisdom regarding surrogate decision-making and carrying out the wishes of incapacitated patients can provide some direction, but the unique situations of the ID population warrant additional work.

The first significant issue to address is assessing the level of intellectual disability in a particular person. A person with ID may possess sufficient decision-making capacity so as to not require the services of a proxy. For the person who lacks capacity to make complex healthcare decisions for her or his self, the initial question is whether a person with ID is fit to choose a surrogate. Perhaps a person with ID will have sufficient mental capabilities to recognize who is trustworthy and reflective of her or his general desires, while not being able to adequately comprehend the difference between short-term and long-term ventilator support, for example. However, attempting to gauge an individual’s cognitive capacity is not enough.

The unique values and concerns of persons with ID must be considered in healthcare decisions as well. For example, a future traumatic brain injury that results in additional cognitive impairments may not be interpreted as a devastating loss to a person with ID whose value system has already been developed around extracting value from a life with diminished mental functioning. These unique considerations and value systems developed by persons with ID must be honored and weighed appropriately.

Daniel R. Richardson, MD, MA, with Ryan Nash, MD

Dr. Richardson received a medical degree from The Ohio State University and a Master’s in Philosophy of Religion and Ethics from Talbot School of Theology. Currently an internal medicine resident, he will pursue a career in Hematology/Oncology with a focus on malignant hematology and cancer ethics.

Equipoise in Hematopoietic Stem Cell Transplantation Patient Selection: A Challenge to Discriminating Psychosocial Eligibility Criteria

Hematopoietic stem cell transplantation
(HSCT) has become a routine part of cancer care for many patients with hematologic malignancy, offering in most cases the only chance for a cure. Recent advances in transplant technology, donor databases and chemotherapy regimens have now made HSCT accessible to nearly all patients who would benefit, significantly increasing the overall demand for HSCT. Transplant centers have both clinical and psychosocial selection criteria to determine the eligibility of patients for transplant. Patients who are particularly psychosocially vulnerable are often deemed ineligible for transplant, significantly limiting their therapeutic options. This paper will explore the ethical justification for this discrimination. The primary thrust of the argument for excluding these patients is that HSCT exposes this vulnerable population to a high risk for complications, poor outcomes, and undue financial and emotional stress. They are at higher risk of developing depression, anxiety, and PTSD. Further, due to underlying issues with noncompliance these patients may be at higher risk of developing acute complications and potentially death. I will argue however, that these reasons alone may not be sufficient to justify the practice of excluding these patients from HSCT and there is potential that the current practice may represent indefensible discrimination. I will show that there is clinical equipoise regarding outcomes in this population. Clinical data favors the conclusion that psychosocially vulnerable patients have worse outcomes than less vulnerable patients. However, there is a paucity of data showing that psychosocially vulnerable patients do worse with HSCT than without, which is what would be required to justify excluding them from transplant. The goal is to foster a discussion of the ethical issues surrounding psychosocial selection criteria in HSCT and to advocate for further research into outcomes in this patient population.

Albert J. Schorsch, III, PhD

Dr. Schorsch, PhD is Director of the Integritas Institute for Ethics and the School of Catholic Thought at the St. John Paul II Catholic Newman Center at UIC, having retired after long service as Associate Dean of UIC’s College of Urban Planning and Public Affairs. He writes at sanityandsocialjustice.net

Bioethical Implications of Edith Stein’s Philosophy of Empathy and of Death

Although commonly associated with therapeutic communication, “empathy” is a recently made-up word, introduced into German medicine as “Einfühlung” in the late 1800s and into English as “empathy” just prior to WWI. Edith Stein, an early student of philosopher/phenomenologist Edmund Husserl and the second German woman to earn a PhD in philosophy, completed one of the first dissertations on empathy in 1916 after service in 1915 as a wartime nurse, but as a Jewish woman was denied professorships at German universities. After writing and lecturing widely on philosophy, community, and the roles of women, Stein, a philosopher, feminist, and later Carmelite, was murdered by the Nazis at Auschwitz-Birkenau in 1942, and was canonized as a saint by St. John Paul II in 1998. Stein's Zum Problem der Einfühlung, On the Problem of Empathy, is said to be one among “Ten Neglected Philosophical Classics” in a forthcoming book from Oxford University Press edited by Eric Schliesser. As Stein's work is more closely studied today, her unique perspective as both philosopher and nurse can inform current bioethical inquiry.

John Seago, MA

Mr. Seago studied History of Ideas and Biblical Studies at Southeastern College in Wake Forest, NC. He studied philosophy at University of Dallas and now Bioethics at Trinity International University. He is Texas Right to Life’s Legislative Director. He lives in Austin with his wife Brandy and two children Nahum and Sophia.

The Failure of Texas’ Experimental Dispute Resolution Mechanism

While the original development and spread of Advance Directives was motivated by concern over physician-driven overtreatment, an innovative approach to medical decisions in Texas was conceived by worries about patient-driven overtreatment at the end of life. After a
decade of debate over the dilemma of “futile” or “inappropriate” care, an ad hoc group representing healthcare facilities in Houston innovated an unprecedented “process-based approach” to patient-driven overtreatment. This approach was bolstered by the editor of the *Journal of the American Medical Association* recommending similar policies be adopted throughout the country. The Houston hospitals adopted the experimental policy that developed into an unprecedented state law passed in 1999. This paper provides anecdotal evidence, from first-hand experience as a patient advocate, of how the process has led to, as politically intended, the involuntary removal of life-sustaining treatment from countless patients in Texas. After 17 years of debate, analysis, and practice, there is ample justification to conclude that the Texas ‘process-based approach’ crafted to resolve disputes over life-sustaining treatment is unethical.

Initially, this paper describes the codified process-based approach and surveys the few similar mechanisms that have significant legal differences. Next, this paper establishes how the concept of respect for patient autonomy applies to decisions about life-sustaining treatment towards the end of life. Then the possible exceptions or caveats to the principle and ideal of shared decision-making are examined. This paper pays particular attention to whether various notions of medical futility or concerns of respecting a physician’s conscientious objection are justified reasons for this dispute resolution mechanism.

Lastly, after affirming that the disputes over life-sustaining treatments are problematic on both clinical and academic levels, the paper outlines possible policy solutions that have a better likelihood of resolving conflict and upholding indispensable bioethical principles.

**Michael Sleasman, PhD**

Dr. Sleasman is the managing director and research scholar for The Center for Bioethics & Human Dignity and an affiliate professor of bioethics for Trinity Graduate School. His areas of research include the theological engagement of bioethical issues with particular emphasis on biotechnology, other emerging technologies, and human futures, as well as the intersection of technology, ethics, and culture in general.

**Sci-Fi & Tech Assessment: What Is an Appropriate Role for Speculative Ethics in Assessing Emerging Technologies?**

Rising criticism of the likelihood of grey goo scenarios and other science frontier, and typically dystopian, narratives within the nanoethics discourse has led to charges by Alfred Nordmann, Arie Rip, and others that such speculative ethics rely upon a methodologically flawed “if, then” claim for their analysis of emerging technologies. Such speculative approaches, it is charged, treat imagined futures (hypotheticals) as if they already exist, and thereby displace actual presenting issues of the emerging technologies. Yet, Henk ten Have and others have pointed to the need for broader approaches to technology assessment, which extend to value determinations and include anticipating futuristic applications. Balancing ethical reflection of existing applications of emerging technologies such as various nanotechnologies with possible futuristic applications and potential implications for human futures is a delicate task, particularly in the context of conceptual and policy vacuums for such technologies. This paper will explore possible roles for speculative narratives within a broader paradigm of technology assessment for emerging technologies that accounts for not only assessment of the technology itself in its technical dimensions, but attends to broader considerations of value and desired human futures. Resources will be drawn from Paul Ricoeur’s philosophy of narrative to develop a response articulating that speculative ethics can have a significant, but not exclusive role in proper technology assessment.

**Karen L. Smith, LMSW, PhD**

Dr. Karen Smith has been a member of hospital ethics committees for over 20 years. She specializes in death and dying issues and works often to educate the public on Advance Directive issues. She also sits on the National Board for the Funeral Consumers Alliance.
Incapacitated Agents: A New and Increasing Dilemma in Hospital Care

Despite two decades of concerted effort from the healthcare industry, a majority of hospitalized patients with a serious illness have no documented advance directives. Advance directives voice patients’ decisions on important healthcare decisions and designate and empower surrogate decision-makers as Power of Attorney for Healthcare (POAHC). POAHC’s decide or carry out healthcare choices when the patient is incapacitated. Studies show, however, POAHC’s often fail to make the decision that is indicated by the patient’s preference. Some healthcare professionals question the adequacy of a single POAHC, though it is common practice to designate only one primary surrogate. The aim here is not to address industry standards with regard to POAHC designees, but to offer a framework to navigate issues that healthcare staff may utilize to address the decision-making capacity of the POAHC designees.

Given the growing number of persons living into very old age and the increasing numbers of persons suffering from Alzheimer’s and other cognitive deficits, designated POAHC’s are more likely to have conditions that impede decision-making capacities. Furthermore, healthcare teams may struggle with impairment of a POAHC decision-maker due to psychological issues, substance abuse, mental illness, conflict of interest, or replacement of the surrogate’s own personal values and judgements for those of the patient. A number of ethical and legal issues are involved in cases where POAHC’s capacities are faulty or questionable. Central issues are whether the surrogate’s decision represents the patient’s own best interests and whether the decision is a fully-informed reasonable choice. When issues of incapacitated surrogates arise, the healthcare system has limited options for removing the incapacitated decision maker. Failure to effectively manage such situations can result in poor outcomes for patient care and excessive burdens for the healthcare system. Instead, care teams must look for ways to evaluate those whose decision-making we question and look for alternatives to the decision-making process while still providing optimum patient care. Many cases where surrogate decision-making is questionable lead to inappropriate or overly lengthy hospital stays. I propose a two pronged method to evaluate POAHC decision making with a focus on the substance of the surrogates’ decisions and on the hospital responses. I will offer a framework to identify and clarify troublesome issues to facilitate healthcare providers’ navigation of potentially complex ethical and legal situations. Specifically we aim to identify a threshold for when it is appropriate to pursue legal channels to remove POAHC’s verses a reasoned response for allowing surrogate decisions which may seem questionable.

Courtney Thiele, JD, MA with Ryan Nash, MD, MA

Ms. Thiele is an alumna of Trinity’s MA Bioethics program. After completing her MA, Courtney graduated with a law degree from St. Louis University, where she concentrated in health law. She has recently joined the team at the Center for Bioethics at The Ohio State University.

Physician-Assisted Suicide: Updates and Implications for the United States and Canada

On February 6, 2015, the Supreme Court of Canada (SCC) struck down provisions in the criminal code that had formerly rendered assisted suicide, including physician assisted suicide, illegal. The SCC found that the prohibition against physician assisted suicide violated Section 7 of the Canadian Charter of Rights and Freedoms which states, “everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.” Based on this finding, Parliament was charged with the task of enacting legislation surrounding this newly found right to physician assisted suicide in Canada. With the grant of a four month extension, these
new laws surrounding physician-assisted suicide are due to be decided on by June 2016. What is unknown at this time is whether or not the liberty of Canadian physicians will be protected under these laws. Despite ardent requests to the SCC to account for physicians’ freedom of conscience, the SCC did not, deferring instead to Parliament’s (future) decision. This ruling has left the future of conscience rights for Canadian physicians vulnerable, potentially requiring them to forfeit their own interests and beliefs in order to continue practicing medicine. This paper considers the legal framing and relevant court decisions leading to the SCC throwing open the door for physician assisted suicide, while also addressing concerns with the decision, especially as it relates to physicians’ rights and freedoms that should be protected under the Charter, and arguing for a robust legislative protection for physicians’ freedom of conscience in the practice of medicine. Additionally, this paper will address implications the SCC decision could have in influencing public policy in the United States.

**Aeisha Thomas, PhD, with Tiffany Sinclair, BS and Dianne Enns, BS**

Dr. Thomas is an Associate Professor of Biology/Life Science at Crown College. Her research interest focuses on Biology education. The work presented is a part of a study on undergraduate Christian bioethics education as a SCIO Visiting Scholar in Science and Religion.

Ms. Sinclair graduated with a degree in biology from Crown College and is now beginning her second year of medical school at Nova Southeastern University.

Ms. Enns has a BS in Biology from Crown College and is currently working as a Research Assistant to Dr. Aeisha Thomas at Crown College.

**Results of Two Bioethics Education Surveys of Faculty from CCCU Schools**

Although bioethics is taught in undergraduate courses at many Christian Institutions, the content, teaching approaches, course home departments and many other aspects vary. Two surveys of faculty from schools in the Council for Christian Colleges and Universities (CCCU) schools were conducted in 2015 as a basis for the development of Christian bioethics curriculum for biology content courses. The first was of biology course faculty and had 106 responses. The second was of ethics course faculty and had 49 responses. Faculty represented multiple denominations as well as both small and larger institutions. Approximately 60% of question responders teach bioethics in biology content courses including introductory, upper level, major and non-major courses. Faculty who teach ethics courses are instructors in a range of courses in various departments including more general ethics courses as well as bioethics focused courses. Approximately 80% of question responders teach bioethics as a part of their ethics courses. Areas that faculty from both surveys thought that the average Christian college graduate should know were sorted into the following categories: (a) stewardship, (b) medical ethics, (c) cloning/GMO/genetics, (d) technology/biotechnology, (e) faith, (f) foundation for thinking about ethics, (g) research ethics and (h) sociological aspects. While the topics overlapped and medical ethics was listed the most frequently, there was variation in the distribution of some categories between the two surveys. Although not every bioethics related course or faculty from the CCCU is reflected in the study, the data does enable a partial picture of the patterns in Christian bioethics education. Topics, teaching methods, assessment strategies, approaches, resources used and other data from the survey will be highlighted in the presentation. The data will be valuable in the development of future Christian bioethics curriculum since it reflects the consensus of a group of educators in the field.
Kevin E. Voss, DVM, PhD

Dr. Voss is Associate Professor of Philosophy and Director of the Center for Bioethics at Concordia University Wisconsin. He teaches philosophy, bioethics, and ethics. Dr. Voss has a PhD in Health Care Ethics, is an ordained Lutheran minister, is a Fellow of Christian Apologetics, and was a practicing dairy veterinarian.

Religious Beliefs and Reproductive Counseling Practices in the Lutheran Church-Missouri Synod

This essay, which was published in the August 2015 issue of the journal *Christian Bioethics* (vol. 21, no. 2, pp. 199-213), will focus on an evaluation of authoritative documents of the Lutheran Church–Missouri Synod as they are applied to the moral status of the human embryo, reproduction, in vitro fertilization, and prenatal genetic testing. A research project compared religious beliefs and reproductive counseling practices of Roman Catholic priests, pastors from the Lutheran Church–Missouri Synod (LCMS), and rabbis affiliated with the Conservative branch of Judaism. A significant part of that study involved a 112-item survey that was mailed to a randomly selected sample of 1,300 congregational clergy drawn from those three groups. Survey results from the Lutheran pastors will also be reported and assessed. The results of the literature review and empirical study demonstrate that Lutheran clergy need to take the duty to be competent in their calling seriously by seeking appropriate clergy-specific education in reproductive counseling.

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The Catholic Medical Association is a physician-led community of healthcare professionals that informs, organizes, and inspires its members, in steadfast fidelity to the teachings of the Catholic Church, to uphold the principles of the Catholic faith in the science and practice of medicine. The Linacre Quarterly is our journal.

FAMILY RESEARCH COUNCIL

Since 1983, Family Research Council (FRC) has advanced faith, family, and freedom in public policy and public opinion from a Christian worldview. FRC’s team of seasoned experts promotes these core values through policy research, public education on Capitol Hill and throughout the nation, advocacy in the public square, and grassroots mobilization.

NATIONAL CATHOLIC BIOETHICS CENTER

The National Catholic Bioethics Center is a nonprofit organization dedicated to the analysis of moral issues arising in health care and the life sciences. Inspired by the harmony of faith and reason, its work unites faith in Christ to rigorous reflection on the findings of the empirical and experimental sciences.
NURSES CHRISTIAN FELLOWSHIP
Nurses Christian Fellowship (NCF) is a professional organization and a ministry focused on seeing nurses, students, educators, and healthcare transformed by Jesus Christ. As a strategic ministry of InterVarsity Christian Fellowship, NCF equips and encourages students and nurses to be faithful followers of Jesus and to practice nursing from a biblically-based, Christian perspective. NCF publishes the *Journal of Christian Nursing*, exploring spiritual ethical, and clinical issues in nursing and healthcare since 1984, as well as resources for Bible study, spiritual care, and ministry to others.

SAMARITAN MINISTRIES
Samaritan Ministries is a biblical non-insurance approach to health care needs. More than 60,000 member households are sending shares directly to each other, from household to household, sharing more than $16 million in medical bills each month. Members are exempt from the individual mandate in the Affordable Care Act.

TENNESSEE CENTER FOR BIOETHICS & CULTURE
The Tennessee Center for Bioethics & Culture is a 501(c)3 educational corporation dedicated to promoting human dignity in the face of challenges to what it means to be human, and to informing and equipping people to face the vital bioethics issues of the 21st Century. In addition to our web presence, monthly e-newsletters, and public offerings, we have launched a traveling bioethics art exhibit for colleges and universities.

THE FELLOWSHIP OF ST. JAMES
A publication of The Fellowship of St. James (www.fsj.org), *Salvo* is dedicated to debunking the cultural myths that have undercut human dignity, all but destroyed the notions of virtue and morality, and slowly eroded our appetite for transcendence. It also seeks to promote the Christian worldview. The opinions expressed by individual contributors are not necessarily those of the editors or publisher. See more at: (http://www.salvomag.com/new/contact.php#sthash.sWyfOrZr.dpuf)

TRINITY GRADUATE SCHOOL
Trinity Graduate School equips students with a transformative understanding of their disciplines so that they can engage culture from a biblically-based, Christian worldview.

The MA in Bioethics (MA/BE) gives students the ethical tools they need to address pressing contemporary issues of medicine, healthcare, technology, and theology. This program equips students to analyze these issues from a biblical-theological perspective, to understand other influential contemporary outlooks on these issues, and to develop effective strategies for engaging the bioethical issues of our day.
45+ MINISTRIES. 1 MISSION.
Changing Hearts in Healthcare.

We are a Christ-centered organization dedicated to motivating, educating and equipping you to be the hands of Jesus in your practice, your community and your world. We offer you discipleship, fellowship, mentoring, resources and missions opportunities to share the gospel and serve others. Become a member of CMDA today and join the thousands of Christian healthcare professionals who are changing hearts in healthcare. Visit www.joincmda.org to join today!
CME ACCREDITATION INFORMATION

CONFERENCE: TRANSFORMATIONS IN CARE
JUNE 16 - 18, 2016
11 AMA PRA Category 1 Credit(s)TM

EMERGING BIOTECHNOLOGY PRECONFERENCE WORKSHOP
WEDNESDAY, JUNE 15, 2016 8:30AM-3:30PM
Up to 9 AMA PRA Category 1 Credit(s)TM

PEDIATRIC ETHICS PRECONFERENCE WORKSHOP
THURSDAY, JUNE 16, 2016 8:30AM-3:30PM
6 AMA PRA Category 1 Credit(s)TM

ACCREDITATION
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the University at Buffalo School of Medicine and Biomedical Sciences and Trinity International University.

The University at Buffalo School of Medicine and Biomedical Sciences is accredited by the ACCME to provide continuing medical education for physicians.

CERTIFICATION
The University at Buffalo School of Medicine and Biomedical Sciences designates this live activity for a maximum of 25 AMA PRA Category 1 Credit(s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

OBJECTIVES
- Identify the prospects and challenges for the evolving landscape of bioethical engagement within the context of shifting global and societal realities and advances in medicine and biotechnology.
- Evaluate contemporary bioethical discourses in light of ethical approaches that include philosophical, religious, and other perspectives from the medical humanities.
- Explore & discuss the ethical implications of recent developments in medicine, science, and technology with respect to our individual and common humanity.
- Promote interdisciplinary engagement on pressing bioethical issues.
PARTNER DIRECTORY

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888-230-2637

Nurses Christian Fellowship
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HOSTED BY
The Center for Bioethics & Human Dignity (CBHD)
The Center for Bioethics & Human Dignity is a bioethics research center at Trinity International University in Deerfield, Illinois, that explores the nexus of biomedicine, biotechnology, and our common humanity. Within a Judeo-Christian Hippocratic framework, we anticipate, interpret, and engage the pressing bioethical issues of our day. As a center of rigorous research, theological and conceptual analysis, charitable critique, and thoughtful engagement, we bring clarity to the complex.

IN PARTNERSHIP WITH
Americans United for Life (AUL)
Americans United for Life serves as the legal architect of the pro-life movement. Our vision is a nation in which everyone is welcomed in life and protected in law. We are accumulating victories, building momentum, and advancing a culture of life in America.

Christian Medical & Dental Associations (CMDA)
Christian Medical & Dental Associations is a national organization of more than 15,000 Christian healthcare professionals at all levels of training and practice whose purpose is to see transformed doctors transforming the world. Founded in 1931, CMDA now has more than 40 different outreaches. Our foundational ministry is ministering to and with students on 280 medical, dental, and other healthcare professional training schools across the country. CMDA trains students, residents and practicing healthcare professionals in leadership skills to integrate their faith with healthcare practice and develop personal ministry. Each year, CMDA organizes and leads over 50 international medical/dental teams, encourages members to serve the underserved, and promotes international rotations for students and residents in developing countries. CMDA produces and distributes educational and inspirational resources; provides missionary doctors with continuing education resources; and encourages the growth of Christian community among healthcare professionals throughout their professional lives into retirement. CMDA serves as the voice of its members to the media, churches, and government by speaking out on bioethical and human rights issues. For more information please go to www.cmda.org.

Nurses Christian Fellowship (NCF)
Nurses Christian Fellowship is a professional organization and a ministry focused on seeing nurses, students, educators, and healthcare transformed by Jesus Christ. As a strategic ministry of InterVarsity Christian Fellowship, NCF equips and encourages students and nurses to be faithful followers of Jesus and to practice nursing from a biblically-based, Christian perspective. NCF publishes the Journal of Christian Nursing, exploring spiritual, ethical, and clinical issues in nursing and healthcare since 1984, as well as resources for Bible study, spiritual care, and ministry to others.
CUTTING-EDGE
BIOETHICAL TRAINING
WHERE AND HOW YOU WANT IT

1. Immerse yourself in a community of students & faculty on our Deerfield campus. Discuss bioethical challenges through exposure to real-world contexts like the Lawndale Christian Health Center (offering reduced-cost health care in a high-poverty, high-crime Chicago neighborhood).

2. Gather with students from dozens of career backgrounds for face-to-face week-end seminars in Deerfield, Illinois.

3. Connect with students from all over the world without leaving your home. Complete the entire MA / Bioethics online with only two trips to Deerfield for The Center for Bioethics & Human Dignity Summer Conference, one of the largest Christian national/international gatherings in its field.

COMBINE ANY OF THESE FORMATS FOR AN MA IN BIOETHICS THAT TRULY FITS YOUR SCHEDULE.

The MA in Bioethics can be easily added to a Master of Divinity (only 15 additional hours needed). All MA in Bioethics students can take advantage of the summer conference & other resources available from The Center for Bioethics & Human Dignity, located on Trinity’s Deerfield campus.

Visit tiu.edu/bioethics for more information, or call Graduate Admissions at (800) 345-8337.
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